Sustainable Drug Seller Initiative Partner Presentations























Accredited Drug Shop Supply Chain System in Uganda



SDSI Stakeholders Meeting, Entebbe October 29-30, 2012





Introduction

- Access to medicines; a challenge to many developing countries especially in rural areas
- Often this may arise from bottle necks along the incountry supply chain management systems.
- An efficient supply chain management system should ensure timely delivery of appropriate quality and quantity of medicines to a point where the medicines are needed in a cost effective way.





Objective

 To assess the ADS supply chain management system with the aim of identifying bottlenecks and proposing interventions to address them.





Methodology

- Descriptive crossectional study methodology employing both qualitative and quantitative techniques was used
- Study areas included drug shops and pharmacies in the districts of Kibaale, Kyenjojo, Kamwenge, Mityana and Kamuli

District	In-Pharmacies	Drug Shops
Kibaale	1	28
Kamwenge	0	12
Kyenjojo	2	15
Kamuli	2	14
Mityana	3	16
Total	8	85
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Methods continued

• 20 KI interviews were conducted with respondents from NDA, MOH, Abacus, Medipharm, Uniliver, Coca Cola, DADIs, DHOs, and the drug sellers associations.

Data Management

- Qualitative data was transcribed, manually analyzed and interpreted using manifest content analysis
- Quantitative data was entered into an excel sheet and then analyzed using SPSS





Results In-district Pharmacies

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	Kye'nj	Kam'nge	Kib'le	Ka'li	Mtyn	Average
Number of						
pharmacies/wholesal	2	0	4	3	6	3
ers						
Average number of						
staff working at the	4	0	8	4.5	4.3	4.2 ≈ 4
wholesale pharmacies						
Average number of						
years the shops have	3.5	0	3	13	10	5.9≈ 6
been open						

Discipline	Percentage
Nursing	50%
BSc. Science	37.5%
Pharmacy Technician	12.5%
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In-district pharmacies continued

• **Quantification** though not explicitly stated was by both consumption and morbidity methods.

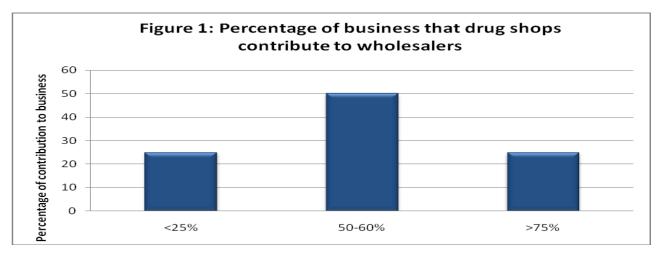
"We know how much we sell out. We also know the seasons for like malaria." respondent from Kibaale

• Supplies were mostly from Kampala, delivered mainly by public transport and normally received within one day.





• Business linkages



- Pharmacies conducted promotion activities, provide credit to loyal clients and deliver medicines to drug shops
- LMIS
 - All pharmacies maintained records and 50% were using electronic LMIS





Challenges experienced by In-district Pharmacies

- Delays in delivering the medicines
- Missing items/discrepancy in handling
- Broken bottles or damaged packaging
- Short expiry of medicines
- Financing
- Competition
- The presence of many brands





Results from Drug shops

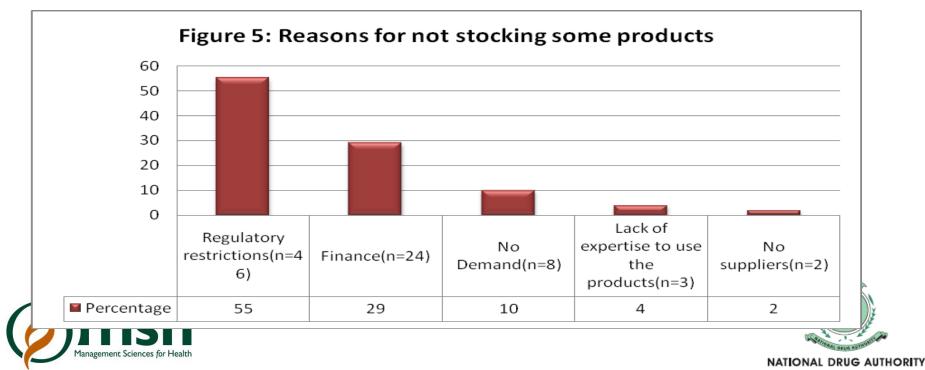
- 85 respondents; 58 were sellers and 27 owners
- Median number of years worked was 2
- 85% were nursing assistants
- All performed the key supply chain activities
- Business activity of drug shops

The median length of time the shops have been open	5 years	Range from 1 to 19 years	SD 3.7.
The mean approximate number of clients received per day	22 clients	Ranged from 1 to 99 clients	SD 16.9.
The median number of prescriptions received per day	3 prescriptions	Ranged from 0 to 30 prescriptions	SD 5.6





- Product selection and quantification was based on
 - Demand from clients
 - Influence from pharmacies
 - The Extended list and ADS training
- Availability of medicines; using the extended list as tracer



- Source of supply was mostly in-district pharmacies and when out of stock central and regional pharmacies were using
- Preference of in-district pharmacies; due to cost and relationship
- Method of placing orders was mostly physical deliver although phones and sms were used
- All drug shops had adequate space and work environment



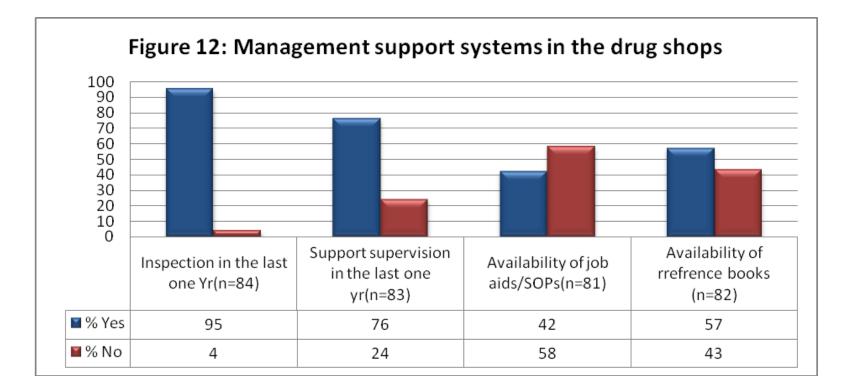


- Records were missing in many drug shops and reasons given included:
 - Can't write everything too much information
 - Clients can't disclose personal information
 - Difficult to fill the forms
 - Difficult to record small quantities
 - Disturbs
 - Don't know how to use the book
 - Don't have enough books





• Management support to supply chain activities





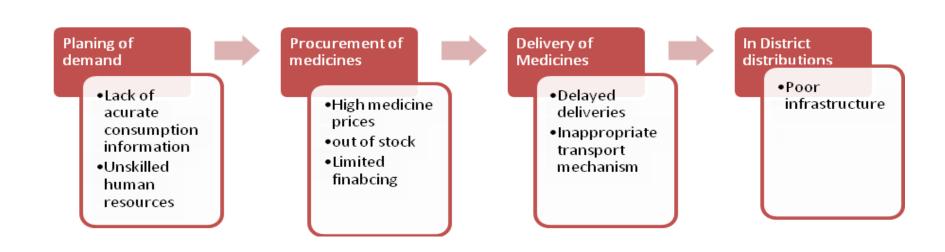


Out of stock

No.	Product	Availability (n / %)
1	Aminiphylline tablets	19(22.4%)
2	Nitrofurantoin 100mg tablets	37(44.6%)
3	Phenoxymethyl penicillin suspension	19(23.2%)
4	Benzyl benzoate lotion 25%	32(39.5%)
5	Benzoic acid + salicylic acid ointment 6% +3%	32(38.1%)
6	Artesunate /Amodiaquinetablets	25(29.8%)
7	Cetrimide +Chloramphenical 0.5% +0.05%	26(30.6%)
8	Chlorphexidinegluconate 20%	23(27.1%)
9	Calcium or sodium hypochlorite solution 5%	31(36.5%)
10	Diazepam rectal tube	0(0%)
11	Diazepam tablets or injection	39(47.6%)
12	Vitamin A caps	14(17.3%)
13	Malaria rapid diagnostic test strips	8(14.8%)
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Challenges







Discussion

Successful supply chain management systems requires;

- steady supply of products
 - Local pharmacies are ideal in providing steady source of medicines
- Timely and cost effective delivery of products
- Development and supporting linkages between source of supplies and retailers
 - Demand generation
 - Provision of incentives and support to retailers
 - QA
 - Development of effective communication channels





Other supply chains management systems

- Indicated success of SCMS in ensuring availability of products in remote areas of Uganda
- Emphasis was mostly put on Inventory management
- Suppliers supported key agents in managing Inventory (Vendor managed Inventory)
- Suppliers had strong linkages with key agents either by having contracts with them or owning them
- Facilitated SCMS through;
 - Demand generation
 - Providing incentives
 - QA
 - Maintaining constant communication with agents





Recommendations

- Strengthen supply chain linkages
 - Accreditation of in-district pharmacies
 - Acquire an appropriate inventory management tool
 - Be prepared to provide drug shops with inventory management support,
 - Acquire a motorcycle for delivery of medicines
 - Create and manage linkages with drug shop among other things
- Reviewing the extended list
- Implement a modified VMI
- Integrate community awareness campaigns in the district health activities





THE END

Thank you for listening



