

EVALUATION REPORT

HEPS-UGANDA CITIZEN ENGAGEMENT TO STOP
MEDICINES STOCK OUTS (COME) PROJECT IN LIRA
AND KIBOGA DISTRICT 2014 - 2016.

PREPARED FOR
HEPS UGANDA
AND GAPP

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LIST OF ACRONYMS AND ABBREVIATIONS

CMM	Community Medicine Monitors
COME	Citizen Engagement to stop Medicine Stock out (COME) Project
DHO	District Health Officer
EMHS	Essential Medicines and Health Supplies
GAPP	USAID'ss Governance Accountability, Participation and Performance Programme
HEPS	Coalition for Health Promotion and Social Development
HUMC	Health Unit Management Committee
H/F	Health Facility
VHT	Village Health Teams
NUCHA	Northern Uganda Coalition for Health Advocacy

EXECUTIVE SUMMARY

In Lira district, a member of the community in Ambalal reported a private health service provider who was selling drugs labeled UG, to a Community Medicine Monitor. The monitor reported to Police and two people were arrested and charged with the crime. This was after members of the community were sensitized by HEPS on their roles and responsibilities in health service provision.

This is one of the many community actions aimed at stopping medicine stock outs in the Health Facilities. When HEPS Uganda set out to implement the Citizens Engagement to Stop Medicine Stock out project in the districts of Lira and Kiboga, they aimed at fostering action, engagement and participation of community based Citizen Representatives to serve as advocates for the right to access essential medicines and contribute to reduction of medicines stock outs in 10 public health facilities in the two target districts.

158 Community Medicine Monitors who were trained have been a good link between the community, health workers and local leaders. They have been instrumental in monitoring drug stock outs and organizing quarterly interface meetings between the Health workers, members of the community and local leaders. It is through these meetings that priority commitments with clear roles and responsibilities and timeline have been developed and implemented accordingly with support from the community, HEPS, sub-county and district local governments. HEPS has forwarded issues that cannot be solved at district for national level advocacy.

In Katwe Health Center III-Kiboga district members of the community contributed sand and bricks towards construction of the Health workers' houses. This was after identifying that lack of accommodation for health workers contributes to poor service delivery.

The evaluation further found out that;

There is improved health worker/client relationship, reduction in time spent at the Health facility, sharing of information on medicine availability all of which have led to reduced incidences of stock outs and time spent at the health facility. This is a shift from the baseline survey where the situation was marked by health worker absenteeism, lateness, reluctance, rudeness, long queues, persistent medicine stock outs and community members not knowing they could complain.

The End line survey confirmed that the proportion of respondents who received quick attention at the health units (within 15 minutes) increased from 21% to 90% in Kiboga district and from 13% to 95% in Lira district, and health users who received the required services in Kiboga increased from 72% to 73 % whereas in Lira district, it increased from 83% to 88%. This is a significant achievement.

It is worth noting that causes of stock outs are now traced in factors that are beyond the control of the health facility, including growing numbers of patients, gaps with the supply chain and limited budget for medicines. Marked by delayed payment of health worker salaries, lack of accommodation and promotions all of which affect the morale to perform duties with commitment.

The COME project increased levels of commitment and accountability by all stakeholders.

“HEPS project has awakened us to our monitoring role, we no longer come to health facilities for meetings only but are stakeholders in management” Retorted one HUMC Chairperson encountered during the evaluation exercise.

The District Health Officers supplemented the effort of HEPS by emphasizing the test and treat policy. This has led to reduction in the number of people who used to come to the health facilities to line up for drugs when they are not sick, thereby causing stock outs within a few days after receiving a supply. The community has learnt to go for treatment at the nearest health facility, leading to a reduction in the distance covered to get to the health facility. (End line survey shows that, 95% of the household respondents in Kiboga district and 96% in Lira district were within 5 Km radius of the nearest health facility. This indicates that almost all the respondents knew the service standards and are using health facilities in their reach.

1.0. INTRODUCTION

1.1 About HEPS-UGANDA

HEPS-Uganda (Coalition for Health Promotion and Social Development) is a Health Rights organization that advocates for more access to affordable essential medicines for the poor and vulnerable people in Uganda. This is done through increased public and community participation at different levels of decision making in medicine policy formulation, implementation (procurement and supply chain) and rational use.

1.2 HEPS - Uganda COME Project in Lira and Kiboga District 2014 - 2016.

HEPS Uganda with support from Governance, Accountability, Participation and Performance Program (GAPP) implemented a social accountability project *“The Citizen Engagement to Stop Medicine Stock Outs (COME) project”* in Kiboga and Lira districts. The project aimed at fostering action, engagement and participation of community based Citizen Representatives to serve as advocates for the right to access essential medicines and contribute to reduction of medicines stock outs in 10 public health facilities (5 per district) in the 2 districts. The target health facilities included; Kiboga District Hospital, Bukomero HC IV, Kambugu HC III, Katwe HC III and Lwamata HC III in Kiboga district and Lira Regional Referral Hospital, Barapwo HC III, Ober HC III, Barr HC III and Ogur HC IV in Lira district. HEPS had the assumption that joint voices and action would result into access to quality and affordable essential medicines for health consumers.

1.3 Target

The project targeted women, men, PWDs, health care providers, district health officials, local government leaders, relevant Ministry of Health departments and other health policy structures /actors at district and national level with the purpose of increasing transparency and accountability in delivery of essential medicines and medical supplies by 2016. This was to be done through effective community participation with Community Medicine Monitors as key actors and agents of change.

1.4 Structure of the report

The report is laid down in four main Chapters. Chapter 1 is the introduction giving a brief about HEPS and the project. Chapter 2 outlines the procedure for conducting the research, including purpose of the evaluation, key evaluation

questions and methods. Chapter 3 gives a synthesis of the evaluation findings and Chapter 4 tackles the conclusions and recommendations for future use.

1.5 Target Audience

The report has been prepared for HEPS Uganda staff and Executive Board. It will be used by the Government, Donors, and other NGOs in the health sector.

CHAPTER TWO-EVALUATION FRAMEWORK

2.1 Purpose of the Evaluation

HEPS-Uganda conducted an evaluation to assess the impact of the implementation of its project titled “Citizen Engagement to Stop Medicines Stock Outs” in Lira and Kiboga Districts 2014-2016. The main aim was to assess the project’s effectiveness and results measured against the project goal, objectives, results and outputs set forth in the project proposal.

2.2 Key Issues of focus /Evaluation questions

- ✚ The extent to which the project met the stated project goal and objectives
- ✚ The impact that was created by the project on the beneficiaries
- ✚ To what extent has HEPS intervention changed people’s lives (case studies)
- ✚ Did all beneficiaries of the project benefit equally
- ✚ What has and has not worked in the project
- ✚ What components of the project were most effective
- ✚ Assess the extent to which HEPS has contributed to awareness of health rights and beneficiary participation in contributing to availability of essential medicines facilities.
- ✚ Is the project replicable?
- ✚ Is the project sustainable?

2.3 Scope of the Evaluation

The exercise covered the 10 target sub counties of Lira and Kiboga districts in where HEPS implemented the COME project. The evaluation team collected views and input from Community Medicine Monitors, beneficiary communities, Local government officials, partner organization officials, media and NGOs/CBOs operating in the area.

2.4 Evaluation Methodology

The evaluation kicked off with the review of the project documents that included quarterly reports, CMM medicine tracking reports, project logical framework, baseline and end lines survey reports, quarterly reports government plans and policies on health and medicine management. Interface/one on one meeting was conducted to engage with the respective district offices, health facility staff, and community medicine monitors. Community members were met in focus group discussions. Observation was also used, as interviews and focus group discussions were being conducted.

2.5 Evaluation methods

2.5.1 Selection of Health Facilities

The evaluation methods used were purely qualitative. Since HEPS had conducted a baseline survey and end line survey there was no need to repeat the same. In principle we agreed to target Kiboga District and Lira Regional Referral Hospital being the face of health service delivery in the districts. The remaining 3 health facilities were randomly selected using the rotary method. The following facilities were selected.

Kiboga District:

Kiboga District Hospital

Bukomero Health Center IV

Katwe Health Center III

Lira District:

Lira Regional Referral Hospital

Barapwo Health Center III

Ogur Health Center IV

2.5.2 Selection of Respondents

Target informers were purposively selected from the following strata, HEPS staff, Government Technical staff and Political Leadership, Partner organizations, Health Workers, Community Medicines Monitors and Members of the beneficiary community. We purposively selected those who knew about the project.

A focus group was formed in each of the 6 Health facilities visited. Respondents included members of the community who are neighboring the health facility.

All in all 63 community members gave their views in the focus group discussions and 31 respondents were encountered in individual interviews.

2.5.3 Data Collection

The evaluators applied different data collecting skills including focus groups discussions, open individual interviews, and collection of secondary data to get the necessary information on which analysis and conclusions were based. The data collection exercise lasted five days including time for travelling.

2.5.4 Data Analysis

Information gathered from the field was coded and marched to get emerging themes. We used both Excel and Microsoft word to process some of the data into charts and tables.

CHAPTER THREE- EVALUATION FINDINGS

3.1 Key Evaluation Question 1: The extent to which the project met the stated project goal and objectives

The COME project aimed at increased availability of key essential medicines and medical supplies at public health facilities and increased transparency and accountability in the delivery of essential medicines through effective community participation. It can be said with certainty that the goal, purpose and objectives of the project were to a larger extent achieved. HEPS implemented all activities as had been laid down in the project document and implementation plan, and realized about three quarters of the expected outcomes.

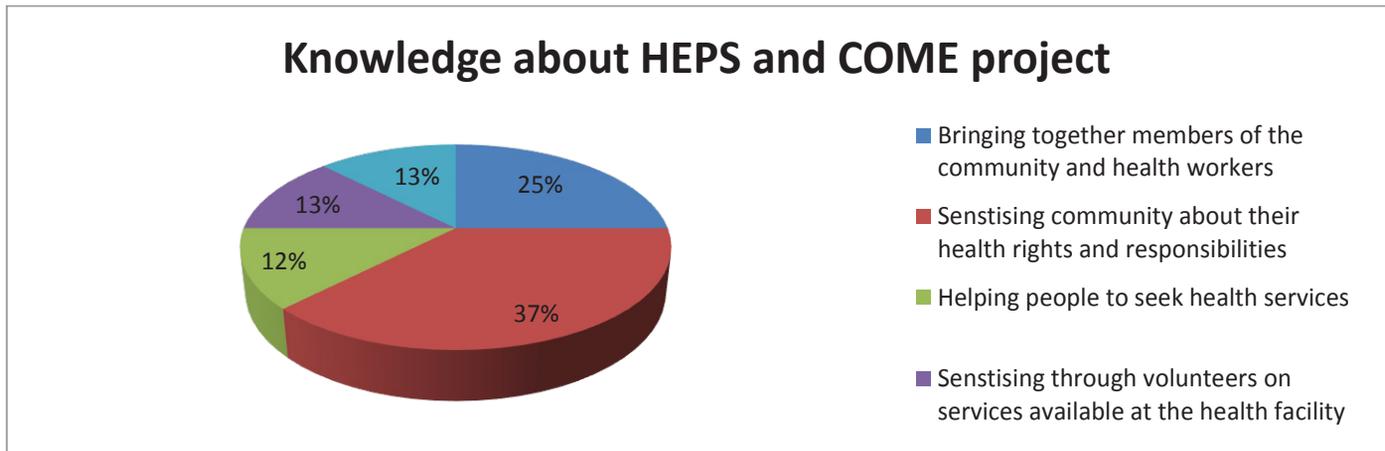
This achievement is attributed to the presence of HEPS on the ground and working with and through existing structures.

Members of the community and key informants were asked to mention what they knew about HEPS,

Knowledge about HEPS and COME project

The survey findings indicate that the majority of the respondents cited that HEPs role was majorly sensitizing the community about their health rights and responsibilities.

FIGURE 1: Knowledge about HEPS and COME Project



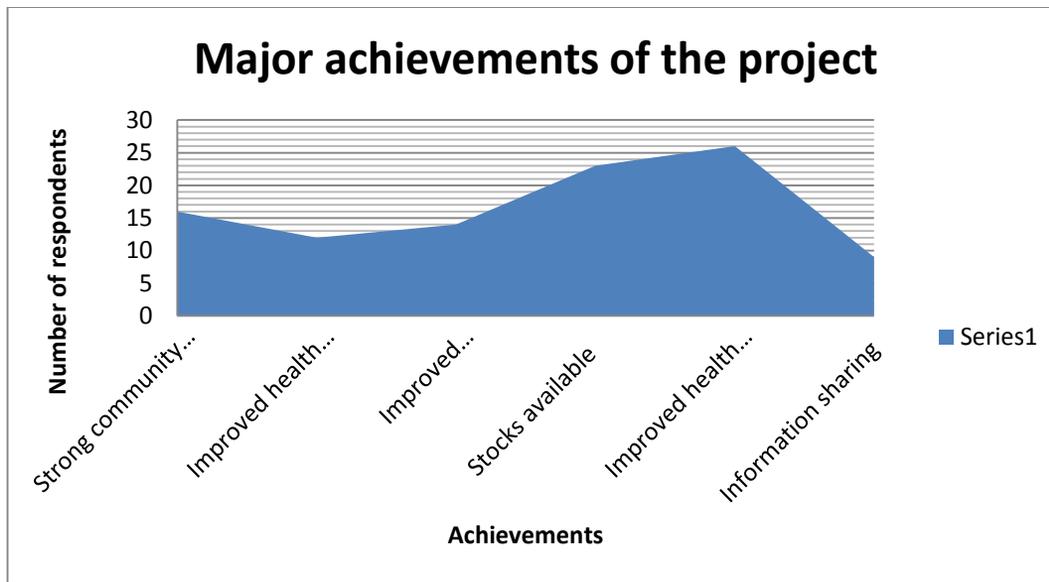
The survey findings show that 37% of the respondents reported that HEPs sensitizes community about their health rights and responsibilities, including the right to essential medicines, right to accurate information and right to access medical records. Health consumers responsibilities were emphasized for instance a client has a responsibility to provide accurate information and comply with treatment as given by health workers.

The above results summarize what HEPS set out to do in the four project objectives. The answers given by the different stakeholders are an indication that the activities were implemented and people were involved.

Again, a question was put to the respondents about the achievements of the project. They were all in agreement that the project had made a lot of impact on the ground as shown in the table below.

Major achievements of the COME project:

FIGURE 2: Major achievements of the project



The graph above summarizes major achievements of the COME project, which include establishment of a strong community structure of medicine monitors, improved health situation, improved accountability by health staff, HUMC and members of the community, availability of medicine stocks, improved health worker/client relationship and information sharing among the different stakeholders. All these were lacking at the time the baseline survey was conducted.

There is a strong community structure of Community Monitors whose major role is sensitizing members of the community on their health rights and responsibilities and keep giving them information about medicine stocks. This is in line with one of the outcomes; increased capacity of citizens with 160 community monitors able to monitor medicine availability in their areas.

Respondents feel strongly about improved health worker/client relationship. The baseline survey mentions a sour relationship that denied members of the community opportunity to access health services and information about medicine stocks. Respondents attribute improved service delivery including availability of medicines to improved relationship between health workers and members of the community. Health workers no longer absentee themselves, they answer all the questions posed by the clients and they do not take medicines from the health center to their private clinics or for sale to private actors.

Before the project, stock outs were majorly a result of poor practices at the Health facility and ignorance of the community. In the baseline survey, long queues, health worker absenteeism, lateness or reluctance and community members not knowing they could complain were cited as some of the factors causing stock outs. In addition households would line up with every member to get drugs which they would keep in their residences for a rainy day. This has been stopped because people know that once they need health services, they will get them even from the nearest government health facility. *This is confirmed by the end line survey respondents who found out that the proportion of health users who received the required services in Kiboga increased from 72% to 73 % whereas in Lira district, it increased from 83% to 88%.*

Perhaps community vigilance as a result of awareness on rights gives a better explanation for most of the achievements above. People have been keen on monitoring the happenings in their localities. Below are some examples;

A health worker that used to mistreat pregnant women in maternity ward in Bukomero Health Center IV in Kiboga district was transferred following complaints from members of the community; the health workers was counseled and transferred purposely to give her a fresh start in a new environment.

In Lira district, a member of the community in Ambalal reported a private health service provider who was selling drugs labeled UG, to a Community Medicine Monitor. The monitor reported to Police and two people were arrested and charged with the crime. This was a strong warning to others who were doing the same and the habit stopped.

In Kiboga district community has demanded that all health workers wear uniform and name tags. At the time of conducting the evaluation the DHO had purchased the name tags and they were to be distributed to respective Health facilities.

Community vigilance has again, motivated members of the Health Unit Management Committee (HUMC) to perform their roles of monitoring utilization of services in the health facilities; they stopped the habit of coming for meetings only and are now stakeholders in management. They have at the same time taken it upon themselves to sensitize members of the community on the services available. *“HEPS project has awakened us to our monitoring role, we no longer come to health facilities for meetings only but are stakeholders in management”* Retorted one HUMC Chairperson encountered during the evaluation exercise.

Members of HUMC engage in advocacy to improve services in the health facility since they know the entitlements of their respective health facilities and go out to demand for them. In Bukomero health center IV HUMC was able to advocate for more staff at the health facility after being sensitized on their roles and the norms of the health facility. The health facility was allocated more staff and at the moment they boast of 42 out of the 49 recommended staff!

3.2 Key Evaluation Question 2: The impact that was created by the project on the beneficiaries

The major impact created by the project on the beneficiaries is awareness on their health rights and responsibilities. Members of the community that we interacted with are well aware that preserving their lives and having functional health

facilities is their responsibility. This has resulted in a number of community action aimed at saving the lives of people to live a longer and healthy life.

All the respondents we encountered individually and in focus group discussions testified that they received proper treatment from the health facilities resulting in recovery from illnesses. Many people had tested for HIV/AIDS and those that needed treatment received it thereby preserving their lives. Good health is necessary in the development process.

Of interest is the fact that there is no more death in the Health Facilities due to negligence. Members of the community report early for treatment and health workers perform their role. Below are some examples of community action as a result of awareness on rights,

One CMM in Lira testified that after attending the training by HEPS, he sought proper treatment for his heart condition that was becoming chronic due to poor treatment and he got cured. He is happy to serve the community as a monitor and to fend for his survival. He is thankful to HEPS because by now he would be incapacitated and on his death bed.

In Kiboga Hospital, advocacy by members of the community caused the facility to construct a pit latrine for the Out Patients Department, thereby saving people from contracting diseases resulting from poor sanitation. Patients no longer accept to pay for any service in the Health Facilities since they are well aware that services are free.

In Ogur Sub-county, Lira district, community members reported a measles outbreak in Adagan village, Akano Parish to Ogur Health Center IV. Lives of 22 children were at risk, they were being treated with local herbs and nobody was sure about the ailment that was affecting them. Health staff responded fast, conducted medical examination and they confirmed that it was measles. The children were treated and their lives were saved!

Beneficiaries of Barapwo Health Center III in Lira reported people who were hawking drugs in their weekly market. The sub-county swung into action and stopped the hawking. This was aimed at safeguarding people's lives from use of expired or poorly stored drugs that would bring resistance to medicines and pose a health danger to members of the community. In the same health center Polio Vaccines were out of stock. Members of the community went up to the district and they got an allocation. Their children were saved from impairment caused by Polio

It is worth noting that members of the community rarely go to drug shops to buy under dose drugs like they used to do before HEPS set in, they seek treatment from government health facilities with qualified health staff. This has ensured that people have good health and they are able to concentrate on their economic activities.

In the end line survey, drug shops and clinics was the main alternative source of medicines for health users who received partial medicines from the first public health facility. The proportion however declined during the End line survey to 44% from 66% (Kiboga district) and to 65% from 73% (Lira district).

One major lesson we can learn from all these small but effective case studies is a confirmation that knowledge is power. When members of the community are armed with the right information on their health rights, they are able to go out and defend them and live healthy and meaningful lives

3.3 Key Evaluation Question 3: What has and has not worked in the project

 *What components of the project were most effective*

3.3.1: Training of Community Medicine Monitors (CMM)

158 Community Medicine Monitors were trained and they have been at the core of the COME project as regards stopping medicine stock outs in their respective health facilities. Respondents were asked to mention the strength of Community Medicine Monitors. The table below summarizes the responses.

TABLE 1: Strength of Community Monitors

Strength of CMM	No of respondents	Percentage
Link between the community and health workers	15	20%
Guiding clients in ART clinics	8	10.66%
Community awareness about rights and availability of services	14	18.66%
Monitor stock out of medicines	16	21.33%
They are committed and knowledgeable about their work	10	13.33%
Some hold other roles like Para social workers, VHTs	5	6.66%
Exemplary	7	9.33%
Total	75	100%

From the table the most voted for strength include; monitoring stock outs (21.33%), being a link between the community and health workers (20%) and community awareness about rights and availability of services (18.66%).

3.3.2: Sensitizing members of the community on their health rights and responsibilities.

This is another area where HEPS scored highly. All respondents talked about this area with passion. It was as if all of a sudden a mask was removed from the faces of the beneficiaries. And they started to talk and demand what is due to them. Community involvement in management of health facilities started coming by. They started making donations to the facility, seeking guidance from Health Workers about their situation. A cordial relationship developed between the Health workers and Health Staff.

A community member in Katwe Health Center III in Kiboga district donated a suggestion box to the health facility. This was after appreciating that he also had a role to play in improving health services at the health facility.

Most importantly, health seeking behavior changed, they begun to respect government health facilities as places where they can go and get cured. Referrals ceased being a cause of misery and were seen as a step towards specialized treatment.

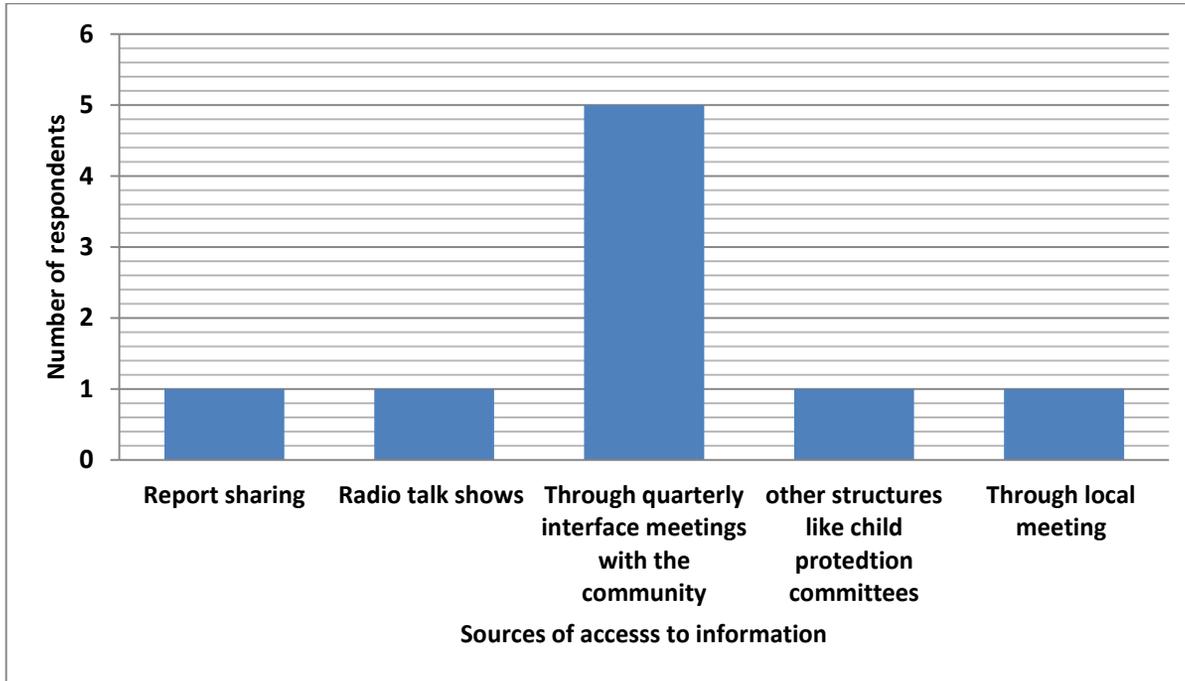
The CMM who hold other voluntary portfolio's like VHT, Literacy teachers, member of child protection committees performed better than those who joined because of the project.

3.3.4: Information sharing at the grass roots.

Before the COME project there were no CMM, and therefore no information collected and shared between the community members and service providers and district duty bearers. In this case, CMMs are the focal people who give feedback to the duty bearers and HEPS

Members of the community were asked how they access information collected by the CMM.

FIGURE 3: Access to information collected by the CMM



Quarterly interface meetings scored highly in that they were specific to each community. CMM communicated any new information about the health situation; community evaluated their plans, and planned for the next period. It is through these meetings that priority commitments with clear roles and responsibilities and timeline have been developed and implemented accordingly with support from HEPS, sub-county and district local governments. HEPS has forwarded issues that cannot be solved at district for national level advocacy.

In Katwe Health Center III-Kiboga district members of the community contributed sand and bricks towards construction of the Health workers' houses. This was after identifying that lack of accommodation for health workers contributes to poor service delivery.

CMM are creative and they utilize every opportunity that comes their way. Local meetings as shown on the graph above include, any gathering in the community, at Church, Funeral, LC meetings, Political meeting to mention but a few. Information generated from these grass root encounters was shared upwards to influence decisions. One respondent in Lira, had this to say, "Bottom up approach of using monitors to feed the upper levels is commendable. It ensures that the real concerns of the community are addressed"

3.3.5: Methodology

The project used a hybrid methodology that empowers community members to generate credible evidence for advocacy at community, district and national level. Aspects of HEPS methodology code named: (Health Rights Action for Accountability- HEAR) were adopted from the concept of rights based approaches, training of trainers concept, Health literacy, Citizen Report Card and Score Card methodologies and were enriched by HEPS own experience in the community in over 10 districts where it operates. HEPS used training materials on health rights and responsibilities to deliver project content to the beneficiaries. The methodology fostered learning and community empowerment. People appreciated their rights and responsibilities. They owned the project, and are now able to use information generated to demand for their rights and even contribute material and financial support for the betterment of the health situation. This bottom up generation of ideas to influence policy and action upwards is what was lacking.

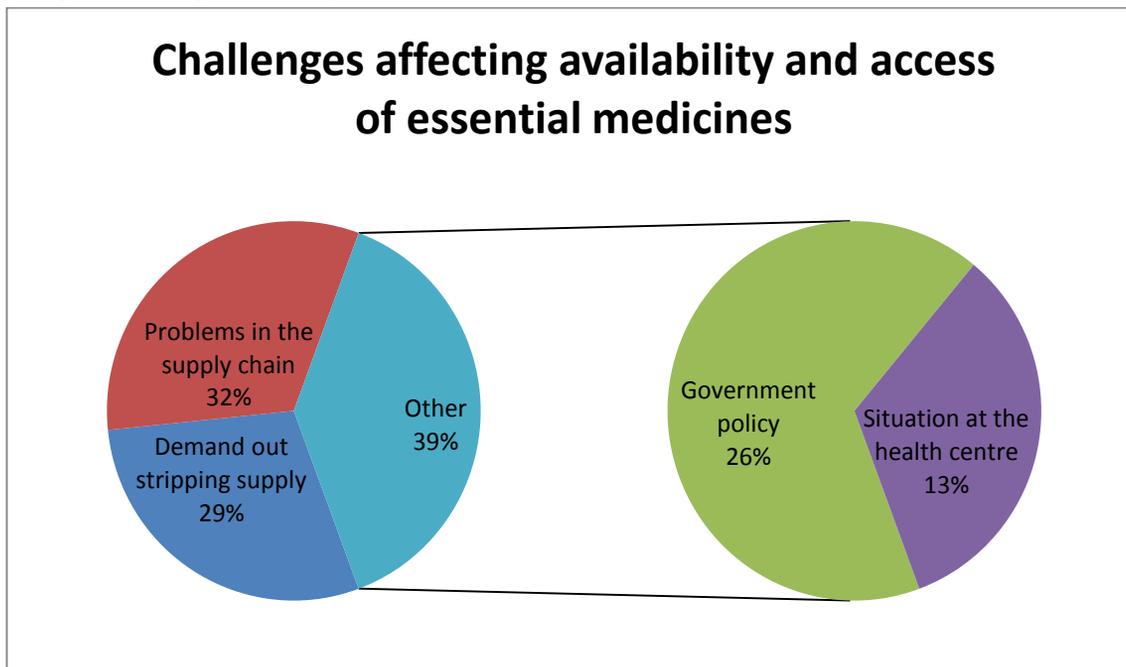
3.3.6 Not worked well

Much as HEPS scored highly in the implementation of the COME project, there a few areas that needed to be done differently.

Lack of a well-defined volunteer selection and engagement policy led to low morale and drop out of some of the CMM thereby leaving a gap in the implementation of the project. CMM who were already volunteering in the community stayed on and do not have any thought as a regards abandoning their roles and responsibilities.

Stock outs were not done away with completely, in that there are factors beyond the Health facility situation and the district as shown in the chart below

FIGURE 4: Challenges affecting availability and access of essential medicines



Demand outstripping supply (29%) The numbers of patients have increased compared to the budget and amount of medicines allocated to a health facility. The budget has also been affected by the increase in the dollar rate. This is due to increase in population, improved services that attract more people and spillover of patients from other districts or neighboring sub-counties.

Problems in the supply chain (32%) The supply is not standardized as yet. Sometimes there is late delivery, incomplete supplies by NMS, supplying drugs with short expiry period or supplying irrelevant drugs.

Government policy Change of government policy for instance the government has changed from Inactivated Polio Vaccine (IPV) to Live Polio Vaccine (LPV), use of quinine for treatment of malaria stopped, it takes time for all the health outlets to be supplied with such medicines.

Situation at the health center: Other factors that influence the situation at the health center include, delayed payment and inadequate remuneration for health workers, lack of promotions, and health workers prescribing drugs that are not available (Polive Pharmacy) at the health facility.

The reasons for existing stock outs are beyond the health center situation. They need a strong advocacy strategy to influence Ministry of Health and National Medical stores.

3.4 Key Evaluation Question 4: Is the project replicable and sustainable?

3.4.1: Project Replicable

All the benefits can be replicated in similar situations in the beneficiary districts, the rest of Uganda and beyond. The health situation in the country still wants, therefore HEPS and other actors should amplify these achievements to benefit a wider community.

The following lessons give a benchmark for replicating the project results and processes.

Women are fast in picking and utilizing information, they embraced the HEPS project and have used the information availed to go for medical checkups and know their health status

Partnership is paramount in tackling problems, re awakening of the Health Coalitions in Lira and Kiboga by HEPS helped members share information and reinforce each other's effort for effective advocacy

External monitoring is crucial in bringing out issues that people on the ground may not have given due importance thus helps in overcoming challenges and improving service delivery. HEPS intervention awakened the different stakeholders to

their health roles and responsibilities which they had more or less abandoned. A senior health worker in one of the districts remarked that, HEPS helped them to be more vigilant in their work especially monitoring stocks and holding Health Workers accountable for their actions.

“When you are not close to health workers you cannot appreciate that they too have challenges (CMM Kiboga)” This was in reference to an instance where health workers requested a Community Medicine Monitor to present the issue of delayed payment for their salaries on a radio talk show that he was going to attend. It was done and the problem was addressed.

3.4.2 Sustainability of the Project

There are a number of opportunities for sustaining this project though some of them need to be strengthened.

Community Medicine Monitors are community based resource persons; some of them belong to other voluntary groups in the community like Village Health Teams. All the monitors that we interacted with assured us that they would continue with the work. They will continue harnessing community action to influence health decisions. In Adyel division Lira Municipality members of the child protection committee brought the CMM on board and hoped to continue with work after the project had ended.

Members of HUMC will back up the CMM. One of their roles is to ensure efficient and effective service delivery in the respective health facilities. The members of the HUMUC that we interacted with appreciated the role of CMM and see them as an asset in fulfillment of the monitoring role of Health Management Committees.

The Health Advocacy Coalitions in Kiboga and Lira present a big opportunity for sustainability. In Kiboga the Health focused NGOs formed a committee that is chaired by World Vision. In both districts these coalitions are ready to continue with the work and some CSOs like Kiboga NGO forum and NUCHA in Lira are already engaged in similar activities. Radio WA in Lira also intimated that they have a service delivery programme where they wish to include monitoring medicine stock outs after learning lessons from the project implemented by HEPS.

Perhaps one of the greatest opportunities for sustainability is the vigilance of the central, district and sub-county governments. In Barapwo sub-county the leadership designed measures to stem absenteeism of Health workers.

The Ministry of Health designed a Medicines policy¹ which they are implementing and monitoring through the Supervision Performance Assessment and Recognition Strategy (SPARS) arrangement that is implemented in 109 districts in Uganda. Under this arrangement one of the project beneficiary district, Lira has Medicine Management Supervisors attached to every Health Sub-district. These will work hand in hand with the monitors to sustain momentum for reducing stock outs.

¹ The Republic of Uganda Ministry of Health National Medicines Policy July 2015

CHAPTER FOUR- CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Evaluation of the COME project in Kiboga and Lira found out that HEPS implemented all activities as had been planned and to a larger extent met the project goal and objectives.

The evaluation found out that people are very familiar with HEPS and the activities they implemented. When it came to impact they were all convinced that HEPS made major achievements as follows;

A strong community structure, the Community Medicines Monitors was put in place and they have been instrumental in sensitizing members of the community on their health rights and responsibilities. Mobilizing health consumers for outreaches and monitoring medicine stock outs. They have helped to establish a cordial working relationship between the health workers and members of the community. The latter have appreciated that they have a stake in the Health facilities and they out to make community contribution only to further improve health services.

Community Medicine Monitors have monitored medicine supplies regularly to a point of explained stock outs in the target health facilities. The causes of stock outs that are still persistent are related with challenges in the supply chain, changing government policy, demand outstripping supply and failure by the employer to provide conducive environment for health workers to do their work.

As a result of improved health worker/client relationship, availability of drugs and community awareness members of the community no longer seek services from private providers and they do not do self-medication. All this has resulted in good health for members of the community

There is improved sharing of information between community and health workers, community and government leading to improved service delivery. Community voices are listened to by the duty bearers and action taken to iron out the issues at hand. For instance, stories of rude health workers who had been transferred at the request of the community were heard in the two districts.

The bottom up approach of HEPS ensured that community voices are captured and used to make advocacy at the Health facility, sub-county, district and national level. This is commendable in that the project touched where the community felt pain.

The project built on available partnerships in health sector, re-energized them to team up in the project. Kiboga Health coalition and Northern Uganda Coalition for Health in Lira have augmented the effort of HEPS in the implementation of this project.

The COME project presents great opportunities for sustainability of the project. The Community Medicine Monitors who are based in the community will continue performing this noble cause. Though there is no pay they feel gratified by the achievements and the respect they are accorded in the community.

The health coalitions will too continue with some of this work since some of the members are engaged in similar activities.

Perhaps, the most lasting solution and relief will come from the government effort. Some sub-county governments have put in place measures to ensure improved delivery of health services. In Barapwo Health Center III in Lira, the sub-county has put in place measures to stop absenteeism by health workers, whereas in Katwe Health Center III, the sub-county has mobilized members of the community to contribute materials for construction of health workers houses.

The Ministry of health has put in place a National Medicines Policy; this if implemented in totality will do away with most of the bottlenecks that lead to medicine stock out.

It is hoped that if all these suggestions and the recommendations below are put in action, the people of Uganda will have a field day as they access improved health services.

4.2 Recommendations

These recommendations were derived from the views of the people who attended the focused group discussions and key informant interviews. They are aimed at improving the quality of work for future interventions.

4.2.1 HEPS-Uganda

- Like in the mid-term review exposition, people were desirous that the project is renewed and expanded to cover the whole district and neighboring districts, and give it ample time frame say 3-5 years so that benefits can trickle down to more people. This request is in view of the fact that there are still issues that need to be addressed with regard to community empowerment and designing more strategies to amplify the voices of the community to have influence even beyond their communities and their district. This being an advocacy project there is need to design a strategy that would bring the community together to speak with one voice to generate social action that will move the duty bearers to improve services sustainably. At the moment effort seems to be scattered.
- Target the duty bearers at the grass root, district and national level and bring them on board to give the project the clout that it deserves. In advocacy and social accountability projects, the right holders and duty bearers play equally important roles. Duty bearer should respond to the needs of the people once they raise their voices. There is a need for a clear strategy to bring the structures of government on board so that some of these activities are embedded in the 5 year development plans, provide resources to address needs identified by the community and increase chances for sustainability of activities.
- For advocacy to be effective, a clear communication strategy is a big asset. In future let the communication channels and the levels of influencing be determined. As the COME project comes to a close, we have a team of enthusiastic CMM, but the communication channel seems to end with them. How and where will they share their reports? Who will follow up implementation of issues raised by the community?
- A communication strategy would also ensure that benefits of the project are amplified for wider coverage and use by different stakeholders. One DHO wondered why HEPS work is not on the district website “It is a good piece of work and government would draw lessons from it. But it is neither on the district nor Ministry of health websites!” He retorted. In here the role of both the print and electronic media is paramount. Let us bring the media on board as partners not business people, and involve the journalists in designing presentations for the radio or print media.
- HEAR Methodology: This is a methodology that empowers the community to know their health rights and have their say on issues that affect them. We recommend that HEPS solicits for funding and publishes this methodology. It will not only benefit other organisations but will earn partnerships for HEPS and increase the organisations visibility.

4.2.2 Ministry of Health

- There is need to increase on the budget for medicines. For instance Bukomero Health Center IV in Kiboga district has a medicine budget of Ushs 3,500,000 yet admissions in one month average 160 patients and 110 deliveries. The budget is inadequate compared to the need on the ground.
- The Ministry recruited health workers and mass, but there are still gaps. There is need to recruit more health workers, pay them promptly, and work with the districts to promote those who have attained higher qualifications and confirm those in acting positions. It is not favorable for service delivery to find that a DHO holds an acting position for more than a year like in the case of Lira.
- The SPARS monitoring report for July –Sept 2015 puts stock management indicators specifically the correct use of the stock book and correct filling of the stock card at 25% and 46% respectively. This is poor, the ministry needs to implement a good stock and storage system that tracks movements, issues and provides the basis for quantification so as to ensure Essential Medical Health Supplies availability and reduces wastage at the facility.
- There is need for NMS to study bottlenecks in the supply chain and address them to find a sustainable solution for effective and efficient delivery of medicines.
- The Ministry should include, private health actors in the SPARS arrangement to increase on the level of transparency and accountability in managing EMHS

4.2.3 District Local Government

- Strengthen the Medicines Management supervision teams at the district and facilitate them to perform their work of monitoring availability of EMHS
- Build capacity of members of HUMC to perform their role of monitoring service delivery in the health facilities.

- Budget for health workers accommodation and other facilities like pit latrines, fencing of the health facilities to improve the working conditions of health workers and motivate them to do their work.
- Mainstream health rights and responsibilities in other sector education activities targeting members of the community, in education, production, community development, to create community interest and vigilance.

REFERENCES

- 1- HEPS-UGANDA Citizen Engagement to Stop Medicine Stock Outs (COME) Project, Baseline Survey reports for Kiboga and Lira
- 2-The Republic of Uganda, Ministry of health National medicines Policy July 2015
- 3-National Performance Report on Medicines Management July-September 2015
- 4-Konde –Lule, J et al, 2010. Private and Public health care in rural areas of Uganda. BMC Int Health.

APPENDICES

Appendix 1: Terms of Reference

Terms of Reference for the End Evaluation for the HEPS-Uganda “Citizen Engagement to Stop Medicines Stock Outs” project in Lira and Kiboga Districts 2014-2016.

1. Background Information on HEPS-Uganda

HEPS-Uganda (Coalition for Health Promotion and Social Development) is a Health Rights organization that advocates for more access to affordable essential medicines for the poor and vulnerable people in Uganda. This is done through increased public and community participation at different levels of decision making in medicine policy formulation, implementation (procurement and supply chain) and rational use.

HEPS-Uganda Vision:

A just and fair society in which all Ugandans (irrespective of gender, age, ethnicity, religion, physical well-being or socio-economic status) can exercise their health rights and health responsibilities

HEPS-Uganda Mission:

To work towards increased access to affordable, quality essential medicines by all Ugandan, especially the poor and vulnerable in rural and urban areas.

HEPS-Uganda “Citizen Engagement to Stop Medicines Stock Outs” project in Lira and Kiboga Districts 2014-2016.

Background.

The Citizen Engagement to Stop Medicine Stock Outs (COME) project in Kiboga and Lira districts aims at fostering action, engagement and participation of community based citizen representatives to serve as advocates for the right to access essential medicines and contribute to reduction of medicines stock outs in 10 public health facilities (5 per district) in the 2

districts. HEPS believes that joint voices and action will result into access to quality and affordable essential medicines for health consumers.

Project Overall Goal

Contribute to increased availability of key essential medicines and medical supplies at public health facilities in Uganda from 50% to 80% by 2016.

Purpose

The purpose of the project is to increase transparency and accountability in delivery of essential medicines and medical supplies by 2016 through effective community participation.

Specific Objectives

1. Build capacity of 160 citizen representatives (**from community and private sector citizen associations/groups**) to monitor requisitions and delivery of medicines and medical supplies at 10 public health centers (HC IIIs, IV, district Hospital) in Lira and Kiboga districts.
2. Increase community/citizen awareness of medicine access issues in 10 Health centre catchment areas in Lira and Kiboga districts to act as advocates for the right to access medicines in their communities.
3. Increase community/duty bearer interactions to address gaps in delivery of medicines and medical supplies at 10 public health centers in the 2 target districts.
4. Provide coordination and communication for 10 district and 10 national level CSO Stop Medicine Stock Outs campaign partners.

2. The Purpose of the end evaluation

HEPS-Uganda plans to conduct an end evaluation to assess the impact of the implementation of its project titled “Citizen Engagement to Stop Medicines Stock Outs” in Lira and Kiboga Districts 2014-2016. The main aim is to assess the project’s

effectiveness and results measured against the project goal, objectives, results and outputs set forth in the project proposal.

3. Review Objectives:

- Assess achievements against project objectives and targets.
- Review the HEAR methodology and highlight the strengths and weaknesses.
- Assess capacity of HEPS staff and structures put in place to implement the project.
- Identify successes and challenges for the project.
- Assess monitoring mechanisms used and make recommendations.
- Assess HEPS level of networking with other development partners including media and NGOs.
- Suggest recommendations on how to improve in case the project is replicated.

4. Expected output

A review report with a comprehensive analysis of the outcomes of the project, conclusions and recommendations on which decisions made will be based, will be produced by the lead consultant. The content of the report shall highlight the progress made against stated objectives and targets, identify gaps and the challenges in the implementation, and identify lessons that can be replicated in future interventions. The report shall also provide an important record for future reference by the different stakeholders.

The lead consultant will produce a draft report for circulation and discussion by HEPS management and GAPP and then a final report.

5. Key Issues to focus on:

Areas of assessment:

-  The extent to which the project met the stated project goal and objectives
-  The impact that was created by the project on the beneficiaries

- ✚ To what extent has HEPS intervention changed peoples lives (case studies)
- ✚ Did all beneficiaries of the project benefit equally
- ✚ What has and has not worked in the project
- ✚ What components of the project were most effective
- ✚ Assess the extent to which HEPS has contributed to awareness of health rights and beneficiary participation in contributing to availability of essential medicines facilities.
- ✚ Is the project replicable?
- ✚ Is the project sustainable?

6. Scope of Review

The review exercise will cover 10 sub counties of Lira and Kiboga districts in which HEPS is operating. The review team will collect views and input from beneficiary communities, partner organization officials, media and NGOs/CBOs operating in the area.

7. Review Methodology

The evaluation will start with review of the project documents that will including quarterly reports. Interface/one on one meetings will be conducted to engage with the respective district offices, health facility staff, community medicine monitors and community members in focus group discussions.

8. The Review Team

Review team will comprise of the following;

- An external consultant – team leader, HEPS-Uganda Secretariat and field staff involved in the implementation.

Appendix 2: Research Tools

2.1: Data Collection Tool for Key Informants (District Officials, Partner staff, Community Monitors)

HEPS- UGANDA has been implementing The Citizen Engagement to Stop Medicine Stock Outs (COME) project in Kiboga and Lira districts in partnership with the Governance and Accountability Participation Program (GAPP). The aim of the action has been fostering action, engagement and participation of community based citizen representatives to serve as advocates for the right to access essential medicines and contribute to reduction of medicines stock outs. The project has come to completion. Your answers will help us to take stock of achievements and make recommendations for future interventions. The information you give us will be kept confidential. You are requested to spare 15 minutes and answer the questions.

1-Date _____

2-Interviewer _____

3-What do you know about HEPS Uganda and the COME Project?

4-What has been your role during implementation of the project?

5-In your view what are the major achievements of this project. **(Probe for impact on people's lives, increase in medicine stocks, methodology, and effectiveness of Medicine monitors, networking, quality, and type of activities)**

6-What are the major changes in availability and access of essential medicines? What has the project addressed and more challenge affect availability and access of essential medicines?

7-Please comment on the strength and weaknesses of Community Medicine Monitors as an important structure in the projects.

8-How do members of the community and other stakeholders access information collected by the Community medicine monitors?

9-Please tell us how the achievements you have mentioned above will be sustained after HEPS has phased out activities in your district?

10-How do members of the community easily access information about medicine stocks, availability and usage?

11-Please give us some of the facts/indicators that show community awareness about their medicine rights. (Probe for and incident when members of the community have demanded for their rights?)

12-Comment on the methodology of implementation (Community monitors/citizens report card, field offices, networking) what were the strength and weaknesses?

13-Please comment on the collaboration of HEPS with the District, other NGOs, and Members of the community in the implementation of this project

14-What do you consider the major challenges encountered in implementation of the project? (Challenges faced by key informant, HEPS staff, health workers, monitors, community members)

15- Give at least two lessons/good things that can be replicated in future projects?

16-In case HEPS is to replicate and expand the project in future what recommendations would you give?(Implementation methodology, activities, sustainability)

Thank you for giving us your time.

2.2: Focus Group guide-beneficiaries/communities

HEPS- UGANDA has been implementing The Citizen Engagement to Stop Medicine Stock Outs (COME) project in Kiboga and Lira districts in partnership with the Governance and Accountability Participation Program (GAPP). The aim of the action has been fostering action, engagement and participation of community based citizen representatives to serve as advocates for the right to access essential medicines and contribute to reduction of medicines stock outs. The project has come to completion. Your answers will help us to take stock of achievements and make recommendations for future interventions. The information you give us will be kept confidential. You are requested to spare 15 minutes and answer the questions.

1. What do you know about HEPS-UGANDA (probe about how long they have been implementing the project, what they do?)
2. What are some of the services offered by HEPS-Uganda to your community?
3. Are you aware of where to access medicine in your community? (Probe for where and record)
4. Are there times when you go to the health center and there are stock outs or the health workers intentionally refuse to give you medicine? if yes what do you do?(**probe for options where they access them from and community action**).
- 5-In case you want to know the types and amounts of medicine that have been brought to your health Centre and how they have been used where do you get such information.
6. What are some of the successes that you would attribute to the project? (**changes in relationship with Health staff, availability of drugs, impact on people's lives, community monitors**)
7. What has been the role of Community monitors? What have they done well and where do they need improvement?
8. What has been the role of HEPS staff? What are their strength and weaknesses?
9. What are some of the challenges that have come up as a result of the project?

10. In case HEPS-Uganda is to scale up its project, what would be some of the recommendations or areas for improvement? What would you need them to change in their way of doing work?

10. As members of the beneficiary community how are you prepared to continue with project activities in the absence of HEPS?

END

THANK THE PARTICIPANTS

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“ Making Health Rights and Health Responsibilities a Reality”