

# EVALUATION OF ST BERNARD'S HEALTH CENTRE MANNYA, UGANDA

## PREAMBLE

This evaluation report is written with respect and appreciation for all employees and other stake holders who are working tirelessly to offer services to the Mannya community despite the numerous challenges that they face daily.

The report has as much as possible taken into consideration the concerns of all those who have been entrusted with the job of managing and running the health facility.

We are convinced that the health centre is meeting important health needs within the rural Mannya community. It is offering affordable, basic health services to many of the approximately 30,000- 40,000 people living within the Mannya parish environs. It compares quite well with other health facilities within the district, and could easily become a model for implementing accessible, affordable community based health care services in many rural areas of Uganda.

## SHORT HISTORY OF ST BERNARD'S HEALTH CENTRE

The Centre was built in 2006 at the initiative of Fr Nestus, the Parish Priest, with a commitment from St Bernard's Parish, Belmont, Australia to fund the construction and some of the running costs. The Centre opened in 2007. St Bernard's Parish has been involved in Parish projects in Mannya since approximately 1990. The Australian clothing company, "Cotton On", has partnered with St Bernard's Parish since 2007 to support the Mannya parish projects. Funds are channeled through the Christian Brothers' Foundation which is a registered charity for taxation purposes in Australia. The Christian Brothers maintain a lively interest in the Mannya development projects.

## PARISH VISION AND MISSION

**Vision:** To see the people of Mannya Parish attain holistic development, spiritually and physically

**Mission:** To direct St Luke Mannya Parish to self-sustenance by strengthening the existing comprehensive infrastructure for sustainable development.

**Goal:** To make St Luke Mannya Parish (including the adjoining social services) one of the best performing Catholic Parishes in the Diocese by 2012.

## PURPOSE OF THE REVIEW

St Bernard's Parish and "Cotton On" requested a review of the Centre for the purpose of accountability to their donors and workers who contribute to the on-going funding and support of the Centre.

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## **EVALUATION OF ST BERNARD'S HEALTH CENTRE MANNYA, UGANDA**

### **ENVIRONMENT**

Mannya is a remote village in Rakai District with a population of approximately 30,000-40,000. It lies 200 kms south west of Kampala, and 30 kms from the Tanzanian border.

The area is drought prone, and so shortage of water is a constant challenge. There are storage tanks on the Health Centre compound that collect water harvested from the roofs of the buildings. At present these tanks are empty and the centre relies on water delivered by a porter who travels four kms by bicycle to fetch the water. There is a dam under construction and hopefully when the rainy season commences it will store water run-off from the nearby hills.

Community members rely on small scale agriculture activities for their livelihood. Consequently drought conditions seriously compromise their ability to produce food. Average income is UGS1000-2000 (less than \$1 AUS) per day.

Mannya has no electricity so the centre relies on solar power and a generator.

The nearest referral hospital is at Masaka, the District Headquarters, 70 kms from Mannya. There are other referral centres, namely Kakuto (Government), and St Andrews, Kyotera (Catholic), 20 and 25 kms from Mannya respectively. These centres do not have a doctor, but they are a level higher than St Bernard's with respect to level of services. Local residents have access to transport to St Bernard's Health Centre: taxis and boda-boda (motor bike). The centre lacks an ambulance, with the result that the Parish Priest has to organize private means of transport to the nearest referral centre/hospital.

The Parish has launched a number of income-generating projects being managed by various groups within the community, e.g. women, youth, and men.

### **SERVICES**

St Bernard's Health Centre is registered as a Health Centre with the Ministry of Health. Services provided:

- General preventive and curative
- Maternal and child health
- Health education
- Routine counselling, testing and referral for HIV/Aids
- Weekly community outreach for HIV education and testing

### **Outpatients**

An average of 18 per day and 25-30 during May, June and July. These months follow the rainy season and malaria becomes very common. However, there are many sick people in the community who do not seek health services because of the cost. It is believed that if free health services were available, the Health Centre would be overwhelmed, and neither does it have the resources to provide free services. At some time in the future consideration could be given to recruit a Social Worker who could assess the genuiness

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of needy cases. When the income generating activities of the parish are bearing fruit, there could be the possibility of the community subsidising care for the extremely poor.

### **Inpatients**

St Bernard's has a bed capacity of 23, but currently only 17 are in use, because 6 beds do not have mattresses. 11 beds are for women and children, and 6 for males. We observed the lack of mosquito nets for inpatients, which is alarming considering the region is very prone to malaria outbreaks.

There is a labour room with minimal equipment. We observed that it is located next to the male-ward. Ideally, it would be better placed next to the female ward. There is an infant incubator in the room, but it is not used because of the shortage of power.

### **Maternal and Child Health**

While there are many mothers who attend for ante-natal care and education, there are approximately six deliveries performed in the Centre per month. Most of the women prefer the services of the Traditional Birth Attendants, who accommodate various cultural practices and rituals. It is important to note that illiteracy level among the adults (child-bearing age, 16-40yrs) is quite high, and so most pregnant women, along with their husbands, are still entrenched within traditions. Traditional midwives only refer women who have complications during or following delivery. However many mothers bring their children for immunization – on average, 30 per month. It was reported that education has had a positive impact with regard to the value of immunization. There had been a cultural belief that immunization was a cause of death, but this is changing.

### **Outreach**

There is a limited outreach program whereby a team visits the community once a week for the purpose of education, counselling and testing for HIV/Aids. This is a commendable community health service. However, given the national statistics for maternal deaths and infant/child mortality<sup>1</sup>, it would be most desirable if the outreach service could be extended to enable it to provide education with regard to the value of peri-natal and child health issues. Prevention of mother to child transmission of HIV should be a priority goal for maternal/child health.

### **Most Common Diseases<sup>2</sup>**

1. Malaria
2. Respiratory tract infections
3. Gastro-intestinal infections
4. Urinary tract infections

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<sup>1</sup> There is a lifetime risk of maternal death ratio of 1:25 (2005). Under five mortality rate, 2007, 130 per thousand (UNICEF Uganda, 2007).

<sup>2</sup> The staff do not report HIV among the most common diseases. However, the national statistic estimates that 1,000,000 throughout Uganda are HIVpositive (UNICEF Uganda, 2007)

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### **Drug supply**

The Health Centre procures most of its drugs from the Joint Medical Store, which is highly recommended by the Ministry of Health, and is a source of reliable drugs. The Catholic Diocese also contributes some drugs on a quarterly basis. Vaccines are sourced from the District Hospital on demand, using a cool box. The clinical staffs report that the supply of drugs is sufficient to treat the most common illnesses encountered at the Health Centre.

### ***Recommendations:***

- Consider strategies for making health services available for the extremely poor
- Supply bedding for the six beds currently without bedding
- Acquire treated mosquito nets for the inpatient beds
- Consider the possibility of relocating the labour room next to the female ward rather than the male ward.
- Consider the possibility of extending the outreach program, to include the goals: (i) more women to deliver at the Health Centre (ii) Prevention of mother to child transmission of HIV (iii) reduce maternal and infant mortality rates

## **MANAGEMENT STRUCTURE/HUMAN RESOURCES**

St Luke Mannya Catholic Parish has a five year development plan, in which the goals for the Health Centre are documented. The target population of all parish projects is the poor of the parish, regardless of religion. The goals refer to development of infrastructure only, and not to development or improvement of health service provision. The goals include improving water and power supplies, provision of a vehicle and building infrastructure. In addition, there is a goal for soliciting donors to meet the running costs of the Health Centre.

The Health Unit Committee oversees the running of the Centre. The Committee is comprised of nine members. The Chairman and Treasurer are from the community. The Clinical Officer in Charge of the Centre is the Secretary. Other members include the Parish Priest, a women's representative, a local administration representative, and another two members from the Parish Council.

There is a General Manager who oversees all the parish projects and is responsible for monthly reporting on all the activities and finances associated with each.

The Health Centre has a Clinical Officer in Charge as well as a Manager. The post of Manager was created because the Clinical Officer's duties are more professional/technical and do not allow time for administrative activities. This structure runs the risk of overlapping responsibilities and unclear levels of authority.

Other staff members include an additional Clinical Officer, two enrolled nurses (one of whom is the manager), a counsellor (who is also a nurse), a laboratory assistant and a nursing assistant. There is a cashier, a cleaner and a security officer.

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This staffing establishment is adequate for the level of services currently offered. However, we observed that the drugs were dispensed by the counsellor/nurse, in the absence of a pharmacist on the staff.

There is no evidence that Job Descriptions are in place, nor a formal Performance Appraisal system. HR policies are shared across the Masaka Diocese.

The Centre has permanent, quality houses for staff. However, the staff do not like to share rooms; they do not have power for recreational activities, e.g. television, music, internet, nor is there is a kitchen. Cooking is done outside on a charcoal cooker. Shortage of water is also a challenge.

Staff salaries are not competitive with Government salaries. The Government terms and conditions of service are more favourable, being permanent and pensionable. Consequently, the Centre often loses experienced staff to the Government and this compromises the quality of services offered at times. .

There are no funds allocated for capacity building of staff. Occasionally the diocese/other sponsors provide staff trainings.

### ***Recommendations:***

- The Health Centre should consider developing a strategic plan for services
- Review the management structure with regard to its effectiveness
- Investigate the appropriateness of a nurse dispensing drugs
- Develop Job Descriptions, and formal Performance Appraisal system
- Consider an annual budget allocation for staff capacity building
- When funds are available, consideration could be given to extending the staff quarters

### **INFRASTRUCTURE**

The Health Centre is a new, quality, permanent building. It consists of:

- One consulting room
- One treatment room
- Laboratory
- Pharmacy
- Store
- Waiting/reception
- Pit latrines and bathrooms (spaces for washing)
- Two in-patient wards: one for women and children, and one for men.
- Labour room
- Staff quarters: four units with one bedroom, one bathroom and toilet, and one sitting room each. There is no kitchen.

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There are two tanks that store rainwater from the roof. At present the tanks are empty because of the insufficient rainfall. There is no running water supply to the health centre, and as already noted, it relies on the very limited water fetched by a casual porter. There is no safe drinking water for inpatients. Needless to say, this compromises overall hygiene standards; increases the risk of water-borne diseases and of cross-infection. It also has a negative impact on the running costs of the centre.

Solar power provides for light and a limited supply for a drugs refrigerator. It is inadequate to power essential equipment, including a refrigerator for vaccines, the infant incubator (consequently never used) and other basic laboratory equipment.

### ***Recommendations***

- Strengthen the power supply to the Health Centre
- Install running-water system to the Health Centre. A short-term intervention: acquire and install small containers e.g. 20-25 litres, elevate and fix with a tap for hand-washing.
- Avail safe drinking water for all inpatients. We suggest that water should be boiled, cooled and put into clean containers for patients.

### **FINANCIAL MANAGEMENT**

#### **Sources of Income;**

- St Bernards Parish Belmont, Australia
- Cotton On Foundation, Australia
- Ministry of Health of Uganda
- Catholic Diocese of Masaka
- Patient fees
- Other donors

St Bernard's Parish, Belmont, and Cotton On are the major sponsors of the Parish Projects. The Ministry of Health contributes UGS 7 million per annum for drugs, and topping-up of salaries. This allocation is minimal considering that the cost of drugs per quarter is UGS4 million.

Some patients are unable to pay the fees. However, during the month of August, all patients paid fees. There is an annual budget prepared. The General Manager has requested the Health Centre to prepare monthly budgets. Current monthly reporting does not include all sources of income; neither does it include salary costs.

Patients make a contribution to the costs of services. Outpatients pay between UGS1000 – 2000 depending on the level of service given. Inpatients pay between UGS5,000 and 10,000. In August 2009, patient fees were UGS1,762,350 compared with the running costs (excluding salaries) of UGS 2,925,396. For the five months to August 2009, fee-income varied between 1m and 4 m per month.

### ***Recommendation***

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Include all sources of income and expenditure in the monthly reports

### **EVALUATION**

The Health Centre is providing an essential service of basic, affordable health care to some members of the target population (that is, those who can afford to pay the minimal cost) identified in the Parish Development Plan. The nearest health centre to St Bernards is approximately 20 kms away, making it the only available health facility within the 20 km radius. Before the Centre opened, those in need of care were seeking assistance from the Parish Priest who was not resourced in any way to provide for basic health needs. Now there is access to 24 hour services which were non-existent prior to the opening of St Bernard's.

The Centre charges minimal fees hence since the Centre aims to make services affordable. Most of the patients who attend are paying the minimal fee-contribution. The annual budget target for fee income of UGS18, 000,000 will be reached if the performance for the five months to August 2009 is sustained. However, we learned from the Parish Priest that there is a good number of people within the target population who do not seek services at the Centre due to lack of the minimum fee. Consequently we have made a recommendation that future planning should take account of the needs of this extremely poor.

St Bernard's Health Centre relies heavily upon donor funds, both for infrastructure development and operational costs. In the future, the Health Centre should benefit from the many up-coming income-generating activities that have been launched in the Parish, for example, the piggery, chickens, cassava, maize, brick-making, coffee farming. The community members, especially the women, involved in the projects are hard-working and committed to improving their standards of living. Chances are high that the success of the projects will enable the Parish to allocate funds for the operating of the Health Centre in future. Nowhere in the world, do recipients of health care pay the full cost of health services.

Staff members are well prepared professionally to undertake their duties. However, they struggle with the challenges of insufficient power and water both of which compromise the quality of services. The remote location of Mannya is also a challenge for staff, who do not receive the same level of remuneration as their Government counterparts. They also have an issue with the staff accommodation, which while it is a new, quality building, requires staff members to share units. A kitchen would obviate the need to cook outside on a charcoal cooker. The shortage of power cuts them off from access to recreational activities, e g television, music, and internet.

The Health Centre building is basically very adequate. The shortcomings of infrastructure are:

- Location of the labour room
- The waiting area is spacious, but lacks enough chairs to accommodate the numbers of waiting patients on a busy day.

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- Shortage of water and power
- Insufficient mattresses and other bedding
- Lack of mosquito nets
- Lack of vehicle for transport of referred patients
- Lack of vehicle for transport for the outreach HIV/Aids program

### **CONCLUSION**

All in all, we can without any doubt state that the St Bernard's Health Centre is quite precious to the local community. Hopefully, with the continuing support of the key sponsors, it will grow into a modest health facility in the near future. The Centre's future lies in the exploitation of the opportunities that are available: a committed community that is rapidly developing an awareness of its social needs, unwavering church support, especially from the incumbent Parish Priest, Fr. Nestus, vast farming land within the parish, and the on-going donor support. It is our belief that this evaluation report will provide St Bernard's Parish Belmont and "Cotton On" with a clear, independent picture of the operations of the health centre at Mannya, Uganda. In addition, we have made some recommendations that we hope will be taken into consideration in the near future.

### **SUMMARY OF RECOMMENDATIONS**

1. Consider strategies for making health services available for the extremely poor
2. Supply bedding for the six beds currently without bedding
3. Acquire treated mosquito nets for the inpatient beds
4. Consider the possibility of relocating the labour room to a more favourable place.
5. Consider the possibility of extending the outreach program, to include the goals:  
(i) more women to deliver at the Health Centre (ii) Prevention of mother to child transmission of HIV (iii) reduce maternal and infant mortality rates
6. The Health Centre should consider developing a strategic plan for services
7. Review the management structure with regard to its effectiveness
8. Investigate the appropriateness of a nurse dispensing drugs
9. Develop Job Descriptions, and a formal Performance Appraisal system
10. Consider an annual budget allocation for staff capacity building
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12. Strengthen the power supply to the Health Centre
13. Install running-water system to the Health Centre. A short-term intervention: acquire and install small containers e.g. 20-25 litres; elevate and fix with a tap for hand-washing.
14. Avail safe drinking water for all inpatients. We suggest that water should be boiled, cooled and put into clean containers for patients.
15. Include all sources of income and expenditure in the monthly reports