

**ABC\_Fipro Refresher course Report**  
**UCMB Board room**  
**3<sup>rd</sup> to 7<sup>th</sup> July 2006**

**Introduction**

The objective of the training was to train ABC\_Fipro users on proper data entries including database administration, use of reports and to supervise others.

The target group being Administrators and Accountants who were earlier trained and using ABC\_Fipro for processing financial transaction data. Ten hospitals participated majority sent two participants all together there were twenty participants refer to table below:

**Table 1 List of Participants**

<b>Hospital</b>	<b>Participant</b>	<b>Designation</b>
Lwala	Euku John	Administrator
	Ochan Charles	Accountant
Matany	Ogwango Samwelle	Accountant
	Br. Dal Santo Tarcisio	Administrator
Naggalama	Kibuka Denis	Administrator
	Ochola Richard	Accounts Assistant
	Dr. Vincenza	Tech.Assistant (CUAMM)
Kyamuhunga Comboni	Musiime Nicholas	Accounts Assistant
	Ampumuza Joan	Cashier
Nyakibale	Turyahabwa Alex	Accounts Assistant
	Kemerwa Isidore	Accountant
Ibanda	Nyangoma Edith	Accounts Assistant
	Nyamwija Rosemary	Accountant
Kisubi	Lutaaya Rose	Accounts Assistant
	Sr. Veronica Nanyonjo	Accountant
Nyenga	Dr. N.W Onyachi	MS(CUAMM)
	Nakabuye Josephine	Accounts Assistant
	Omoding Moses	Accountant
Mutolere	Immaculate Asimwe	Accountant
Kamuli Mission	Isabirye Bonaventure	Pharmaceutical Assistant

Given that the timing was not very easy for the target group, we first sent out an announcement to find out if some hospitals felt they could come all the same. Hospitals that felt they could come confirmed their willingness to participate and an invitation letter was sent later.

Apart from Dr. Vincenza and Dr. Onyachi who had shown interest earlier and wanted to know more about ABC\_Fipro. Kamuli Mission did not confirm and as a result did not receive the invitation letter and missed out on the required target person. Kyamuhunga Comboni also sent a Cashier instead of the targeted group even after receiving the invitation letter. In future we still emphasize that for us to achieve results, the HMT has to take into consideration the kind of staff sent for such a training because we intent to make these people ABC-Fipro focal persons.

## **The Approach**

The approach this time was to find out as much as possible all the problems the users are facing. Earlier on as part of their preparatory task before coming for the course, participants were requested to list all the problems, explain action taken and state the current position. At first all the participants were asked to read the list of problems hospital by hospital, later participants were asked to discuss the issues in groups of three or more, later a report was given by each group's representative.

The procedure was in each module to first handle the data entry problems first then look at the administration of data base later on we looked the reports that can be produced per module. At all the stages participants were encouraged to make ask questions and make suggestions for improvement if felt necessary.

Handouts were given for selected presentations while user guide remain the basic material for the four modules handled during the course. Except stores module which has all the instructions inbuilt in the module.

To assist hospitals to plan for future support, a proposed ingredients for hospital plan for Financial Management Improvement was handed to each participant refer to Appendix 1 attached. With this guideline each participant was asked to bring back the form to the hospital management team and using the suggested paragraph formulate a systematic plan. It will be on the basis of the plan that UCMB will give the necessary support. It was agreed that have these plans will be ready by 8<sup>th</sup> August 2006.

## **General problem statement**

On the first day participants were given time to spell out all the problems they were experiencing while using ABC\_Fipro. One by one all were able to share out their challenges among the issues discussed were:

### **General Comments**

- ABC\_Fipro is not taken seriously by the HMT as evidenced by not using its reports.
- The programme requires a lot of bureaucracy as evidenced by the collection of data needed for making entries in the computer staff are not willing to go all the way.
- Poor coordination within the hospitals and communication to the facilitators to clearly demarcate the role of each paler.
- Lack of appreciation for the need of data per department, store etc.
- Medical Superintendents are not aware of the programme, they are not involved e.g. they are often hard saying such comments as "how far are you with this thing of your?"
- Training days are too short.
- Lack of team work within the hospital normally creating tension such as difference between the Accountant and Administrator.
- The programme is complex
- Insufficient computer skills from the users
- Insufficient supervision from the UCMB visits should be frequent.
- Lack of staff
- Very old computers

- Trained staff often leave for other jobs
- Computers are not networked
- Some administrators are not interested
- Poor basic skills in accounting
- Inability to interpret reports

#### Manual

All the hospitals had adapted the manual, made their own and sent a copy to the UCMB however not all vital procedures were implemented save for basic procedures only.

For a hospital to be able to make proper data entry, it requires the source documents (entry) to be used. All these entry documents are a product of proper procedures inbuilt in the hospital's internal control system which permits movement of financial and material resources. If these procedures are not implemented then it is not possible to start a module like transport module, stores module etc

#### Salary Module

- The module does not give the same net pay as in the old system this is because in the old system the statutory deduction and contribution guidelines (PAYE and NSSF) were not complied with. The HMT has check the policy and procedural guideline and resolve this issue so that the module can be used.
- Advances entered through the basic module could not be reflected automatically in the stores module.
- On making data entry even if all the administration of data base management was done well the right hand side figures could not appear.

#### Stores Module

- There was a general problem with the stores module for hospitals that were using it; it was linked to excel spreadsheet causing delays while closing the programme especially heavy records input.
- Failure to generate reports; it could give reports on quantity received and issued to various cost centers and not the value in some cases.
- Loss of data, whenever the Kalongo group made entries in the general stores all the data disappeared.
- Failure to use the entry document like the requisition note for ordering items from the store
- Difficulty with copying into the flash pen when the computer for stores is away from the main computer for the purpose of automatic booking.
- Failed to upgrade the stores module.

#### Basic Module

- The single transaction entry made it appear like it is a lot of work as opposed to the multiple data entry.
- Difficulty in incorporating credit clients ( patients who come on credit)

- Difficulty in initial installation due to other data from other hospitals which were not leaned from the modules.
- Upgrading the versions in use was not very successful in most cases, yet the upgrades might have been solving problems.
- It had inherited problems from other modules example the stores and salary modules. Once the other modules could not give the right data during automatic bookings, then such account balances gave wrong figures.
- The change of year from the last financial year to the current financial year without disrupting ongoing data entry process.

#### Fixed Assets Module

- Failure to prepare fixed assets register which is the source document for assets currently in use at the hospital.
- The major problems linked to building the fixed assets register were mainly identification and selection of which items to be included in the fixed assets register and the ones to be maintained in the inventory list.

Not much was hard from the people using Transport Module. It seems it was a simple one.

#### Suggestion for improvements

During the refresher course, there were several suggestions put across for improvements.

Among suggestions put across were:

- To have multiple entry done per data entry in the basic module.
- To have the total staff remuneration reflected in the pay slip.
- To include an additional report from the salary module which can show the two different sources of funds used for paying salaries i.e. the user fees and delegated fund.

#### New developments on ABC\_Fipro as at 7<sup>th</sup> July 2006

- Stores module was developed into a standalone module with all the administration of data base done from the module
- Basic module data entry form is now being developed into multiple data entry

#### Conclusion

The participants agreed to get back to their individual hospitals and present issues discussed here to their HMT. With approval from the rest of the HMT to prepare a proper plan based on the guidelines spelt out in the 'ingredients' refer to the attached sample in appendix 1  
The workshop was closed by the Executive secretary after giving a few remarks.

**Proposed Ingredients Hospital Plan for  
Financial Management Improvement (05-07-06)**

1. Description of end situation  
Like : costs analysis per department, cost centres with their own budget, cost-based accounting, systematically up to date reports available, management having strong skills in financial management; in-charges taking responsibility for cost control in their departments.
2. Implementation of the manual on management of financial and material resource management. Which step, when the steps will be finished? When fully implemented?
3. Computerisation  
Accounts/Basic Module, till when will it be used together with the manual system, from when will you be fully computerized?
4. Salary Module when started?  
Various stores Modules when to be started?  
Transport module when to be started?  
Fixed Assets module when to be started?  
When aimed to be fully implemented?
5. Weekly/Monthly/Quarterly/Annual Reports.....  
To whom.....
6. Responsibility for the Financial Management Improvement Programme (FMIP) MS, HMT, Administrator, Accountant? On the monitoring, analysis, sensitization of the Board/Staff, and communication to the UCMB
7. Arrangement on email/internet access to UCMB
8. Technical issues like number and location of computers planned, net work intended, batteries/power-surges intended and backing up procedures.
9. Team responsibilities for continuity 'who handles which module?'
10. Minimum requirements for an Accounts Assistant (computer literacy)
11. Planned staff training in:
  - Basic computer skills (store keepers and other data entry staff)
  - Adequate accounting skills (Accounts Assistant)
  - Financial management skills (HMT, Boars)
  - Budget responsibilities(in-charges)
12. Expectation from UCMB