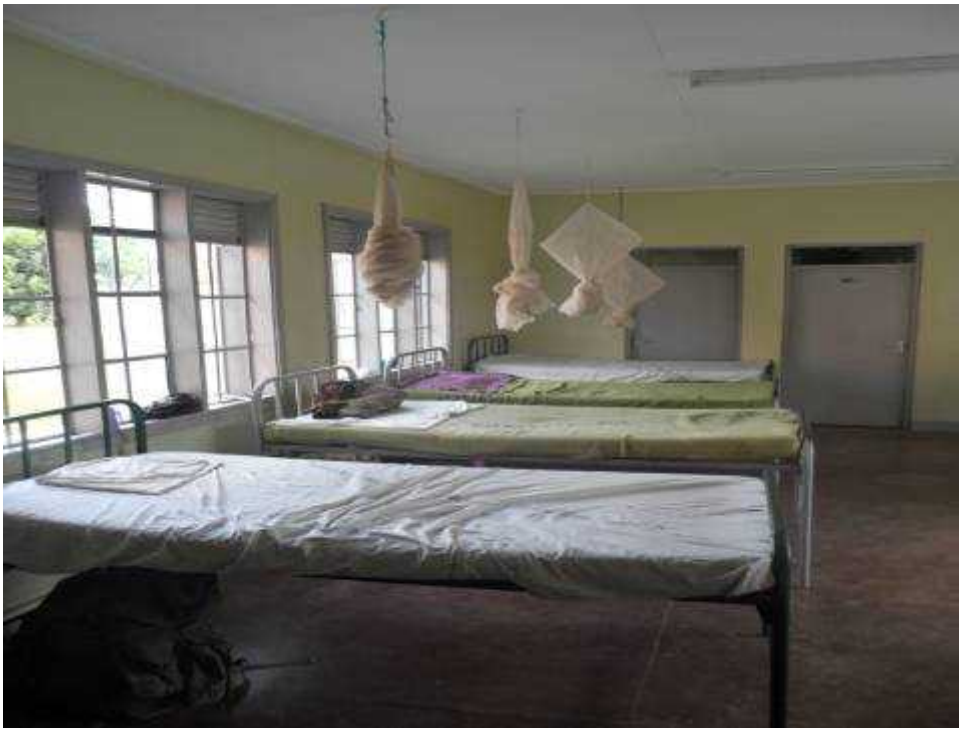
REPUBLIC OF UGANDA

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT

"Raising the bar in Healthcare"

REPORT ON MONITORING ACTIVITIES TORORO DISTRICT

MAY 2014



Clean and tidy ward in Rubongi Military hospital

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

TABLE OF CONTENTS *pgs*

INTRODUCTION

Prior to May to 2014, the Medicines and Health Services Delivery Monitoring Unit (MHSDMU) had received numerous anonymous complaints on the MTraC platform from both health workers and the community. Most of these were cases of salary issues like inaccessibility to the payroll, underpayment and fluctuations in salaries; and absenteeism, late coming, extortion and inadequate medicines. This prompted a nine day fact finding visit to health centres and hospitals by two MHSDMU teams in May 2014. 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 held on 30th May 2014 on Rock Mambo 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. The MHSDMU team also made a presentation about the monitoring findings to the district hierarchy on 2nd June 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.

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, accountability and MTrac.

- A presentation was made to the district leadership, sub county chiefs, LCIII chairpersons and the in charges of health facilities.
- A radio talk show was conducted on Rock Mambo fm. This was aimed at reaching out to the community.

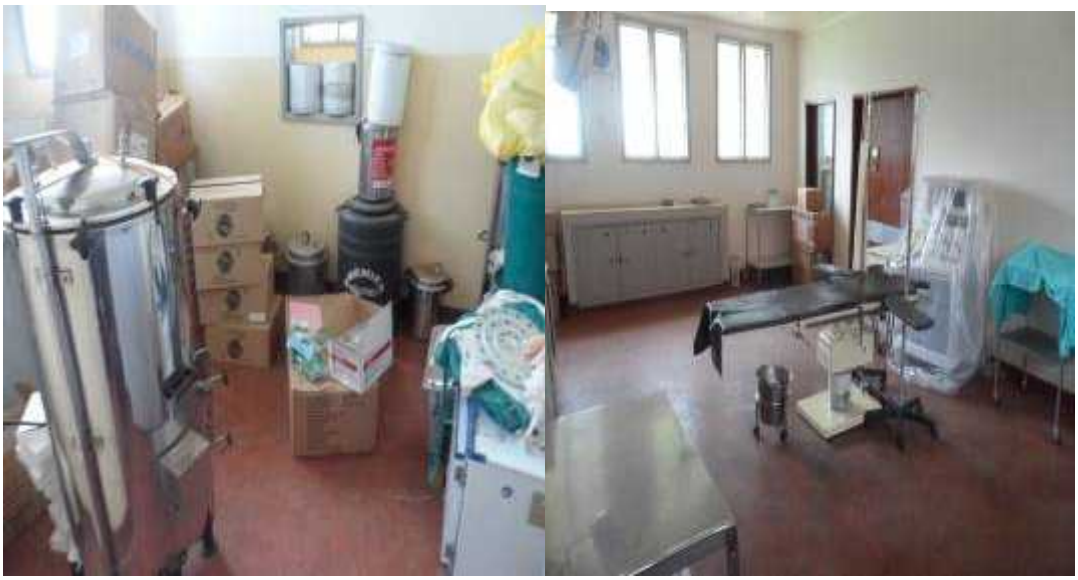
HEALTH FACILITIES VISITED

1. Iyolwa HC III
2. Kirewa HC III
3. Kisoko HC III
4. Atangi HC III
5. Kwapa HC III
6. Poyameri HC III
7. Malaba HC III
8. Bison HC III
9. Serena HC II
10. Mukuju HC IV
11. Mulanda HC IV
12. Kiyeyi HC III
13. Nagongera HC IV
14. Osukuru HC III
15. Paya HC III
16. Petta HC III
17. Kyamwinula HC II
18. Mudakor HC III
19. Molo HC III
20. Rubongi Military hospital
21. Merikit HC III
22. Panyangasi HC III
23. Mella HC III
24. Tororo Police HC II
25. Kasoli HC II

KEY FINDINGS

THEATRE FUNCTIONALITY

- All the three HCIVs had theatres that were in fairly good structural conditions. They had all the necessary equipment for conducting major and minor surgical procedures. These included theatre beds, anaesthesia machines, suction machines, autoclaves, theatre linen, patient trolleys, theatre lights, oxygen concentrators and an array of surgical instruments. Some of the equipment like anaesthesia machines, autoclaves and instruments were still brand new. However, none of the three theatres was operational. In Mukuju HCIV, this was attributed to lack of a medical officer and an anaesthetic officer. It was last operational one year ago. Nagongera and Mulanda HCIVs lack "power sources" despite new generators and over head UMEME power lines.



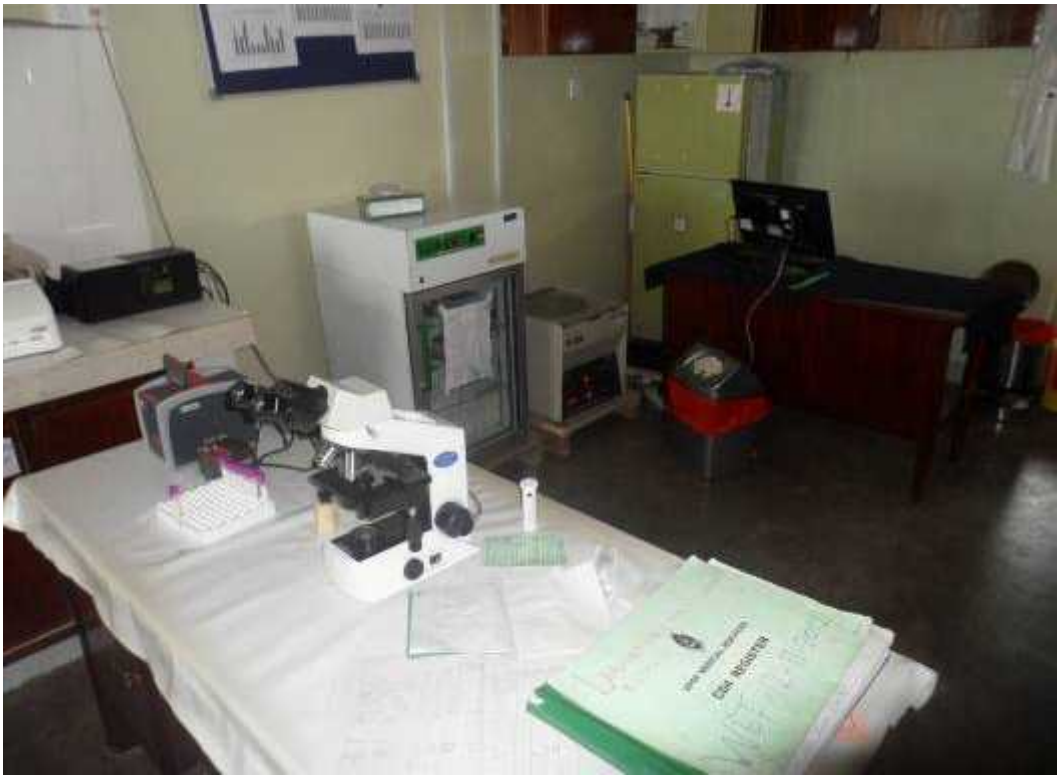
Nagongera HCIV: Brand new autoclave (left) and Anaesthesia machine (right)

LABORATORY SERVICES

The laboratory services varied according to level of facility. All HCIIIs had laboratories apart from Panyangasi and Molo. In Molo, the laboratory technician had been transferred 3 months prior to our visit while in Panyengasi, they only conducted rapid testing for malaria and HIV. Due to lack of a laboratory at Panyengasi, three village health team members (VHTs) had been trained to conduct malaria tests using the RDTs and results were forwarded to the clinician for interpretation.

80% of the facilities acknowledge experiencing laboratory supply stock outs in the last one year. Top on the least of stock outs was HIV test kits but this was attributed to the country wide stock out that was experienced in November 2013. The issue has since been addressed. There were stock outs of syphilis testing kits (RPR) and pregnancy test kits (HCG) in 70% of facilities visited. Lack of these services significantly impacts on ANC and PMTCT services. There were no stock outs of malaria RDTs. Facilities borrowed from neighbouring health centres in case they experienced any stock outs.

All HCIVs and the hospitals (Tororo general hospital and Rubongi military hospital) had well equipped laboratories with a wide spectrum of laboratory tests. The laboratories were also well staffed and service delivery was evidenced by data captured in the various laboratory HMIS tools. Partners like TASO, PLAN Uganda, IRDI, Uganda Cares, RH (Reproductive Health) and Marie Stopes have contributed to laboratory services either through infrastructure, supplies, capacity building, staffing and support supervision.



Well equipped and tidy Rubongi Military hospital laboratory

Laboratory equipment includes CBS machines, chemistry analyzers, microscopes, centrifuges, fridges for samples, haemocues, CD4 machines and computers.

Laboratory tests carried out in the HCIV and the two hospitals

Pregnancy	Blood grouping	Hepatitis B
Stool analysis	Blood cross matching	Gram stain
Urinalysis	CBC	Collect samples for DBS
HIV	Chemistry	Syphilis
Malaria	CD4 *(Nagongera machine is faulty)*	
ESR	Haemoglobin	
ZN for TB	Brucella	

HUMAN RESOURCE

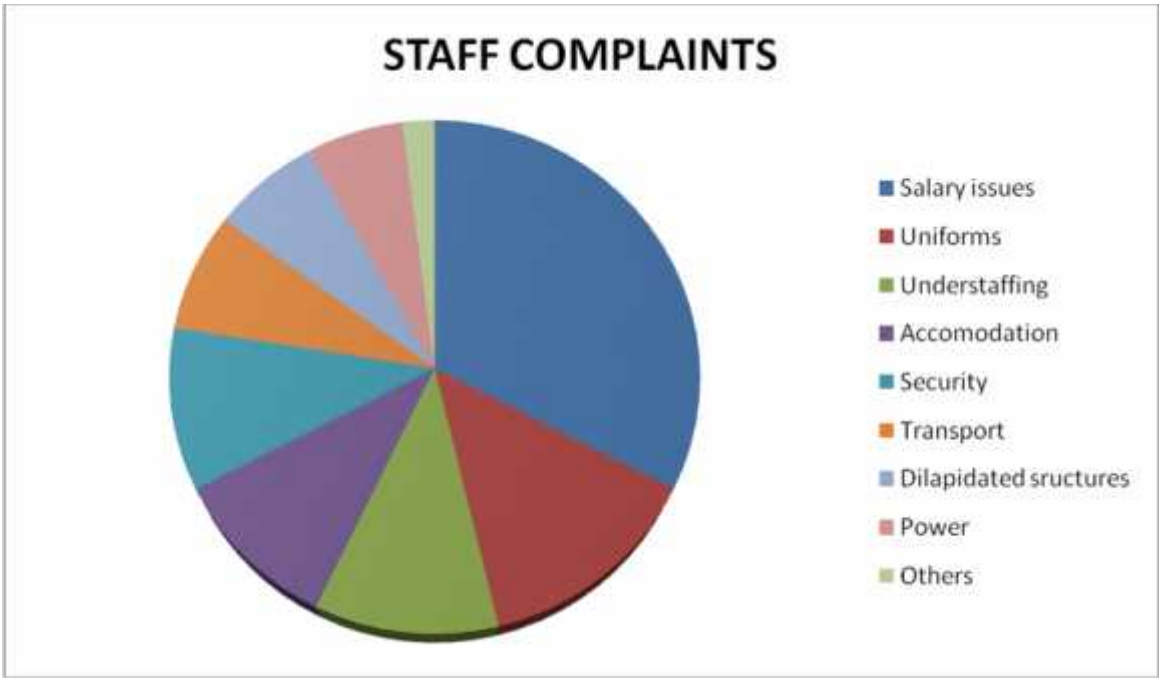
MHSDMU had received a number of complaints about salary related issues in Tororo district through MtraC and the toll free line. This was further supplemented by media reports and an impending strike at Tororo hospital. MHSDMU during its monitoring activities administered a head count form to health workers in Tororo hospital and the health centres. In addition to ascertaining the staffing strength, this exercise was aimed at getting feedback from the health workers. The current staffing strength as provided by the DHO stands at 54% and this includes both the health centres and the hospital. The hospital on its own stands at 85% assuming the hospital is the standard 100 bed capacity hospital. However the hospital currently operates as a 200 bed hospital.

The major complaint by some health workers included failure to receive their salaries for 11 months, underpayment of salaries, missing statutory allowances and some reported intermittent salary payments.

The CAO and HRO were fully aware of these complaints and reported that the issue was at the level of Ministry of Public Service (MOPS). The cause of salary complaints (partial payments, failure to access payroll, on and off payroll, arrears etc) was mainly due to technicalities in data migration to the new Integrated Personnel Payment System (IPPS) which has been ongoing since 2011.

However, there are still some cases of being on and off payroll or getting partial payments. The main complaint now is failure to get their arrears. Much as the CAO and his team continue to submit cases of health workers with salary issues to MOPS, payroll cleaning is a continuous process and this will require patience of the health workers and cooperation of the local politicians.

Table 1: Complaints raised by health workers in Tororo district



DRUG SUPPLY

Drugs were present in all health facilities visited. This includes essential medicines like antimalarials, antibiotics, antipyretics and painkillers. Health workers were comfortable with the quality of medicines supplied by National Medical Stores

(NMS) although the quality was inadequate for certain medicines like antibiotics and analgesics. In addition, they reported that delivery was timely as per the NMS schedule and the boxes were not damaged.

Discrepancies in the drugs supplied vis-avis the delivery notes was reported in four facilities. These include Panyangasi HCIII -20tins of septrin were missing in the 4th quarter, Mukuju HCIV 10tins of septrin, 1 jerry can liquid soap and 88 tins Duovir-N in 2nd, 3rd &5th quarter, Molo HCIII- I box of face masks, 4 vials of antiserum A,AB & B and 4 cotton rolls and Malaba HCIII where 27 boxes of Artemether where missing in the 4th Qtr. In some cases, the items were either mistakenly delivered to other health facilities and retrieved. Discrepancy forms were filled and submitted to the district but no response from NMS. The DHO has been tasked to following this up.

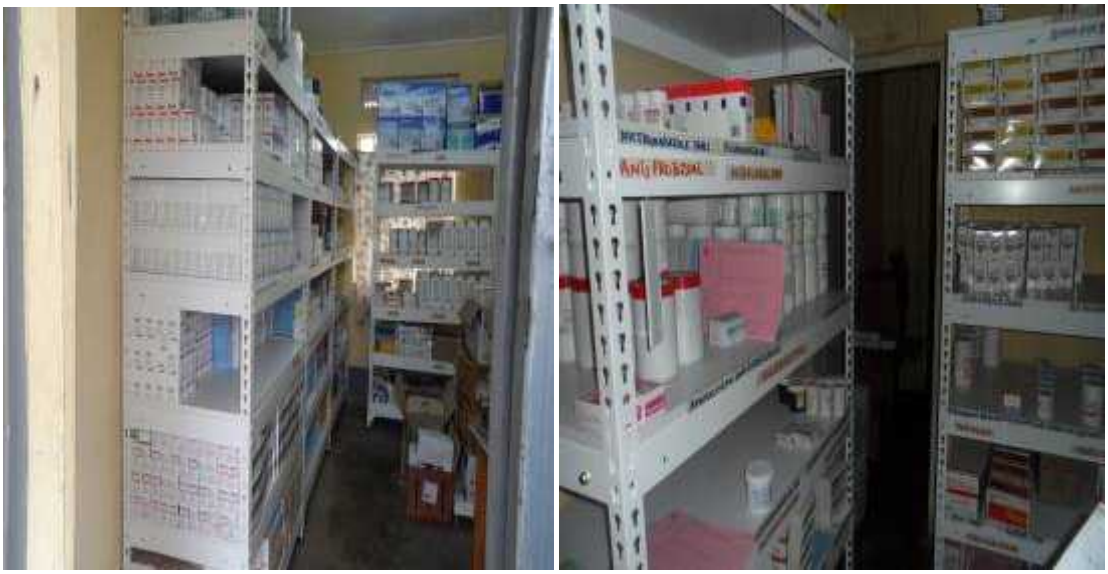
Illustration box 1:Drug audit in Mukuju HCIV

12 tins of septrin 960mg on the stock card were shown to be issued to the ART clinic. These were traced to the requisition and issue voucher, where it was observed that they were requisitioned for and approved before issue to the ART clinic. Follow up was made to the ART clinic's dispensing logs and patient files. Dispensing logs for 22/5/14 and 28/5/14 were analyzed which were ART clinic days. Patient Ids on the logs were traced to patient files for the septrin prescriptions.64 patients were each given 60 tablets on 28/5/14 while 54 patients were given 60 tablets on 22/5/14 giving a total of 7020 tablets which is equivalent to 7 tins. 660 tablets were on the dispensing counter for 11 patients who had not picked up their drugs while 300 tablets remained in the tin. 20 tablets were lost due to insensible loss (crushed or dropping). This means meant 8 tins were consumed leaving a balance of 4 tins which were still on the drug shelf. **In summary:** The drugs were accounted for.

DRUG MANAGEMENT

All facilities had drug stores but these varied in size. On average, most drug stores were organized with shelves and palates although lighting was inadequate in 70% of the facilities. HMIS tools for drug management like dispensing logs, requisition/issue vouchers and stock cards and had the necessary HMIS tools in place like stock cards, dispensing logs, and requisition and issue vouchers. 80% of the facilities visited were using improvised dispensing logs instead of the standard HMIS 016 dispensing log. Stock taking through sampling 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 where not update 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. However the monitoring team noted that there was still a problem of capacity building in stores management and also reluctance by some staff to follow best practices in stores management. All drug drugs stores were equipped with shelves provided by SURE and this greatly helped in the organization of the stores.



Well organized shelves provided by SURE in Bukuju HC IV and Kiyeyi HCIII

EXPIRED MEDICINES

Of the 25 facilities, 23 had expired drugs. The drugs mainly include ARVs-like Niverapine syrup, anti-TB drugs like RHZE, Contraceptives, eye/ear drops, Chlorpromazine and diazepam.

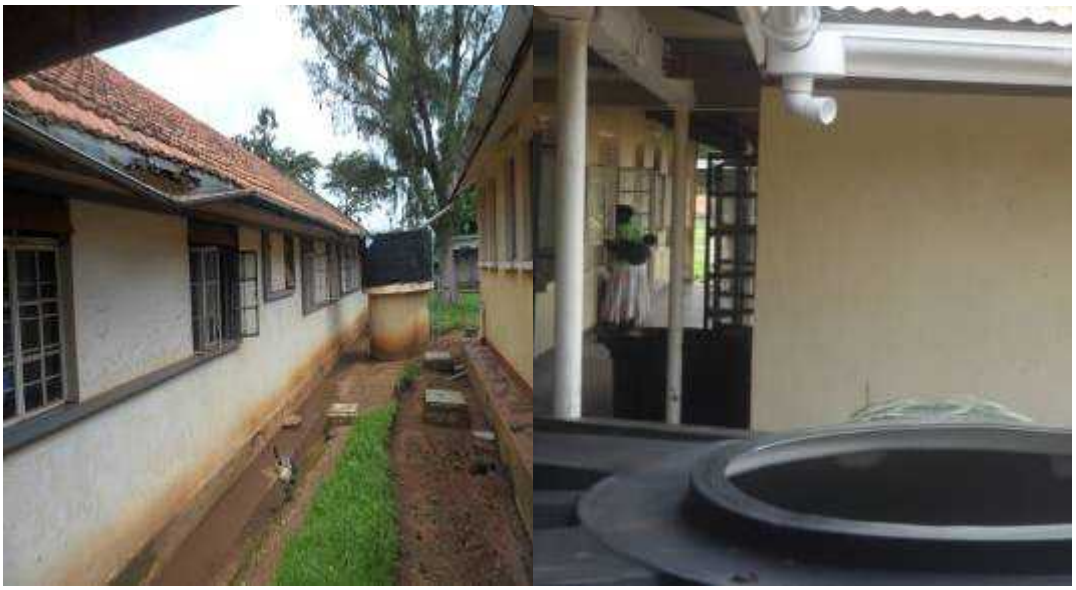
Only 16 facilities had drugs entered into the expired drugs book, some of which are provide by NMS while others are were improvised books. These books indicate the name of the expired drug, the quantity, batch number, date of expiry and witness/storekeeper.

Only 12 store personnel understood the procedure and destination of expired drugs

In Kwapa HCIII, 35 tins of expired Niverapine were still on shelf one month after expiry and this could easily be confused for viable Niverapine.

WATER SUPPLY

Most facilities visited had access to a water source within the facility or from nearby water sources. These included piped water from the main water scheme or from bore holes. Water harvesting systems were in place in all health facilities but these were non functional in all facilities except Rubongi Military hospital because of lack of maintenance. In Mulanda HCIV, water harvesting was only functional in the maternity unit. Although water storage tanks were in present, small defects like missing nails on the facia board, missing holding brackets, missing taps or clogged gutters were responsible for this. The facilities therefore missed the opportunity to harness rain water for the dry season. The nearby community was partly responsible for vandalizing the taps. In-charges and sub county chiefs were tasked to sensitize the community on refraining from using the health centre water. The district water engineer promised to sensitize health workers on low cost maintenance techniques.



Very old gutters in Nangongera HCIV and missing water duct in Mulanda HCIV

Dysfunctional borehole in Iyowa HCIII and a functional water harvesting system in Rubongi military hospital

POWER SUPPLY

The H.Cs had an option for either solar, generator or hydropower (UMEME) while some had both. However the functionality varied especially for solar power with some facilities having non functional solar systems. In Panyangasi HCIII the solar is non-functional while it was stolen in Iyolwa HCIII and this has left them without a light source. In Kiyeyi HCIII, the solar is only functional on the new OPD building leaving the wards and store without light. Kirewa has functional solar and hydro (Umeme) while Kisoko is supplied by Umeme. The solar in Paya HCIII only powers the vaccine fridge. Relatively new generators are present in Peta HCIII and Mukuju, Namulanda and Nagongera HCIVs but they are non-operational due to lack of fuel as is the case for Peta while in the HCIVs, the reasons are due to faulty batteries.

The Nagongera HCIV theatre and labour ward were disconnected from the UMEME grid years ago because of a 15 million debt. Mulanda HCIV was also disconnected due to outstanding power bills. Malaba, Molo and Iyolwa are not connected to the national UMEME grid despite over head power lines. During the report presentation to the district, the CAO acknowledge that funds were periodically released for utilities like electricity. The DHO and CAO were therefore tasked to find out why these outstanding bills were not being cleared. They were also to engage UMEME and

come up with a payment plan so that these facilities could be reconnected. By the time of filing this report, the issue of bills had been settled and Mulanda and Nagongera have been reconnected by UMEME.

Anthill growing around non functional generator in Nagongera HCIV. New generator in Mukuju HCIV that last worked two years ago. Reasons given are faulty batteries.

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 fridge temperatures varied were within the acceptable range of 2 to 8 ºC. The HMIS tools for EPI like temperature charts and vaccine control books were present. However vaccine control books were poorly updated. Temperature charts were displayed on or next to the fridges. In Paya HCIII, the chart had not been filled the previous day while in Molo, the evening temperature was not regularly recorded. EPI coverage as per March 2014 using DPT3 is 81%.

EXTORTION

During monitoring, the team caught a clinical officer red handed at Malaba HCIII extorting money from an assault victim in order to fill in her police form. The Justice Law and Order Sector (JLOS) has provided funding to the Uganda Police as facilitation to health workers who conduct medical examinations for rape or assault

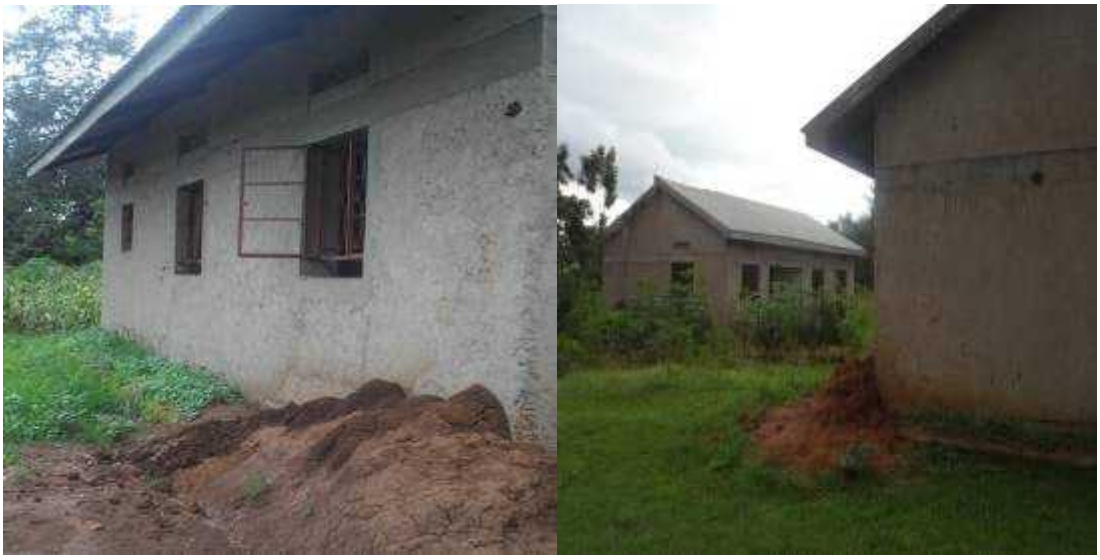
victims and who perform post-mortem forms. It was observed that many clinical personnel were not aware of the procedure for claiming this money while others said that they had failed to access any payments despite submission of the reports. The DHO and DPC have been tasked to follow this up with the head medical services at the Uganda Police Force.

FINANCIAL ACCOUNTABILITY

The health facilities received the statutory PHC funds from the district while some received additional funds from partners like TASO. 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.

SHODDY WORKS AND STALLED CONSTRUCTIONS

Stalled construction works where observed in Panyangasi HCIII to the point that the structures have been affected by weather. This included the OPD, staff quarters and pit latrines. The CAO and DHO acknowledge they are aware of this and this happened in 2003. Investigations had been instituted by the IGG. A new OPD, ward, latrines and staff quarters were built after these stalled works.

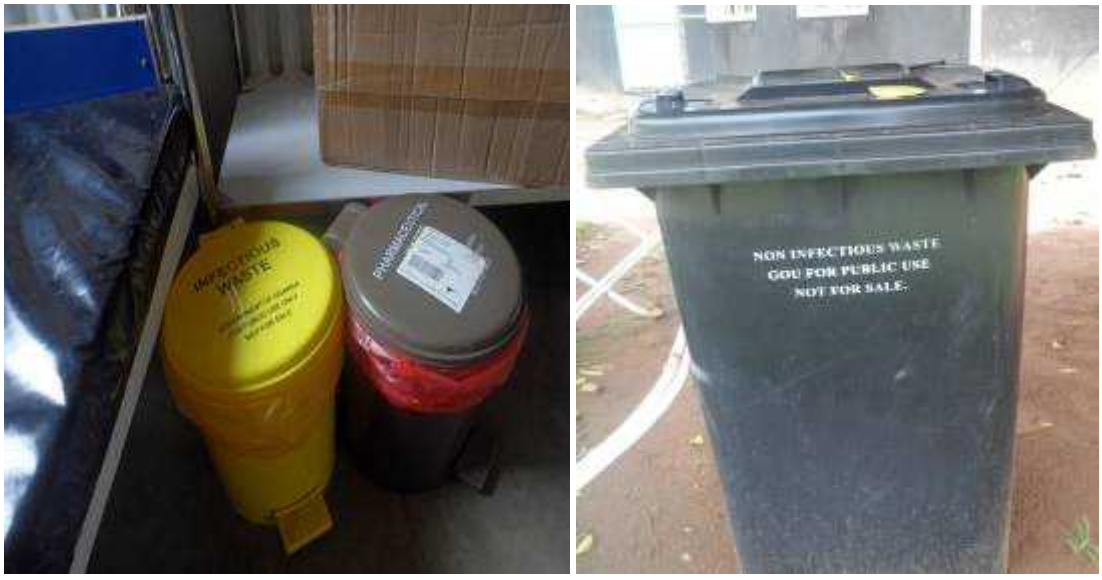


Stalled construction of OPD and staff quarters engulfed by anthills

However, there were ongoing or recently completed construction works in various health centres for staff accommodation, OPD and maternity wards. The completed works look satisfactory.

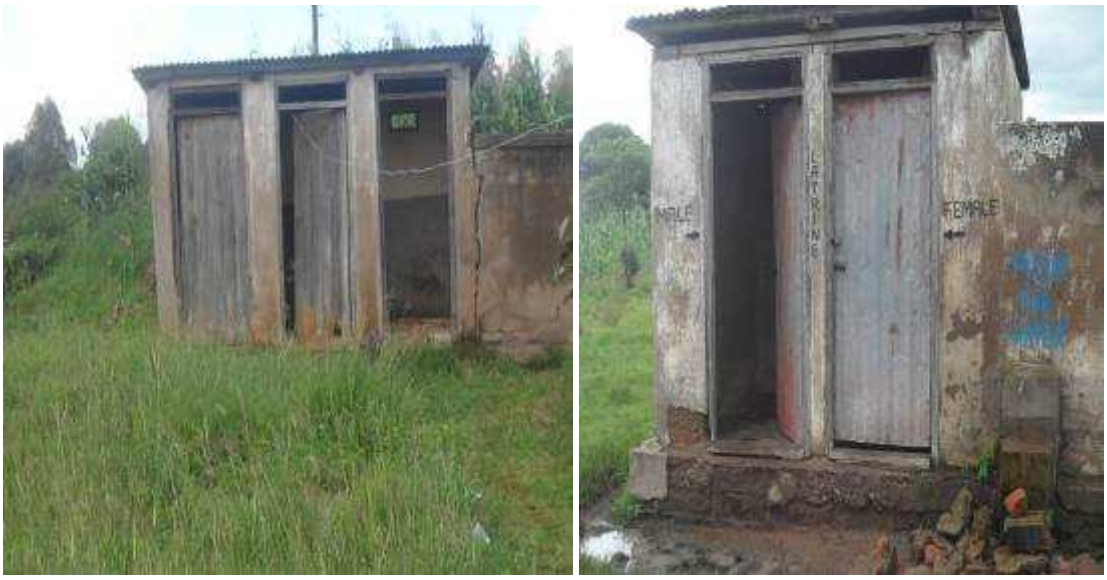
SANITATION AND INFECTION CONTROL

All facilities visited had non bushy and clean compounds. The OPDs and IPDs were relatively clean except for Kwapa HCIII which was dilapidated in addition to being dirty. This may partly be attributed to the availability of water or access to nearby water. Waste disposal facilities like 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.



Waste bins in Panyangasi and Paya HCIIIs

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 Paya HCIII and the in charge reports that people from the nearby trading centre access them on market days. He was advised to bring this to the attention of the nearby sub county chief. It is also in this same facility that the water harvesting and borehole are non-functional. The staff toilets in Merkit HCIII are dilapidated and full but are shared by staff and patients.



Dilapidated pit latrines in use in Iyolwa and Kiyeyi HCIII

Most nurses were not conversant with best sterilization procedures. Some faulted this to lack of paraffin or electricity to run the autoclaves. Most facilities HCIIIs only performed disinfection of instruments using soapy water and jik. In Paya HCIII, Akello Rose, a midwife uses her own stove and charcoal to sterilize the instruments.

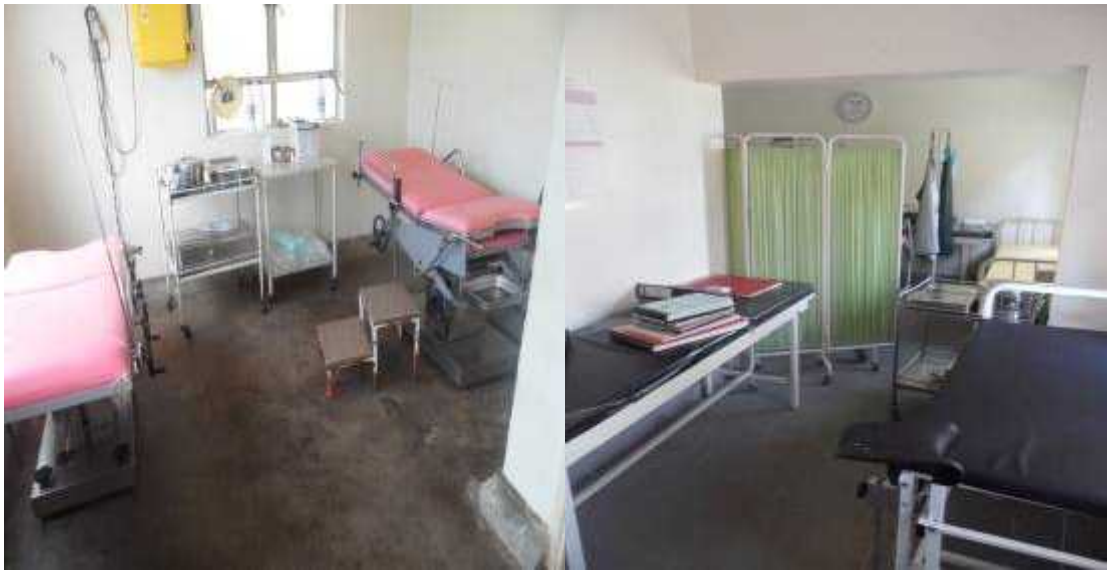
Brand new autoclave and numerous resuscitation kits donated by World Vision 3 years ago but have never been used.

UNIFORMS

Most health workers were not in uniform at the time of our visit. The reasons given were torn and old uniforms, washed the single uniform or not having uniforms at all. However, they acknowledge submitting their measurements to the DHOs office last year which were in turn submitted to MOH/NMS. They are yet to receive their uniforms.

ANC SERVICES

Antenatal Care (ANC) services were available in all the health facilities visited. At least every facility had a midwife; and delivery 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. In Paya HCIII, the delivery bed was broken and there were no delivery sets. In Merkit HCIII, the admission ward had no beds and the only two beds in a small side room were used for both prenatal and postnatal mothers.

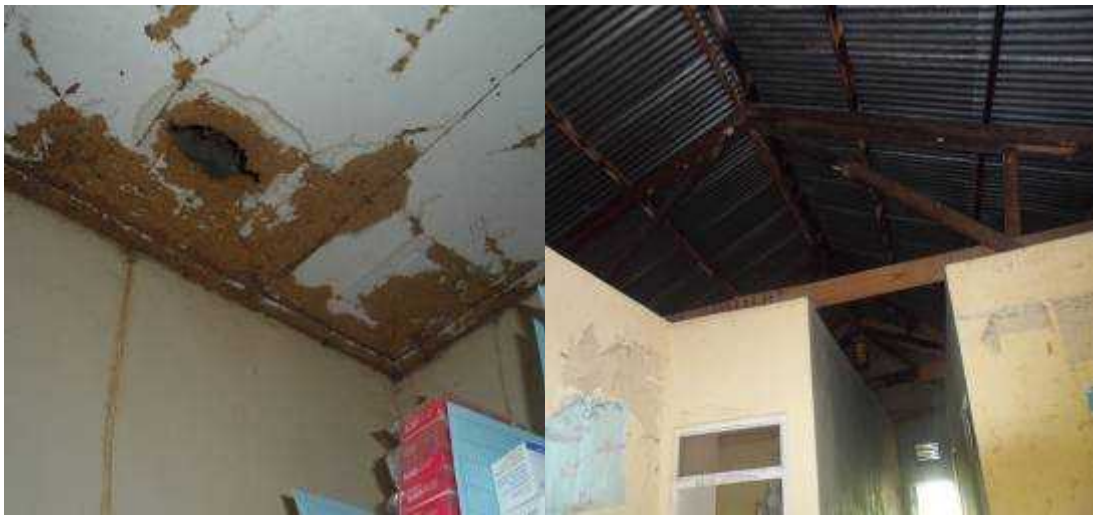


Clean and tidy labour suites in Mulanda HCIV and Kirewa HCIII

BAT INFESTATION

Most facilities were heavily infested by bats and the most affected include Kwapa HCIII, Mukuju HCIV, Osukusu HCIII, Merkit HCIII, Petta HCIII, Paya HCIII, Kirewa HCIII, Kiyeyi HCIII, and Iyolwa HCIII. 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.



Destroyed ceilings in Kirewa and Kiyeyi HCIII

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.

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, Tororo hospital superintendant, health centre in charges, sub county chiefs, LCIII chairpersons and GISOs. During this same forum, the MHSDMU team that monitored the hospital also presented its findings. 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 problem of land encroachment especially for Tororo hospital was discussed at length and the recommendations can be found in the minutes and the hospital report. 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 partners like TASO, IRDI, Marie Stopes and PLAN Uganda who have continued to augment the health services in Tororo district. We would also want to recognise the following health workers for their exemplary and dedicated service:

Ms.Sarah Ibodi in charge Osukusu HCIII and Nakye Fatuma an enrolled nurse, Imojong Amos the in charge Mella HCIII, Ms. Isiko Deborah a midwife Paya HCIII, Ms. Ajilong Maureen clinical officer Kwapa HCIII and Ms. Egesa Harriet in charge Mukuju HCIV.

The MHSDMU team

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2) Mr.Omoding Joseph Auditor
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4) Mr.Ben Olar Ken D/IP