THE UHS CORRUPTION PREVENTION

BY:

OPERATIONS.

CHIEF MEDICAL OFFICER, UNIVERSITY HEALTH SERVICES

CONSTITUTION OF THE UHS CPC

- The UHS Constituted its CPC committee on the 25TH SEPTEMBER 2010.
- The constituted committee was to have the following as its members:

The Chief Medical OfficerChairman

All UHS Section HeadsMembers

– Two Nurses:

» Emily Chesumei - Member

» Margaret Ndubi - Member

– Two Doctors:

» Dr. Lucy Kabare - Member» Dr. Billy Muigai - Member

Internal Auditor

» Samwel N. Njoroge : - Secretary

Full Membership of UHS Corruption Prevention Committee

Dr. S. Ochiel Chief Medical Officer - Chairman • Deputy Chief Medical Officer (Student) Dr. M.R.B. Otieno - Member Deputy Chief Medical Officer (Adult) Dr S.E.N Waweru - Member Dr. O.B. Magoha Principal Medical Officer - Member Dr. Doreen Asimba **Principal Medical Officer** - Member Dr. Billy M. Muigai Theatre - Member Dr. Sarah Omenda **Pharmacist** - Member Dr. Samuel Mwaniki - Member **Pharmacist** Dr. Lucy Kabare SSc -Member Dr. Duncan E. Leoduma **Pharmacist** - Member Counselor • Ms Emmy Sumbeiywo - Member Mr. Vitalis O. Ooro Clinical Officers' Coordinator - Member • Mr. J. Mwololo - Member Bursar **Pharmaceutical Technologist** Mrs Nelly W. Karenju - Member Mr. S. N. Njoroge Internal Auditor - Member Mr. Jonah Nyange Principal Lab technologist - Member Mrs Esther Alila Nursing Officers' Coordinator - Member Ms Emily Chesumei Nurse - Students' Sick Bay - Member Ms Margaret Ndubi Nurse – Senior Staff Clinic - Member Mr. J.M.Gichunge **Hospital Administrator** - Member Ms Mercy Dietto **Procurement Officer** - Member

UHS INTEGRITY ASSURANCE OFFICERS

 The UHS also identified the following members to be trained as Integrity Assurance Officer:

Dr. Duncan. Leaduma - Pharmacist

Dr. Samuel Mwaniki - Pharmacist

– James Mwololo– Bursar

Samwel N. NorogeInternal Auditor

- Dr. Mwaniki and Mr Njoroge attended the IAO training held at the KSMS between the 21st and 24th February 2011.
- The CMO had attended a similar training held a week earlier for UON top management at the same venue.

UHS CPC DATES OF MEETINGS

It was agreed:

- that the CPC will be holding its meeting once very month
- that the meetings will be held on the Monday falling a week before the end of the month.
- that the members have to avail themselves for the meetings on the scheduled dates whether they are invited or not.
- that the meetings will take the shortest time possible and a the maximum about an hour.

REVIEW OF CORRUPTION PREVENTION MEASURES AT UHS

Wet Areas:

- The members were informed that these are areas that have a high inclination and incidence for corruption.
- That the committee will have to identify them and with concerted efforts work towards mitigating corruption in the areas.
- The committee initially identified such areas at the UHS, reviewed them and recommended actions for prevention of corruption as below:

Risk Area	Challenges	Action	Action by and Time Frame
Catering	Poor management of food Stocks. Un-procedural Sourcing of items. Receiving of foods items. No qualified catering staff. No dietician. Quality of food not assured.	To source foods from SWA To follow-up on the implementation of the recommendations made earlier by the	The administrator Bursar, Sr. Alila and Sr. Chesumei to act on this. Immediately.
Petty Cash	cash	Bursar to provide guidelines on petty cash usage, and discuss with the FO on staffing so as to clear the outstanding problems.	

Risk Area	Challenges	Action	Action by and Time Frame
Consumables Stores Management	No Procurement Officer The one recruited not posted to UHS yet Bin cards not updated		Administrator to follow up Immediately
Ougs Store	Poor records Unaccountability	Proper records to be maintained to enhance accountability and guide in decision making	
JHS Equipment	Some old and new equipment not marked. Equipment not posted in register/inventoried	_	Administrator and respective section head Immediately

Risk Area	Challenges	Action	Action by and Time Frame
Revenue collection from External sources	Not Invoicing of Services to outsider, ie -Chuna, -Pensions, -Unes, -Other universities -NHIF billings	Follow up on the collection Seek the assistance of the legal officer to enforce payment at the worst. Follow up on NHIF billings	Bursar and Ms Musembi to follow up on the NHIF
Revenues collection from Internal sources	Difficulty in collecting the medical fees from the colleges	_	UHS management

Risk Area	Challenges	Action	Action by and Time Frame
Compliance with Financial Regulations	Efforts to comply fully compliance	Bursar and the Internal Auditor to identify areas of non- compliance, if any.	Bursar and Internal auditor Immediately
UHSMIS	System currently not operational Satellite clinics not connected	UHSMIS currently being re-engineered Satellite clinics to be connected	UHS management
	Lack of computers in some clinics	All clinics to be provided with the computers	Immediately.

Areas Specifically Addressed by the committee

Petty Cash

 The committee agreed that management of petty cash should be guided by the UON financial policies and regulations.

 The regular supplies to Sick-Bay should be procured through established procedures and not through petty cash.

Areas Specifically Addressed by the committee

Budget

- Budget projections for the period 2010/2011-201/2015 were tabled by the bursar for discussion. The committee noted and agreed that:
- That laboratory's chemicals, reagents and other supplies, which are a major expenditure, should be separated from the drugs vote.
- That a proposal be made to the Finance Officer to have the Laboratory supplies stand on its own in the budget with its own separate vote allocation.
- That the Bursar consolidates the projections figures for the laboratory, and incorporates them separately in the budget proposal.
- That the Bursar be guided by the vote's utilization levels to decide on the allocation for the Laboratory

Outstanding Debts to SWA

- The committee noted and agreed that:
- That the amount owed to SWA currently stood at about Kshs I million.
- That UHS was not keeping the expenditure within the monthly allocation of Kshs 127,000.
- That there was need to find out why the bills accumulate, and why it has not been possible to process them on a monthly basis to avoid the accumulation.

UHSMIS

the committee noted that:

 The re-engineering process on the UHMIS is not complete, but that the process on was on course.

 That some few modules are still some which are not ready yet.

UHSMIS cont'

 That the system was in the last stage of development,.

 That training, which is a must for all members of staff at UHS, was scheduled to start from Monday the 3rd Feb 2011.

 That the training to be taken very seriously by all members of staff at the UHS

- UHSMIS cont'
- That after the training, the UHS management will agree on a date when the system could be officially launched.
- That Dr. Kodhek who has been the UHSMIS Champion and Chairman of the re-engineering committee is leaving the University.

• That Dr. Mwaniki has been appointed to take up

ICT Infrastructure

- Misappropriation of computer hardware .
- Thus serious decision on how best the computers will be safeguarded in future as effective use of the UHSMIS and the well being of the hardware are interlinked.

 Measures to be put in place to ensure members of staff take responsibility for the computer

ICT Infrastructure cont'

- The Hospital Administrator and the Internal Auditor should design a form to affect this responsibility by ensuring that each computer is signed for as a matter of record.
- That the physical security measures on the computers, to include locking and the keys safely kept: one by the user and other by the administrator.
- That a schedule for maintenance should also be

- ICT Infrastructure cont'
- That a card indicating what is in the computer be maintained.
- That effectiveness and incapacity of the computer hardware at the UHS should be reviewed and upgraded where necessary.
- That the UHS management to should create awareness on the responsibility and security of the hard ware.
- That the UHS Administrator, Dr. Mwaniki and ICT staff

Pharmacy operations

- The Pharmacist was mandated by the committee to visit the peripheral clinics, with a view to identifying operational problems on the ground, and how best to solve them.
- A report on issues identified from the visits together with the recommendations be forwarded to the CMO's office.
- The report should also to identify areas that need to be addressed. what need to be done and that

Pharmacy operations cont'

The committee also agreed that:

- appropriate monitoring systems on prescription and consumption of drugs on should be put in place as well as measures to guide the process of disposal of expired drugs.
- manual drugs are recording in all the clinics even as we await the finalization of the of the UHMIS need to be emphasized.
- the Pharmacist should standardize the format of reporting on the clinics through a form/checklist designed for this purpose.

Pharmacy operations cont'

 The pharmacist should pay frequent visits to satellite clinics,

 and the members of staff at the clinics should be informed in advance of the intended visits as a way of encouraging them and enlisting their support.

- Pharmacy operations cont'
- those in the clinics should be encouraged to have an understanding of ISO, Service Charter, etc
- regular stock taking should be encouraged in all the clinics, and records on bin cards should be up to date as we finalize on the system.
- there should also be a system of identifying dugs before they expire.

Recording of drugs.

- the committee also noted and agreed that:
- the two drugs recording clerks appointed about six month ago are yet to start the postings.
- the Hospital Administrator and Dr. Etemesi were mandated to immediately assign them duties,
- and also draw up their working and reporting schedules, and as well as clear targets for them.

- The committee noted, discussed and agreed that:
- That the Procurement Officer be incorporated into the CPC committee as her input on procurement issues is of critical importance for uninterrupted supply of drugs.
- That some of the suppliers awarded tender have indicated their inability to supply.

Tender Cont'

- The Pharmacist was tasked to makes appropriate recommendations on how best to handle the issues on such suppliers.
- The pharmacist was also tasked to identify problems experienced in tender evaluation and award of tender and give recommendations to avoid issues arising in future.

Tender Cont'

- That the considerations should include issues on non responsive drugs as well as drugs for special/chronic ailments that need special considerations.
- That UHS should also address the issue of flexibility in sourcing for such drugs for the benefit of the patients to avoid dispensing what is not effective to such patients.

 That the Pharmacist should also work on a process of reducing procurement of drugs on single prescriptions.

- Tender Cont'
- That there should be constant test checking of sampled drugs to ensure that they remain as intended.
- That the future tender processes and documents should exhaustively capture all our needs, and solve most of ours problems.
- That more attention and efforts should be put on

- Dispensing
- The committee noted, discussed and agreed that:
- regular stocktaking exercises and reports should be should be instituted.
- measures to reduce single prescription procurement should urgently be put in place.
- custody, security and recording of drugs should be enhanced.

Dispensing cont'

 To ensure the safety of patients, changing or substitution of drugs should be controlled.

 this process should facilitate verification as well as instill higher levels of accountability and transparency in the handling of drugs.