## PREFACE;

Since our inception in Sep 2009, MHSDMU's mission has been that of monitoring, supporting and sustaining a national health care system that is efficient in operation; which provides affordable, high quality healthcare at all times and is cognizant of the right to health and dignity of the people of Uganda.

Our monitoring visits for Tororo General Hospital (TGH) on 25/May to 2/Jun 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 TGH.
iv. Analyse 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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**ACRONYMS;**

| | |
|---|---|
| CDC | Center for Disease Control |
| HC | Health Center |
| HMIS | Health Management Information Systems |
| ICRC | International committee for Red Cross |
| JICA | Japan International Cooperation Agency |
| MHSDMU | Medicines and Health Services Delivery Monitory Unit |
| m-Trac | Medicines Tracking |
| NMS | National Medical Stores |
| PREFA | Protecting Familiesagainst HIV/AIDS |
| TASO | The AIDS Support Organization |
| TGH | Tororo General Hospital |

**METHODOLOGY;**

The unit employs a wide range of professionals in executing its duties. We majorly rely on the professional proficiency mainly in technical areas of Audit, Pharmacy, Medical and investigation.

Information through our toll free lines (0800100447), office lines (0414288442/5) m-tracSMS free line (8200), whistle blowers, public servants, development partners is received, processed and acted upon accordingly.

At the facility MHSDMU staff employs mainly observation, interview (data collection tools) self-administered questioner (head count tool) and verification amongst others.

## 1.0. TORORO GENERAL HOSPITAL BACKGROUND;

- Tororo General Hospital is government owned, constructed in early 1930 as a military hospital.
- It provides services mainly to districts ofTororo, parts of Manafwa, Busia and parts of western Kenya.
- It serves an estimated catchment population of 500000 persons.
- It has been upgraded mainly with the help of government of Uganda and JICA
- The hospital's is designed as 100 bed capacity though currently operating at 200 bed capacity.
- At the time of our visit the hospital had a total number of 167 employees, 7 on study leave, 22 with critical salary issues and 9 retiring in 2015.
- Operating at 75% of the approved Norm for 100 bed though 43% for a 200 bed coverage.

**Excerpt;**

***Hard work spotlights the character of people: some turn up their sleeves, some turn up their noses, and some don't turn up at all. While at work, remember the two characters; those who do the work and those who take the credit. Try to be in the first group; there is much less competition.***

***Note; Opportunity is missed by most people because it is dressed in overalls and looks like work.”***

## 1.1. SPECIAL THANKS;

- Funding partners;

  -Government of Uganda.

  -PREFA, JICA & Baylor.

- Operating partners;

  -CDC, ICRC, TASO,

  - Global Health Uganda.

  - Reproductive health Uganda.

  - Plan Uganda, partners Centre.

  -St, Anthony Hospital.

- The Staff ofTororo General Hospital.

## 2.0. POSITIVE FINDINGS;

***The lab was very clean, equipped & kempt***

***The medicine store was organized.***

- Central pharmacy was found to be proficient in execution of its activities and in ensuring accountability of drugs.
- A few staffs on Female ward were found laboring so hard by the time of our arrival.
- The hospital had an updated inventory list of the major assets. It was last update in late April of 2014.

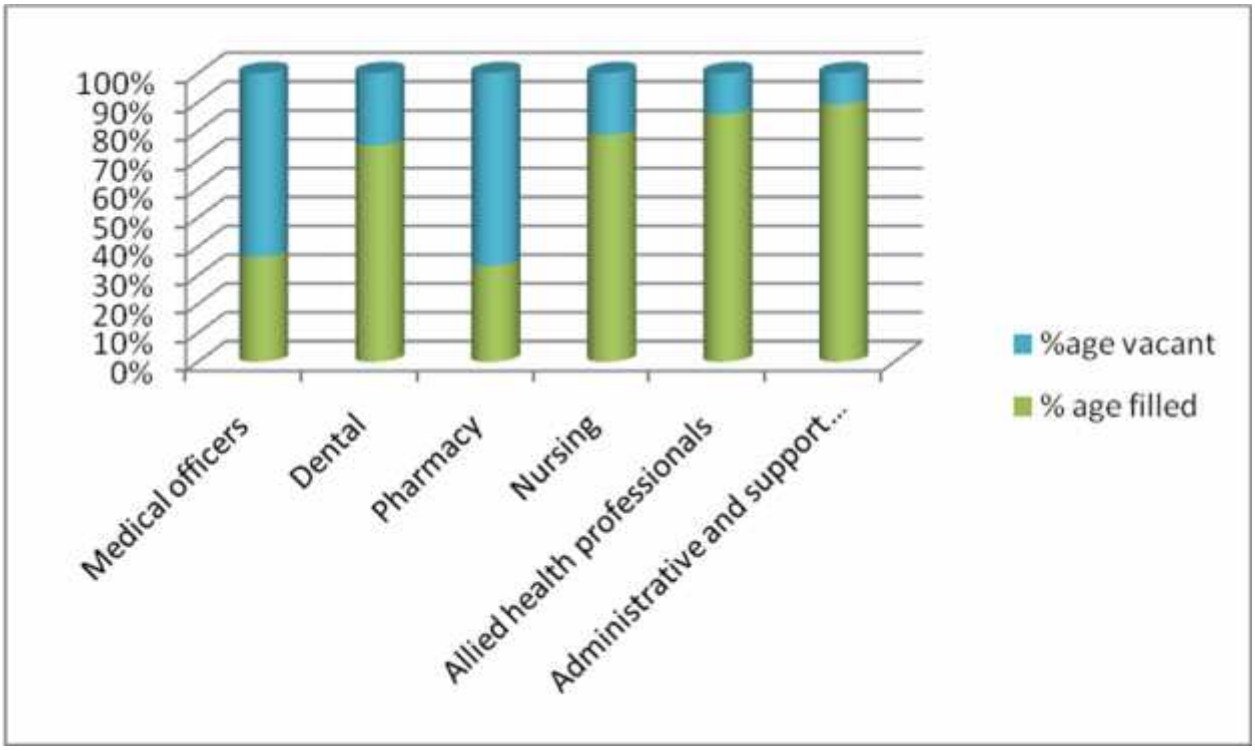
## 3.0. OTHER FINDINDS;

### 3.1. HUMAN RESORCE;

- At the time of our visit it was noted that the hospital had operated for more than three years without personnel officer. Staff had to move to district chambers in order to address their challenges. This heavily affected service delivery and prolonged time to address issues. The work force was demotivated, lacked direction and guidance mainly on salary issues but also was in dire need of a single voice to communicate directly personnel concerns to high authorities.
- Despite the fact that all measurements for staffuniforms in the hospital were submitted to MHSDMU and subsequently to NMS, to date no uniforms have been delivered to Staff of TGH.
- The hospital is 100 bed design and government staff allocation is at 75%. Currently its operating with 200 beds and that reduces the staffing level functionality to 43%, meaning there is understaffing which heavily impacts on service delivery.
- We noted that there was late reporting and early exit from duty (reporting register) and staff that endeavored to sign in would rarely sign out.
- It was also evident that internal supervision were wanting and in instances where supervision was done feedback was not given to the subordinates.
- During our visit most staff were found not to be accommodated within hospital premises or even given accommodation allowances. They insisted that they traverse long distance to work as they cannot afford or foot rental bills in the nearby set up.
- We noted that the cleaners were threatening to quit due to delayed payment

**The bar graph below shows staffing levels of key directorates of TGH.**

It expounds the key directorates against the filled and vacant positions in terms of percentages.




In the above bar graph, the directorate of medicine and pharmacy are in a horrible state requiring urgent recruitment. This being a hospital, the few at workare heavy laden.

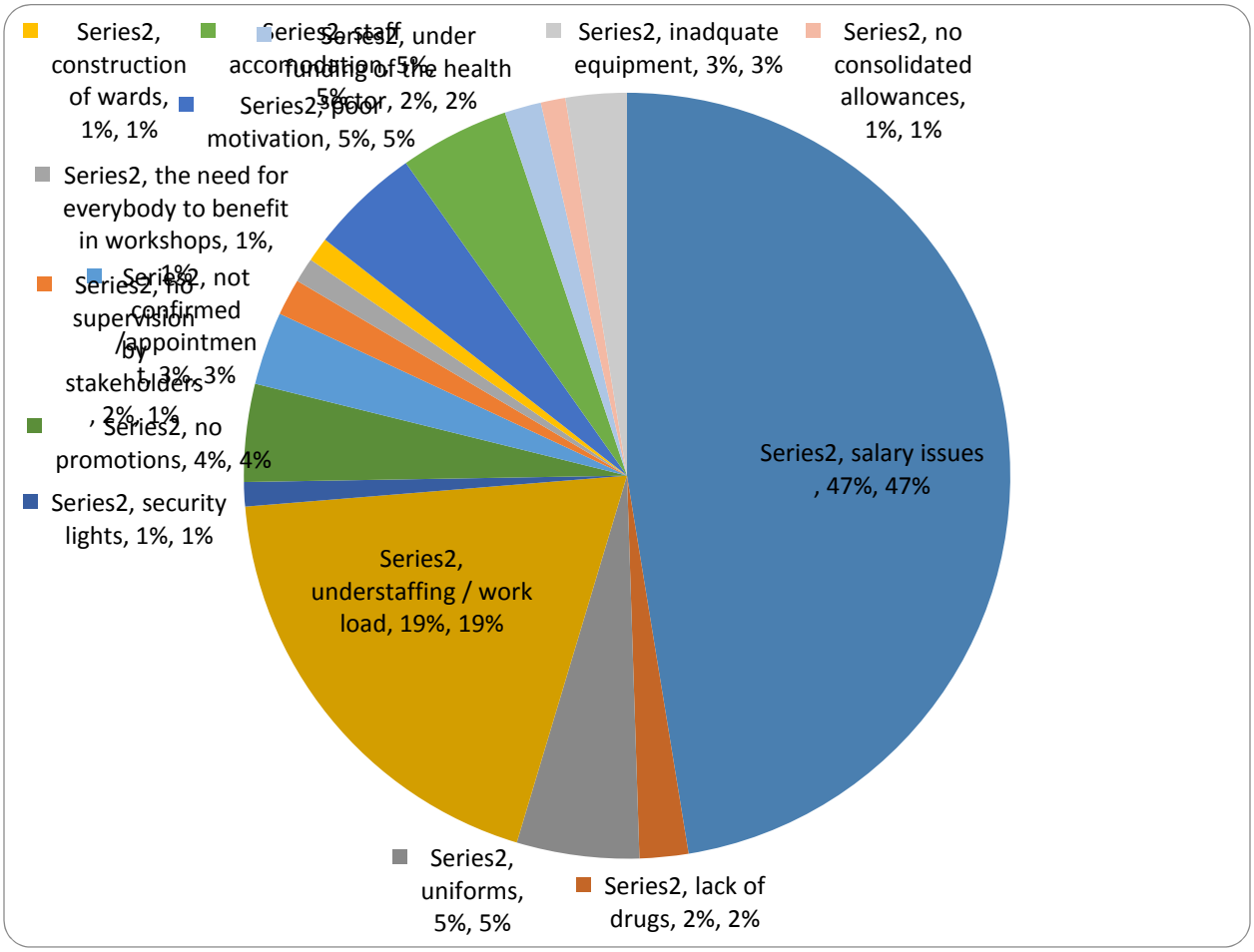
The facility has three doctors, the other two are visiting doctors from health sub-districts. It was also noted that,the MS was recently transferred from a HCIV.

**Health workers challenges and concerns;**

The pie chart below is an analysis of the general concerns and challenges of health workers. It's a product of the MHSDMU head count tool (Self-administered )

where health workers are requested to detail any challenges, concerns, that affect them in their line of duty and suggest measures of how the local administration, Local Government , Ministry of Health or government could intervene and address those key issues.

In this analysis a health worker is at will to mention one or more challenges and isolate them by the number of time a given concern has been mentioned.




As seen from above the most outstanding challenge for health workers was on Salaries, almost 50% of health worker lamented on delayed salary payments and recovery of arrears but also wanted government to intervene and increase their salaries and increase of salary.

Understaffing at 19% was also prominent, it was noted that though the facility was designed to manage 100 beds for inpatients, it's now operating at 200 bed hence

the gap. Demand for uniforms, accommodation and motivation follow respectively as key concerns that need to be addressed urgently.

### 3.2. INFRASTRUCTURE, EQUIPMENT & UTILITIES;

- The hospital land has been grabbed under the watch of some of the district officials and land board staff. A close analysis of the land title from Uganda land commission that was given to the hospital in 2007 indicates that the hospital is bordered by three roads; Station road, Hospital close and another road, this is no longer the case.

  The attempted explanation to the above fact was that during the 90's the town municipality had powers to take decisions on any land that was redundant. Against that back ground there is a claim that the council took it upon themselves to de-gazette hospital land. It is important that we retrieve these minutes against which that decision was premised.

- During our visit the hospital water was disconnected pending payment of UGX 4 M arrears. Because of this the pediatric ward, most wash room and the male ward were unkempt. A close analysis at the hospital revealed that it had the potential of tapping rain water which had not been exhausted. Tapping rain water would reduce on the utility cost but also ensure constant availability of water.


***Unkempt wash rooms;***

- Some of the equipment's are not engraved. This creates opportunity for wrong characters to steal these equipment out of the hospital.

- I.V empty bottles spend days hanging on patients beds.
- On our visit we noted that since 2011, the three block staff quarters that was supposed to be constructed in six months' time, had stalled pending hand over.For the successive years, funds have been allocated but there has been no realization of value for money.
- We noted that two vehicle are nonfunctional without reason.
- It was also noted that all cases that require x-ray are referred to Mbale regional referral hospital reason being that the existing x-ray unit tube is obsolete. On several occasions ministry of Health has been contacted to replace the unit but to no avail.

***The nonfunctional X-ray unit.***

- The lagoon of the hospital is meant to handle waste in the hospital. During our visit we established that the lagoon was in a dire state and was contaminating the surrounding water sources. The hospital management did not have the expertise to clean and do routine tests to ensure safety of the of the public

***The lagoon is in a poor state with a poor drainage system and contaminates the surrounding water***

- ❑ The team also established that most of the houses that are housing the hospital staff was in a dire state. This puts the lives of health workers at risk but also does not provide them the best living standards that would enable them to execute their duties diligently.

***Condemned dilapidated Staff houses.***

***Condemned dilapidated Staff houses***

- ❑ The medicines store is dilapidated and by no means in its current state should be used to store medicines and medical supplies.

***Pictures of the dilapidated medicines store.***

- ❑ Though the facility had an updated inventory equipment and infrastructure list, in some wards, stewardship was highly in question. On the male ward the beds inside the hospital did not have mattresses yet several were languishing outside and being devoured by termites.


***Empty beds on the male ward against the languishing mattresses outside the ward. The change in the colour of the grass speaks volumes of the time the mattresses have spent outside***.


- During our visit we noted that quite a number of people were being diagnosed with brucellosis. This was irregular. On keen interest it was established that main fridge in the lab had no power back up to constantly maintain the required temperature for the reagents hence the predominance in brucellosis diagnosis.
- Termites are breaking down the structures. It raises concern on the functionality of vector control officers in local governments.
- The hospital does not have a functional mortuary.

### 3.3. HEALTH SERVICE DELIVERY;

**Factors affecting service delivery at the facility.**

- Public service standing orders prescribe measures that can be used to assess daily attendance of officers. Amongst the many are the daily reporting register and HMIS tools. It's easier to establish how often, or the number of patients attended too by officers in their respective designation. Against that background, it was noted that Chronic absenteeism and abscondment from duty, late reporting and early exit form duty stations of some staff had heavily impacted on the efficiency and effectiveness thus the overall service delivery at the facility
- We also noted that the available accommodation was not adequate to cater for all the hospital staff and many had to traverse long distances

to come for work. This means that many are likely not to arrive in time but also would prefer leaving early to make it home.

- ❑ At 75 % filled positions for the planned 100 beds but currently operating at 43% for the 200 beds, the existing staff are overwhelmed with work. Understaffing coupled with missing staff in key clinical positions cripples down service delivery and patient care.
- ❑ Analysis of the self-administered head count tool, and CAO's office accepting to have failed to completely submit staff names to the registry, close to 50% of staff raised issues pertaining late payments, missing salaries and arears .it's practically impossible to focus on work while at the same time to look for funds to meet their daily economic needs.
- ❑ For quite a long time,information has been flowing in through our toll free line concerning extortions of money from patients in the theatre department. During our visit the public further revealed that this practice is going on and that some poor people have lost lives due to failure to raise the required amount for the surgeons and that the public is losing faith in that department and opts to try elsewhere.

### 3.4. MEDICINES MANAGEMENT

- ❑ Store and central pharmacy exhibited improveddocumentation and record keeping but there is still a big challenge when it comes to wards and other endpoints where medicines and supplies are dispensed. This is majorly due to inconsistent supply of HMIS tools (Dispensing logs). This has created an opportunity for opportunists to siphon medicines thus the allegations of medicines thefts onwards.
- ❑ The medicine and supplies store is in a dilapidated state but it was a relief to establish that funds have been already allocated for the construction of the new medicines store.
- ❑ It was also noted that Medicines supply by NMS was regular.

## 4.0. MUNICIPALITY HEALTH FACILITIES.

- The team would like to acknowledge the good work done by Chelimo Ruth at Serene HCIIit's the most outstanding Health facility in the municipality. It excels in infrastructure maintenance, medicines accountability, ensuring there is value for money for PHC and HMIS tools and patient registers indicated quite a good number of patients attended too.


***Serene HCII***

- The team established that despite completion of the maternity ward last year in Mudakori HCIII, and equipped it with bed and Mattresses, the building had not been put to use. The contractor has failed to hand over, is nonfunctional.

***The redundant maternity ward in Mudakori HCIII***.

***The mattresses and beds for the Maternity ward of Mudakori HCIII.***

***Inside the ward is leaking indicating some shoddy work in place.***

- In all the municipality facilities that were visited we found out that Solar batteries and panels had been stolen. As much as in charges would like to assert their innocence in the matter it's irregular that no effort were made to ensure the matter is investigated by police.
- Absenteeism of in charges was evident mainly of Bison HCIII. Specifically Bison HCIII was unkempt and abandoned.


***Bison HCIII was found in an unkempt state.***

- All health facilities in the municipality of Tororo had not received PHC for two quarters. The district received funds from ministry of finance over 170 M and it treated it as the usual Local income Tax. The district used the money without prioritizing health. After the funds had been spent, ministry communicated to the district that, it was an erroneous remittance. That meant that these funds were supposed to be reimbursed back to the ministry. Since the district had already spent the funds, they dint have any source of other the funds. So the ministry embarked on debiting the district account until all the funds were recovered. Now it impliesthat the district has to look for funds and ensure that these facilities receive the mussing PHC funds.
- It was also established that all HC III do not admit patients (Mudakori HCIII) and Bison HC III contrary to the recommendation of the ministry of Health. This has resulted into most patients running to the general hospital thus overwhelming the Staff. Simple cases that would have been managed at the facility level are all refereed to the general hospital.
- In all the municipality health facilities, there were no efforts made to ensure accountability of medicines. Some of the HMIS tools (Dispensing logs, relating to management of medicines at the facility were not being used.

## 5.0. FINANCE;

**FUNDS AUDIT BRIEF:**

The audit was done for two financial years, i.e. 2011/12 and 2011/13.

The hospital has the following accounts;

1. The PHC Account
2. The Baylor account
3. The NTR Account

***The Audit findings:***

The finance team tried to their best, though a few issues were identified that need to be addressed. Below is the summary.

- ❑ Unaccounted for funds:

| **PHC ACCOUNT** | |
|---|---|
| FIN YEAR | AMOUNT (UGX) |
| 2011/12 | 4,300,000 |
| 2012/13 | 3,083,500 |
| **TOTAL** | **7,383,500** |
| | |
| **BAYLOR ACCOUNT** | |
| FIN YEAR | AMOUNT (UGX) |
| 2011/12 | 1,619,000 |
| 2012/13 | - |
| **TOTAL** | **1,619,000** |
| | |
| **NTR ACCOUNT** | |
| FIN YEAR | AMOUNT |
| 2011/12 | 1,058,000 |
| 2012/13 | - |
| **TOTAL** | **1,058,000** |

***Missing Vouchers summary:***

| PHC ACCOUNT | | |
|---|---|---|
| FIN YR | NO | AMOUNT |
| 2011/12 | 1 | 742,800 |
| 2012/13 | 48 | 199,166,273 |

- A total of UGX 2,569,000 collected as NTR for the financial year 2010/11 was not banked. There is need to obtain an explanation as to whether this amount was utilized properly and with authorization.

| NTR SUMMARY OF COLLECTIONS VS BANKINGS | | | |
|---|---|---|---|
| **MONTH** | **RECEIPTS** | **BANKED** | **BAL** |
| July | 870,000 | 300,000 | 570,000 |
| August | 549,000 | 100,000 | 449,000 |
| September | 355,000 | - | 355,000 |
| October | 300,000 | 356,000 | (56,000) |
| November | 329,000 | 15,000 | 314,000 |
| December | 147,000 | 75,000 | 72,000 |
| January | 338,000 | 175,000 | 163,000 |
| February | 454,000 | 235,000 | 219,000 |
| March | 529,000 | 247,000 | 282,000 |
| April | 397,000 | 238,000 | 159,000 |
| May | 390,000 | 238,000 | 152,000 |
| June | 175,000 | 285,000 | (110,000) |
| **TOTAL** | **4,833,000** | **2,264,000** | **2,569,000** |

***Way Forward.***

- ❑ The accountabilities missing should be availed or funds should be recovered from the affected staff.
- ❑ The missing vouchers should be provided to the audit team.
- ❑ Balance unbanked from NTR collections should be followed up to ensure that it was not misappropriated.

## 6.0. RECOMMENDATIONS;

- ❑ Local government, district land board and Hospital administration must recover hospital land that has been grabbed.
- ❑ Government should seriously prioritise training of anaesthetic officers because these form the core of theatre functionality.
- ❑ NMS should ensure continuous supply of dispensing logs for better accountability and management of medicines.
- ❑ Uganda Police must investigate all cases of theft of solar panels and batteries in the district and bring culprits to book.
- ❑ Staff accommodation is key and must be given urgent attention.
- ❑ CAO must ensure that all staff access the pay roll but also try to ensure that all the arears are cleared.
- ❑ Local government should assist the hospital to harvest water and reduce on the utility bills.
- ❑ Tororo municipality council erroneously used municipality health facility PHC funds for the two quarter and must raise these funds and pay back to the facilities for smooth running of the facilities.
- ❑ The district engineers should inspect the maternity in Mudakori HCIII and demand the contractor to hand over. In case of failure legal proceedings should be preferred against the contractor. The same should apply to the three block staff house of the Hospital.
- ❑ CAO should furnish our office (MHSDMU) with details and justification as to why the three block staff house is not yet handed over up to now for three years. It's important to detail the reason as to what happened to the funds that were allocated to it in the three subsequent years.

- ❑ District service commission must recruit and fill the key positions in the hospital to reduce on the heavy work load.
- ❑ The lagoon must be given urgent attention.
- ❑ Improved management of hospital infrastructure is mandatory.
- ❑ The vector control office must ensure that termites, bats and vermin are eradicated from the hospital and other health facilities.
- ❑ The audit queries raised must be attended too.

END

*All life demands struggle. Those who have everything given to them become lazy, selfish and insensitive to the real values of life. The very striving, and hard work that we so constantly try to avoid is the major building block in the person we are today.*

*By Pope Paul VI*