



PERFORMANCE AUDIT REPORT ON MANAGEMENT OF PRIMARY HEALTH CARE (A CASE STUDY ON HEALTH CENTERS)

Dr. Anna Nswilla
CDHS
MoHSW



Presentation outline

- Background
- Audit issues
- Recommendations



Background

- A performance audit on Primary Health Care management undertaken by the CAG for FY08/09.
- Focused on a sample of Health Centers
- Overall findings suggest that there are problems in the HCs performance



I. **AUDIT ISSUE - FUNDING**

✓ **Ineffective allocation and utilization of resource to HCs**

- Allocation of funds to HCs not related to service demand and performance
- Lack of transparency HCs are not given feedback on approved budgets from the Councils

AUDIT ISSUE- FUNDING....

- Most of the HCs lack a system of budgetary control for monitoring own spending.
- Formula used by MoHSW for allocation of funds to MSD for the supply of drugs at different levels not linked to actual workload or performance of each health facility or local burden of disease (BoD) or poverty indicators

AUDIT ISSUE - SUPERVISION

✓ **Staffing:-**

- Standards set for staffing of each HC not considered workload and clients waiting/ processing time.
- Allocation of staff does not correspond with the number of users/ clients of the HCs services

✓ **Ineffective Supportive Supervision :-**

- The current system of Supervision has not been able to detect the HCs that have performance problems and suggest remedial action



AUDIT ISSUE - SUPERVISION

- The supervision conducted by RHMT and CHMT has not provided the HCs with adequate support to mitigate problems i.e no correlation between the HCs' performance and the conducted supervision
- Not providing documentation and feedback to the HCs, hence no improvement of HCs' performance



AUDIT ISSUE - SUPERVISION..

- Not addressing Performance issues but mostly centered to issues like inadequate resources, poor condition of medical equipment and environmental.
- Few actions are taken by Councils on the conducted supervision visits
- Few reports stated objectives of the supervision visits and findings differ with the stated objectives

AUDIT ISSUE - SUPERVISION..

- Poor record keeping and documentation of supervision reports in the Councils as well as in the HCs.
- The RHMT supervision frequency to Councils is far from the requirement of conducting the same on quarterly basis
- No linkage between Councils performance and higher or low frequency of supervision conducted by the RHMTs.



AUDIT ISSUE - SUPERVISION..

- Regional supervision management put less consideration on how councils manages HCs
- Staff Competence and experience varies between regions
- Managerial skills depend on the individual efforts hence management commitment varying between regions.



AUDIT ISSUE..

- Differences in performance to a large extent depend on leadership at individual HCs rather than on systematic factors linked to the responsible institutions.
- Reporting from councils' is not sufficiently analysed to detect HC performance.

AUDIT ISSUE -

✓ Client waiting time at HCs:-

- MOHSW has not yet established customers" expected waiting time for improving services efficiency
- Few actions have been taken by Government in improving waiting time.

✓ Little incentive to join CHF:

- Persistence shortage of drugs in the health facilities contribute in the decrease of CHF members

AUDIT ISSUE..

✓ Less effective Health Facility Governing Committee:-

- Few meetings are conducted per year
- In some instances matters discussed are not related to performance issues
- Most of the committee members had less capacity in discharging their responsibilities

AUDIT ISSUE HMIS

- Information system for providing timely and current data not updated and used for improvement of health service delivery:
- HMIS reports from operating level lack data such as number of supervision conducted, cost of resources received and spent, workload, records of action taken in improving performance and missing medical supplies not analyzed at the regional levels, thus putting a limitation of detecting possible weaknesses.

AUDIT ISSUE HMIS..

- HCs Reports submitted to Council level are rarely analyzed, compared and evaluated by Councils Operating Teams
- Non –action on the reports by council's management, the HCs lack feedback on their performance



Recommendations

- ✓ CAG has put forward recommendation to be addressed at three different levels
 - District
 - Regional and
 - National Level

Recommendations

- **THE MOHSW:**

- Allocate essential drugs, equipment, supplies and funds by taking into consideration performance indicators like HCs' workload and visitors' waiting and processing time.
- Ensure that HCs are provided with adequate drugs and medical supplies by MSD according to their requests.
- Ensure that the HMIS is updated to address critical gaps in terms of performance.

Recommendations

- Strengthen the RHMTs to fully perform their mandate of supporting CHMT and evaluating CCHPs and progress report before forwarding them to PMORALG/ MoHSW
- Ensure that the MSD prepare and issue accountability statement quarterly in regard to each LGA. The same report has to be incorporated in Council's implementation report prepared quarterly.

Recommendations..

✓ AT COUNCIL LEVEL

COUNCIL DIRECTORS

- To ensure National priorities on essential health package is availed to HCs to guide them during preparation of HCs yearly budget proposal
- Provide HC with estimated ceilings of the annual budgets and information/feedback on the approved annual budgets.

Recommendations

- ✓ **DMO & CHMT Safeguard & ensure:**
 - Proper delivery of essential medicines and medical supplies to the HCs
 - Proper collection, analysis of the HC data and reporting system according to the HMIS
 - Reallocation of staff, medicines, funds and other resources between different HCs according to performance indicators like work load and waiting processing time (WPT).

Recommendations...

- Decentralization of HCs' funds by ensuring that each facility has its own account and petty cash with a certain ceiling.
- Building capacities to the In charges of HCs regarding keeping proper records and control of funds and other resources at their health facilities. & effective health governing committees



Recommendations...

- ✓ **REGIONAL SECRETARIAT/RHMT**
 - Has to ensure that:
 - CHMT supervision visits at the HCs are properly planned, conducted and followed up
 - The RS/RHMT should provide the MoHSW and PMORALG with reliable, problem oriented and analyzed information regarding health issues for their decision making.

Recommendations...

✓ **PMORALG** Has to ensure that:

- Financial and technical reports give more weight to performance issues
- Contribute to a more decentralized decision making of basket funds
- Ensure that a more efficient procedure for the disbursements of fund is followed including a benchmark for time. - develop more direct and transparent links between the funds allocated to HCs and expected activities, service levels and targets.



WAY FORWARD:

- Discuss how best can players address the challenges and recommendations provided by *CAG*
- Suggest any other solutions to the challenges.



**THANKS FOR YOUR
ATTENTION**