HEALTH SYSTEMS ASSESSMENT

Mhondoro Ngezi District 2019

ABSTRACT

'HealthGateway Africa Trust' supports disadvantaged communities mainly women and children with increased access to Primary Health Care, and promotes community empowerment.

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Health Systems Strengthening

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VERSION 1: KEY INFORMANT QUALITATIVE FEEDBACK: 21 – 03 -2019

Executive Summary

'HealthGateway Africa Trust' (the trust) supports disadvantaged communities mainly women and children with increased access to Primary Health Care. In Mhondoro Ngezi district, the trust focuses on increasing health facility service delivery capacity by providing rural health facilities with hospital materials, equipment, and facility refurbishment. The trust conducted a health-facility based baseline survey designed to understand the district's prevalent health conditions, assess health facility capacities and service delivery gaps. St Michaels Mission Hospital and Ngezi Hospital were targeted for support as they are the Referral Hospitals whose increased capacity positively impacts the district.

Hypertension (BP) is the most prevalent health condition and occurs mostly in people 45 years of age and above. There is no medicine for the condition at most health centres in Ngezi and this condition causes stroke, organ failure, and can lead to blindness and sudden death. Other prevalent conditions include Diabetes, Mental Illness, and Asthma. Un-reported conditions include HIV and also Tuberculosis (TB), the latter being mostly due to ignorance. Non-disclosure of HIV is driven by stigma which is still rife in the rural community, aggravated by traditional myths & misconceptions, and a high illiteracy rate.

Rural hospitals do not have the resources to retain professional staff. Ngezi Hospital; therefor refers to St Michaels Hospital all patients needing general and specialist services from Doctors, Eye surgeons, and a Dentists whom they do not have. Medication and consumables in low supply include drugs for Hypertension; Mental illness; Epilepsy; and Antibiotics in Analgesics. St Michaels and Ngezi hospitals are the main health facilities in the district and as such, the referral centres. However, these hospitals are under capacitated and their general infrastructure is not conducive for hospital operations.

Health institutions in Zimbabwe are run using the Results-Based Financing (RBFs) resource allocation and performance management tool. Government institutions therefor do not charge the community for medicine; however, they also have any stocks and have refused payment in kind as it is difficult to audit. Medicines at St Michaels Mission Hospital are charged at cost price so no profit made but hospital can re-stock.

Support programming has not followed the consultative process where community/ key stakeholders are involved in during intervention conceptualizing. As a result, there has been no sense of ownership from beneficiaries thus compromising intended program outcomes. Non-involvement also produces programs that are incompatible with the health programs being supported or their processes.

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Purpose, Objectives and Program Trajectory.

'HealthGateway Africa Trust' (the trust) supports disadvantaged communities mainly women and children with increased access to Primary Health Care, and promotes community empowerment. The trust aims to progressively increase universal access to care and need-based coverage; health equity; and increase community participation in defining and implementing the district's health agenda.

In Mhondoro Ngezi district, the trust's program phase 1 will focus on increasing health facility service delivery capacity by providing rural health facilities with hospital materials[1], equipment, and light facility refurbishment. Phase 2 will focus on increasing community uptake of primary health care[2] services through evidence-based community awareness campaigns.

Survey Objectives.

In line phase 1 of the program, the trust's conducted a health-facility based baseline survey designed to understand the district's prevalent health conditions, assess health facility capacities and service delivery gaps.

Rationale of Interviewee and Health Institution Selection.

Due to limited resources, St Michaels and Ngezi health facilities were targeted based on convenience of accessibility. The strategic advantage of targeting them for support (esp. St Michaels) is that they are the Referral Hospitals whose increased capacity positively impacts the district.

Survey Methodology and Range Of Items Measured.

In line with phase 1 objectives, key Informant Interviews were conducted and specific items measured included:

1. Disease prevalence, severity, and community health seeking behavior
2. Institutional capacity in expertise, medication, and equipment
3. Services affordability and accessibility
4. Review of external support programming

[1] Once specific hospital materials and equipment have been identified, required quantities for the targeted institutions need to be outlined, shipment and clearing logistics detailed, and delivery timelines measured.

[2] Primary healthcare refers to a broad range of health services provided by medical professionals in the community. Primary healthcare is the provision of health services, including diagnosis and treatment of a health condition, and support in managing long-term healthcare, including chronic conditions like diabetes. The primary health care approach embraces five types of care: promotive; preventive; curative; rehabilitative; and supportive/palliative. In delivering each type of care, under the primary health care approach, the focus is on preventing illness and promoting health.

FINDINGS

Disease Prevalence, Severity, and Health Seeking Behavior

Disease Prevalence and Severity

Hypertension (BP) is the most prevalent health condition (see table 1 and 2 below), and occurs mostly in people 45 years of age and above. There is no medicine for the condition at most health centres in Ngezi and this condition causes stroke, organ failure, and can lead to blindness and sudden death. BP is a life-style condition stimulated by un-balanced and unhealthy diet, and excessive alcohol intake. Other prevalent conditions include Diabetes, Mental Illness, and Asthma. Seasonal diseases include respiratory tract infection and this condition has high prevalence in summer. Diarrhea and Ringworms are also prevalent in summer.

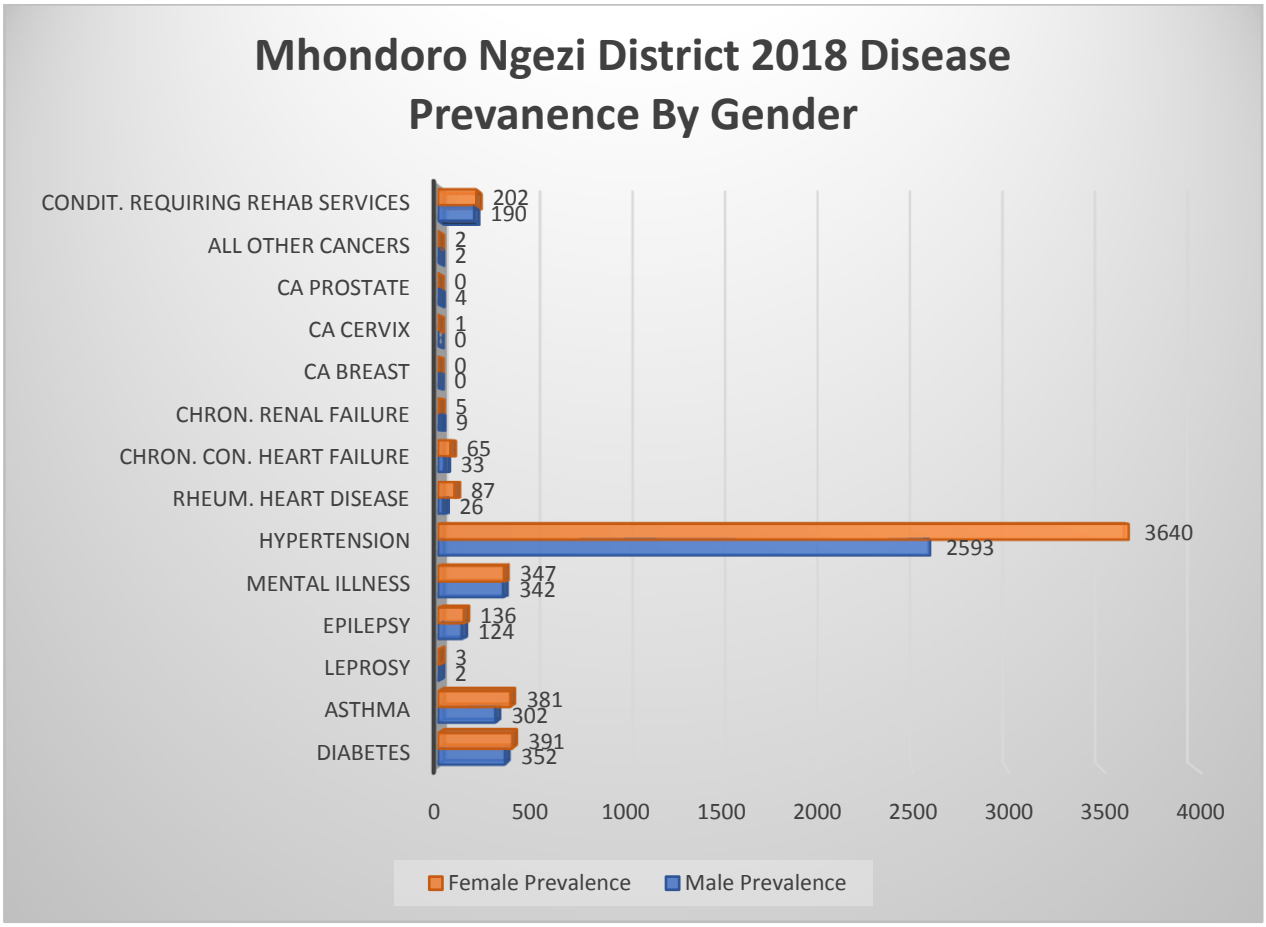

TABLE 1

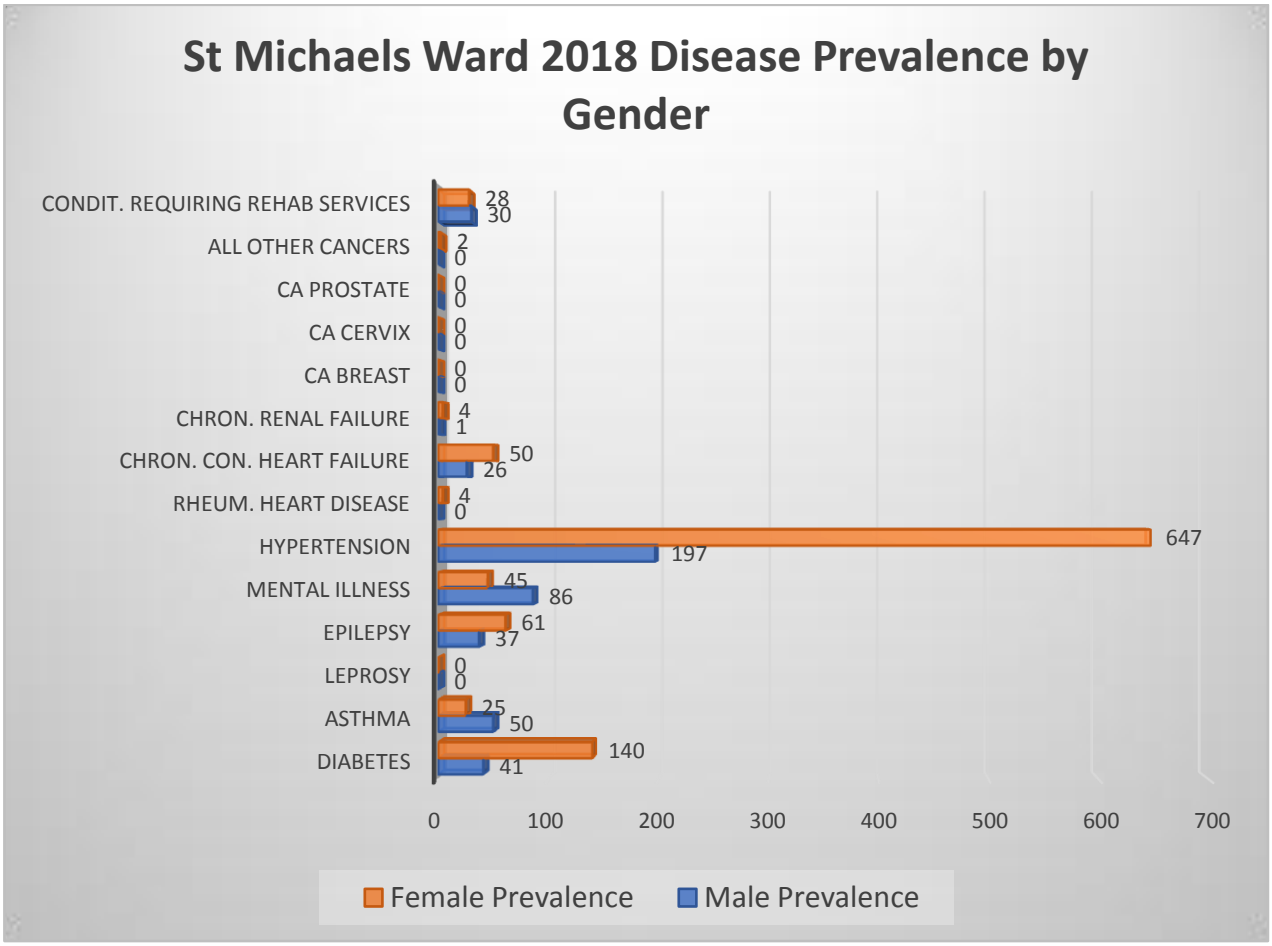

***TABLE 2**: In St Michaels ward 1, women are 3 times more susceptible than men to developing Hypertension and Diabetes.*

Health Seeking Behaviour

Un-reported conditions include HIV and also Tuberculosis (TB), the latter being mostly due to ignorance. The effects of HIV non-disclosure are cross cutting among a wide variety of conditions as it causes wrong diagnosis when clients visit for other ailments. Non-disclosure is driven by stigma which is still rife in the rural community, aggravated by traditional myths & misconceptions, and a high illiteracy rate. Teenagers also infected with HIV as these communities have a high prevalence of early child marriages. Other unreported cases, i.e. cancers, are driven by ignorance as hospital staff are neither trained or experienced in identifying and diagnosing cancers, let alone the community. Most males only report to the health facilities when they feel it is critical as they generally have low health seeking behavior.

Institutional Expertise, Medication, Equipment Capacity

Expertise

Rural hospitals do not have the resources to retain professional staff. Staff that is required at St Michaels include Theatre professionals; Mental health nurses; and Professional counsellors, as they all left for better paying jobs. The district hospital relies on a single ambulance driver day and night as the institution under-resourced to pay a second driver, and there are no dedicated trained security personnel which increases the risk of pilferage. Ngezi Hospital needs a Doctor, Eye surgeon, and a Dentist; therefor patients needing these practitioners are referred to St Michaels Hospital.

Medication

In line with Primary Health Care principles, Children under 5 and people over 65 receive medication for free as a Government regulation. However, due to under-capacity this free provision eats into Government medicine grant leaving the health facilities Results Based Financing (RBF) resources inadequate.

1. St Michaels Hospital:
    a. Medication and consumables in low supply included drugs for Hypertension; Mental illness; Epilepsy; Antibiotics in Analgesics; and wound dressing towels.
2. Ngezi Hospital:
    a. Medicine and consumables in low supply: Includes Hypertension 2nd line medication; Oxygen tanks; resuscitation medication.
    b. Facilities, and equipment: No mortuary, no ambulance, need for WIFI to improve communication.

Equipment

St Michaels and Ngezi hospitals are the main health facilities in the district and as such, the referral centres. But hospitals are under capacitated and their general infrastructure not conducive for hospital operations.

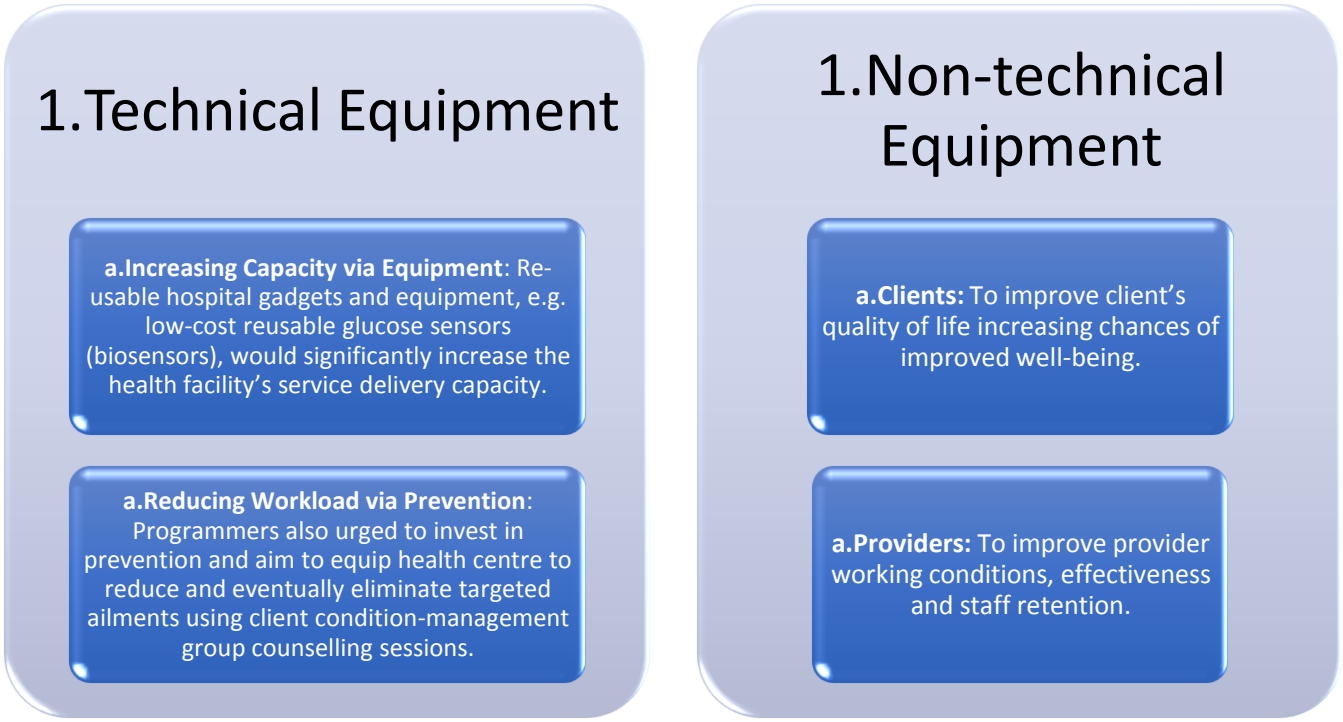

***FIG 1**: Technical and non-technical equipment value matrix.*

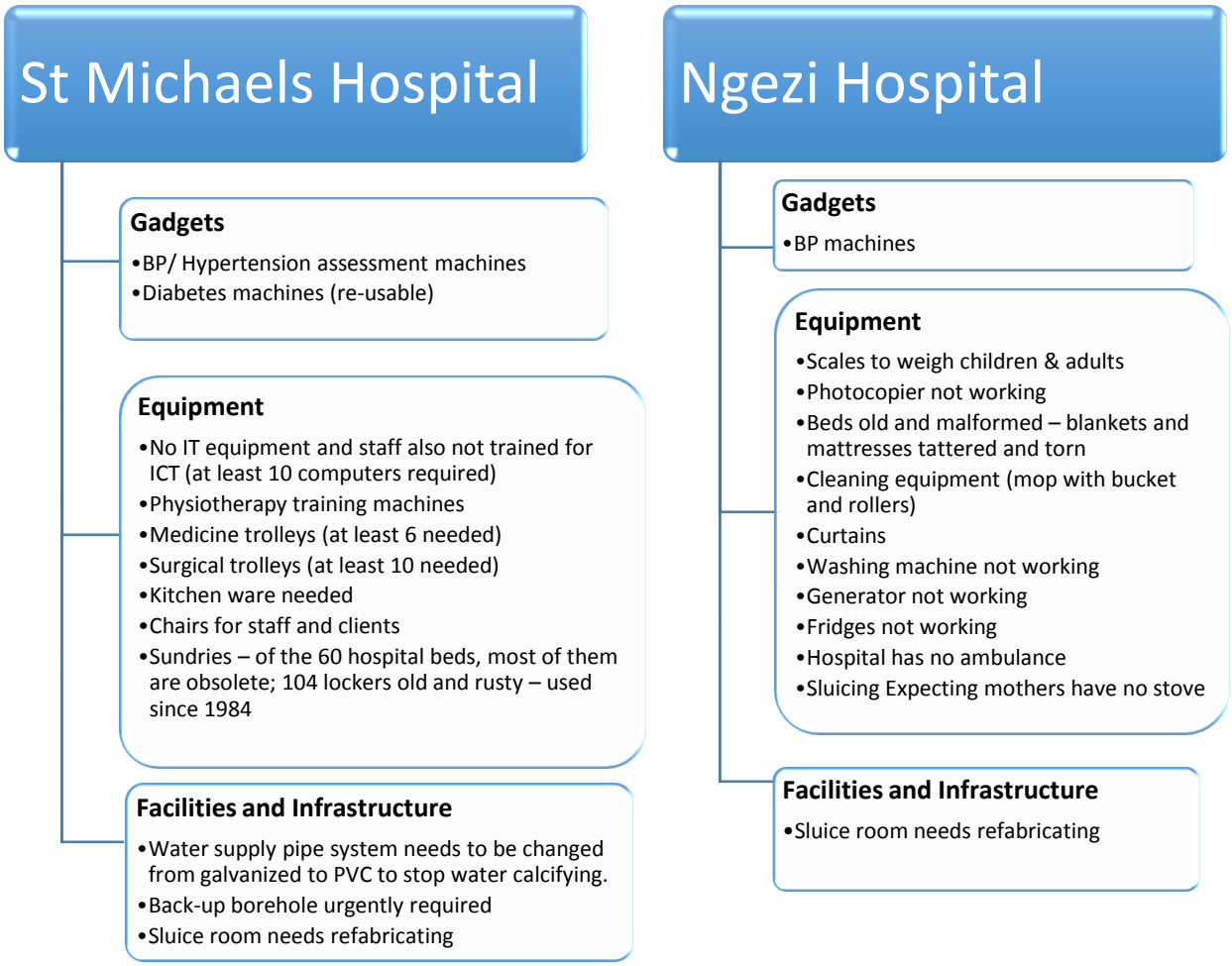

***FIG 2**: List of gadgets, equipment, facilities and infrastructure needed at the rural health facilities.*

Services Affordability and Facility Accessibility

Health facilities in Zimbabwean, government (council included) and mission are run using the Results-Based Financing (RBFs) resource allocation and performance management tool. The concept is using performance-based reward to effect health facilities core outputs (e.g. deliveries – normal and c-section; consultations, immunization). The general allocation structure is 75% of RBF resource is for hospital demands and 25% for staff incentives, and actual allocation targets differ from one institution to another.

For St Michaels Mission Hospital, since the introduction of RBFs, the hospital's capacity to house clients has been reduced to by half. Medicines at St Michaels Mission Hospital are charged at cost price so no profit made but hospital can re-stock. Government institutions do not charge but also have no medicines – and have refused payment in kind as it is difficult to audit. As previously stated, under 5's and over 65's access free medication.

St Michaels Hospital

Affordability

- Consultation fees $5 bond per client and 75% can pay this. Admission fees $5 per day and 50% cannot afford and normally make payment plans.

Facility Accessibility

- District health facilities are 15 km's apart, but with un-comparable capacities.
- Poor road network, and because St Michaels is a referral hospital, some patients even board up to 3 different vehicles just to get to St Michaels. A Multi-sectoral approach needed to prioritize revitalization on roads leading to health institution.

Ngezi Hospital

Affordability

- Consultation drugs cost $2 – 50% cannot afford. Free for under 5s and over 65s. Maternity patients pay a fee & bring material needed.

Facility Accessibility

- Ward 3 to 5 is the catchment area with a 6 to 8km radius – a walkable distance when one is well.

Review of External Support Programing

1. Support programming has not followed the consultative process where community/ key stakeholders are involved in during intervention conceptualizing. As a result, there has been no sense of ownership from beneficiaries thus compromising intended program outcomes. Non-involvement also produces programs that are incompatible with the health programs being supported or their processes.

2. Other programming models have low ingenuity (spoon-feeding models) and poor or no transitional or exit plans causing premature disengagement to the detriment of the beneficiary community.

3. Programmer conflict of interests has been seen to create a risk of overstating demand to effect a release of resources from donors, hence donors need to have multiple information sources.

4. When support programs incentivize health facility staff for specific outputs it skews/ compromises the total PHC outputs in the beneficiary institution hence shortchanging the community.
5. Donated items do not always get used in the intended way, therefor there is need for consistent monitoring. (Ngezi Hospital receives air-time from Aitec; and supplementary food and snacks from a young people's group called Tsungirirayi).

6. Hospitals are not distribution centres and therefore do not do this effectively – sponsors should keep this in mind when they bring commodities or materials they hope can be distributed.

7. Allocation of commodities should be based on performance, therefore audit needs to be tight and pilot programs need to precede full-fledged ones to minimize risk.

APPENDIX

HGAT Research – Key Informant Interviews

KEY

Nuggets

Commonalities

Section	Line of questions	Condition & Comments		Comments
		St Michaels Hospital	Ngezi Hospital	
Disease prevalence (Qtns. 1 to 4)	Disease prevalence, severity, and health seeking behavior KEY: AD = adult condition AA = all ages	PREVALENCE 1. Hypertension AD – no medicine at health centre. Causes stroke, organ failure (can lead to blindness), & sudden death. Most common among the over 60 and is a life-style condition stimulated by un-balanced and unhealthy diet and excessive alcohol intake. 2. Arthritis - AD 3. Injuries AA 4. Respiratory infections AA 5. Diabetes AD – no medicine so clients cannot be admitted 6. Eye conditions AD – 2 trained opthmology have no equipment 7. Gastroenteritis [3]AA 8. Epilepsy AD 9. Mental illness AD 10. Asthma AA 11. Cervical cancer – human capacity to screen, equipment insufficient for district.	PREVALENCE 1. Hypertension BP – mostly 45 years and above 2. Asthma – high prevalence during the cold season 3. HIV/ Aids 4. Malaria SEASONAL DISEASES 1. Respiratory tract infection – high prevalence in summer 2. Diarrhea 3. Ringworms DELAYED REPORTING 1. HIV & TB – (ignorance is the factor on TB) a. Belief in African Traditional Religion b. Traditional myths & misconceptions – fueled by high illiteracy. Teenagers also infected and high prevalence of early child marriages.	Please note that the respondent's responses on disease prevalence may not tally with the institution data/ report. This is however good for triangulation. Most of the adult conditions are common among the elderly.
		UN-REPORTED – males have generally low health seeking behavior. Hospital staff are neither training or experienced in identifying and diagnosing cancers – and the training needs financial resourcing. 12. HIV – cross cutting, stigma still rife in rural community and non-disclosure causes wrong diagnosis when	CONDITIONS MOST TREATED 1. Common colds 2. Hypertension 3. Injuries from scotch-carts 4. Maternity deliveries SEVERE CONDITIONS FREQUENT (patients know of their condition) 1. Renal failure 2. Heart attack	

[3] Inflammation of the stomach and intestines, typically resulting from bacterial toxins or viral infection and causing vomiting and diarrhoea.

		clients visit for other ailments. PITC[4] – no initiation done by provider. 13. Prostate cancer – un-reported and common among over 60's.		

Section	Line of questions	Condition & Comments		Comments
		St Michaels Hospital	Ngezi Hospital	
Institutional capacity (Qtns. 5 to 7)	Institutional expertise, medication, and equipment capacity	Expertise • Theatre professionals; Mental health nurse; Professional counsellor - Expertise transferred to greener pastures • General shortage of ambulance drivers (institution under-resourced to pay driver) • No dedicated trained security personnel causing pilferage (general hands double up as security)	Expertise • Doctor • Eye surgeon • Dentist Patients needing the above practitioners are referred to St Michaels	
		Medicine (low supply) • Hypertension; Psychiatric; Epilepsy; Antibiotics in Analgesics • Wound dressing towels (at least 5 rims needed) • Under 5s and over 65s receive medication for free as Gvt regulation – which eats into Gvt medicines grant.	Medicine (low supply) • Hypertension 2nd line medication • Oxygen tanks; resuscitation meds; • No mortuary, no ambulance, need for WIFI,	
		Equipment • Medicine trolleys (at least 6 needed) • Surgical trolleys (at least 10 needed) • No IT equipment and staff also not trained for ICT (at least 10 computers required) • Sundries – of the 60 hospital beds, most of them are obsolete; 104 lockers	Equipment needed below. General infrastructure not conducive for hospital operations… • BP machines • Scales to weigh children & adults • Photocopier not working • Beds old and malformed – blankets and mattresses tattered and torn • Cleaning equipment (mop	

[4] Provider initiated HIV testing and counselling.

		old and rusty – used since 1984 • Kitchen ware needed • Water supply pipe system needs to be changed from galvanized to PVC to stop water calcifying. Back-up borehole urgently required…	with bucket and rollers) • Washing machine not working • Generator not working • Hospital has no ambulance • Sluicing Expecting mothers have no stove • Fridges not working	

Administration (Qtns. 8 & 9)	Service affordability, and accessibility	Affordability • Consultation fees $5 bond per client – 75% can pay • Admission fees $5 per day – 50% make payment plans • Medicines at St Michaels charged at cost price so no profit made but hospital can re-stock. • Gvt institutions do not charge but also have no medicines – and have refused payment in kind as it is difficult to audit. With RBFs, hospital now houses half of the clientele it used to – and results enforce PHC outputs (deliveries – normal and c-section; consultations, immunization). 75% of RBF resource is for hospital demands and 25% for staff incentives. • Under 5's and over 65's have free medication. Accessibility • District health facilities are 15 km's apart, but with un-comparable capacities. • Poor road network, and because St Michaels is a referral hospital, some patients even board up to 3 different vehicles just to get to St Michaels (Multi-sectoral approach needed to prioritize revitalization on roads leading to health institution).	Affordability • Consultation drugs cost $2 – 50% cannot afford. Free for under 5s and over 65s. • Maternity patients pay a fee & bring material needed. Accessibility • Ward 3 to 5 is the catchment area with a 6 to 8km radius – a walkable distance when one is well...	
External support	Programing best practices	Support programming • No community/ key stakeholder consultation during conceptualizing, therefor no sense of ownership from beneficiaries. ○ Other risk of non-consultation is production of a program that's inferior/ outdated or incompatible for current trends. • Shallow programming ingenuity – spoon-feeding models with poor or no transitional and exit plans. • Programmer conflict of interests often skews client statistical projections. • Over incentivizing that skews the	Support programming Air-time is supplied by Aitec; and supplementary food and snacks from a young people's group called Tsungirirayi. • Donated items do not always get used in the intended way, therefor there is need for consistent monitoring. • Hospitals are not distribution centres – sponsors should keep this in mind when they bring commodities or materials they hope can be distributed. • Distribution should be	

		total PHC output package for beneficiary institution.	based on performance, audit needs to be tight, pilot programs need to precede full fledged ones to minimize risk and to	