



SUSTAINABLE DRUG SELLER INITIATIVES PROGRAM
UGANDA

**ENSURING CONTINUOUS AVAILABILITY OF TRAINED
ACCREDITED DRUG SHOP SELLERS**

A consolidated report based on research, situational and options
analyses, and stakeholder input

MARCH 2013

Prepared by the Makerere University Department of Pharmacy for the Sustainable Drug Seller
Initiatives Program

CONTENTS

Acknowledgments	iii
Foreword.....	iv
Acronyms and Abbreviations.....	v
1. EXECUTIVE SUMMARY	1
2. BACKGROUND	2
1.1 Accredited Drug Shops and Training Needs in Uganda	2
2.1.1 Report Contents.....	2
2.1.2 Project Scope of Work: Situational Analysis	3
2.1.3 Project Scope of Work: Options Analysis.....	3
2.1.4 Project Scope of Work: Stakeholders’ Meeting	3
2.2 Current Models and Approaches to Training	3
2.2.1 Training Model Employed in the Kibaale Pilot.....	3
2.2.2 Challenges Faced and Lessons Learned during the Previous Training.....	4
2.2.3 Cross-Cutting Issues about Sustainability	4
3. METHODS	5
4. STUDY FINDINGS.....	7
4.1 Characteristics of Respondents	7
4.1.1 Duration the Sellers/Owners Have Worked in Accredited Drug Shop.....	8
4.1.2 Availability of Training Programs Other than ADS Program	9
4.1.3 Type of Training	9
4.1.4 Minimum Level of Education for ADS Training	9
4.1.5 Mode of Implementing the Training.....	10
4.1.6 Cadres To Be Trained	11
4.1.7 Institutions To Carry Out the ADS Seller Training Program	11
4.1.8 Funding Mechanisms for the ADS Seller Training Program	12
4.1.9 Course Duration and Fees Payable	13
4.1.10 Suggested Roles for Selected Stakeholders	15
4.1.11 Potential Challenges to Institutionalizing ADS Seller Training	15
5. KEY FINDINGS FROM THE SITUATIONAL ANALYSIS.....	15
6. OPTIONS ANALYSIS.....	16
6.1 SWOT Analysis of the Current ADS Training Model.....	16
6.2 Training Options	17
6.2.1 Training Modalities	17
6.2.2 Suitable Trainers of the ADS sellers	18

6.2.3	Place of Training	19
6.2.4	Duration of Training.....	19
6.2.5	Costs of Training	20
7.	DISCUSSION.....	20
7.1	In-service or Pre-service?.....	20
7.2	Qualifications for Training	21
7.3	Course Duration.....	21
7.4	Funding Mechanism.....	22
7.5	Human Resources, Scheduling, and Infrastructure	22
7.6	Career and Professional Development	23
8.	RECOMMENDED STRATEGY FOR ENSURING CONTINUOUS AVAILABILITY OF TRAINED ADS DISPENSERS	23
8.1	Types of Training, Training Modalities, Participant Selection Criteria, and Stakeholder Roles	23
8.1.1	In-service Training.....	23
8.1.2	Pre-service Training	24
8.1.3	Refresher/Ongoing Training (CMEs/CPDs)	24
8.1.4	Sustainable Funding for the ADS Seller Training.....	25
9.	CONCLUSION.....	26
10.	BIBLIOGRAPHY	26
11.	ANNEXES	27

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- The selected officials from the Pharmaceutical Society of Uganda, the National Drug Authority, Allied Health Professionals Council, the SURE project, and UHMG;
- Selected government officials from the Ministry of Health and the Ministry of Education;
- The MakCHS SDSI project team

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- Various stakeholders from pharmacy training institutions, district health departments, Accredited Drug Sellers associations, the Ministry of Health and the Ministry of Education, the National Drug Authority, the Pharmaceutical Society of Uganda, and nongovernmental organizations;
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- The College of Health Sciences and Makerere University Administration;
- The MSH/SDSI technical team.

Thank you all.

FOREWORD

The Sustainable Drug Seller Initiatives (SDSI) program continues Management Sciences for Health's efforts in Africa to involve private drug sellers in enhancing access to essential medicines. It builds on two previous MSH programs, which focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. SDSI's goals include ensuring the maintenance and sustainability of these public-private initiatives in Tanzania and Uganda, and introducing the initiative in Liberia.

In Uganda, SDSI objectives are to enhance the accredited drug shops' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and health system context. In order to achieve these objectives, SDSI commissioned local organizations ("contractors") to assess various components of the Accredited Drug Shop (ADS) initiative and develop recommendations for improvements.

Annex 1 provides further information about each component and identifies the contractor and their objectives. Nine factors affecting ADSs in Uganda were examined.

- 1) ADS Regulatory System
- 2) Supportive Supervision
- 3) ADS Seller Training
- 4) Mobile Technology
- 5) Geographic Information Systems
- 6) ADS Associations
- 7) ADS Supply Chain
- 8) Engaging ADS Consumers
- 9) Community-Based Health Initiatives

In completing their assignments, each contractor undertook three primary activities:

- Preparing a situation analysis based on qualitative and quantitative data on their topic gathered through extensive interviews and use of questionnaires;
- Analyzing the options for future action;
- Conducting a workshop, followed by a larger meeting, with shareholders so they could review and comment on the analyses and conclusions.

The contractors submitted their findings in three reports, one on each of the above. The reports were then compiled into single reports, like this one on ensuring continuous availability of trained Accredited Drug Shop sellers.

ACRONYMS AND ABBREVIATIONS

ADS	Accredited Drug Shop
ADDO	accredited drug dispensing outlet
CME	Continuous Medical Education
CPD	Continuous Professional Development
DADI	District Assistant Drugs Inspector
DHI	District Health Inspector
DHO	District Health Officer
DHT	District Health Team
EADSI	East African Drug Seller Initiative
MoE	Ministry of Education
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MSH	Management Science for Health
NCHE	National Council of Higher Education
NDA	National Drug Authority
NGO	nongovernmental organization
PSU	Pharmaceutical Society of Uganda
SDSI	Sustainable Drug Seller Initiatives
SEAM	Strategies for Enhancing Access to Medicines
SURE	Securing Ugandans' Right to Essential Medicines
ToT	Trainers of Trainers
UgX	Ugandan shilling

1. EXECUTIVE SUMMARY

The Sustainable Drug Seller Initiatives (SDSI) program builds on MSH's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiative (EADSI) programs. The primary focus of the program is creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. Also, to enhance accredited drug seller initiatives' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and the health system context. The sustainability of the successes achievable would depend highly on the availability of well-trained and competent sellers who can provide services in the established outlets.

With this background, therefore, Makerere University Department of Pharmacy, in collaboration with an SDSI/ MSH technical team, has conducted a study to collect information that will help in developing a strategy for ensuring sustainable continuous availability of accredited drug shop sellers. The need to develop a financially sustainable training option that will ensure continuous availability of adequately trained ADS sellers using pharmaceutical training institutions and other private training institutions is expected.

To achieve the goal of obtaining a financially sustainable training strategy, the Makerere University Pharmacy Department team carried out data collection to obtain information on benefits and challenges on the current training option being used and other training options. This study involved interviewing ADS sellers and owners in Kibaale district, former ADS trainers, pharmaceutical training institutions, and Kibaale district local leaders. It also involved respondents from the Ministry of Health, the Ministry of Education, the National Drug Authority (NDA), the Pharmaceutical Society of Uganda (PSU), and partner nongovernmental organizations (NGOs).

The options analysis revealed that there are a number of merits and demerits associated with each of the options suggested. Both pre-service and in-service training be opted for ADS seller training. Refresher courses should also be carried out biannually to ensure knowledge and skills acquisition/retention. The pharmacy training institutions should carry out the initial/accreditation course and this training should be carried out physically at these institutions. ADS associations and local health teams supported and monitored by the pharmacy training institutions should carry out the refresher/on-going courses. These ongoing courses should be held at venues close to the ADS sellers. To ensure financial sustainability, self-funding by the sellers is the only viable option.

An analysis of the current training model reveals that there are a number of strengths and opportunities that can be exploited, and a number of weaknesses and threats that should be mitigated. Based on the situational analysis of the ADS training piloted in Kibaale, different stakeholders had pertinent and promising suggestions for ensuring sustainability.

Further training options analysis was carried out through engaging pharmaceutical training institutions and other relevant stakeholder, the National Drug Authority (NDA) inclusive, in consensus-building discussions on approaches for ensuring continuous availability of ADS sellers. The training options

analysis meeting was followed by a wider stakeholder analysis with a resultant recommendation of three different training modalities and self-sponsorship of the trainings as key to ensuring sustainability.

2. BACKGROUND

2.1 ACCREDITED DRUG SHOPS AND TRAINING NEEDS IN UGANDA

In Uganda, EADSI determined what it would take to successfully adapt Tanzania's accredited drug dispensing outlet (ADDO) model for Uganda, and the concept was introduced successfully in Kibaale district. The ADS were launched in 2009 in Kibaale district, with the Pharmaceutical Society of Uganda (PSU) training the ADS sellers and owners. For a drug shop to be accredited, the owner and seller need to be adequately trained so they are equipped with knowledge and skills to properly handle an expanded list of medicines.

Training is one of the key success factors upon which the ADS program in Uganda depends. Before the ADS program was introduced, there was no structured training program for sellers and owners of drug shops. The ADS training program conducted by MSH, in partnership with NDA and PSU, presented a unique opportunity for sellers and owners of drug shops to improve their knowledge and skills. The training covered several areas that directly impact on the day-to-day operations of the drug shops.

Since the ADS program needs cadres with extra training, sustainability of this program depends highly on the availability of well-trained and competent sellers who can provide services in the established outlets.

The demand for ADS sellers is currently on the rise due to not only the large number of licensed class C drug shops but also a high level of attrition that leaves the owners with the option of employing untrained sellers if no trained sellers are available. In addition, there is great need for refresher training courses to ensure provision of quality pharmaceutical services. These factors have been addressed through continuous training and retraining of new and old sellers with funding provided by MSH. This situation raises concern for program stakeholders, including regulatory authorities, because a more sustainable way of training sellers is needed in order for the program to continue achieving positive results in the short and long term. Both pre-service and in-service training are very expensive.

2.1.1 Report Contents

This report gives the results of the project deliverables prepared by the Makerere University Department of Pharmacy teams:

- A concept note (situational analysis) on approaches to ensure availability of ADS drug sellers using pharmaceutical training institutions;
- Technical assistance through identifying options to ensure the availability of ADS sellers training using pharmaceutical training institutions;

- Development of a strategy and recommendations for ensuring the continuous availability of appropriately trained ADS sellers in Uganda.

2.1.2 Project Scope of Work: Situational Analysis

The project involved the following activities:

- Prepare data collection instruments and conduct key informant interviews with key stakeholders knowledgeable about the ADS initiative and training of ADS sellers and Ugandan educational resources and constraints. Both central-level and district-level stakeholders were included.
 - At the central level: NDA, PSU, Allied Health Professional Council, government health officials, government education officials, training institutions, and individual former ADS national trainers.
 - At the district level: 25 ADS owners and drug sellers in Kibaale (randomly selected), district health officials, ADS association heads, and ADS supervisors and inspectors.
- Develop a situational analysis on how to create continuous training opportunities for ADS sellers in order to ensure the availability of appropriately trained ADS sellers, meet the demand created by new shops, counter attrition in the already established shops, and to periodically refresh or update sellers' knowledge.

2.1.3 Project Scope of Work: Options Analysis

Conduct an option analysis and weigh the different options for a sustainable ADS sellers training program using pharmaceutical training institutions or other suitable organizations. The methods utilized for the training options analysis process included: desk review, review of the situational analysis report, discussion with pharmaceutical training institutions or organizations interested in this type of training to build consensus on approaches and roles they can play, and focused group discussion. The latter process involved key stakeholders from ADS associations, pharmacy training institutions, Allied Health Professionals Council, Allied Health Examinations Board, the MoH, NDA, and PSU.

2.1.4 Project Scope of Work: Stakeholders' Meeting

Present findings and options analysis results to a key stakeholders' workshop, and based on stakeholders' discussions and recommendations, develop a strategy for continuously available ADS sellers training, including a training budget. Document these workshop discussions and final recommendations through development of a workshop report.

2.2 CURRENT MODELS AND APPROACHES TO TRAINING

2.2.1 Training Model Employed in the Kibaale Pilot

PSU, in collaboration with MSH, developed a comprehensive training program for ADS drug sellers that was piloted in Kibaale district. The standards for personnel operating the ADS emphasized in that every drug seller would be required to successfully complete an ADS seller-training course approved by PSU. The standards for personnel further clarified that every ADS owner should ensure that there was an accredited seller in the ADS at all times when the shop was open.

With this background, therefore, PSU was subcontracted at the education-committee level to develop the curriculum and training materials. The development of the curriculum and training material was based on the proposals made during a February 2009 stakeholders' meeting that developed ADS standards.

2.2.2 Challenges Faced and Lessons Learned during the Previous Training

It was impossible to train all the drug shop in-charges at once, as it would mean closing all the government facilities, so they were divided into two groups to ensure that at least one of the in-charges could remain on duty during the training.

There is a large knowledge gap between nursing assistants and the drug shop in-charges. It was recommended that the two groups should always be taught separately.

Training of nursing assistants is more intensive compared to the drug shop in-charges. More demonstrations, role-plays, repetitions, and time are required when conducting training for nursing assistants compared to the drug shop in-charges.

Majority of the nursing assistants had never attended any formal training; this was their first time.

Though the training manual was adequate for the nursing assistants and the nature of services expected in an ADS, the majority of the drug shop in-charges felt that the materials were a little weak for their level. However, as revealed during the baseline survey conducted in 2008 and in the pre-inspection report, nursing assistants operate the majority of the drug shops.

Supportive supervision and continuous education are important to improving the knowledge of the drug sellers, especially the nursing assistants. Throughout the entire training period, the nursing assistants had a lot of enthusiasm for the training and were a very active group. More sellers need to be trained, so they can fill openings caused by attrition and the accreditation of new shops.

To a large extent the trainings had a great impact, especially on the owners, who reported better understanding of their businesses and better business returns as a result of improved sales and a greater range of medicines. Sellers reported better work skills on the job (improved dispensing skills and record keeping at the shops). However, it seems to have caused unintended effects, for example, it could have made the sellers feel indispensable and caused a rift between sellers and owners in some cases.

While it is true that the skills of owners and sellers improved as a result of the training, clients still demand half doses and unapproved medicines. This has been attributed to the facts that although the sellers and owners have been trained, the communities have not been fully sensitized about what to expect from the ADS outlets.

2.2.3 Cross-Cutting Issues about Sustainability

The introduction of accreditation fees and the ADS associations to raise funds from the shops to meet costs like training and supportive supervision was suggested. However this was opposed by the District Health Office (DHO), which thought it was not fair and the fees paid to NDA for licensing are enough and

should be used to accredit the shops. Now that the shops were getting closer to the Authority, more illegal shops are applying to be licensed.

Some of the current training modalities, like the training of trainers (ToT) approach, could be adapted for sustainability to reduce the costs of training and create a constant pool of trained cadres or use/foster the self-study approach.

The trainings for owners and sellers should be overseen by training institution/experts in training to enable quality assurance of the materials delivered.

3. METHODS

We did a cross-sectional qualitative and quantitative study, using questionnaires to collect information on various aspects regarding training of Accredited Drug Shop sellers and owners. Four different guides were developed for conducting key informant Interviews with the four categories of respondents (see annexes):

- 1) Accredited Drug Shop sellers and owners In Kibaale district;
- 2) Officials from Kibaale district, the health sector, and key stakeholders from the NDA, PSU, MoH, and Ministry of Education and Sports (MoES);
- 3) Former ADS trainees;
- 4) Pharmaceutical training institutions.

The information collected related to factors such as human resource challenges in the Accredited Drug Shops and the previous ADS training, challenges, avenues for improvement, and strategies for sustainability, such as funding and continued support from the key stakeholders.

The ADS were selected randomly from the major Town Councils of Kibaale district shown in table 1.

Table 1. Location and number of ADS assessed in Kibaale district

Town Council	No. of ADS
Kibaale	2
Kagadi	4
Kakumiro	4
Muhorro	2
Kyanzige	3
Kitutu	2
Igayaza	3
Karuguza	2
Mugarama	1

Town Council	No. of ADS
Isunga	3
Total	26

Table 2 lists the survey respondents.

Table 2. National- and district-level survey respondents

Organization	Officer Interviewed
Central-Level Stakeholders	
National Drug Authority	Chief Inspector of Drugs
	Executive Secretary
	Drug Information Officer
	NDA – ADS Coordinator
Pharmaceutical Society of Uganda	Secretary, PSU
	PSU Education Committee Member
	Former Secretary, PSU
Allied Health Professionals' Council	A Member of the Pharmacy Board
Pharmacy Training Institutions	Mbarara University of Science and Technology – Chair, Pharmacy Department
	Kampala International University – Chair, Pharmacy Department
	Gulu University – Chair, Pharmacy Department
	Mulago Paramedical School – Principal
	Mulago Nursing School – Principal/ DoS
Government Health Officials	Assistant Commissioner Pharmacy Division, MOH
	Principal Pharmacist, MOH
Government Education Ministry Officials	Commissioner of Higher Education
Individual/Former ADS National Trainers	5 trainers
Local/International NGOs	SURE – District Training Officer
	EDCO – International-Director
	UHMG – Regional Pharmacy Manager
District-Level Stakeholders	
ADS Owners and Drug Sellers	27 individuals
ADS Association Heads	ADS Association – Vice chair
ADS Supervisors and Inspectors	Local Monitors (5)

Organization	Officer Interviewed
District Health Officials	District Health Inspector (1)
	District Health Officer (1)

4. STUDY FINDINGS

The data collection team worked closely with the SDSI/MSH technical team, and documented key findings from the study. Among the areas of focus were: the characteristics of the respondents; human resources challenges facing drug shops and suggested solutions; the minimum educational level for ADS trainees; modes of training; and funding mechanisms. In addition, strategies for institutionalization of ADS training were illuminated with the related challenges of institutionalization. Key training options were proposed, i.e., pre-service and in-service trainings of varied duration. The key findings related to these areas appear in this section.

4.1 CHARACTERISTICS OF RESPONDENTS

This study was focused on accredited drug shop sellers and owners, ADS association members and leadership, district local teams, Ministry of Health and Ministry of Education officials, previous ADS trainers, pharmaceutical training institutions, and community-based organizations as key participants. Specific characteristics of ADS sellers and owners are shown in figures 1, 2, and 3.

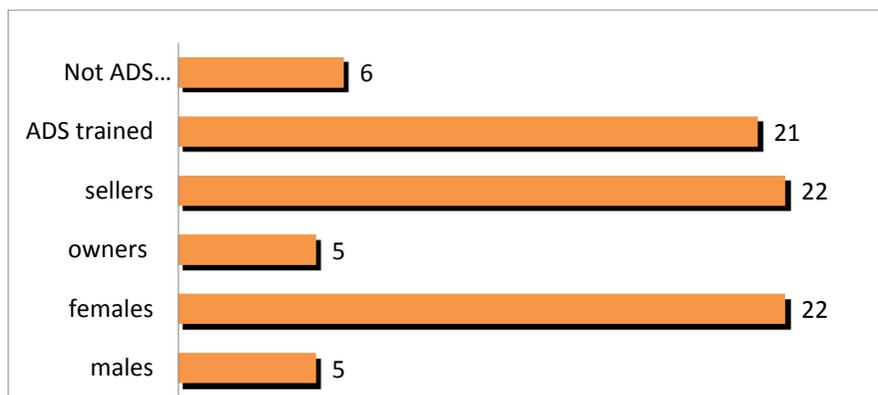


Figure 1. Sex distribution, number of owners/sellers, and ADS trained (N=27)

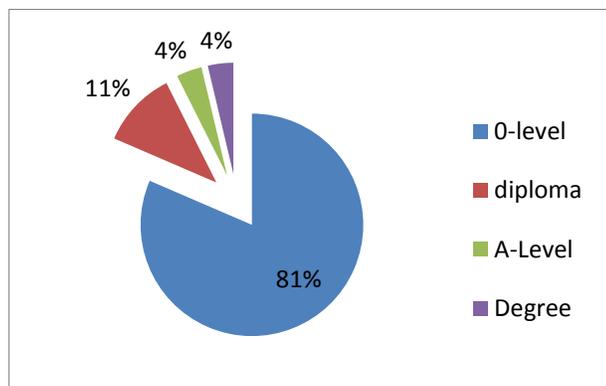


Figure 2. ADS owners' and sellers' level of education (N=27)

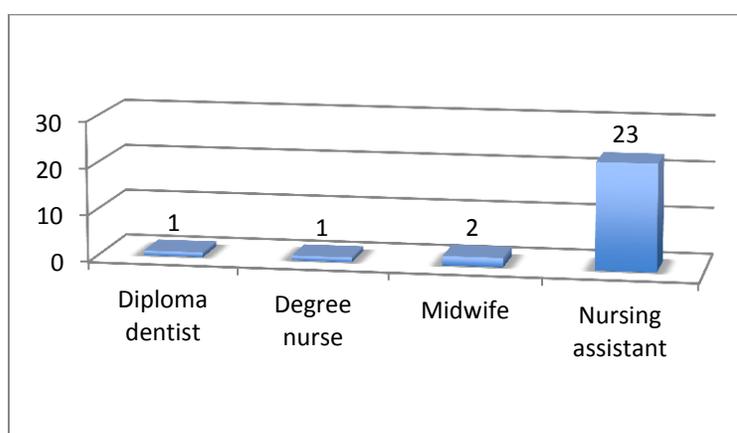


Figure 3. ADS owners' and sellers' qualifications (N=27)

4.1.1 Duration the Sellers/Owners Have Worked in Accredited Drug Shop

The sellers had varied duration of stay at their places of work that ranged from one week to three years, as shown in table 3. All the respondents who had spent at most two (2) months in these shops were not ADS program trained. However, the local health monitors were aware of this, and these sellers were already registered and awaiting the next ADS training.

Table 3. ADS owners' and sellers' length of service in an ADS

Duration at facility	Number of sellers
1 week	1
1 month	1
2 months	4
1 year	7
16 months	1
2 years	8
3 years	5
Total	27

4.1.2 Availability of Training Programs Other than ADS Program

As shown in table 4, only one ADS respondent spoke of the existence of the licensed drug shops trainings organized by the NDA. However, she said they are not routine and had not taken place for a very long time.

Table 4. ADS sellers who attended training programs for drug sellers/drug shop operators other than that offered by NDA/MSH

Response	No. of respondents
Yes	1
No	26
Total	27

4.1.3 Type of Training

The pre-service option was the mode of training for ADS sellers most preferred by the respondents (table 5). All the drug shop owners and most key informants greatly supported the pre-service option. The local monitor of Kakumiro stated that “Enough numbers of adequately trained cadres would be available and hence getting a seller in case another leaves would be easier. This would also prevent the current practice of hiring non-qualified personnel.” One of the ADS owner respondents said that pre-service training would ensure availability of ADS-trained sellers and hence knowledgeable personnel would be available for employment. This would mean less stress for the drug shop owner from training the seller on the job.

A good number of the respondents suggested that the ADS seller training should be offered both as pre-service and in-service training. The most common reason given for the in-service training option was that sellers working in the drug shops have already showed interest in this work and, therefore, when they become ADS trained, they would be less likely to leave and cause attrition on grounds of change or lack of interest, which is a major reason for the current attrition. This point of view was greatly supported by the local health monitors, the ADS sellers, and the ADS association respondents.

Table 5. Percentage of stakeholders supporting various training options (N=57)

Training option supported	% of respondents
Pre-service training	46
In-service training	29
Both pre-service and in-service	25
Total	100

4.1.4 Minimum Level of Education for ADS Training

All the ADS sellers and owners suggested ordinary (O) level as the minimum level of education required for enrollment in the ADS seller-training program. Most of these respondents shared the thought that someone who has completed O level will have done some science subjects that would help him or her understand the information taught in the ADS training program.

However, some key informants suggested that a diploma (e.g., in nursing or pharmacy) be the minimum. A respondent from one of the pharmaceutical training institutions stated, “The ADS handle an expanded list of drugs, so level entry for ADS seller training programs should be a diploma in a health-related field.”

4.1.5 Mode of Implementing the Training

Most of ADS sellers and district leadership respondents preferred distance education (figure 4). However, most central-level stakeholders, including training institution respondents, preferred that the training be done on the training institutions premises.

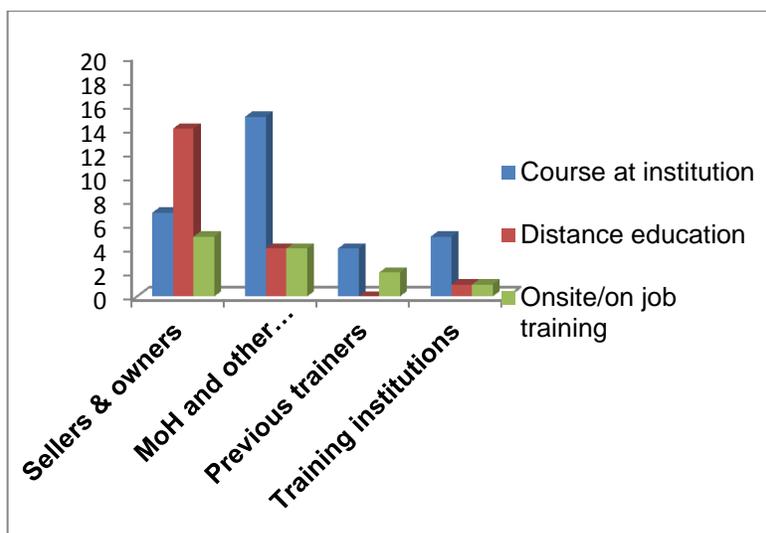


Figure 4. Preference for training mode options, by group (N=57)

One ADS seller respondent stated, “Most of us are mothers, and so we need to study from near our homes.” The initial trainings for ADS sellers/owners in Kibaale were carried out by PSU at three centers in Kibaale district, each in one of the three counties. A vast majority of the ADS respondents praised the idea of bringing the trainings closer to them. They found this very convenient and relatively less financially constraining. Most of the ADS respondents, however, also said they were willing to attend a short course at a pharmaceutical training institution if it were offered (table 6). The major reason given was that the pharmaceutical training institutions’ courses would equip them with vast knowledge and skills necessary to work in the ADS because the instructors are very experienced on matters concerning medicines. However, most of these respondents expressed fears about not being able to meet the financial obligations that come along with undertaking these short courses. The high expenses involved and the perceived long distances to the training institutions were the reasons stated by the respondents who expressed unwillingness to attend short courses offered at pharmaceutical training institutions.

Table 6. Willingness of ADS sellers and owners to attend short courses organized by pharmaceutical training institutions

Willing?	No. of respondents
Yes	24
No	3
Total	27

4.1.6 Cadres To Be Trained

Most respondents were of the view that both the ADS sellers and owners should be trained (table 7). One of the ADS sellers in Kyensige Town Council gave her reasons for supporting the training of both the seller and owner as that the owners also work as dispensers in the drug shops and therefore should also be trained with them, and even more so because the drug shop owner will know the things she will have studied and therefore can correct and guide her. However, one ADS owner felt only the sellers should be trained in circumstances where the ADS owner is a medical professional already administering the drug in health facilities.

Table 7. Suggested target group for ADS seller training

Target group	No. of responses, by study participants' category		
	Sellers & owners	Previous trainers	Training institutions
ADS sellers only	2	1	1
ADS owners only	0	0	0
Both sellers & owners	25	4	2
Total	27	5	3

4.1.7 Institutions To Carry Out the ADS Seller Training Program

Most ADS seller respondents, including most of the key informants, identified pharmaceutical training institutions as best suited to carry out the training based on human resource capacity and infrastructure in place (table 8). The respondents from Mbarara University, Kampala International University, Gulu University, and Mulago Paramedical School expressed interest in running the ADS training program. Currently, Gulu University Pharmacy Department runs a 9-month certificate course in pharmacy, while Makerere University pharmacy department runs an in-service 8-week weekend training course for pharmacy auxiliary staff. Mulago Paramedical School is running a 3-week Contemporary Pharmacy Practice course for pharmacy auxiliary staff.

The ADS association respondent, alongside some other respondents, suggested that training should be done by ADS association trainers with support and monitoring from pharmaceutical training institutions, district leadership, and health professional councils like PSU.

Table 8. Proposed trainers of the ADS sellers

	No. of responses in different categories of study participants			
	Sellers and owners	MoH and other gov't agencies	Previous trainers	Training institutions
Pharmaceutical training* institutions	11	13	3	4
ADS Association trainees	14	2	2	0
District inspection team	7	1	0	0
Local NGOs	3	0	1	0
I don't know	5	0	0	0
Others, please specify	0	6 (NDA & PSU)	1	1 (Nursing schools)
Total	40	22	7	5

* Mulago Paramedical School, Kampala International University, Mbarara University of Science and Technology, Gulu University, Makerere University.

4.1.8 Funding Mechanisms for the ADS Seller Training Program

The training was looked at on two platforms: the accreditation training to be an ADS seller and the refresher course/CPD (Continuous Professional Development) training.

A very small number of the ADS sellers and owners were in support of self-sponsorship as a mechanism to finance the accreditation training. However, an appreciable number supported self-sponsorship for the refresher courses. The key informants, on the other hand, suggested that both sets of the trainings be self-funded by the trainees so as to ensure financial sustainability (table 9).

Table 9. Proposed funding sources for ADS seller training

Proposed Funding Source	No. of responses in different categories of study participants			
	Sellers & owners	MoH and other gov't agencies	Previous trainers	Training institutions
Self	6	9	2	3
Drug outlet/owner	13	1	0	0
Local government	4	6	2	2
NGOs	2	5	2	0
ADS association	1	3	0	0
USAID*	0	0	1	0
Total	26	24	7	5

*USAID = US Agency for International Development

The sellers and owners unanimously agreed that CPD is critical in sustaining knowledge gained from ADS trainings. Proposed funding for CPD for ADS sellers/owners is shown in table 10.

Table 10. Funding of continuous professional development proposed by ADS sellers and owners

Response	No. of respondents
Self	6
Drug outlet/ owner	10
Annual subscription to ADS association	5
Other	6 (NGO 3, Gov't 3)
Total	33

4.1.9 Course Duration and Fees Payable

Most ADS seller respondents showed that they were not aware of the expenses involved in the trainings, and so those who suggested amounts to be payable quoted very low amounts. For instance, one of the sellers stated that she would be willing to pay 2000 UGX for a 2-week training program. Contrary to the very low fees suggested by the ADS sellers/owners, the ADS association respondent quoted 500,000-800,000 UGX as a fee agreed upon in their annual general meeting. The fees quoted by the key informants were way higher than those expected by the ADS sellers (tables 11 and 12).

Unlike most ADS sellers who preferred one (1) month's training for accreditation, most of the key informants suggested a six (6) months' training duration. Only one (1) ADS seller stated that the duration of three (3) weeks for the ADS pilot program was adequate for the training. However the rest of the ADS sellers and all previous ADS trainers intimated that the three (3) weeks duration was very inadequate for the training.

Table 11. Proposed ADS seller course duration and fees payable (UGX)

Response (Duration)	No. of respondents in different categories of study participants and the mean amounts payable in UGX			
	Sellers & owners	MoH and other gov't agencies	Previous trainers	Training institutions
2 weeks	3 (50,000/=)	3 (192,000/=)	1 (300,000/=)	0
1 month	12 (71,000/=)	4 (150,000/=)	0	0
6 months, lecture-based	3 (120,000/=)	6 (330,000/=)	1 (400,000/=)	1 (1,200,000/=)
9 months-distance learning	2 (125,000/=)	1 (450,000/=)	0	1 (1,200,000/=)
Subtotal	20	14	2	2
Other suggested				

Response (Duration)	No. of respondents in different categories of study participants and the mean amounts payable in UGX			
	Sellers & owners	MoH and other gov't agencies	Previous trainers	Training institutions
durations				
1 week	1 (2000/=)			
3 weeks	1 (50,000/=)		1 (120,000/=)	
2 months	1 (100,000/=)			
3 months	1 (50,000/=)	*4 (417,00/=)		1
1 year	1			
2 years	1 (300,000/=)	1 (2m/= to 8m/=)	1 (500,000/= per semester)	
3 years		1		
Subtotal	5	5	2	1

* ADS association annual general meeting proposed a 3-month duration with a fee range of UGX 500,000–800,000/=

Note: Some participants proposed ranges, and the lowest values were used to derive the means, hence low average figures.

Table 12. Current cost of other short courses

Training Program	Institution	Duration	Contact Hours/Day	Tuition Fees (UGX)
Certificate for Medical Representative training	Makerere University Department of Pharmacology	10 weeks	3 hours	600,000
Certificate in biostatistics/ principles and practices of epidemiology	Makerere University School of Public Health	2 weeks	8 hours	520,000
Certificate in HIV/AIDS mainstreaming	Makerere University Department of Open and Distance Education	2 weeks	2 hours/day or 6 hours/w'end	300,000
Safe use of medicines	Entrepreneurship Development Company (EDCO)	2 weeks	6 hours/day	200,000
Pharmacy auxiliary staff Training*	Makerere Pharmacy Department/PSU	8 weeks	8 hours/ Saturday	150,000
4/5 of the certificate courses	Cavendish University-Uganda	4–12 weeks	3 hours/day or 8 hours/w'end	350,000
Advanced certificate in pharmacy	Gulu University	9 months	8 hours/day	980,000

* The program is subsidized by PSU

4.1.10 Suggested Roles for Selected Stakeholders

Pharmacy training institutions. The key informants considered the role of training institutions as being the carrying out of the pre-service training and CPDs and the development of the curriculum and reading materials. However, the ADS association respondents felt that the training institutions, together with PSU and the Allied Health Professionals Council, should provide supportive supervision to the ADS association so that its trainers can carry out the trainings. However, initial trainings need good infrastructure and expertise, which the ADS association lacks and, therefore, can be considered only for being supported and capacity-building to carry out ongoing refresher training.

Allied Health Professionals Council and Pharmaceutical Society of Uganda. These two professional bodies were considered as suited to carry out supervision of the ADS seller training. Many of the respondents, especially those on the central level and from district and pharmaceutical training institutions, considered these two professional bodies as key stakeholders in the development of the curriculum for the ADS seller training. More so, many of the respondents suggested these two professional bodies could also provide some financial support and therefore should be engaged.

District leadership. One of the district local health officials intimated that local governments are always financially constrained and could possibly just provide a training venue at the district premises. However, over 14 respondents considered the district local government as a potential source of funding for the training. Many also thought the district leadership was best suited to carry out monitoring and supervision of the trainings.

4.1.11 Potential Challenges to Institutionalizing ADS Seller Training

Three major challenges that the institutions are likely to face in the quest to host ADS seller training were suggested:

- 1) Kibaale district leadership pointed out the fact that institutions usually have high minimum entry requirements, which the majority of the ADS sellers/ owners might not be able to meet.
- 2) The training institutions fees levied on the courses might not be affordable for the majority of the ADS sellers and owners.
- 3) The training institutions respondents and other key informants foresaw the challenge of scheduling the ADS training program into already strained training schedules for the programs offered. Finding adequate time to carry out these trainings using the current inadequate number of staff would be a very big challenge. The respondent from Gulu University suggested that the solution to this would be utilizing the weekends and holiday times, depending on convenience for the individual training institution.

5. KEY FINDINGS FROM THE SITUATIONAL ANALYSIS

There were a number of key findings from the situational analysis of ADS training.

- The diploma and degree holders were mostly the ADS owners. The majority of the ADS sellers had O level certificates as their highest level of education. About 23 percent of the sellers interviewed were not ADS trained.
- All key informants and ADS owners suggested pre-service training. However, most of the ADS sellers suggested in-service training.
- Undergoing a full-time course at a pharmacy training institution was most preferred option for ADS training. Some of the central key informants suggested diplomas, based on the fact that there is an expanded list of medicines for ADS.
- All the ADS respondents, former ADS trainers, and district leadership intimated that the current 3-week training is inadequate. The largest number of the respondents suggested one (1) month duration. Most central key informants suggested that six (6) months would be adequate.
- Pharmacy training institutions were the most frequently chosen option for carrying out the training. Respondents from Mbarara University, Kampala International University, Gulu University, and Mulago Paramedical School expressed interest in running the ADS training programs.
- A large number of ADS respondents preferred ADS association trainers.
- All of the ADS respondents and district leadership suggested that O level be the minimum level of education required for ADS sellers to attend training.
- All the key informants suggested self-sponsorship. Most ADS respondents were not willing to pay for initial training. The willingness to pay by ADS respondents was higher for refresher trainings.

6. OPTIONS ANALYSIS

6.1 SWOT ANALYSIS OF THE CURRENT ADS TRAINING MODEL

The options analysis involved carrying out a strengths, weaknesses, opportunities, threats (SWOT) analysis of the current ADS training model that was piloted in Kibaale. The results of this analysis appear in table 13.

Table 13. SWOT analysis of the current ADS training model

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ▪ The importance of the training is highly appreciated by both owners and sellers ▪ The training of the owners was done separately from that of the sellers ▪ It has registered great improvement on the quality of pharmaceutical services provided. ▪ It was carried out at venues closer to the 	<ul style="list-style-type: none"> ▪ The duration of course is short (3 weeks); all the ADS trainees and former trainers found it very inadequate. ▪ Lack of financial sustainability; MSH funds all the training activities. ▪ Some of the potential trainees are not able to fit in the timetable of the trainings ▪ The training sessions are less frequent and

sellers, making it very convenient for the trainees.	regular.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ▪ The training is a prerequisite to accreditation of a class C drug shop, which makes it possible to handle an expanded list of medicines. ▪ Stakeholders' appreciation of the need for ADS training 	<ul style="list-style-type: none"> ▪ Communities are not well sensitized, for example, patients insist on single doses of antibiotics. ▪ Unavailability of trained ADS sellers in cases of attrition; the current model does not create a pool of adequately trained personnel. ▪ Opening up of illegal drug shops by trained ADS sellers

6.2 TRAINING OPTIONS

6.2.1 Training Modalities

A number of training options for ADS sellers exists. Pre-service and in-service trainings have been suggested by key stakeholders from a situational analysis. These training options have their own merits and demerits; some are noted below.

Option 1: Pre-service Training

This encompasses a structured comprehensive training program design for people before they begin working as ADS sellers. This kind of training equips the trainees with the knowledge needed to provide quality pharmaceutical services. It is competency-based training.

Merits

- Pre-service training creates a pool of ADS sellers that would be available in cases of attrition and demand for sellers to work in new ADS locations.
- It is a medium and long-term solution to ensuring availability of trained ADS sellers and therefore addresses sustainability and continuity issues.
- There is a career growth path for the individual as they can go on to obtain a diploma of pharmacy/nursing.

Demerits

- It does not immediately address the need for adequately trained sellers. Being competency based, it requires proper selection of trainees, involves longer periods of training, and is usually more expensive.
- Some stakeholders may see this as new cadre creation that is not supervised by a professional council in the Ministry of Health structure.

Option 2: In-service Training

In-service Training refers to training for sellers who are already working in the class C drug shops. This training is job related and provides the sellers (most of whom are nursing assistants) with additional knowledge and skills to carry out new job functions or to improve their performance of existing job functions.

Merits

- Improvement of quality of pharmaceutical services in the existing class C drug shops
- Immediately addresses the need for adequately trained sellers
- The training duration is usually shorter and is less costly.
- Involves also refresher/on-going training

Demerits

- The training involves getting sellers from their workplaces, which may be difficult.
- The minimum requirements for one to be trained are usually more lax, and so it does not adequately address the issue of quality.
- It is a short-term strategy; it doesn't create a pool of adequately trained sellers to meet the need for ADS sellers created by attrition.

6.2.2 Suitable Trainers of the ADS sellers

A number of training institutions were identified to support the ADS trainings at a national level. The institutions included pharmaceutical training institutions and others. Each institution has its merits and demerits, as noted below.

Option 1: Pharmaceutical Training Institutions

These include Mulago Paramedical School, and the Departments of Pharmacy in Gulu, Mbarara, Makerere, and Kampala International Universities. These institutions carry with them the merits of: available resources in form of human resource and infrastructure, and some of the institutions are already conducting some short courses and so have great expertise and systems in place to ensure quality of the trainees.

On the other hand, there are a number of disadvantages, including: The minimum entry requirements might be well above what for most sellers can meet. The course fees might not be affordable to the sellers. Attending the training involves travelling and staying at these institutions, which makes it more costly. The trainings have to be fitted into the academic calendars and, in addition, most pharmacy training institutions tend to have very busy program schedules.

Option 2: Other Interested Organizations

These are institutions that have carried out such training before. They usually pick a number of professionals and carry out a training of trainers (ToT). These trainers are the ones who eventually train the ADS sellers. These organizations could include ADS associations, professional bodies, e.g., PSU, and other private enterprises. These institutions tend to offer flexible training schedules, and

therefore are better for ongoing trainings; are better accepted by the trainees if the trainers are some of their fellow locals; and are able to offer on-site/close to workplace trainings.

Despite these merits, these institutions have some challenges in carrying out an ADS seller training, as follows.

- ToTs have to be carried out before every training, making it expensive and non-uniform.
- The institutions may not have proper systems in place to check quality and also run initial training.
- Sustainability/continuity of the program remains a challenge. The institutions need extra support and monitoring from other key stakeholders.

6.2.3 Place of Training

Trainings could be organized at the training institutions, via a distance learning strategy or, better still, on the job. The trainings may be organized locally within the districts.

Option 1: Distance Learning

This involves designing modules, which are sent to the drug sellers with minimal face-to-face training. This would make the training less expensive, but is not appropriate for the level of knowledge of the ADS sellers.

Option 2: On-the-job Training

This involves on job mentoring. It would give excellent results, but it is not practical.

Option 3: Training Organized within the Districts

This is what was employed in the ADS pilot in Kibaale. It has had some successes. However it is costly and sellers may not adequately attend the training.

6.2.4 Duration of Training

The duration for the current training program is three (3) weeks. The ADDO pilot in Ruvuma was six (6) weeks. All in-service training models.

Option 1: initial Training Duration

This training is can be pre-service or in-service and requires adequate time for the sellers to adequately learn and internalize knowledge and develop the skill required. The in-service trainings involve training of persons already working as sellers, hence with some experience and the philosophy is to improve on practices so the duration of the training must be shorter than that required for Pre-service that is competency based.

Options 2: Ongoing Training Duration

These are refresher courses carried out as often as deemed necessary. They must be regular and focused on the areas of weakness identified, and therefore short, lasting from a half day to a full day.

6.2.5 Costs of Training

Option 1: Self-sponsorship

This involves the ADS sellers paying for their training, both initial and ongoing. This is a very financially sustainable option but could greatly limit the numbers of sellers undergoing the training hence not addressing the great need for ADS sellers to cover gaps caused by attrition.

Option 2: Drug Shop/Owner

This option will ensure that enough sellers are trained depending on numbers of the owners who wish to have their drug shops accredited. However, it comes with two great setbacks; firstly, the expense might be passed on to the clients by increasing the selling prices hence limiting access to pharmaceutical services. Secondly, the owners will feel they the sellers owe them a lot and this could lead to disrespect and abuse of human rights.

Options 3: External Funding

This can ensure an adequate number of sellers is trained in the short term, but is not sustainable in the long term.

7. DISCUSSION

The SDSI program intends to develop sustainable strategies in ensuring availability of drug sellers throughout the country. To do this, the Department of Pharmacy team developed requisite tools for data collection and sought the opinions of key informants in the sector of medicine management and of the sellers and owners of drug shops in Kibaale district. The key issues were in-service versus pre-service training, qualifications to be eligible for training, course duration, and funding. Each is discussed in this section.

7.1 IN-SERVICE OR PRE-SERVICE?

One of the core questions to be addressed to ensure sustainable availability of ADS sellers was whether the training should be offered pre-service or in-service. Though the majority of respondents supported the pre-service training option, most of these were the key informants. Most of the ADS respondents preferred in-service training. This could be attributed to the fact this is the only training option currently available for the ADS training program. However, in-service training cannot address the ever-increasing need for ADS sellers due to attrition because in-service training caters to personnel for the given drug

shop. This means that some ADS will continue to hire unqualified sellers, and so the use of in-service training should be considered a short-term strategy to provide new ADS sellers.

However, in-service training should be considered for CPD in the long-term strategy and also for short- and mid-term initial training for ADS sellers. The pre-service training option has the advantage of creating a pool of sellers who can be available to support a national strategy to ensure medicine outlets are available in the rural areas. However, it comes with great challenges of policy change, elaborate community sensitization and engagement to develop and maintain interest in persons as drug sellers because, the pre-service option targets persons' interests in drug selling, unlike the interests of people already working in drug shops, are more likely to change over time, as stated by one of the local health monitors.

7.2 QUALIFICATIONS FOR TRAINING

The minimum level of education for qualification for ADS sellers training causes another serious challenge. Currently, most of the ADS sellers are nursing assistants, a cadre that is no longer recognized by the MoH. Furthermore, the ADS trainings have been of the same content and duration for all the various cadres. Some of the highly qualified ADS owners felt that two completely different modules needed to be developed to cater to this difference in knowledge and experience. Most key informants also intimated that the minimum level of education should be a diploma in a medical field because the ADS handle an expanded list of medicines. However, this doesn't address the issues of sustainability since most of such cadres are not willing to work in highly underserved, mostly rural, areas.

In the bid to have the trainings institutionalized, training institutions have to be engaged to make exemptions in regard to their usually higher entry requirements and also to consider providing certificate and advanced certificate awards for the different categories of trainees. Currently, the exemption for short courses exists in Makerere University, with most of the short certificate courses offered in the Department of Open and Distance Learning, Department of Gender, and many other departments having O level as the minimum entry requirement. The minimum entry requirement of A level with sciences would be adequate for the pre-service option in a bid to create a pool of pharmacy assistants to address the shortage of adequately trained drug sellers on a medium- and long-term basis.

7.3 COURSE DURATION

The duration of the ADS sellers' course is coupled with the issue of the minimum level of education required for entry in a course; course duration is associated with issues of quality and cost. The previous trainers and all but one of the ADS respondents felt that the current duration of three (3) week for the course was very inadequate. The Ruvuma pilot model lasted six (6) weeks, but it still met the same challenges.

ADS respondents with higher training feel they should have a shorter period of training if the same modules are used for the nursing assistant trainees. Most of the key stakeholders considered a duration of six (6) months as most appropriate. An adequate duration is required to address quality issues. A period of from 4 to 6 weeks, depending on content, is most appropriate for in-service training, while for pre-service training it would be nine (9) months (creates a higher cadre).

The longer duration of training comes with higher costs, which most ADS sellers might not be able to afford, and will therefore call for engagement of local NGOs, local governments, the MoH, and health professionals' bodies (for example, PSU and ADS associations) to provide some financial support alongside individual ADS sellers' contributions. However, to adequately address issues of sustainability, self-sponsorship is the most viable option.

7.4 FUNDING MECHANISM

To ensure sustainability of the ADS program, the funding mechanism also needs to be addressed. Local solutions are the only sure way of ensuring sustainable availability of trained drug shop sellers. Indeed, as expected, most respondents were inclined to suggest training by local training institutions as an option. The costs of training should be met locally, most probably through self-funding by trainees, local district/government support, or support from ADS association. However, most ADS respondents were not for self-sponsorship for the accreditation course, unlike for the CMEs. The usual fees charged for short courses at training institutions are much higher than those the ADS respondents thought they could afford. For example, a 2-week course at Makerere School of Public Health costs 520,000sh, yet the highest fee suggested by the ADS sellers/owners for the same duration was 100,000sh. The fees for the comparable short courses are all higher than those suggested by most of the ADS sellers and owners for all the different course durations (tables 11 and 12).

To ensure that these courses are affordable to the sellers, there is also the need to reduce expenses that come with moving to the different institutions to undertake the trainings. The training institutions could consider distance education for the ADS course since even the ADS respondents and their associations overwhelmingly supported this option.

7.5 HUMAN RESOURCES, SCHEDULING, AND INFRASTRUCTURE

Most pharmaceutical training institutions have great challenges in regard to human resources and infrastructure. The programs run under very tight schedules, so incorporating the ADS program might be a significant challenge. These pharmaceutical training institutions, if engaged, could consider running short courses during holidays or as weekend programs. For instance, Gulu University is currently running a certificate course in pharmacy, while the Makerere University Department of Pharmacy runs the annual pharmacy auxiliary staff trainings in partnership with PSU as a weekend program for 8 weeks during the end of academic year holiday.

The pharmaceutical training institutions could also engage other key stakeholders to strengthen the ADS association and the local health teams' capacity to carry out the CMEs. The pharmaceutical training institutions, alongside the Allied Health Professionals Council and PSU, could develop the training manuals and then provide supportive supervision and monitoring of the trainings alongside district leadership. The respondents from the pharmaceutical training institutions—Mbarara University, Gulu University, Kampala International University, and Mulago Paramedical Schools—were all willing to offer ADS short courses, and the potential challenges can well be overcome through proper planning and multisectorial engagement.

7.6 CAREER AND PROFESSIONAL DEVELOPMENT

There is also a possibility of recognition of the cadres from such programs whereby a career path can be defined for them. For example, a certificate in pharmacy would allow for a career path in pharmacy through a diploma program and finally a pharmacy degree qualification. This would allay fears of some professional bodies that the ADS sellers would interfere with their key activities. This therefore calls for the recognition of such cadres. The need for multisectoral involvement and inter-professional engagement is highly warranted. To allow for ADS sellers' career growth, it is essential that local training institutions participate in the ADS sellers training. This would definitely warrant a National Council of Higher Education (NCHE) accreditation, thereby creating a platform for national recognition. Eventual recognitions by MoES, MoH, NCHE, and ultimately the Ministry of Public Service is a possibility. There is a continued need for advocacy about the ADS initiative since most of the training institutions were not aware of it. Subsequent engagements ought to include pharmaceutical training institutions because that will be the easy entry point for a career in pharmaceutical service delivery.

8. RECOMMENDED STRATEGY FOR ENSURING CONTINUOUS AVAILABILITY OF TRAINED ADS DISPENSERS

Recommendations for ensuring continuous availability of trained ADS dispensers were formulated following the options analysis and presented at a stakeholders' meetings, which took place on October 29 and 30, 2012, in Entebbe. The following recommendations reflect the outcome of stakeholders' review, discussion, and modification of those recommendations. (Any modifications are noted in footnotes.)

8.1 TYPES OF TRAINING, TRAINING MODALITIES, PARTICIPANT SELECTION CRITERIA, AND STAKEHOLDER ROLES

To ensure availability of adequate numbers of adequately trained ADS sellers so as to address the attrition and meet the high demand to be created by the national rollout of the ADS program, all three types of ADS seller trainings should be provided, as follows.

8.1.1 In-service Training

In-service training will target drug sellers who are already working in class C drug shops that wish to convert into ADS. This will address short-term needs and should be carried out by Pharmacy Training Institutions (training institutions that offer a degree, diploma or certificate pharmacy course accredited by the NCHE) at venues closer to the sellers (at district level).¹ Trainings should be offered closer to the drug sellers so as to make them more convenient and also reduce costs.

¹ Initial recommendation following options analysis was that the training be held on-site at the training institutions.

The Pharmacy training institutions can work alongside private training institutions that seek affiliation and also carry out training of trainers (TOTs). The persons to undergo TOTs should be persons from within the districts of interest so as to exploit community dynamics as regards training and trainers' acceptability by trainees.

To ensure quality is maintained and the right persons are recruited for the trainings, the respective ADS associations and the District Health Teams (DHTs) should carry out the pre-training assessment of participants. The candidates for the in-service training should meet the following minimum criteria:

- An ordinary certificate with passes
- A nursing assistant certificate
- At least three (3) months' work experience in a drug shop

The duration for the in-service ADS seller training should be two (2) months.² This should be done in two-week intensive phases with a one-month internship in between. During the one-month internship, the trainees return to the drug shops and carry out various assigned activities as directed/guided by a field portfolio and with supportive supervision provided by the ADS associations and the DHTs.

8.1.2 Pre-service Training

This pre-service training addresses both medium- and long-term ADS seller needs created by the attrition and rollout of ADS program through creating a pool of adequately trained ADS sellers. This training should also be carried out by the pharmacy training institutions such as Mbarara University of Science and Technology (MUST), Gulu University, Makerere University, Kampala International University, and Mulago Paramedical School. Depending on available infrastructure, expertise and resources, the training may be carried out at the training institution facility or run as a distance program.

The minimum entry requirement for the candidates for the training should be an ordinary level certificate, with credits,³ and shall be for a period of two (2) years.⁴ The trainees will graduate as pharmacy assistants and hence provide more competent personnel to work in the ADS and hence improve quality of services provided. Additionally, the Pharmacy Assistants key roles to play in hospital pharmacies. Noteworthy is the presence of inadequately trained pharmacy orderlies in most government hospitals.

8.1.3 Refresher/Ongoing Training (CPD)

To ensure that quality pharmaceutical services are provided to the consumers, the ADS sellers ought to undergo CPD so as to obtain new information and refresh themselves with additional knowledge and skills. The ADS associations, DHTs, and local NGOs should provide these CPD. Documentation in a logbook should be adopted as a key tracking mechanism. It is recommended that the ADS sellers should

² Initially from 4 to 6 weeks, depending on training content.

³ Stakeholders modified this from a minimum entry requirement of A level with a science bias.

⁴ Initially described as a 9-month course.

undergo a minimum of 48 hours of refresher training per year to be considered competent enough to provide quality pharmaceutical services in the following licensing period.⁵

The aforementioned training modalities ought to be standardized through; the development of training guides/manuals and provision of reference materials. These activities may require financial support from partners.

8.1.4 Sustainable Funding for the ADS Seller Training

In order to ensure sustainable financing for the ADS seller training programs, these trainings should be offered as self-funded courses. The drug sellers should pay a fee modest enough to address training materials, meals and upkeep, facility charges, supportive supervision during internship, and trainers' payments. The funding for refresher courses may be generated from ADS association annual subscription fees. For the 1-month intensive period during in-service training, a fee of 30,000sh per individual per day is most appropriate, based on the current rates for similar trainings.

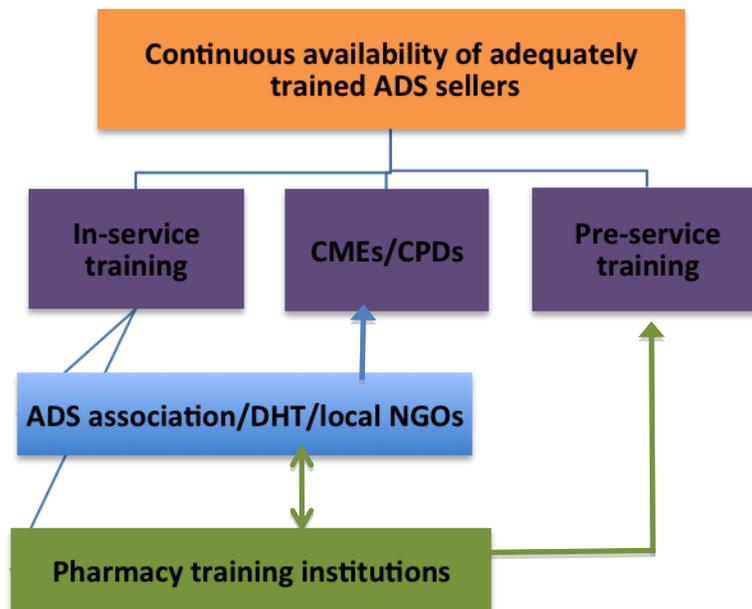


Figure 5. ADS sellers' training framework ensuring continuous availability of ADS sellers in Uganda

⁵ Changed from biannually as a full-day course.

9. CONCLUSION

There is a need to improve access to medicines in the rural communities of Uganda through the training of competent human resources for health, and especially to strengthen the pharmaceutical service delivery points. The demand for multisectorial involvement and interprofessional collaboration to achieve optimal standards of pharmaceutical service delivery cannot be overemphasized. Drug sellers and owners are willing to pursue appropriate training that improves their service delivery skill sets. Institutionalizing the ADS trainings comes with great challenges, most of which can be addressed through engagement of ADS associations, district leadership, health professionals' bodies, MoH, MoE, NDA, and various local NGOs involved in the provision of pharmaceuticals.

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11. ANNEXES

Annex 1. SDSI Partners and Their Activity Objectives.....	28
Annex 2. Consent Form.....	30
Annex 3. Question Guide for Previous ADS trainers.....	32
Annex 4. Question Guide for Key Informant Interview for Training Institutions Chairs	35
Annex 5. Question Guides for Key Informant Interview for Government Bodies (MoH, MOES, and Others).....	39
Annex 6. Question Guide for Accredited Drug Shop Sellers and Owners.....	42

Annex 1. SDSI Partners and Their Activity Objectives

SDSI partners and their activity objectives as related to SDSI's goal in Uganda		
Contractor	Activity Objective	Period of Performance
Pharmaceutical Systems Africa (PSA)	To document the ADS regulatory system and experience in Kibaale, explore options for sustainable ADS regulatory system, and recommend a strategy and needed tools to ensure regular inspection, re-accreditation and enforcement of ADS standards.	August–November 2012
Pharmaceutical Society of Uganda (PSU)	To document the experience of supportive supervision teams in Kibaale since start of ADS initiative, explore options for sustainable ADS supportive supervision, and recommend a strategy and needed tools that would help ensure delivery of quality pharmaceutical services by ADS providers.	August–November 2012
Makerere University- Kampala Department of Pharmacy (MUK)	To review the current ADS seller training initiative and recommend short and long-term solutions that will result in the sustainable availability of trained ADS sellers.	August–November 2012
Avytel Global Systems	To assess and develop a strategy on the feasibility and utility of using mobile technology to strengthen ADS services in areas of product availability and quality.	August–October 2012

G1 Logistics Ltd	To develop a geographic information systems (GIS) strategy for Uganda's National Drug Authority (NDA) in order to improve its regulatory capacity over Accredited Drug Shops.	July–October 2012
Ugandan Health Marketing Group (UHMG)	To determine the status of the ADS associations and develop a strategy for facilitating the establishment of ADS associations in Uganda.	May–October 2012
Pharmaceutical Systems Africa (PSA)	To assess the ADS supply chain deficiencies and identify possible solutions and recommendations for strengthening the ADS supply chain system.	August–November 2012
Coalition for Health Promotion and Social Development (HEPS Uganda)	To identify current needs, experiences, and expectations of selected consumer populations where ADS have been implemented and to develop strategies for engaging consumers in ensuring the quality, appropriateness, and affordability of the services provided in their communities.	May–October 2012
Community Integrated Development Initiatives (CIDI)	To identify and characterize community-based health initiatives in Uganda to determine the best options for collaboration between such initiatives and ADS in an effort to improve access to medicines.	September–November 2012

Annex 2. Consent Form

Sustainable Drug Seller Initiatives to ensure continuous availability of Accredited Drug Shop Sellers

CONSENT FORM FOR PARTICIPANTS

PURPOSE

Makerere University Department of pharmacy in collaboration with accredited drug seller (ADS) initiative is conducting this study to collect information that will help pharmaceutical training institutions in developing a strategy for ensuring sustainable continuous availability of accredited drug shop sellers. You have been chosen as a participant and your views will be very useful in proposing a strategy for this purpose.

BACK GROUND:

The Sustainable Drug Seller Initiatives (SDSI) program builds on MSH's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiative (EADSI) programs. Those programs focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. The new program's goal is to ensure the maintenance and sustainability of these public-private drug seller initiatives in Tanzania and Uganda and to introduce and roll out the initiative in Liberia. Through our work in the three countries, we expect not only to expand access to medicines and treatment in additional geographical areas, but to solidify the global view that initiatives to strengthen the quality of pharmaceutical products and services provided by private sector drug sellers are feasible, effective, and sustainable in multiple settings.

In Uganda, EADSI determined what it would take to successfully adapt Tanzania's accredited drug dispensing outlet (ADDO) model for Uganda and the concept was introduced successfully in Kibaale district. Results from the project evaluation showed that district health officials, shop owners, and sellers have embraced the Accredited Drug Shop (ADS) initiative.

The objective of SDSI is to enhance accredited drug seller initiatives' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and the health system context.

The sustainability of the successes achieved under the EADSI program depends highly on the availability of well trained and competent sellers who can provide services in the established outlets. Currently, the demand for and attrition of sellers has been met through continuous training and retraining of new and old sellers with donor funds. This situation raises concern for program stakeholders, including regulatory authorities, because a more sustainable way of training sellers is needed in order for the program to continue achieving positive results in the short and long term

STUDY PROCEDURES

I will sign a consent form to indicate my consent to my participation. I understand that I will be asked to complete a questionnaire related to my views about ensuring sustainable continuous availability of accredited drug shop sellers.

BENEFITS

I understand that there is no direct benefit to me from participating in the study. I understand that I will not gain any material or financial benefit from being in the study. I understand that my participation provides an opportunity for me to contribute information that will be used to develop a strategy to ensure sustainable continuous availability of accredited drug shop sellers.

RISKS/DISCOMFORTS

I understand that I will be asked my views ensuring sustainable continuous availability of ADS sellers. However, I understand that I am free not to answer questions that make me uncomfortable. I understand that my participation in the study presents no risk to me as an individual.

COSTS/ REIMBURSEMENT

I understand that I will not receive any form of reimbursement for participating in the study.

RIGHT TO REFUSE OR WITHDRAWAL

I understand that my participation is entirely voluntary, and I am free to refuse to take part or withdraw at any time without facing any form of retribution from anyone.

CONFIDENTIALITY

I understand that the information I give will be kept private to the extent allowed by the Ugandan law. I understand that in order to protect my privacy, my name will never be used in connection with any reports and scientific papers which may result from the study findings.

QUESTIONS

The researcher has discussed this information with me and has answered my questions. If I have further questions, I can contact Mr. Hussein Oria, the Principal Investigator, at Makerere University College of Health Sciences, P.O. Box 7072, Kampala, Uganda; Tel: 0772945455. If I have questions on research ethics, I may call Mr. Paul Kutyaabami, Chairperson, Makerere University College of Health Sciences School of Health sciences Research and Ethics Committee, Tel: 0701404970.

CONSENT

Information about this study has been availed and explained to me. I have read this form and feel that I was given enough time to consider my decision to join the study. I understand that by signing this consent form, I do not waive any of my legal rights nor does it relieve the investigators their duty (liability), but merely indicates that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me. I agree to my participation.

Signature: _____ Name (printed) _____ Date _____

Annex 3. Question Guide for Previous ADS trainers

Study Ref: SDSI/012

Sustainable Drug Seller Initiative to ensure continuous availability of
Accredited Drug Sellers

**Key Informant Interview for Interviewees
Other Than ADS Sellers and Owners**

Previous ADS trainers

Department of Pharmacy
College of Health Sciences
Makerere University
2012

Unique ID:	
Organization:	Position:
Date when questionnaire was administered (dd/mm/yy):	
Data collector's initials	

Section A: Human resource

1. What minimum level of education or qualification would you suggest for an Accredited Drug shop Seller? _____
Please explain your response in 1 above.
2. In your view, what human resource challenges do ADS face?
3. Please suggest possible ways of addressing the challenges enlisted in (2) above

Section B: Training

4. During the ADS seller trainings, did you face any training challenges? YES/ NO
If yes; please specify
5. How can the challenges mentioned in 4 above be addressed?
6. When would you prefer that one is trained as an Accredited Drug Seller?
 Pre-service training
 In-service Training
 Other (please specify) _____
7. What kind of training would you suggest for an Accredited Drug Sellers?
 Attend a course e.g. at an institution (physical presence)
 Distance education

- On-site/job training
- Other (please specify)

8. What kind of qualification should be awarded to the ADS seller after completing training?
- a) Certificate
 - b) Diploma
 - c) Others (please specify)
9. What suitable training modules or course components would you suggest for a Drug Seller to become accredited?

S.No	Item	Yes	No	Not sure
A	Business financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Management of common illnesses (malaria, RTIs, UTIs, STDs, diarrheal diseases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Patient counseling and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Ordering, storage, distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Records and stock management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Reproductive health interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Child health packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Health promotion strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Laws and regulations concerning medicines in Uganda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Appropriate medicines use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Identification of counterfeits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Identification and reporting of ADRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Others: Please specify			

10. What do you think should be the duration and fees of such a Drug Seller Accreditation training course? Respond as appropriate in the table here-below:

No	Proposed course duration	Tick the desirable duration	Proposed fees payable by seller/owner for the desirable duration	Comments
A	Two weeks			
B	One month			
C	Six month lecture based course			
D	Nine month-distance course			
E	Others, specify			

11. Who do you think should be the target group to receive such Drug Seller training?

- Medicines outlet Seller or
 - Drug shop owner or
 - Both seller and owner
- Please explain your response

12. In your view, who should carry out the ADS trainings? (*probes; pharmaceutical training institution, ADS association trainee, district inspection team, local NGOs*)

Section C: Funding

13. Are there any funding mechanisms you know of that can be used to support the training of Drug shop Sellers?

Section E: Sustainability

14. In your view, what career path should be advocated for ADS sellers? Please explain.

15. In your view, who should carry out the ADS trainings? (*probes: pharmaceutical training institution, ADS association trainee, district inspection team, local NGOs*)

Explain your response;

16. If the ADS sellers Training Program were to be taken up by pharmaceutical training institutions, what challenges do you foresee in implementing the training?

17. How can the challenges listed in question 13 above be addressed?

18. What kind of support do you think trainers and trainees for Accredited Drug shop Sellers might need?

19. What else do you suggest to ensure continuous availability of Accredited Drug shop Sellers?

Thank you for your cooperation

Annex 4. Question Guide for Key Informant Interview for Training Institutions Chairs

Study Ref: SDSI/012

Sustainable Drug Seller Initiative to ensure continuous availability of
Accredited Drug Sellers

**Key Informant Interview for Interviewees
Other Than ADS Sellers and Owners**

Previous ADS trainers

Department of Pharmacy
College of Health Sciences
Makerere University
2012

Unique ID:	
Organization:	Position:
Date when questionnaire was administered (dd/mm/yy):	
Data collector's initials	

Section A: Human resource

20. Have you heard of the ADS initiative?

- YES, what do you know about it?
- NO (Tell respondent briefly about the ADS initiative)

21. What human resources challenges do drug shops in hard –to- reach/ under-served areas face?

22. What role can the training institutions play in addressing the above challenges?

23. What minimum level of education or qualification would you suggest for an Accredited Drug shop Seller? Please explain your response

Section B: Training

24. Does your institution currently run any short term courses for drug sellers?

YES

NO

25. If yes in question 5 above, please briefly describe the nature of these courses, area of study, fees, other training costs, duration, number of students etc.

26. Would your institution be willing to conduct training courses for ADS sellers? Yes/No

Explain your response

When would you prefer that one is trained as an Accredited Drug Seller?

Pre-service training

In-service Training

Other (please specify)

27. What kind of training would you suggest for an Accredited Drug Sellers?

Attend a course e.g. at an institution (physical presence)

Distance education

On-site/job training

Other (please specify)

28. What kind of qualification should be awarded to the ADS seller after completing training?

d) Certificate

e) Diploma

f) Others (please specify)

29. What suitable training modules or course components would you suggest for a Drug Seller to become accredited?

S.No	Item	Yes	No	Not sure
A	Business financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Management of common illnesses (malaria, RTIs, UTIs, STDs, diarrheal diseases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Patient counseling and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Ordering, storage, distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Records and stock management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F	Reproductive health interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Child health packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Health promotion strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Laws and regulations concerning medicines in Uganda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Appropriate medicines use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Identification of counterfeits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Identification and reporting of ADRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Others: Please specify			

30. What do you think should be the duration, cost and award of such a Drug Seller Accreditation training course? Respond as appropriate in the table here-below:

No	Proposed course duration	Tick the desirable duration	Proposed fees payable by seller/owner for the desirable duration	Award
A	Two week lecture based course			
B	One month lecture based course			
C	Six month lecture based course			
D	Nine month-distance course			
E	Others, specify			

31. Who do you think should be the target group to receive such Drug shop Seller training?

- Drug shop Seller or
- Drug shop owner or
- Both seller and owner

32. Which institutions/organization/Individuals should carry out training of ADS sellers? Why?

33. The current ADS model trains sellers for a period of 2 weeks. In your opinion how can knowledge gained within such a short training period be sustained?

Section C: Funding

34. Are there any funding mechanisms you know of that can be used to support the training of Drug shop Sellers?
35. Would your organization be willing to financially support the training? Please explain.

Section E: Sustainability

36. Would your institution be willing to implement/conduct ADS sellers training based on the current model (The two weeks course organized by MSH)?
37. What do you suggest should be done to ensure continuous availability of Accredited Drug shop Sellers?
38. If the ADS sellers Training Program were to be institutionalized, what challenges do you foresee in implementing the training?
39. How can the challenges listed in question 20 above be addressed?

Thank you for your cooperation

Annex 5. Question Guides for Key Informant Interview for Government Bodies (MoH, MOES, and Others)

Study Ref: SDSI/012

Sustainable Drug Seller Initiative to ensure continuous availability of Accredited Drug Sellers

**Key Informant Interview for Government bodies
(MoH, MOES and others)**

Department of Pharmacy
College of Health Sciences
Makerere University
2012

Unique ID:	
Organization:	Position:
Date when questionnaire was administered (dd/mm/yy):	
Data collector's initials	

Section A: Human resource

1. Are you aware of the ADS initiative?

Yes

No

2. If yes in 1 above, what do you know about it?

3. Are you/ were you involved in the ADS initiative?

Yes

No

If yes, what is/was your role?

4. In your view, what human resource challenges are the drug shops facing?
5. Please suggest possible ways of addressing the challenges enlisted in 4 above.

Section B: Training

6. When would you prefer that one is trained as an Accredited Drug Seller?
 - Pre-service training
 - In-service Training
 - Other (please specify) _____
7. What kind of training would you suggest for an Accredited Drug Seller?
 - Attend a course e.g. at an institution (physical presence)
 - Distance education
 - On-site/job training
 - Other (please specify)
8. What kind of qualification should be awarded to the ADS seller after completing training?
 - g) Certificate
 - h) Diploma
 - i) Others (please specify)
9. What do you think should be the duration of such a Drug Seller Accreditation training course?
Respond as appropriate in the table here-below:

No	Proposed course	Attend? 1 = Yes 0 = No	Proposed fees payable by seller/owner	Comments
A	Two weeks			
B	1 month			
C	Six month lecture based course			
D	Nine month-distance course			
E	Others, specify			

10. In your view, who should carry out the ADS trainings? (probes; Pharmaceutical training institution, ADS Association trainee, District inspection team, Local NGOs)
11. What would be the role of the Allied health professional council, the PSU, the district leadership in the training of ADS sellers

Section C: Funding

12. Are there any funding mechanisms you know of that can be used to support the training of Drug shop Sellers?
13. Please share your previous experience in supporting trainings in the private sector.
14. Are there any departments in your institution that would provide funding for training of ADS sellers? Please elaborate.

Section E: Sustainability

15. In your view, what career path should be advocated for ADS sellers? Please explain.
16. What kind of support do you think trainers and trainees for Accredited Drug shop Sellers might need?
17. Please suggest any office(s) or institutions that can provide the support in 16 above.
18. What do you suggest should be done to ensure continuous availability of Accredited Drug shop Sellers?
19. What strategies can be used to institutionalize the ADS seller training and what are the possible challenges to this process?

Thank you for your cooperation

Annex 6. Question Guide for Accredited Drug Shop Sellers and Owners

Study Ref: SDSI/012

Sustainable Drug Seller Initiative to ensure continuous availability of Accredited
Drug Sellers

Accredited Drug Seller Tool

Respondents: Accredited Drug Shop Sellers and Owners

Department of Pharmacy
College of Health Sciences
Makerere University
2012

Unique ID:	
District:	village:
Date when questionnaire was administered (dd/mm/yy):	
Data collector's initials	

Background Information	
1. Category of respondent <input type="checkbox"/> Owner <input type="checkbox"/> Seller	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Duration since you started working with an Accredited Drug Shop (ADS) (in months)_____	4. Did you participate in the drug seller/owner training organized by MSH/PSU/NDA <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Highest level of education <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> A-level <input type="checkbox"/> O-level <input type="checkbox"/> Primary	6. Professional background <input type="checkbox"/> Enrolled nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Nursing Assistant <input type="checkbox"/> None <input type="checkbox"/> Other specify_____

<input type="checkbox"/> None <input type="checkbox"/> Other specify _____	
7. How many health workers are employed at this Accredited Drug Shop? _____	

Section A: Human resource

8. What was your personal experience with the ADS training course? (*probes: course content, method of delivery, cost, duration*)
9. Was the training suited for your level of training? YES/NO; explain your response
10. What minimum level of education or qualification would you suggest for an Accredited Drug Seller? Please explain your response
Administer this question (4) only to the ADS owner
11. How many ADS sellers have you employed since your drug shop was accredited? Please explain why some of the drug sellers have left this drug shop.
Administer this question (5) only to the ADS seller
12. Have you worked in another ADS facility prior to joining this one? Please explain.
13. What would be the optimum number of sellers for this Accredited Drug Shop?----- Explain your response.

Section B: Training

14. Did the training by MSH/PSU/NDA benefit you as the seller/ owner of the ADS? YES/NO explain you response
15. What challenges did you face when you were going through the training above?
 - No one to leave at the shop
 - Inadequate time for the training
 - Course was hard for my comprehension
 - Venue of the training was far from my station
 - Others, please specify
16. Are there any existing training programs that you know of for Drug Sellers/Drug Shop Operators other than that by NDA/MSH?
 - Yes
 - No

Please list them.

17. When would you prefer that one is trained as an Accredited Drug Seller?

- Pre-service training
- In-service Training
- Other (please specify) _____

Please provide an explanation for your response

18. What would be the preferred mode of training for an Accredited Drug Seller?

- Attend a course e.g. at an institution (physical presence)
- Distance education
- On-site/job training
- Other (please specify) _____

19. In your opinion, select the most appropriate response with regard to modules that must always be included in the courses for ADS sellers:

#	Item	Agree	Not sure	Disagree
A	Business financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Management of common illnesses (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Patient counseling and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Ordering, storage, distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Records and stock management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Reproductive health interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Child health packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Health promotion strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Appropriate medicines use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Identification of counterfeits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Identification and reporting of ADRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Others: Please specify			

20. What do you think should be the duration (weeks or months) of such a Drug Seller training course? _____

Explain your response

21. Who do you think should be the target group to receive such Drug Seller training?

- Drug Seller or
- Drug shop owner or
- Both seller and owner

Please give reasons for your response(s)

22. Who do you think should carry out the ADS trainings? (Tick as appropriate)

- Pharmaceutical training institutions
- ADS Association trainees
- District inspection team
- Local NGOs
- I don't know
- Others, please specify

23. Would you attend short courses implemented by Pharmaceutical training institutions?

- Yes
- No

Please explain your response

24. Please explain how these courses should be organized by the institutions to better meet your schedule and needs.

Section C: Funding and resources

25. How do you think the training of Accredited Drug Sellers should be funded?

- Self
- Drug outlet/ Owner
- Other, specify _____

26. Is it important to have continuous professional trainings to sustain knowledge gained?

- Yes
- No
- Don't know

27. In your opinion, how should these refresher trainings be funded?

- Self
- Drug outlet/ Owner
- Annual subscription Fees to ADS association
- Others, specify _____

28. What resources, other than tuition, would you need to participate in the training for ADS sellers and owners?

29. Please indicate if you would attend the course for a given duration and amount you would afford

No	Proposed course	Attend? 1 = Yes 0 = No	Proposed fees payable by seller/owner	Comments
A	Two weeks			
B	1 month			
C	Six month lecture based course			
D	Nine month-distance course			
E	Others, specify			

30. Please give any other suggestions/ comments as regards ADS training

Thank you for your cooperation