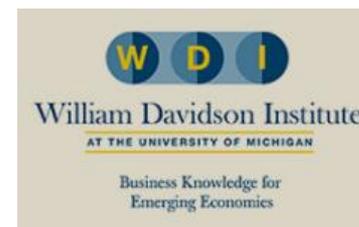


Sustainable Drug Seller Initiative Partner Presentations



Engagement of the Community in Dispensing Services and Use of Medicines

HEPS Uganda

SDSI Stakeholders Meeting, Entebbe

October 29-30, 2012

Background

- An essential component of the ADS was a promotion strategy to create consumer interest and “brand” awareness.
- The strategy, however, did not include mobilization of consumers to play a role in ensuring the quality, appropriateness, or affordability of the services provided in their communities.
- SDSI has now integrated a consumer mobilisation strategy to increase community awareness of ADS products and services and encourage the community to gain interest in broader community health issues, including compliance and quality products and services.

Assessment Objectives

General Objective:

Develop strategies for engaging consumers in ensuring the quality, appropriateness, and affordability of the services provided in their communities

Specific Objectives:

- Carry out a situational analysis to determine status of consumer advocacy relating to health care and medicines use and characterize work done to date in Kibaale, Kamuli, Mityana, Kamwenge, and Kayunga.
- Conduct formative research to identify current needs, experiences, knowledge, and expectations of consumers in Kibaale, Kamuli, Mityana, Kamwenge, and Kayunga.
- Conduct options analysis and develop strategies on how to engage consumers in ensuring the quality, appropriateness, or affordability of the services provided in their communities.

Methodology

- **The situation analysis** was conducted in 5 districts (Kibaale, Kamuli, Mityana, Kamwenge, and Kayunga) using qualitative and quantitative tools. The survey targeted health consumers in 200 households per district and used structured questionnaires. Key informant interview guides and focus group discussions, to capture their experiences and opinions on private medicine outlets
- **The options analysis** was carried out using qualitative approaches. Participatory reflection and action (PRA) techniques were used to engage key medicine stakeholders (including District Health Officers/Teams, District Drug Inspectors, District Councilors, community opinion leaders, HUMCs, Local council members, religious leaders) at one-day stakeholder meetings. The methodology was used in generating the key challenges and ideas using a facilitated discussion to identify the solutions. And through ranking and scoring the participants identified the key options for community engagement to solve the challenges in their community.

Findings (1)

Consumer needs

- Private medicine outlets handle a wide range of health problems at the community level, from minor to what respondents considered seriously acute as well as chronic complaints.
- Fevers, which are a major symptom of malaria, make up the biggest proportion – averaging more than half (52%) – of health complaints that household members present to private medicine outlets.
- Overall, stomach ulcers are the leading chronic health problem (38%).

Findings (2)

Access to medicines:

- Geographical access to private medicine outlets was universally with most of the respondents, averaging 89%, reported to be within just 5km of the nearest reference private medicine outlet.
- Drug shops make up the overwhelming majority – averaging 90% – of private units
- Access is a concern in Kamwenge and Kibaale, where the walking distance to the next nearest outlet (in case of stock out) exceeds one hour for 64% and 41% of the respondents in the two districts respectively.
- Utilisation of drug shops is high. 94% of households had utilised private drug outlets in the previous year.
- The likelihood of getting all medicines prescribed at the same private medicine facility across the five districts was estimated at 63%
- The main reason for not getting all the medicines from the same private medicine outlet was stock-out at the facility. For those that could not get all the prescribed medicines at one private outlet, about 38% got the rest of the medicines from a public facility.

Findings (3)

Medicine prices and affordability:

- Only about 40% of household respondents felt that prices of medicines at private outlets were fair.
- Only 41% felt that they were affordable.
- The price of medicine across the five districts is very high considering most of the households depend on subsistence farming and do not have a formal income.
- On average, 67 per cent of all respondents were comfortable to ask drug shop attendant the price of the medicine they were to buy.
- And overall, about half of consumers were confident of best value for medicine recommended by drug shop attendant.

Findings (4)

Consumer experiences and knowledge:

- The standard of labeling for medicines found in respondent households was generally poor.
- Overall, only 13% of medicines found with health consumers had the name of medicines, dose and duration written on the envelope. In Kamwenge, the proportion was as low as 3%.
- The proportion of consumers reported to take all medicines prescribed averaged 79%, implying that one in five people may not be taking medicines as prescribed.
- One in four respondents reported dispensers in private medicine outlets to manipulate medicines with bare hands.
- However, majority of the clients were happy with the behaviour of private medicine dispensers.

Findings (5)

Level of consumer advocacy on healthcare

- This was found to be low across all the districts which can be used to explain low consumer empowerment except in Kayunga.
- Kayunga has the highest number of NGOs (over 60)
- Mityana does not have NGOs involved in consumer advocacy.

Recommendations

Improving access to medicines situation:

- Efforts to increase access to essential medicines should focus on drug shops and build their capacity to deliver medicines designation for their level.
- Price subsidy programmes are needed to make medicines affordable for the majority of people who are peasants and without a formal source of income.
- Operators of private medicine outlets should be trained in medicine handling, communication skills and customer care.

Options for consumer engagement

The ideas fall into six broad categories:

- 1) Mechanisms that focus on representation of different stakeholders on committees or other similar structures
- 2) Approaches that focus on different sectors at the local government level and working together to support improvement in the services of private medicine providers
- 3) Strategies focusing on engaging communities in discussions;
- 4) Approaches seeking to engage communities more actively such as in training health consumers and monitoring drug shops;
- 5) Approaches focusing on the drug shops to set their own standards and take the lead in improving the industry (self-regulation through drug shop associations)
- 6) Using the different channels of the mass media to reach out and engage the general populations.

Conclusion:

- Clear programme for capacity building of community stakeholders should be implemented as the entry point to empower consumers and other community stakeholders to meaningfully participate in the ADS programme
- There should be a clear framework for coordination of the different players in the ADS programme as well as the work of engaging the different stakeholders using the different options as discussed
- To make the intervention sustainable, the mechanisms of engaging communities and other stakeholders, as well as their coordination should be tailored to existing structures and resources, such as the district health teams, VHTs, and others.
- The interventions should be adapted to specific situations and interests of each participating district to promote ownership and interest.

THE END

Thank you for listening