Direct RESEARCH JOURNALS

Direct Research Journal of Public Health and Environmental Technology
Vol. 5 (5), pp. 77-83, July 2020
ISSN 2734-2182
DOI: https://doi.org/10.26765/DRJPHET10864988
Article Number: DRJPHET10864988

https://directresearchpublisher.org/drjphet/

Research Paper

An Enabling Environment for the Effective Performance of Health Unit Management Committees (HUMCs) in Health Centres in Busoga Sub-region

David Gangu Muwanguzi, Dr. Otieno George Ochieng, Dr. Kenneth Rucha Kibaara, Prof. John Francis Mugisha, Kharim Mwebaza Muluya, and Dr. Peter Kithuka

Department of Health Management and Informatics, Kenyatta University, Nairobi, Kenya.
*Corresponding author E-mail: davidmuwanguzi@yahoo.com

Received 5 June 2020; Accepted 9 July, 2020

ABSTRACT: Health Unit Management Committees (HUMCs) were introduced to provide an eye for the community to monitor and contribute ideas. It was because of poor health service delivery at some health units owing to realizations that community had stopped trusting and using services offered by the government. Health service provision and health sector performance was thus poor presumably because of dismal community monitoring. In this study, HUMCs aired out their views on what they regarded to be an enabling environment for their work to be performed as effectively as possible. A cross-sectional descriptive design was adopted with predominantly qualitative data collection methods. There were 288 respondents from HUMC that were interviewed. Data were analyzed using a computer-based qualitative data analysis software atlas Ti 7. This involved in-depth analysis of each of the main categories of data. The analysis facilitated teams to be able to describe the range of the HUMC member's skills, training and health centre performance. During analysis, each category was considered for further assignment into subcategories. Using these subcategories gave more insight into the details of the mentors' and trainers' activities in each category. Findings revealed that an enabling environment for effective operation of HUMCs should comprise houses at work places to boost time management and cater for transport costs. In addition, an enabling environment for the effective performance of HUMCs should be one where hospitals are equipped with drugs so as to have more and more people healed at health centres, and well-regulated information management systems for easy follow up of activities by HUMCs. There must also be attempts to train more HUMCs so as to extend similar services to all health centres. On the side of government, there has to be an improvement in road networks especially in hard-to-reach places considering that many HUMCs do not stay at workplaces. Conclusively, an enabling environment for HUMCs operation requires the establishment of infrastructure and making the physical work environment as attractive as possible including information management systems. It is therefore recommended that the government continue training HUMCs to increase the scope of health service delivery coverage, the number of HUMCs need to be increased at health centres because in some places, there are just five members yet health centres are very big in some places. Further, there is the need for the construction of houses for HUMCs. Budget design ought to include these requirements in order to boost the speed, effectiveness, and regular rendering of services by HUMCs.

Keywords: Enabling environment, health unit management committees, health centres

INTRODUCTION

According to the 2012 Health Unit Management Committees (HUMC) guidelines issued by the Ministry of Health in Uganda, it is a requirement for every Health Centre to have a functional committee of nine HUMCs in case of health Centre Four (HCIVs) at the county level, and seven members for health centre, three (HCIIIs) at sub county level. HUMCs participate in the planning and implementation process geared towards functioning of the health centres and in Primary Health care (PHC) activities, to involve communities in planning and implementing health services and health actions and to promote public accountability in health (Maeries, 2016).

Despite the restoration of the committee system, there have been bottlenecks in implementation. Observations indicate that a number of undocumented issues are bottlenecks to performance of HUMCs.

The management of Oleba HCIII states that about three years ago before the HUMC trainings by Partners in Community Transformation (PICOT), health personnel did not have a clear direction of how the HUMC were to operate and what their role would be in the finance, budget, staff performance and attendance among others. The training gave the personnel of Oleba HCIII confidence in handling facility issues through prioritization and joint meetings with staff.

The study was strengthened by borrowing and applying ideas from McGregor's X and Y theories and Herzberg theory. Among the much advancement in Theory X, most people are not ambitious, have little desire for responsibility and that motivation occurs only at the physiological and security levels of Maslow's hierarchy of needs.

On the other hand, Theory Y contains advancement that employees can do anything to achieve monetary outputs from their work. This means that whereas motivation of workers is essential in Theory X, monetary benefits influence commitment and delivery of services by employees when it comes to Theory Y.

According to Tumushabe (2010), these theories state that needs such as such as food and shelter human needs that give rise to motivated behaviour. These theories identify various "needs" essential for the worker motivation, satisfaction and continued commitment to work. The needs arising from these theories range from basic ones such as food and shelter to higher ones such as recognition, growth and sense of accomplishment. Other needs relate to relationships with others and a sense of belonging. Roenigk (2015) identified seven characteristics of an environment that HUMCs an dother workers would love to have. These include; positive values, open lines of communication, fun and productive atmosphere, focus on training, positive leadership, team work and work-life balance.

The Maslow's Hierarchy of needs theory was adopted to guide the study with emphasis on the biological, safety and security, love and belonging, self-esteem and self-actualization needs. Maslow's hierarchy of human needs is a theory to the foundation of psychological needs. Maslow believed that individuals are driven to satisfy their basic and growth needs. Maslow organized the two-need system into a hierarchy where satisfaction of basic needs generally takes precedence over satisfaction of growth needs. The elimination of deficiencies provides the foundation to his theory. This theory gives understanding to motivational factors. Unless worker's intrinsic and extrinsic rewards have been adequately met, it is unlikely that they will become interested in rendering effective services (Adeyemi et al., 2014). Maslow's theory is applicable to the study as it creates a possibility of steady improvement in services delivery if HUMCs are given rewards, prompt and workload related salaries/payments, lunch allowance to Lu and Wolf (2017). Through intrinsic rewards, Maslow's theory portrays that the inner drive to render services is necessarily brought about the set-up at work place.

In relation to health centres in East-Central Uganda

Kabengwa and Al-madh (2017) Ugandan study indicated that due to lack of accommodation centres, distressed health workers [HUMCs] have to trek longer distances on a daily basis to access their respective health centres, while others have to pay exorbitantly to rent accommodation. By the time, a health worker [HUMCs] arrive(s) at work; they are already exhausted and can barely do anything to attend to each patient as effectively as possible. The purpose of this paper is to describe an environment that is conducive for effective performance of Health unit Management committees. This is because a work environment determines the extent to which health services delivery will be adopted.

In this study, there is a description of an environment which the Ministry of Health as well as the HUMCs would wish to see in place for effective delivery of services at Health Units.

METHODOLOGY

Research design

A cross-sectional descriptive design was adopted with predominantly qualitative data collection methods. This kind of design is appropriate because studies which require in-depth investigations can be successfully acquired by use of qualitative data collection methods.

Study area

The study was conducted in randomly sampled health centres in the East Central Region of Uganda. Uganda is a low developed country in Africa. It is boardered by Kenya in the East, South Sudan in the North, Democratic Republic of Congo in the West, Rwanda and Tanzania in the south. Uganda is land locked country. The East-Central Region of Uganda shares borders with Kenya and Part of Southern Sudan and Northern Tanzania. The East Central Uganda is a composition of 16 districts. People in the villages and towns have options between farming and producing food for consumption or doing some petty trading and or working in public offices. The proportion of the population in Uganda that lives within 5kms of a health facility is 78% up from 49% in 2000 and in Eastern Central Region of Uganda; it is 72%.

Study population

Twelve health centres were selected for in-depth intervention study in the experimental arm and twelve health centres were selected in the control arm for this study on training of HUMCs to stimulate productivity of the health centres. The selection of the health centres was random and was guided by the desire of seeking validity of and generalizability in the pre-post community trial study approach. The study covered health centres at the level of sub-hospital and general hospital. The study questions in this research were indeed best addressed at hospital or sub-hospital-level (HC IV) as opposed to smaller health centres. The major reasons for seeking to study the effectiveness of training HUMCs on performance of HCs at hospital-level was that hospitals represented complex organizations and findings from these hospitals provoked greater theoretical and operational generalization to guide policy and practice for performance enhancement in HCs of the Uganda's Health System. Furthermore, hospitals, as opposed to smaller health centres, have several organizational structures such as departments, skilled managers, and diverse mix (cadres) of workforce that were essential for the exploration of the theoretical propositions and conceptual framework for this study. Hospitals represented higher costs of resource inputs (finance, personnel and technology) in the health system. The social benefits accruing from improved performance of hospitals was therefore considered to be of higher importance to policy of training HUMCs (Friis et al., 2013).

Training methodology

In the intervention Health Centres the training components identified were set on training workshop for members of these health unit management committees. The HUMC members were trained in the different skills to enhance their roles as managers of the health centres. This was expected to improve the overall performance of the health centres which was the specific target indicators for this trial or intervention. The training consisted of a mixture of adult learning methodologies, including short lectures, questions and answers, small group discussions, plenary presentations, video shows and role plays.

In the course of training, participants from the same HUMC developed their own Action Plan together, which was presented to the class and discussed. The Action Plan was meant to enable participants to analyse their health centre and district health care systems, prioritize certain problems for corrective interventions and redirect available resources to address these problems. Participants particularly reviewed and assessed the values, goals and objectives for relevance, critical problems to be addressed and the primary strategic options that might lead to accomplishment of the objectives.

There was constructive feedback session in which other participants and the facilitators gave their inputs on the Action Plans. This was aimed at achieving a refined and well discussed action plan/project for each health centre. At the end of the course, each HUMC team was required to implement their Action Plan when they returned to work. The participants were involved in assessing the cost of the project for appropriateness during the training course. Additional information collected during trainings included necessary costs for actions considered or to be taken, the time-frame, and the staff responsible for implementation of the projects. Finally, the participants were requested to agree and develop the process milestones, monitoring and evaluation plans and the management structure for implementation of this Community and Health Centre Performance Improvement Project. These were built on

Inclusion criteria for participants

(i) Participants for the study included purposively sampled respondents from the District Health Teams, the District Administrators for the baseline in both the intervention and control arms.
(ii) Participant also included members of the HUMC and must have served for at least one year from the time of the study.
(iii) It also included sampled health workers and the managers in those selected health centres who were willing to participate.

Exclusion criteria for participants

(i) Member of the HUMC who had served for less than one year were excluded in the study.
(ii) Any member of HUMC in the region who did not belong to any of the selected health centre HUMC was excluded in the study.

Sampling procedure

For the study area, the East Central Region of Uganda was purposively selected for the study. Purposive sampling is where the sample is arbitrarily selected because characteristics, which they possess, are deemed important for the research. This was because the East Central Region of Uganda has been having most districts grouped among the districts with poor performance in the Districts Performance League Table released by the Ministry of Health of Uganda every year. For example twelve of the last twenty districts in the table

of district performance for financial year 2016/17 were from the East Central Uganda.

Health centres that were selected for the study were those at the level of health centre IV and health centre V that carry out admission of patients. Therefore a sampling frame of 67 health centres was drawn from all health centres in the East-Central Region of Uganda that offer in-patient services and were found to be at level of subhospital/hospital. A sample frame is the set of items that have a chance to be selected given the sampling approach that is chosen (Fowler, 1993). Selection of the 24 health centres to participate in the study was done after all the 67 hospitals in the sampling frame had been coded with three digit numerals beginning from 001. The selection was made using the random number table using the table to draw the first coded health centre and continuing until all 24 required health centres had been drawn. The coding followed alphabetical nomenclature taking into account the first letter for the name of the health centre. This excluded selection bias since the naming of these centres was done randomly and independently of each other. Hospitals coded with odd numbers were placed in intervention arm and those coded with even numbers were placed in the control arm of the study.

Sample size determination for the qualitative stream

Taking the study in phenomenological context, we considered each study site as being heterogonous because of their social cultural diversity. There were 12 intervention study sites and 12 control study sites. There were 288 respondents from HUMC that were interviewed, 64 KII respondents from DHT members (four members of DHMT from each of the 16 East Central Districts of Uganda) 72 KI respondents from hospital management (3 hospital leaders per from each of the 24 health centres) and 20 Community leaders (5 from each of the 4 randomly selected districts in the region). Therefore the sample size of this study was 288 respondents

Construction of Research Instruments and research data

The influential mechanisms of the intervention of training HUMCs to improve performance of HCs were synthesized from four main data sources; 1) the quantitative questionnaire served to HUMCs, and health care workers. 2) Observations and guidance provided during HUMC meetings in health centres in the intervention arm. In the meetings, the rationale, methodology and preparation for the intervention of training were explained to the stakeholders thus District Leaders (Chief Administrative Officer and District Health Officer), Hospital Management Teams and the members of HUMC 3) Participant observations were made at two monthly performance feedback meetings during October and November 2018; 4) from administrative records i.e. monthly progress reports, quarterly reports, annual performance reports and other documents related to the performance of health centres. Annual reports of the case study hospitals for the years 2013 to 2017 were reviewed. The fifth data source was interviews with members of the hospital management team (HMT) and the district health management team (DHMT).

Questionnaires

Quantitative data was collected using questionnaires with the assistance of twenty four research assistants (RAs). Semi-Structured Questionnaires was the main data collection tool targeting the main respondents (members of HUMCs, Managers of Health Centres and users of the services).

Interview guides

Interview Guides was employed to get information from district managers Health centre manager and sampled leaders of health centres and from all sampled members of HUMCs. The DHMTs and HMTs were asked how they were relating with HUMCs and how the hospitals were being managed to stimulate performance. Interview questions also dwelt on how the district specific performance targets were selected and what influenced their choices. The interviews with the DHMT and HMT aimed to describe their reactions to performance feedback, rewards and sanctions and to enablers/constraints in achieving the performance targets. At the end of the intervention In-depth interviews were done with members of the HUMC, DHMT and HMTs in the intervention arm health centres for verification of performance targets. The respondents were asked about the changes they had made as a result of experiences they encountered during training activities and thereafter.

Data collection and management techniques

The data were collected on daily basis during the period of the study by RAs and the principal researcher from 9 am to 5 pm. The research team checked data carefully to make sure all the filled tools were available and were neatly arranged for filing. After each day of data collection, filled in questionnaires were edited again, and checked for completeness by the principal researcher. Before a respondent left the area of data collection, he/she made sure the data collection tool had been filled. The responses were coded with numbers to ease

quantification and analysis. The coded data was entered in the computer using SPSS software, for storage and for analysis later. The file of filled data tools was kept in a locked cupboard for safety.

Data analysis

Quantitative data were analysed according to research objectives and emerging themes using SPSS computer package. After recording the responses to the questionnaires, interviews and observation, the researcher categorised and tallied the responses into each category in order to draw relevant conclusions. Percentages were used to analyze responses of structured questions while responses from the unstructured (open-ended) questions helped to enrich the answers given in the structure. The results have been presented in form of tables, graphs, charts, percentiles and texts. While qualitative data were analysed using a computer based qualitative data analysis software atlas Ti 7. This involved in-depth analysis of each of the main categories of data. The analysis facilitated teams to be able to describe the range of the HUMC member's skills, training and health centre performance. During analysis, each category was considered for further assignment into subcategories. Using these subcategories gave more insight into the details of the mentors' and trainers' activities in each category.

RESULTS AND DISCUSSION

The study was basically geared towards describing an environment that is conducive for HUMCs to render required services. The following analysis and discussion indicates results of the study indicates major factors which need to be considered by policy makers and government in order to enable HUMCs work as effectively as possible.

Road network

Results indicated that infrastructural development is one of the aspects which is required for effective and efficient operation of the HUMCs. In the first place, most of the rural districts, such as those that form the study area are characterized by poor roads network. To monitor implementation of services such as immunization and maternity services during outreaches, there is need for a good road network to ease transport. During one of the interviews, a member of HUMCs stated:

…I, and my colleagues with who we do this work have a challenge of bad roads whereby if it is sunny, the dust is too much and yet during wet season, there is still nothing easy to praise. The whole state of work environment is so alarming that if it were not for the family survival, we would have got an option to working here….

The decry about road structure is in line with Alicia and Maleche (2017), Tanzania study which indicate that accessibility of Tanzania's health service has been challenged with inadequate fund, shortage of fully trained health staff in the hospitals, poor communication and transport infrastructure. In this case, without good road network, the effect is both on HUMCs and the patients.

The staff houses

In most cases, senior staff officers are required to have houses. The purpose of having staff houses is so that workers are easily traceable and to reinforce hard work as well as prompt arrival at work. HUMCs can operate well at health centres where they are given houses for residing in. This is one of the requisites. From one of the HUMCs worker

…about 77% of the HUMCs who live in this sub county have a problem of housing centres. In fact as a leader of HUMCs in this locality, I am very sure that the budget rarely caters for construction of houses for the HUMCs. What is commonly at the Health centres are houses for Medical Assistants…..a favourable environment would be where a HUMC is secure from obstacles at the roadside while reporting to work, and where they can work with limited stress of travelling long distances….

In relation to this, Ssebwami (2020) reported that health centres in Uganda have value of 6,937 health workers in the country, while 3,133 health workers in public health centres manifesting the need for adequate housing centres. Ssebwami reports that without staff houses, there is likely to be serious challenges in timely delivery of services. This is why it is raised as a requirement for effective operation of HUMCs.

Environment where information management system is in existence

According to findings, information management system is one of the requirements of an environment that is conducive for HUMCs to operate. According to most of the responses, the main idea behind this is to promote accountability and transparency in health services delivery and in general planning of expenditures at the health centre. Three of the HUMCs stated that:

…surely when you talk about the environment that is conducive for us to render services, one, we need a clear

system of information. For I am glad that at my centre, there is one which is reliable. However, in many of the health centres, information management systems are not reliable because even the president was complaining one time of the failure of District Helath Officers (DHO) to know the number of pregnant women in their locations…yet it is the work of lower administrators like us who should feed the bosses information…

This is also supported by (WHO, 2017) which indicates that modern public health practice requires good and reliable information system functioning for rapid reporting of noticeable diseases, dissemination of information, outbreak investigation, provision of information on magnitude of health invents, monitoring risk factors and disease trends. In addition, WHO (2017) maintains that managing the health sector effectively requires relevant and reliable information on which to base management decisions, and the Health Management Information System (HMIS) can do this effectively for the manager in a health system. A study on management of information systems by Mbondji (2016) revealed that in almost all African countries, there is a heavy reliance on household surveys for most indicators, with more than 121 household surveys having been conducted in the Region since 2000. Few countries have civil registration systems that permit adequate and regular tracking of mortality and causes of death. In terms of frequency, 43 countries have conducted at least one survey since 2000.

Adequacy of drugs in hospitals

According to results from HUMCs, a health centre where drugs are available is much better to work in than where the drugs are not found. In their argument, HUMCs stated that the advantage of having drugs is mainly to limit unnecessary referrals and complaints. HUMCs established that most of the complaints and reasons as to why patients do not go to hospital and do self-medication is chiefly because they are checked, drugs prescribed and then they have to go out and buy drugs. Sometimes, they do not have ready money to purchase for expensive drugs. In the words of one of the HUMCs:

…if the government can for once ensure that drugs are in hospitals full time, this health centre would be the most confortable zone to work and live in. What happens is that Panadol is always in hospitals but other drugs especially for high blood pressure are not always available in hospitals. The community is always facing challenges of no drugs, and if this is solved, our work will be as interesting as it ought to be…

A study by Abdo et al.(2016) indicates is need for government to ensure that the hospitals are supervised properly and regularly to ensure that there is both service delivery and availability of drugs to patients in the referral hospital. It is therefore important to note the importance of supervisory leadership in availing the different services of the hospital and the general care given to patients.

Training

It is not news that community has been ignoring health services rendered by administrators in health departments at all levels, which led to the introduction of HUMCs at health centres. This initiative explored the contribution that the community can make through the HUMCs, to improve performance of the health centres in the East Central Region of Uganda. Training of HUMCs is paramount to provide an eye for the community to monitor and contribute ideas. This may have not been happening in some health centres leading to poor performance of the health sector especially for East Central Uganda. Health service provision and health sector performance was thus poor presumably because of dismal community monitoring. The performance of HCs was thus poor and yet mechanisms for close monitoring and supervision have been vested in offices far away.

Availability of health Centres

Availability of health centres is a factor believed to boost participation of community and health workers in health services delivery (Abayomi, 2017). This is including HUMCs. Increased distribution of health centres throughout Uganda helps to bring about improvement in disease control and other aspects of health services delivery (Abor, 2015). Unfortunately, there are reports that patients do not receive adequate health services, rather, they buy drugs and sometimes do not have direct access to health workers (WHO, 2017). The study seeks to bring this observation to book with quantitative and qualitative findings. The researcher is in agreement with this literature indicating that availability of health centres improves services delivery.

Conclusion

The qualitative study on an enabling environment for the effective performance of HUMCs was successfully done. The major findings indicated that many HUMCs do not stay at health centres yet they have to report to duty always. These require houses at work places to boost their performance. HUMCs also need to be enabled through equipping hospitals with drugs, well regulated information management systems, training more HUMCs and improvement in road network were all requirements

an enabling environment to effective performance of HUMCs.

Recommendations

Gaps have been identified in as far as an enabling environment for performance of HUMCs is concerned. As a result, the following recommendations need to be adopted:

(a) There is need for government to continue training HUMCs to increase on scope of health service delivery coverage. In addition, the number of HUMCs need to be increased at health centres because in some places, there are just five members yet health centres are very big in some places.
(b) As noticed, there is need for construction of houses for HUMCs. Budget design ought to include these requirements in order to boost the speed, effectiveness, and regular rendering of services by HUMCs.
(c) Transport means are a requirement especially to HUMCs who come from distant places to attend to services at health centres. It would not look bad if the government took the initiative to buy transport means to HUMCs as plans come to construct houses.
(d) Community participation in designing programs for health service delivery is necessary. This is because in some areas, there were houses near health centres which the owners would have otherwise offered to HUMCs for residence.

Declaration

We declare that the content and structure of this journal is the team original work. It is a qualitative study intended to indicate an enabling environment for the performance of Health Unit Management Committees. We also declare that no part of the work is offensive since any document from literature sources was clearly referenced both in-text and in references.

REFERENCES

Abdo S, Tamer SR, Aaka P(2016). *Health Sector Reform in the Middle East and North Africa: Prospects and Experiences* . London: https://www.tandfonline.com, 2016.

Adeyemi S, Moradeyo A, Semiu B(2014). *Personal Factors as predictors of academic ahievement in colleges of education in South West Nigheria.* Lagos: School of education, department of Psychology, 2014.

Friis RH, Sellers TA (2013). Epidemiology for public health practice: Jones & Bartlett Publishers; 2013.

Kabengwa J, Al-madhi S(2017). *97 per cent health workers in Wakiso lack accommodation.* Kampala: Daily Monitor, 2017.

Lu M, Wolf BM (2017). *Strategies for Worksite Health Interventions to Employees with Elevated Risk of Chronic Diseases.* London: PMC, 2017.

Maeries L(2016). "Health Centre Committees: A Vehicle for Social Participation in Health Service Delivery." *Independent Development Fund*, 2016: 2-3.

Mbondji PE(2016) . *Health information systems in Africa: descriptive analysis of data sources, information products and health statistics.* New York: https://www.ncbi.nlm.nih.gov, 2016.

Roenigk C(2015). *7 Characteristics of a Positive Work Environment.* Washington DC: Day-designer, 2015.

Ssebwami I (2020). *ASSIVE! Uganda's health sector delivering service with confidence as citizens reap from infrastructure investment (Part II).* Kampala: New Vision, 2020.

Tumushabe D (2010). "Effective Performance Indicators as per McGregor's X and Y Theories." Theories come and Go.

Uganda Schools Guide. *View Schools in Busoga Sub Region.* Kampala: Platinummedia Ltd, 2019.

WHO (2017). *The economics of patient safety: strengthening a value-based approach to reducing patient harm at national level.* Washington DC: https://www.ncbi.nlm.nih.gov, 2017.