



# **PREVENTING LEAKAGE OF ANTI MALARIAL MEDICINES IN UGANDA'S HEALTH SECTOR. A CASE OF SELECTED PUBLIC HEALTH CENTRES IN LIRA DISTRICT**

## **Project Completion Report**

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## **List of Abbreviations**

ACCU	Anti Corruption Coalition Uganda
DHO	District Health Office
EMHS	Essential Medicines and Health Supplies
HC	Health Centre
HSACWG	Health Sector Anti Corruption Working Group
HSSP	Health Sector Strategic Plan
HUMC	Health Unit Management Committee
IEC	Information, Education and Communication
MoH	Ministry of Health
NDA	National Drug Authority
NMS	National Medical Stores
NRH	National Referral Hospital
NUACC	Northern Uganda Anti Corruption Coalition
PAF	Public Accountability Forum
PFP	Private for Profit
PNFP	Private Not for Profit
PTF	Partnership for Transparency Fund
RDC	Resident District Commissioner
RRHs	Regional Referral Hospitals
ULS	Uganda Law Society
VHT	Village Health Teams

## **Acknowledgement**

Anti Corruption Coalition Uganda (ACCU) would like to acknowledge the important contribution of the various partners who have continuously supported the noble cause of improving service delivery in the health sector through championing accountability and transparency of the sector. Successful implementation of the project wouldn't have been possible without cooperation and support from several individuals and organizations

Special thanks go to the funders of the project, Partnership for Transparency Fund (PTF). Their readiness to share resources and expert advice has been vital in implementation of the project and significantly contributed to improved public access to free anti malaria medicines. We would also like to thank Lira District local government leadership through the District Health Officer, Resident District Commissioners Office, Health facilities personnel, Local Council Chairpersons and the community of Lira district that gave the support we needed to achieve the intended objectives.

Special thanks go to the Health Sector Anti Corruption Working Group (HSACWG) that provided guidance and remedies to several issues arising out of the project. Institutions/Organizations represented in this working group included; Uganda Law Society, National Medical Stores, Ministry of Health, Malaria Consortium, Directorate of Public Prosecutions, National Drug Authority, Directorate for Ethics and Integrity, Heps- Uganda, International Anti Corruption Theater Movement, Medicines and Health Service Delivery Monitoring Unit, Northern Uganda Anti Corruption Coalition and ACCU.

Special thanks go to Northern Uganda Anti Corruption Coalition our local partner that coordinated project activities in Lira district. Thanks to the independent Budget Monitors with whom they worked and radio Unity FM that hosted various radio talk shows and aired the project radio jingles.

## **Executive Summary**

The Partnership for Transparency Fund project was implemented by Anti Corruption Coalition Uganda (ACCU) in partnership with Uganda Law Society (ULS) with the support of Northern Uganda Anti Corruption Coalition (NUACC). The project purpose was to reduce the leakage of free malaria medicines by monitoring of the supply chain right from the National Medical Stores to the public health centres. The overall goal of the project was to improve public access to free malarial medicines destined for selected health centres in Lira district.

At the inception of the project, ACCU conducted a baseline survey in eight selected health centres in Lira District that explored the status of the delivery chain of medicine from National Medical Stores (NMS) at the inception of the project. A report was produced and highlighted the loopholes in the flow of medicine to health centres in Lira district that included among others:

- Insufficient supply of anti malaria medicines due to the kit supply system for lower-level health facilities.
- Non-functional Health Unit Management Committees.
- Unsatisfactory performance of the last mile distribution service provider contracted by NMS.
- Inadequate investigations of complaints regarding drug leakages in Lira District.
- Unlabeled free anti-malarial tablets.
- Poor record management.
- Absence malaria testing kits and microscopes at health facilities.
- Poor motivation of health workers.

Several other activities were carried out during the life span of the project. These included; training of independent budget monitors, holding public Accountability Forums (PAFs), and formation of a Health Sector Anti Corruption Working Group, holding radio talk shows, Equipping and facilitating monitors for routine monitoring of drug supply, media and publicity through radio jingles, a newspaper supplement, production of a project documentary and the development of Information, Education and communication materials.

## **1.0 Introduction**

Anti Corruption Coalition Uganda implemented a twelve (12) months project titled: ***“Preventing Leakage of Anti Malaria Medicines in Uganda’s Health Sector: A Case of Selected Health Centres in Lira District”***. The project was supported by the Partnership for Transparency Fund and it aimed at reducing the leakage of free malaria medicines by monitoring of the supply chain right from the National Medical Stores to the public health centres. The core objective of the project is to improve public access to free malarial medicines destined for selected health centres in Lira district. This end of Project Report embraces a summary of the activities that have been implemented through the project period, from 1<sup>st</sup> July, 2011 – 1<sup>st</sup> August 2012. This being the synthesis of the Project activities undertaken during the reporting period presents, lessons learnt, best practices, challenges and constraints encountered during the implementation of the activities.

## **2.0 Institutional Background**

Anti-Corruption Coalition Uganda (ACCU) was formed in 1999 and is the leading umbrella CSO organization devoted to preventing and fighting corruption in Uganda. It brings together civil society organizations with the aim of enhancing strategies for fighting corruption in the country. ACCU envisions a just and free society and seeks to contribute to poverty reduction in Uganda by empowering civil society to actively and sustainably demand for transparent and accountable use of public resources.

## **3.0 About the Project**

Anti Corruption Coalition Uganda requested for and obtained financial support from the Partnership for Transparency Fund (PTF) to fund the Project, ***“Preventing Leakage of anti malarial medicines in Uganda’s health sector. A case of selected public health centres in Lira district”*** which was to be disbursed in three tranches of **UGX 37,074,600** received on 24<sup>th</sup> June 2011, **UGX 34,785,000** received in 10<sup>th</sup> February 2012 and the last tranche is to be sent after submission of this project completion report.

#### **4.0 Outputs of the Project**

The outputs of the project included:

1. A clear map of the way the delivery chain works now.
2. An improved delivery chain that minimizes leakage, is feasible and has been agreed to by stakeholders.
3. A monitoring system in place with trained people, access to information, authority to report problems.
4. End of project evaluation to recommend project replication.

#### **5.0 Purpose and Objective of the Project**

The project purpose is to reduce the leakage of free malaria medicines by monitoring of the supply chain right from the National Medical Stores to the public health centres.

The core objective of the project is to improve public access to free malarial medicines destined for selected health centres in Lira district.

#### **6.0 Planned Project Activities**

Activities of the project included the following:

- a. Conducting a baseline survey.
- b. Training of independent monitors.
- c. Equipping and facilitation of monitors for routine monitoring.
- d. Periodical monitoring of project activities by ACCU, ULS
- d. Holding of Public Accountability Forums.
- e. Health Sector Anti Corruption Working Group
- f. Project Evaluation

## **6.1 Conducting a Baseline Survey**

ACCU with its local partner Northern Uganda Anti Corruption Coalition (NUACC) undertook a project baseline survey that availed facts about loopholes or inadequacies in the flow of medicine to health centres in Lira district. A desk review provided background information on the drug delivery in the health sector, health policies, laws and the key stakeholders involved in the supply of anti- malaria medicines.

A field work survey was undertaken at the project target health facilities of Lira Regional Referral Hospital, Ogur Health Centre (HC) IV, Barr HC III, Ayago HC III, Barapwo HC III, Ober HC III, Abunga HC II and Lira Municipal Council HC II. Health personnel and patients were interviewed and the Health Management Information System assessed. Further interactions were made with the District Health Officials, Deputy Resident Commissioner and National Medical Stores.

A baseline report was produced and shared with various stakeholders highlighting the loopholes in drug delivery. The report highlighted the areas of strength and weaknesses in drug delivery. Our key recommendations for improvement included the following:

- Review a kit supply system for lower-level health facilities. It was discovered that each health centre at the II and III levels receives one kit customized to that level of care six times annually regardless of the facility's catchment area population or patient load. Most of the lower health centres experience stock outs of anti-malarial medicines and other medicines as a result of this.
- There is a need to reinvigorate the Health Unit Management Committees at the lower level health facilities especially given their role of ensuring transparency and accountability in the receiving of the medical supplies at the health facilities.
- An assessment on the performance of the last mile distribution service provider contracted by NMS takes supplies to lower facilities should be carried out in liaison with the health facilities to ascertain the complaints of night deliveries and coercion in signing off .
- Government through the Ministry of Health sets up a team to follow up complaints regarding drug leakages in Lira District.
- There is need to emboss all free anti-malarial drugs to counter leakages and theft of drugs from health centres.
- There is need to strengthen the capacity of health facility staff in the Health Management Information System especially at the lower health facilities to improve on record management.





***Caption: Activities undertaken during the project baseline***

## **Key Achievements**

- ACCU advocated for the review a kit supply system for lower-level health facilities. Through the Health Sector Anti Corruption Working Group (HSACWG) and other health related governance platforms in which the Ministry of Health (MoH) has participated, ACCU has continuously advocated for reform in the drug supply system. It should be noted that an assessment of essential medicines kit-based supply system was carried out by the MoH in 2011 and it recommended developing a redistribution plan and changing content and quantities of the two kits. Through the routine monitoring by the NUACC monitors an assessment whether there is a change is yet to be seen though change is a process and gradual in the health sector.

- The Health Unit Management Committees have been reinvigorated at the project target facilities. At one of the Public Accountability Forums (PAF) held at Barr Health Centre (HC) III all Health Unit Management Committee (HUMC) members were present and participated in the PAF. Assessment of records show records of minutes at all health facilities. However a lot still needs to be done with the HUMC to ensure their proper functionality, at the lower level health facilities especially given their role of ensuring transparency and accountability in the receiving of the medical supplies at the health facilities.
- National Medical Stores (NMS) vans directly supply to lower health facilities during cycle six (6) of the delivery schedule according to information acquired from interviews with health facility personnel. There have been no more reported cases of night deliveries at any of the project health facilities.
- The Medicines and Health Service Delivery Monitoring Unit (MHSDMU) has committed to investigating alleged drug leakages and provide a feedback upon full investigation.
- As per the last periodic monitoring activities of the project, free anti-malarial tablets were embossed with UG implying that were supplied by Government of Uganda and are not for Sale. This helps counter leakages as such drugs cannot be sold in the private market.
- The capacity of health facility staff in the Health Management Information System especially at the lower health facilities is to be built to improve on record management. It should be noted that an assessment of essential medicines kit-based supply system that was produced by MoH in May 2011 recommended among others things that; HC II and HC III health workers should strengthen their capacity in supply chain management and quantification by applying the approach developed by the MoH in collaboration with the Securing Uganda's Rights to Essential Medicines (SURE) program. If Uganda is to revert to an order-based system—which is presumably a better way of ensuring optimal use of limited resources than a kit system—then building the staff's ability to manage and order supplies is critical. In addition, as the staff's skills in supply chain management improve, the system must be flexible enough to allow HC II and III facilities to order their EMHS rather than receive EMHS in kits.

## 6.2 Training of Independent Monitors

As a part of the implementation of the project, ACCU organized a training workshop for Independent Budget Monitors (IBMs) of Northern Uganda Anti-Corruption Coalition (NUACC) that run from 23<sup>rd</sup> August to 25<sup>th</sup> August 2011 at Apostolic Centre in Lira District.

The objective of the workshop was to equip IBMs with refresher skills and knowledge necessary for effective and efficient monitoring of public health centres in Lira District and to share experiences with NUACC on the state of corruption in the country.

A total of Eighteen (18) IBMs were taken through training sessions that involved the following content; Health service delivery in Uganda, Corruption in Uganda's health sector, Monitoring of health service delivery, Role of Independent Budget Monitors in the implementation of PTF supported project, Monitoring tool for IBMs, Writing a monitoring report and concluded with the Pretesting of the monitoring tool at the public health centres in Lira District.



### 6.3 Equipping and Facilitation of Monitors

A total of seventeen (17) bicycles were procured and distributed to monitors to ease their movement. Five (5) cameras were procured and handed over to NUACC to facilitate the acquisition of photographic evidence during the monitoring activities of the project. Furthermore a facilitation fee of 21,000/= per month was given to each monitor to further help them in any monitoring related cost. With this facilitation, monitors engaged in monthly monitoring of the eight project target health facilities in Lira district.



***Caption: Bicycles given to monitors to facilitate them during monitoring of anti malaria drugs***

## Key Achievements

- Monitors were pivotal in following up a case of suspected drug theft at Ogur HC IV. In October 2011, Joan Akello a volunteer at the Anti Retro Viral clinic at Ogur Health Centre IV was allegedly caught stealing 3 boxes of Anti-Malaria drug (Coartem) from the drug store of Ogur Health Centre IV. A case was reported at Ogur Police post and a case file number CRR 54/2011 was opened. The accused was arrested and later had her file forwarded to the Central Police Station in Lira District. She was produced before the Chief Magistrate in Lira district who sentenced her to 3 months of Community Service. It should be noted that a lenient sentence was passed because the accused was HIV positive, six months pregnant and in poor health. Besides this the stolen drugs had been recovered.
- NUACC was nominated to have a representative at the District whenever drugs from National Medical Stores are delivered. In liaison with the office the District Health Officer, the monitor has been available to ascertain the actual deliveries of anti-malaria medicines by National Medical Stores. The information got at this level has been used to correlate with actual quantities delivered at the 8 (eight) project health facilities.
- On 1/05/2012, NMS delivered drugs to Lira District, It was observed by the NUACC monitor and District team that Coartem with code 220041 was not delivered for any of project target health facilities yet it appeared on the invoices. The DHO office was contacted and informed the monitor that a letter had been written to NMS and we are currently following up on the issue with NMS.
- The monitoring of the supply of anti- malaria medicines by the NUACC monitors has acted as a deterrent to drug theft by the health personnel in the project target health facilities. As explained by the acting in charge of Ober HCIII (June 2012), ***“the health personnel are now aware their every move is being watched.....”***

#### 6.4 Holding of Public Accountability Forums

A total of four (4) Public Accountability Forums were held for the project. The overall objective of the PAF was to provide a platform for dialogue between duty holders and communities on the emerging issues relating to anti-malarial medicines. A combined total of approximately seven (700) people participated across the four PAFs. Politicians and technocrats participated in these forums and included the District Health Officer, Deputy Resident District Commissioner, Health Personnel, Local Council Chairpersons and Health facility users. The health sector Anti Corruption Working Group was represented by ACCU, Uganda Law Society, and NUACC. The health facility users accounted for 90% of the participants with women accounting for 75% of the participants. The implication of this is that women are charged with the responsibility of taking care of the ill and therefore visit health centres more.



**Caption: A public accountability forum at Barr Health Centre III**

Public Accountability Forums were held at Barapwo Health Centre III, Bar Health centre III, Ogur Health Centre IV and Ober Health Centre three. Health facility users interfaced with health personnel presenting their challenges related to accessing anti-malarial medicines. The technocrats were able to provide direct feed back to the health facility users' problems and commitments to improving the situations made.

### **Key Achievements**

- PAFs helped create public awareness to health facility users and the communities surrounding the health facilities where they were held; Ogur HC IV, Barapwo HC III, Bar HC III and Ober HC III. PAFs reawakened the community regarding their roles in ensuring standard service provision from health facilities and thus increased their demand for accountability in provision of health services.
- Several allegations of drug theft by health personnel were made by the facility users. However no evidence of specific personnel was adduced by the accusers which made their allegations appear speculative. However, ACCU did not take the complaints lightly and recommended them for follow up and further investigation to the representative of Medicines and Health Service Delivery Monitoring Unit. MHSDMU on their part committed to look into the matter though it takes time for investigations to be undertaken and completed since resources are required.
- Verbal commitments made by the technocrats and politicians at the PAFs held at Ober HC III and Barr III. All these were well documented on charts and shared with the health facility users to follow up commitments made and hold accountable the technocrats and politicians.
- Advocacy issues were picked up by ACCU from PAF. For instance the need to advocate for review of the system of pushing the same amount of anti-malarials and other medicines to the lower health facilities irrespective of the demand.

## **6.5 Media and Publicity Campaign**

### **6.5.1 Newspaper supplement**

Several activities were undertaken under the media and publicity campaign. A newspaper supplement was run in a local newspaper called Rupiny, which is predominantly in Langi. The supplement detailed information about the Partnership for Transparency Funded project and this enabled the project get leverage among members of the public.

### **6.5.2 Information Education and Communication (IEC) materials**

A range of IEC materials were produced by ACCU for distribution and dissemination of the materials in Lira district by NUACC. Posters and Stickers were developed and bore messages that encouraged transparency and accountability in the supply and provision of anti-malaria medicines. The message called for vigilance from the community in monitoring drug supply with view of preventing leakages of anti malaria medicines. For a better understanding by the target community, the message was translated in Langi, a local language that is widely understood and spoken by the communities in Lira District. Logos of the partners were inserted on the IEC materials.

### **6.5.3 Radio talk shows**

Four (4) radio talk shows were conducted on a selected radio station, Unity FM based in Lira district. This radio station according to rankings of radio stations in Lira district is known to have wide listenership and geographical coverage. Different key stakeholders to this project were invited for these radio talk shows. For purposes of avoiding monotony and getting a wider perspective on the status of anti malaria medicines in Lira district, there was a rotation panelist representation. Panelists over the four radio talk shows included; the District Health Officer, Deputy Resident District Commissioner, in charges selected from the project target health centers, monitors and representatives from NUACC.

### **6.5.4 Project Documentation**

An end of project report was produced and disseminated to various stakeholders. It highlighted what transpired during project implementation and made recommendations. Similarly a project documentary was produced and uploaded on ACCU website.





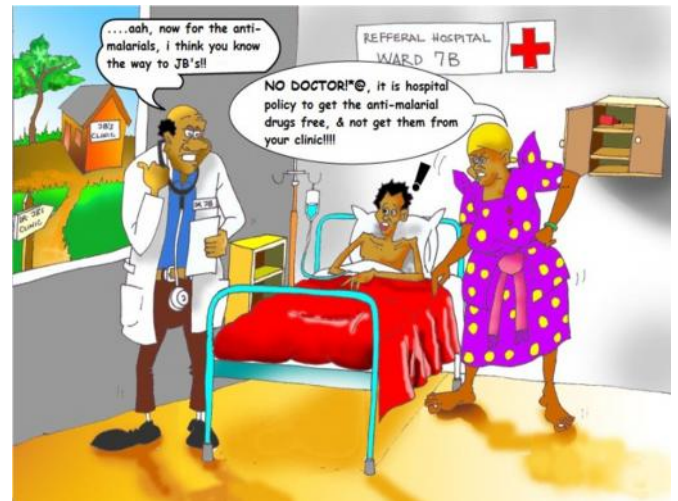
Malaria is the most prevalent disease in Uganda registering the highest number of death and illness cases. It kills roughly 70,000-110,000 children annually in Uganda.

**Anti -malarial drugs also constitute most of the stolen medicines, which in turn worsens malaria related illness and death.**

**Play your role in preventing leakages of anti-malarial medicines which will lead to a decline in malaria related deaths.**

Be vigilant **report any suspected case of drug theft, diversion or the resale of free anti-malaria drugs** to Police, District Health Office, Northern Uganda Anti Corruption Coalition, Medicines and Health Service Delivery Monitoring Unit, and Anti Corruption Coalition Uganda.

This message was brought to you by Anti Corruption Coalition Uganda with the support of the Partnership for Transparency Fund



**STOP THEFT OF ANTI MALARIA  
MEDICINES  
JUK KWOO ME YEN ME MALARIA!!**

**Anti Corruption Coalition Uganda**  
[www.accu.or.ug](http://www.accu.or.ug)



*Caption: Information, Education and Communication materials developed for the project*

## Key Achievements

- Rupiny newspaper is predominantly in Langi language which is widely used in the Lango sub region that includes the districts of Amolatar, Alebtong, Apac, Dokolo, Kole, Oyam, Otuke and Lira. The population of the Lango region is about 1.5 million people according to the 2002 population census. Besides this the newspaper is widely circulated in Kampala the capital city of Uganda. This enabled the project get leverage among members of the public.
- A total of 1200 posters and 500 stickers were distributed in Lira District. All in charges of the project health centres authorized the pinning up of posters at their respective health centres and several health users were provided with stickers which they attached on their bicycles. Recent visits by monitors to the health centres indicate that posters are well placed in positions where the public can easily view them.
- A total of four (4) radio talk shows were conducted by the project. During each radio talk show efforts were made give an opportunity for callers to share their views and opinions. It came out clearly that health centres that were not part of the project complained of poor services related to the provision of malaria medicines.
- The panel was carefully selected to have people directly involved in the supply and availability of malaria medicines represented. Caller's complaints were directly addressed by those charged with the duty of ensuring accessibility to the anti-malarial medicines.
- A total of 150 radio spots were aired to the public at the local level in Lira district for a period of 60 days. These spots were produced and run at Unity FM in Lira district. The spot relayed uniquely a captivating message that urged community members to play a role in preventing leakages of anti-malarial within their respective health centres. The spot message called for the vigilance of community members and provide information on where suspected cases of drug leakages.

## 6.6 Health Sector Anti Corruption Working Group

A Health Sector Anti Corruption Working Group (HSACWG) was formed and constituted to steer activities, suggest local solutions and generate opinions on developmental issues pertaining to the service delivery, and in this case the provision of free malaria drugs. Quarterly meetings were held and to this effect four (4) meetings were held.



***Caption: Health Sector Anti Corruption Working Group meetings***

A stakeholder mapping was carried at the inception of the project and the following institutions and agencies constituted the HSACWG given their unique mandate in the health sector;

- a) Directorate for Ethics and Integrity
- b) Medicines and Health Service Delivery Monitoring Unit
- c) Directorate of Public Prosecutions
- d) Malaria Consortium
- e) Heps-Uganda
- f) Uganda Law Society
- g) National Medical Stores
- h) Ministry of Health
- i) National Drug Authority
- j) Anti Corruption Coalition Uganda
- k) Northern Uganda Anti Corruption Coalition
- l) International Anti Corruption Theatre Movement

### **Key Achievements**

- The HSACWG brought together state and non-state actors engaged in the fight against corruption. Its unique composition meant that any case that arose out of the project was easily taken up by the respective institution eliminating several bureaucracies.
- The HSACWG provided technical guidance that was essential in ensuring the successful implementation of the project. Matters of policy and laws governing the health sector were clearly highlighted and deliberated upon during the meetings and generated possible remedies to issues arising out of the project.
- There was buy in and collective ownership of the project as a result of the formation of the Working Group.

## **6.7 Project Evaluation**

A consultant undertook evaluation of the Partnership for Transparency Fund funded project and produced a report to this effect. The report highlighted key lessons, successes, challenges and recommendations arising out of the findings by the consultant.

A copy of the report is hereby attached.

## **6.8 Periodical Monitoring of Project Activities**

ACCU undertook quarterly periodic monitoring project visits to Lira district. Monitoring the project activities in Lira district was participatory and occasionally involved selected members from the Health Sector Anti Corruption Working Group like the Uganda Law Society and Medicines and Health Service Delivery Monitoring Unit.

## **Key Achievements**

- Refresher trainings were provided to new monitors and meetings held with various stakeholders. Periodic monitoring visits ensured that we kept track of the progress of the project and address any identified gaps.
- During the periodical monitoring of the fourth quarter project, it was discovered by the team from ACCU and MHSDMU that NMS had supplied an anti-malarial drug (Fansidar) that was later recalled back by National Drug Authority (NDA) for having no met the standard for human consumption. Unfortunately according to an informant from Lira Regional Referral Hospital who preferred anonymity, some pregnant mothers had already taken prescriptions of the medicine. This case was followed up by members of the Health Sector Anti Corruption Working Group. Shortly after presenting this case, the National Drug Authority came out recalling all substandard drugs and has suspended pharmaceuticals companies involved in the production of fake drugs.

## **7.0 Challenges of the Project**

The project has not experienced any major challenges except the complexity of corruption in Uganda which makes it difficult to realize immediate real impact. One of challenge the project faced was that, it being a pilot did not cover all the health facilities in Lira district, there were several calls from the non-project health facilities for assistance in monitoring drug delivery. The project focused on eight (8) health facilities yet Lira district has over twenty (20) health facilities.

Thirdly, apart from malarial medicines there were other essential medicines that were alleged to have leaked but were not of the project focus so the cases couldn't be addressed by the project.

## **8.0 Lessons Learnt**

- Enhancing community participation and voice in demanding transparency and accountability in drug delivery and accessibility is paramount in preventing leakages of medicines.
- Government agencies/institutions are willing to work with civil society in improving service delivery in the health sector. Thus there is need to foster continuous engagement between Government and Civil Society in the fight against corruption as both parties complement each other.
- Public accountability forums should be a norm and culture in every Health Centre so that people can come out and talk about their grievances.
- There is need for refresher trainings given that some monitors relocate due to various reasons.
- There is need to have functional Local Councils in the country. Local Councils were established to enable people deal with issues that take place within their localities; and they were meant to play a pivotal role in among others, monitoring service delivery. However, to date Local Councils are non-functional, yet they are supposed to be the first point of contact even before community members going to police.

## **9.0 Recommendations**

- Expansion of the geographical scope of the project to cover more Health Centers. The project was piloted in 8 Health Centers but monitors received numerous requests to cover other Health Centers. Furthermore, the monitors noted that monitoring in the pilot Health Centers contributed to reducing leakages and increasing citizens' activism, which is not the case in other Health Centers.
- The project could widen its focus and look at other public health issues that affect the malaria incidence. Sensitizing communities on public health issues like sanitation and prevention of malaria from home, because many of these factors begin at home.
- The pilot project was implemented for a period of 12 months, which was limited if one is to get more tangible results. Considering the challenges in delivery of medicines, IBMs' monitoring was hampered due to the challenges in delivery of medicines. The project was meant to monitor 6 delivery schedules yet there were delays in delivering medicines during the project period, meaning

they could not monitor all the delivery scheduled. A project of a longer period would have given ACCU and the IBMs more time to monitor and get more tangible results.

- There is need for massive community sensitization to bring them on board to reduce the constructive leakages that are instigated by community members.

## **10.0 Conclusion**

The ACCU/PTF project was a twelve (12) months project that was well received both Government and the community of Lira district. It sought to contribute to the fight against corruption in the health sector by focusing on the monitoring drug supply (malarial medicines) from the NMS to the lower level health facilities. It has registered considerable successes in achieving its objectives; anti-malaria drugs availability has, improved during the project period. Furthermore, the project has greatly contributed to empowering communities to monitor drugs' leakages both in and outside government Health Centres. Project activities had also contributed to reducing the gap between health workers and communities, with the biggest multiplier benefit being the improvement in service delivery within the target Health Centres.