

Sustainable Drug Seller Initiatives Partners



Role of Consumers in Monitoring Performance of ADS

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The Problem

- Low consumer understanding of rational medicine use and their rights in purchasing medicines
- No meaningful consumer participation in the ADS programme.
- This therefore affected:
 - ADS brand awareness and consumer interest
 - Consumer involvement to help ensure the quality, appropriateness, and affordability of private drug shop services



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Objectives

Overall objective: To empower communities to participate and demand for quality private drug seller services

- **Specific Objectives:**

- Increase community awareness of concept of essential medicines, rational use of medicines and accredited drug shops.
- Build community capacity to monitor private sector drug seller services.
- Facilitate interactions between the community and private drug sellers to together address gaps in delivery and access to drugs.

The project was conducted between August 2013 and April 2014 in eight sub-counties of Kamuli district (Namwendwa, Kitayunjwa, Balawoli, Town Council, Nabwigulu, Kisozi, Mbulamuti and Nawanyago)



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Process

	Activities	Output
1.	Developed community training guide on essential medicines, rational use & ADS services	320 training manuals developed and distributed
2.	Developed and produced publicity materials	5,000 posters produced and distributed Notebooks produced for scouts and distributed 320 t-shirts produced for scouts and distributed
3.	Project inception visit to get district and sub-county leadership support	District leaders welcomed project and offered support. Community scouts and leaders were identified for training.
4.	Trained community representatives including scouts and leaders	16 trainings held for scouts (8 trainings and 8 follow up trainings in August and September 2013). 288 community scouts trained. 8 trainings for sub-county leaders August and September 2013. 211 leaders sensitized.



Process (cont'd)

No	Activities	Output
5.	Supported community representatives in developing and implementing community action plans	Scouts worked with sub-county leaders to sensitize communities and monitor services. This was done through village meetings and one-on-one meetings.
6.	Held sub-county dialogue meetings between scouts, leaders and drug shop owners	Eight sub-county dialogues held in September 2013 to generate community score card and agree on issues for priority action.
7.	Held district stakeholder meetings	2 District medicine stakeholder meeting held in October 2013 and February 2014 to report on community work and generate district action.
8.	Conducted supportive supervision for community scouts	3 rounds of supervision visits were conducted in November 2013, and January and February 2014 to support scouts' work and monitor performance.



Results (1)

Raised consumer awareness that resulted in:

- Increased number of referrals from drug shops to public health centres as reported by sub-county leaders.
- Increased demand for ADS services as reported by ADS sellers. Unaccredited drug shop owners approached scouts and leaders seeking ADS training and accreditation.
- Increased leadership focus on medicines monitoring.

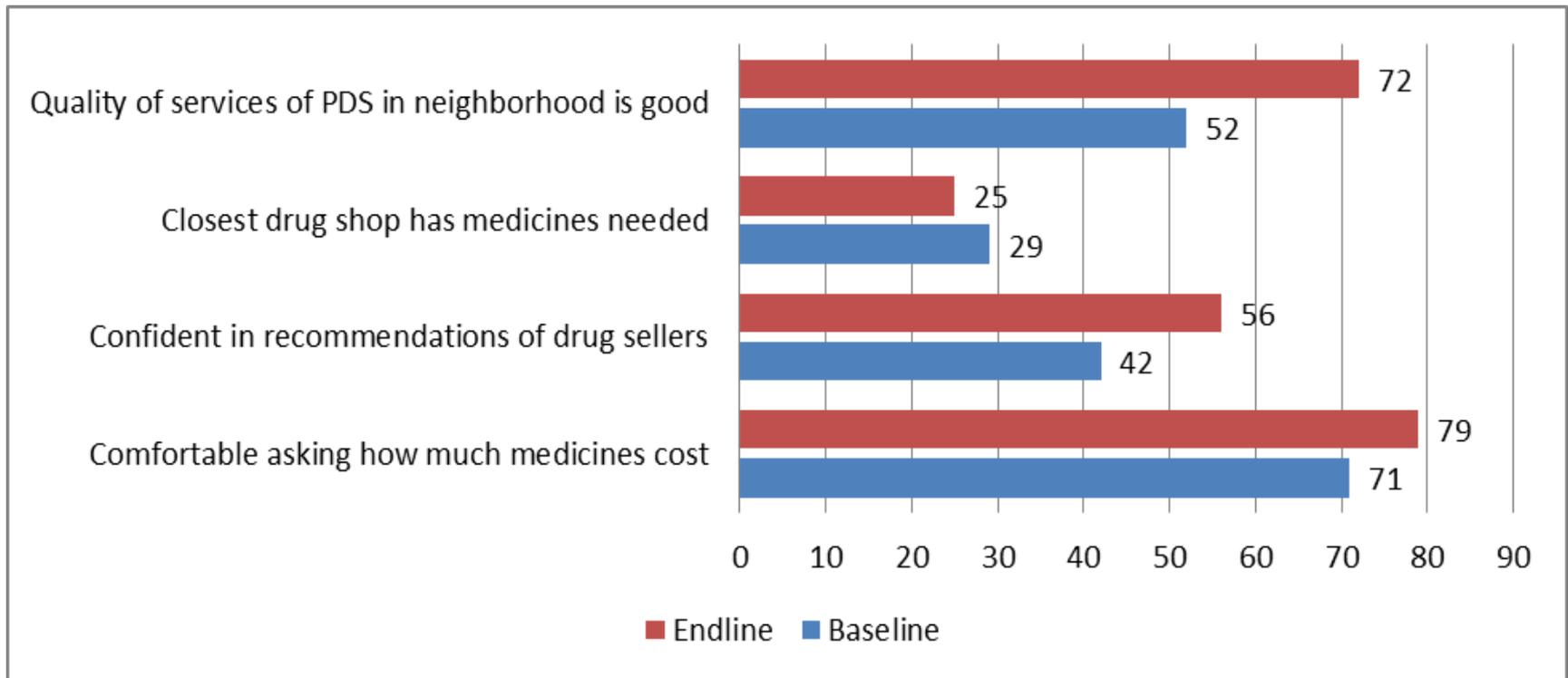
“Leaders like me previously did not mind about drug shops but the training improved our practices. I always ask about the medicine I receive and caution drug shop sellers. I have even heard the Town Clerk discuss medicines at several meetings...,” said one CDO.

- Improved levels of hygiene and cleanliness were in all 8 sub counties, according to scouts and leaders. In Kisozi it was reported that majority of drug shops had acquired hand washing facilities.
- Scouts and leaders reported decrease in the number of unprofessional staff attending to drug shops.



Results (2)

Increased consumer satisfaction with drug shop services*



*According to consumer surveys issued before and after intervention

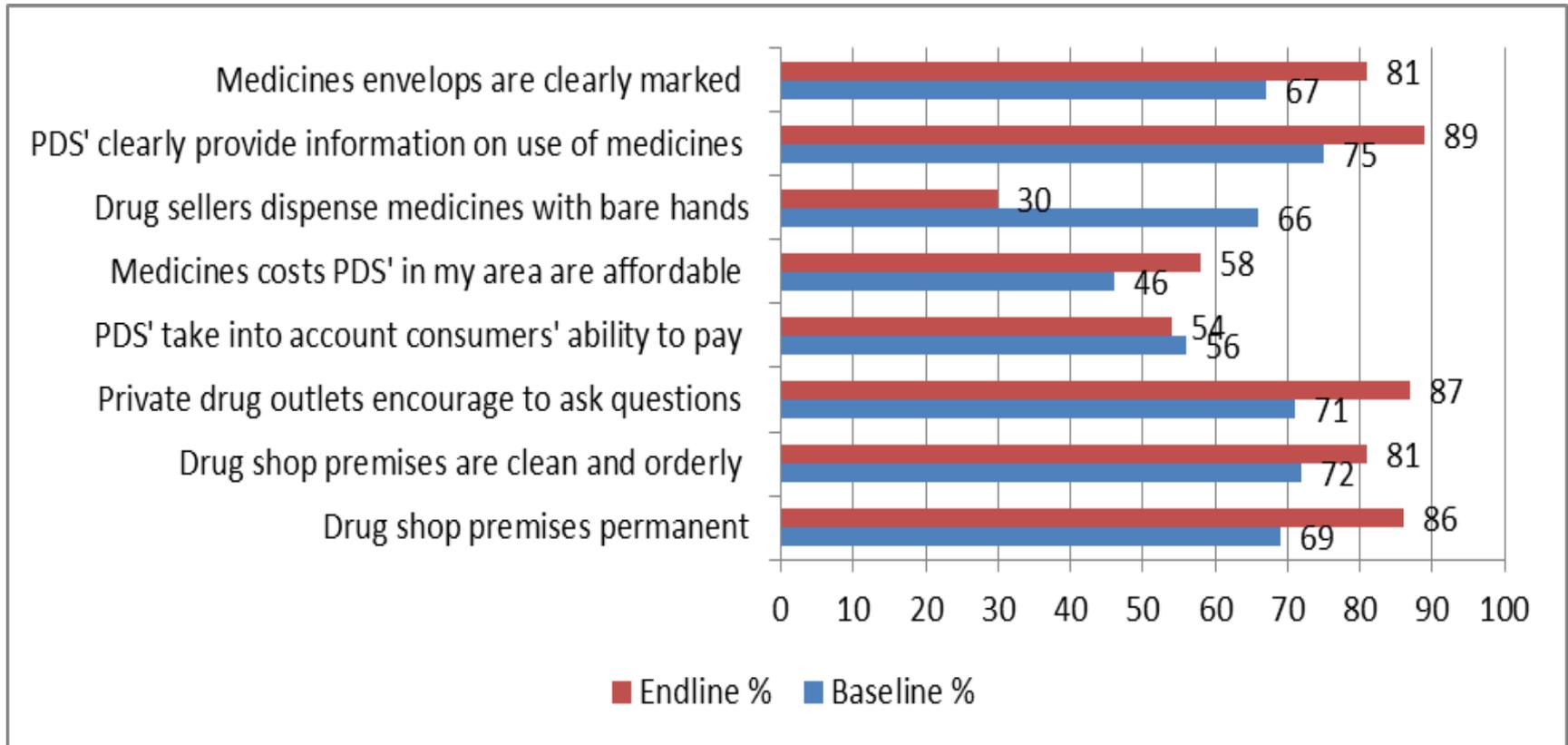


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Results (3)

Improvement in consumer experience with drug shops*



*According to consumer surveys issued before and after intervention



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What does SDSI leave behind?

- The community empowerment work in Kamuli has been integrated in other on-going community initiatives
- The scouts in Kitayunjwa and Namwendwa opened up community based organizations.
- The scouts have developed a good working relationship with sub-county leadership, which has led to collaborations in monitoring of drug shop sellers.
- District level debate led to recruitment of more staff in the pharmacy department. A District Supervisory Authority was created to spearhead monitoring of health service delivery.
- The District Vice Chairman requested the DHO to present matters pertaining to private drug sellers to the executive committee. A plan is underway to have a patient charter sent through the DHO's office for approval for piloting in Kamuli district.



What gaps/challenges remain?

- Monitoring of community scouts was not sufficient. The scouts were most active during the times when they expected visits from HEPS.
 - Routine and close monitoring of scouts' work would likely improve performance. Remote monitoring using ICT tools should be considered.
- The strategy did not provide for any facilitation even for movement of the scouts.
 - Facilitation including providing rewards for exemplary performance can improve results and impact.
- The strategy did not provide identification cards for scouts, so their recognition in the community was limited.
- There was limited collaboration between scouts and NDA inspectors/district level officers. Therefore scouts did not always feel that their work was appreciated.



Lessons learned from implementation

- Involving high level district leadership was instrumental in providing both political and technical support for the work.
- Utilizing existing community structures and involving VHTs, CDOs, and local councilors, etc. allowed the activity to be owned by the community.
- Identification of active and experienced community members to be trained as scouts enabled integration into other on-going community initiatives.
- Providing minimal financial support to scouts and emphasizing integration of work beyond medicines bred innovation. Community scouts were able to start community based organizations in Kitayunjwa and Namwendwa sub-counties. Other initiatives like saving schemes have been started, which increases the likelihood of continuity of the work beyond the project.



Conclusion

- Overall, the project met its objectives of empowering the communities in Kamuli to engage with private drug sellers to improve the quality, appropriateness, and affordability of services.
- By addressing the challenges faced, the methodology can be scaled up in a sustainable manner in more communities.



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