

# Sustainable Drug Seller Initiatives Partners



# ADS-VHT Linkage Strategy

CIDI

SDSI Dissemination Meeting

Kampala

August 20, 2014



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# Background and Introduction (1)



- Only 49% of Uganda's population accesses medicines through the public sector and the majority are left to the private sector.
- Rural communities are particularly affected due to long distances between homes and the service point



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# Background and Introduction (2)

- ADS and Village Health Teams (VHTs) play an important role in community health care by acting as the first and most accessible point for medicines and services for common conditions, including childhood illnesses.
- VHTs are not sustainable due to numerous challenges; ADS must be profitable to be sustainable
- SDSI conducted a series of interviews to understand challenges facing ADS and VHTs and propose linkages to enhance their sustainability and contribution to community health



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# Background and Introduction (3)

- Potential roles ADS could play to support VHTs included:
  - Mentorship, capacity building, support supervision, referrals and refilling of drugs in cases of stock outs.
  - ADS identified community mobilization, delivery of supplies and community sensitization support.
- CIDI's task was to develop a strategy to guide and define the relationship between the ADS and VHTs at community level.



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# Methodology (1)

- Kibaale District, the first ADS district, was selected as a site for the development of the strategy.
- Stakeholder consultations to define the strategy:
  - KII interviews with ADS and VHTs
  - FGDs with VHTs and ADS on proposed strategy
  - District and national level interviews
  - Validation meeting with all stakeholders

# Key issues raised from the consultations (1)

- Potential components in the linkage strategy included:
  - VHT patient referrals to ADS including performing RDTs for malaria
  - ADS community sensitization and awareness creation on health issues
  - VHT mobilization for demand of medicines
  - ADS provision of first aid services
- The strategy is premised on the existence of the ADS structure



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## Key issues raised from the consultations (2)

- The VHT structure should be linked to the ADS structure at various levels including at village, sub-county, and district levels
- At the district level, the DHT team member responsible for VHTs will work directly with the DADI and health inspector to supervise and monitor ADS activities
- All VHTs in a given locality will be linked to an ADS in that area
- ADS and VHTs will sign a memorandum of understanding
- VHTs will have referral kits for the patients to facilitate recording and to capture referrals to ADS.



## Key issues raised from the consultations (3)

- ADS will benefit by selling drugs to the patients and clients referred by the VHTs
- VHTs will benefit by being supported in community mobilization, accessing health information, and possibly receiving a discounted price on drugs for their family members.
- ADS and VHTs were both concerned about public perceptions about the collaboration relating to alleged sale of government drugs through this linkage, especially in circumstances where the health centers are free.



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# Components of the Strategy (1)

- **Patient referral for drugs by VHTs, for example:**
  - In case of stock outs at nearest health centers ADS will sell drugs to patients with VHT referral cards.
  - In cases where a health facility is far, the patient will be told of the possibility of accessing drugs at the ADS at a normal fee.
- **RDTs for malaria** by the VHT will not be re-done by the ADS attendant if a patient is in possession of a VHT referral card.



# Components of the Strategy (2)

- **Information hub for the VHTs:** The ADS attendant or owner will regularly provide details on the drugs in stock and also mentor the VHTs when needed.
- **Support for community mobilization and activities:** The ADS are expected to support the VHTs in mobilizing the communities for health programs e.g. child days plus immunization, and access to free family planning methods at the nearest health centre.



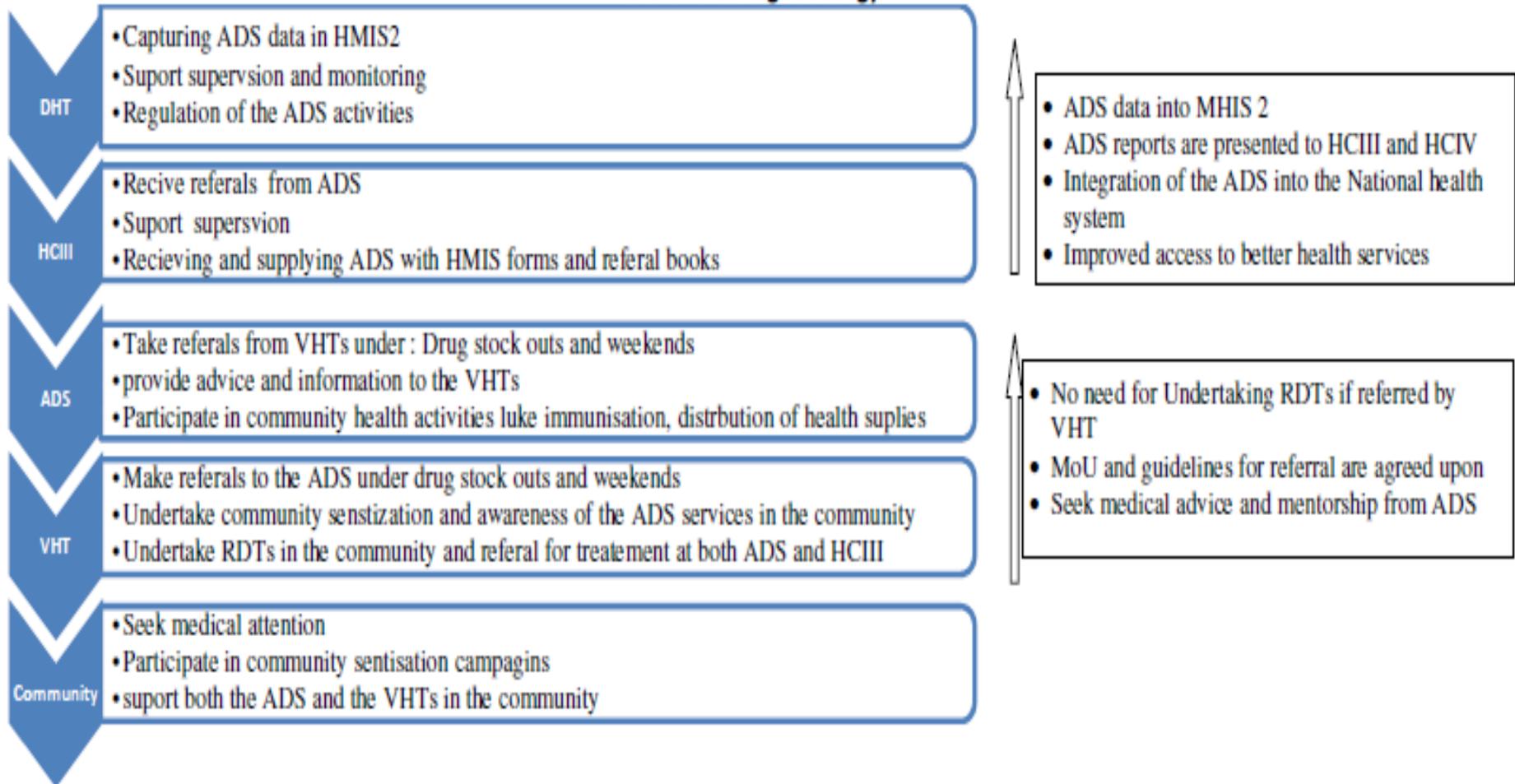
# Components of the Strategy (3)

- **Regulation, supervision and monitoring:**  
Supervision and monitoring of linkages will be the role of the DADI and DHT team member responsible for VHTs and his/her designee at the health facility levels
- Semi-annually, all VHTs, ADS owners and attendants in a given sub-county will meet to review progress and support.



# ADS-VHT Linkage Strategy Layout

## ADS-VHT Linkage strategy



# Conclusions

- There is general consensus on the need for VHT and ADS collaboration to improve access to essential medicines and health services within the communities.
- Key activities for potential collaboration and support between ADS and VHTs include mentorship and capacity building, supportive supervision, referrals, and community mobilization and sensitization



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# Recommendations

- Conduct sensitization workshops for key stakeholders on the proposed linkage strategy and disseminate the strategy widely
- Referral pathways for the proposed strategy should be established and guidelines provided
- Establish a mechanism for capturing data and reporting ADS health care service delivery into the Health Management Information System
- Streamline supportive supervision mechanism for ADS to involve Pharmacy Division of MOH, Health Promotion, NDA, DHT to ensure sustainability



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