



Ministry of Health
Zambia Access to ACT Initiative
ZAAI

Final Report: Development and Implementation of the ZAAI Accreditation Program

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Acronyms

ACT	Artemisinin Combination Therapy
ADDO	Accredited Drug Dispensing Outlet
GSL	General Sales list
MoH	Ministry of Health
MSH	Management Sciences for Health
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
P	Pharmacy Medicines
POM	Prescription Only Medicine
PRA	Pharmaceutical Regulatory Authority
RDT	Rapid Diagnostic Test
ZAAI	Zambia Access to ACT Initiative
ZPF	Zambia Pharmaceutical Forum

Introduction

The Zambia Access to ACTs Initiative (ZAAI), upon request of the Government of the Republic of Zambia (GRZ), designed the project to inform the GRZ on how to best increase the access to ACTs and RDTs. An evaluation of the project will determine the effectiveness of a combination of public sector, community-based, and private sector strategies for improving access to ACTs and RDTs in Zambia. It is expected that this study will contribute to an evidence-based strategy on how to increase consumer access to ACTs and RDTs.

The Ministry of Health in collaboration with The World Bank contracted Management Sciences for Health (MSH) to provide services for developing and implementing the drug seller accreditation program in four districts. These included Chama, Chinsali, Lundazi, and Kasama. The procurement, distribution, and subsidy components and branding, marketing, and collection of performance and household data were contracted out under separate arrangements, respectively, with Crown Agents and the Malaria Consortium.

This report serves as the final report for the MSH component of the activity, a contractual requirement of the ZAAI Pilot Program.

MSH Implementation Tasks and Responsibilities

1. Develop the Accreditation Program

Develop list of essential medicines allowed to be sold in accredited outlets

In March, 2010, MSH and Zambia's Pharmaceutical Regulatory Authority (PRA) worked together to identify a list of essential medicines that would be candidates for dispensing and sale at accredited health shops. The guiding principles in the selection were: (1) the needs of the pilot project and (2) existing legislation. Since the objective of ZAAI was to increase access to quality medicines to treat malaria through the private sector, ACTs which had been available only on prescription were re-classified as over-the-counter medicines, following a positive test for malaria. In addition to ACTs, PRA agreed to authorize accredited health shops to sell over-the-counter medicines on the General Sales List (GSL) registered and published by PRA—a total of 356 products containing 86 different combinations of active ingredients or chemical moieties. The list can be found in the previously submitted report entitled “ZAAI Accredited Health Shops Training Materials”.

Assist PRA to formulate policies and procedures governing the accreditation program

The accreditation of drug outlets was new to the health sector in Zambia. However, because MSH experience with the Accredited Drug Dispensing Outlet (ADDO) program in Tanzania, the World Bank and MoH facilitated a one-week trip to Tanzania to learn how the program was developed

and being run. PRA, MoH, and other partners visited the country in April 2009. MSH Tanzania facilitated the in-country visit making appointments and meetings with key stakeholders.

On the return of the Zambian delegation, MSH Zambia and Tanzania staff worked with PRA to formulate policies and procedures to govern the accreditation program in Zambia. The policies and procedures were based on the Tanzanian experience with various adaptations being made to suit the local Zambian context. The policies and procedures developed formed the basis for training of health shop owners, dispensers, and local health leadership and for supervision/monitoring and inspections. These documents can be found in the previously submitted report entitled “ZAAI Accredited Health Shops Training Materials”. The training materials were shared with the World Bank and Partners

Assist PRA to develop minimum enforceable standards for accreditation of outlets

MSH Zambia and Tanzania staff and PRA management developed the minimum standards for the accredited outlets during April 2010. Standards were included for shop facilities, including size, shelving, cabinets, and counter tops; record collection, keeping, and reporting; human resource requirements and training; and pricing of commodities sold. For example, the minimum size for health shops and wholesale outlets were specified as 32sqm and 96sqm, respectively. In addition, only people trained in malaria rapid diagnostic administration, management of malaria, dispensing practices, and accreditation standards were authorized to run a health shop. See the previously submitted report entitled “ZAAI Accredited Health Shops Training Materials”.

Formulate Implementation Plan

The MSH and PRA worked out an implementation plan for the ZAAI accreditation program. The implementation plan recognized the roles and responsibilities of the other collaborating partners in relation to the pace of implementing their respective activities. For example, the procurement and distribution of ACTs and RDTs that was managed by Crown Agents needed to dovetail with the accreditation process so that as shops opened, products would be available for sale.

Implementation included training of shop owners and dispensers and inspection of shop premises. Inspections were carried out by a local inspectorate team composed of the district health officer, district pharmacist, district environmental health technician, and local government environmental health technician. Assistance and coordination was provided by the pharmaceutical technologists hired by ZAAI. If the premises were found suitable the local inspectorate team in collaboration with MSH would issue an accreditation certificate. The local team would routinely inspect the outlet for adherence to standards and regulations.

PRA in collaboration with MSH conducted quarterly inspections to check for health shop adherence and well as the quality and inspectorate standards of the local inspectorate team. PRA served as mentor for the local team.

Develop strategy and partnerships for provision of microloans to support shop renovations and increased inventory

MSH assessed the possibility of accessing additional resources for shop owners through small loans from microfinancing companies. These local companies were not providing services to small-scale

businesses as their focus was on salaried employees only. Banks such as Finance Bank, Zambia National Commercial Bank, and National Savings and Credit Bank were open to providing loans based on a prescribed set of criteria. For example, loan applicants would need to have an account with the specific bank and past financial records would need to be available in order to have a viable proposal.

As it turned out, the need to access loans was not an issue since shop owners did not find the project viable enough to borrow money. The allowable product range that could be sold in accredited shops was not large enough to justify investment from outside sources. Hence the microloan provision was parked until such a time when the issue of the increased product range was resolved so as to bring health shops profitability.

Develop strategy and partnerships for ensuring adequate supply of quality pharmaceuticals and other products

Crown agents worked with a local Norvatis agent, SKY Pharmaceuticals, to supply the ACTs and RDTs sold by the accredited health shops. Through this agent MSH encouraged the company to supply other products on the GSL to the health shops on their own business terms so as to increase the range of products available in the shops and shop profitability. In addition, MSH worked with the health shops and encouraged them to collaborate with members of the Zambia Pharmaceutical Forum (ZPF) to supply GSL products on their credit terms. This activity was not successful since ZPF members were not certain of the credit worthiness of the health shops owners and therefore reluctant to provide GSL products on favorable credit terms.

Assist the government of Zambia in the development of a long-term scale-up strategy for how the accreditation program could be sustained after the pilot is completed

Although not part of the scope of work for MSH, development of a strategy to ensure long-term sustainability of the accreditation program after pilot activities were completed was challenging. To start with, the pilot phase was too short to build capacity of the shops and bring them to their full potential. In addition, when health shop owners compared their profitability during the pilot activity to their profitability before the pilot initiative started, the difference was striking. For example, the drug stores used to sell all sorts of antibiotics and skin bleaching agents that were not allowed to be sold by them and often the products sold came from questionable sources. The new standards and requirements governing the accredited health shops, which did not allow sale of these products, meant reduced sales and profits

While working on the possibility of increasing sales of allowable products, MSH in collaboration with PRA looked at the possibility of expanding the product range that accredited health shops would be able to legally sell. This included the potential addition of products from the Pharmacy (P) and Prescriptions Only Medicines (POM) list (Annex 1). Since expansion would require additional training, supervision, and inspection, this activity was not implemented due to lack of available funding and time for implementation before the end of the pilot project.

To develop a sustainable program, there is a need to expand the list of products that can be legally sold by accredited shops and to extend the pilot phase to accommodate necessary activities that would make the accredited health shops sustainable. Other activities or changes would be

necessary as well. For instance, contracting out the training to training institutions, developing capacity of PRA for regular inspections and providing oversight for accreditation adherence, providing microfinancing for shop owners, and reviewing and changing current legislative provisions would all be required.

2. Sensitize and Recruit Potential Outlets

Build support and promote advocacy for the accreditation program

At the commencement of the accreditation program, MSH organized sensitization workshops for the candidate drug stores in each of the four target districts from April 13-25, 2010. Local health, local government, and traditional leadership were informed of the program and called upon to support it.

Inspect existing outlets and provide detailed guidance on accreditation standards

MSH and PRA developed processes for supportive supervision and inspections.

i) Supportive supervision

MSH project staff worked with the shop owners and provided supportive supervision for performance improvements in relation to accreditation standards. Hence, the staff provided advice on changes needed for the existing shops and what was needed to meet the prescribed criteria.

ii) Inspection

Only after the MSH staff and shop owners agreed on the improvements to be made and the shop owners had an opportunity to make needed changes was the inspectorate team called in for inspection and accreditation. If the standards were met, the team made recommendation for accreditation and issued an accreditation certificate on notification of the national accreditation team.

Recruit outlets to the accreditation program

As explained above advocacy workshops were held for shop owners at the initiation of the project. The shop owners interested in participating were invited to 2 to 3 day training for the accreditation program. However, it was observed that most of the shop owners who came forward were from the urban setting, particularly in Chinsali and Chama. A deliberate move was made to reach out to shop owners from remote rural settings. MSH staff went out to meet the drug shop owners and explained the accreditation program and invited them to join in. A few came forward and were trained, improved their premises, and had their shops accredited.

#	District	# of outlets in urban setting	# of outlets in remote rural	Total
1	Chama	4	3	7
2	Lundazi	14	4	18
3	Chinsali	3	6	9
4	Kasama	23	0	23

In addition to the 57 Health Shops (Annex 2 - 5), MSH recruited and accredited on restricted wholesaler in each of the 4 districts to serve as a link between the health shops and the national distributor.

Visit and provide sensitization about the accreditation program to local authorities

MSH informed the local authorities about the accreditation program. In some cases MSH staff was given office space at the local district health offices. The local government was also part of the advocacy and partnership strategy. Local traditional authorities were also visited monthly by the MSH staff each time they were in the area. MSH staff at the national level in collaboration with PRA and the National Malaria Control Program (NMCC) visited the district and provincial staff on a periodic basis during their supportive supervision trips (August 2010 and February 2011).

3. Training

MSH provided technical leadership in developing a training curriculum for the accreditation program. MSH staff from the Zambia and Tanzania worked with the NMCP and the Malaria Consortium to develop training materials on malaria diagnosis, management, and case reporting. Subsequently MSH staff worked with PRA to develop accreditation standards training materials. Development of the training program required:

- Defining the need for the product and the training which is very well articulated in the preamble to the Zambia Access to ACTs Initiative
- Developing objectives of the training
- Identifying persons to be trained (drawn from the existing drug shops)
- Identifying trainers (drawn from the MoH technical areas as well as partners)
- Developing training methodology
- Developing educational strategy
- Creating course content covering malaria diagnosis using RDTs, malaria treatment using ACTs, accreditation standards for premises, human resources, ethics, products and services
- Measurement or assessment of training

- Educational ethos



Participants at a ZAAI workshop in Kasama District

Identify and train pool of trainers

The overall accreditation financing was very much constrained. Hence, it became apparent that the trainers be drawn from the within the technical areas of the health sector. In addition to MSH staff, trainers were drawn from NMCC to train in malaria diagnostics and management. PRA provided trainers in accreditation standards. Duke University provided trainers (from the Mthetwa Consultants) who trained shop owners in business entrepreneurship.

During the first workshops the northern circuit trainers were:

- a) Davis Sinyangwe from PRA
- b) Lungowe Sitali from NMCC
- c) Oliver Hazemba from MSH
- d) Naomi Soko from MSH

The eastern circuit trainers included:

- a) Muyamwa Mainga from PRA
- b) Charles Chinyama from NMCC
- c) Deus Mwale from MSH

Some changes were effected for the follow-up training. In place of Lungowe Sitali and David Sinyangwe, Anastasia Zulu for malaria and Brian Kabika for accreditation standards joined the group. Adrian Chimpidi also trained the participants in business entrepreneurship for Chinsali and Kasama during the first training (Annex 6).

Provide training in appropriate dispensing behavior and stock management

Initial plans were to hire members of the pharmaceutical staff to provide training in appropriate dispensing behavior and stock management. A memorandum of understanding was developed but not signed due to limited funds to facilitate this process. As a result, MSH staff conducted the training of participants on this component. During training participants were training in appropriate dispensing practices as well as health ethics.

Train dispensers, shop owners, and district management

Two training workshops were held in each of the four pilot districts. A total of eight workshops took place. The first workshops were concurrently held in Kasama and Lundazi followed by Chinsali and Chama from April 26-28 and April 30-May 2, 2010 respectively. The follow-on workshops were held on August 25-26 for Kasama and Lundazi with a delayed training for Chinsali and Chama held on October 21-22, 2010. A total of 171 shop owners/dispensers were trained along with 11 local health management members.

Differentiating between shop owners and dispensers was not easy as in some cases the shop owners were also dispensers and vice versa. Annexes 7-10 shows the list of trained personnel

4. Market and Promote the Accreditation Program

This activity was primarily for the subsidy partner. However, MSH prepared bill boards with a Health Shop logo for easy identification by the community (see picture below for EDMA Health

Shop in Kasama). MSH also participated at the official launch of the program held in Lundazi on May 14, 2010. By April 2011 there were 57 health shops in the four districts. This was less than the targeted 20 outlets per district proposed number of 80 drug outlets. The reason for the reduced number was obviously for economical. It was much easier to persuade the urban entrepreneurs as they were advantaged with access to the market. Kasama, Chinsali, Lundazi and Chama had 23,10,18 and 7 outlets, respectively.



5. Establish Sustainable Mechanisms for Regulation, Inspections, Sanctions, and Quality Assurance Mechanisms

Develop mechanisms/reporting structures through which PRA is able to regulate, inspect, and sanction outlets

PRA had challenges in accepting direct regulatory oversight of the health shops. According to PRA, the current pharmaceutical Act of 2004 did not provide for any other type of outlet to deal in pharmaceuticals, particularly the private sector. Hence, the deliberate delegation of regulatory oversight to the local health authority.

Since the pilot project was a MoH project, it became prudent that MoH local authorities should have a regulatory oversight of the health shops. The local health authorities took up the responsibility of accreditation and routine inspection to check for adherence and provide sanctions to those that do not adhere to the accreditation criteria. However, PRA kept an oversight of the local health authorities' decisions and took corrective measures where necessary. PRA also inspected the health shops and provided sanctions where needed. Examples include the recommendation for withdrawal of accreditation to Ichibula bainga 2 health shop and the confiscation of medicines that were not authorized for sale by health shops.

The local health authorities were required to keep a record of their inspection and meeting reports where resolutions were made and actions taken for accrediting and providing sanctions to the health shops.

Develop and implement strategy and partnerships for monitoring and supervision of accredited drug sellers

MSH in collaboration with PRA and other implementing partners developed a system for monitoring the operations of the health shops. The MSH staff regularly visited the outlets to supervise the dispensers and check on the dispensing and diagnostic practices, record keeping, and stock management.

On a weekly basis the staff collected information on the number of people tested along with sales figures of RDTs and ACTs. This information was sent to the MSH Lusaka office for analysis. The reports were regularly discussed at the Thursday partnership meetings. The national quarterly visits to the sites also augmented the monitoring and evaluation activities.

In addition, dispensers were asked to complete a report of all the tests done, the result of the tests and the types of intervention undertaken. If the test for malaria was positive, a patient was sold a course of Coartem and this was noted in the patient register book. If the patient was referred to a clinic, a patient referral note was given. The patient register is in triplicate. The pink copy was retained at the health shop, the yellow copy was sent to the district health office and the white copy was sent to MSH Lusaka office and handed over to the Malaria Consortium. The Malaria Consortium used the information for monitoring and evaluation.

However, the turnaround time seemed too long to link up the sales report to the M&E reports. Hence, concerns were raised on whether the health shops were actually accountable or there was a leakage in the supplies. This necessitated the focus of the central level supervisory visit to focus on the accountability of the health shops in February 2011.

The data collected from the four district restricted wholesalers and 51 health shops visited provided some level of clarity on transactions carried out at both the restricted wholesalers and health shops. Most of the health shops were making frantic efforts to keep good records of their transactions. However, a few were forgetting to enter all the required data as provided by the accreditation agreement. Some of the wholesalers and health shops were careless with management of data they generated.

Despite these anomalies discussions with the staff, district health office staff accrediting team there was no conclusive evidence of pilfering, leakage and abuse of the supplies. Most errors took place at the beginning of the pilot and improvements were made with increased experience and supervision. The central supervisory and inspectorate team advised the supervisors and shop owners to work together and account for all supplies delivered and those still to come. Annex 15-18, shows data on the amount of coartem and RDT supplied to each of the district restricted wholesalers. Additional information is provided on tables 19-22 on the amount dispensed and the number of people tested at each health shop visited during the visit.

Health shops from the urban sites attended to more clients compared to rural based outlets, The reasons could be multiple. For instance, the first health shops were opened earlier than the rural outlets. By the time of the closeout they had already establish a clientele. The urban settings were also economic zones. EDMA, Tutu in Kasama, Msoki and Safagram in Chinsali, Longwe and Chizya in Chama and Buleme, Chipata 1 and Shama 1 in Lundazi attended to most clients. The new remotely located sites had fewer attendees but they were newly opened requiring growth before comparing them to urban settings. For instance, Mukando 1, Josephine in Chinsali and Lumezi in Lundazi.

According to Crown Agents records, 23,790 doses of coartem were issued out to the distributor and eventually to wholesalers and health shops by February 2011. More than 22,430 people were tested for malaria and over 7,764 people were treated with an effective antimalarial drug Coartem. Coartem stocks of more than 7,920 and 4,616 doses (total 12,536) of coartem were found at wholesales and health shops. Hence, 20300 doses of coartem has been accounted for. 3490 has not been conclusively been accounted for, particularly in Chama at the time of the visit. The overall variance was only reduced after a diligent review of stock movement between the restricted wholesaler in Chama and the supervisor.

Work together with implementer of the subsidy program to develop mechanism for monitoring to ensure that subsidized ACTs and RDTs are not sold outside the pilot districts

The ideal strategy was to brand the pack or emboss the tablet. Other alternatives were to provide a color code or an over pack. These could not be implemented due to the short and limited life span of the project and the size of the study. Norvatis declined to implement any of these activities. Hence, the project was much dependent on health shops' accountability and adherence to the accreditation tenets. MSH linked the tests conducted to the dispensed amounts. Any deviation to these required an explanation on what happened to the stock.

Batch numbers also played a role as they provided a reference on the source if the product. However this could not be done in isolation as at times MSL provided batches of Coartem from the public sector stock.

Develop and implement strategy and partnerships for accredited drug shop/seller inspections including use of local inspectors

After PRA's declined to take the leadership in accreditation and inspection of accredited health shops it became prudent that to use local inspectors was the only alternative available. Hence, the District Medical Officer, District Pharmacist, District Environmental Health technologists, and the local government Environmental Health technologists formed the local inspectorate team.



The picture shows a PRA and a member of the local health management inspecting a health shop in Chinsali.

Recruit, manage, and place pharmacy technologists to perform inspections of accredited outlets

MSH developed a scope of work and advertised two positions of pharmacy technologists. Ideally four positions should have been advertised but this was constrained by the limited budget. Fifteen people were shortlisted and only two were selected. After a few days MSH headquarters approved the proposed candidates. Deusdedit Mwale and Naomi Soko were offered the employment. The two reported for work on April 1, 2010.

Deusdedit Mwale was posted to Eastern province to manage Lundazi and Chama districts. He resided in Lundazi town for easy operations. Meanwhile, Naomi Soko was posted to the north to take care of Kasama and Chinsali districts.

The pharmacy technologists conducted weekly supervisory trips in their residential districts and at least once in a month for the other districts. The supervisory trips were divided into two. Pre-inspection and post-inspection.

The pre-inspection supervisory activity involved supporting the potential health shop for accreditation. It involved advising the shop owner on what is required for the shop to be accredited. These included infrastructures, human resources and other materials required. After that, that's when an application is made to invite the local inspectors to go and inspect the outlet.

The post-inspection is also refereed as a routine inspection as the supervisory supports the outlets on implementing the accreditation standards. That included maintenance of the premises, operational activities as such as sales, RDT tests, record keeping and reporting and also any other issues that would help the health shop to operate more effectively.

The pharmacy technologists complied their finding and advice provided and sent weekly report to the central office for discussion at the ZAAI partners weekly meeting. Annex 12 and 13 shows a sample of some of the reports the supervisors were sending for the partners' discussion.

Conduct training in the accreditation program for the pharmacy technologists

During the first week of April 2010, the pharmacy technologists were trained in the accreditation program. They also had an opportunity to meet PRA, a key partner in the program. The learning

continued as they participated in the training of shop owners, dispensers, and local public health officers.

6. Support the PRA in Operational Oversight, Inspections, and Adherence during the Pilot Implementation

MSH worked with PRA during the pilot program implementation. PRA and MSH worked together during the accreditation program design, training, supportive supervision/inspections. MSH supported their trips. PRA also provided transport during some of the two supervisory trips to Kasama and Chinsali. During these trips PRA inspectors trained the local inspectorate team on inspection techniques and on what to look out for and what advice and sanctions to employ. PRA advised the local inspectors to adhere to the prescribed accreditation standards in their inspection duties. During the February trip, PRA confiscated a broad range of products from most of the shops which they were not accredited to sell (Annex 11). The confiscated products were transferred to the nearest hospital for destruction.

7. General Services Related to Implementation

General services are a summary of the six specific activities described above. MSH recruited the pharmacy technologists and placed them in the pilot districts. The firm was responsible for their relocation, accommodation, human resource management, and work performance in supportive supervision of health shops. MSH managed their payroll, weekly reporting to World Bank, and the partnership. They also collaborated in the field with the subsidy partner on monitoring and evaluation of activities and supply management of ACTs, RDTs, and other supplies. The process was well supported as agreed under the partnership charter.

Challenges

MSH was contracted to manage the accreditation system for the ZAAI pilot program. The challenges faced were both inherent of the project design as well as operational.

- a) Project design
 - The implementation period for the pilot was too short to learn lessons from a system that requires behavior change and systems development/change involving various partnerships.
 - The financing was too limiting to carry out activities with long-term capacity building and change.
 - Lack of entrepreneurship in the project design (due to limited funding) impacted sustainability.
 - The design called for too many partners splitting up the work with resulting inefficiencies in program design and implementation.
- b) Operational
 - According to PRA, the Pharmaceutical Act did not provide the eventualities of authorizing any other provider to sell POM to the public through the private sector. Hence, it became difficult for PRA to take up leadership in the project implementation.

Hence, the advice to delegate issuance of accreditation certificate to the MoH local leadership.

- The shop owners came from a background of conducting illegal practices where they were selling commodities they were not authorized to sell. To change their practice and limit them to prescribed standards was a challenge as it affected their sales incomes mainly from the provision of antibiotics and skin bleaching products. Even though they had inherent entrepreneurship spirit they did not have the acumen to cease the opportunity to quickly adapt to the new standards and look for other alternatives of increasing their sales range within the allowable list, e.g., from the GSL. This list was not drawn from to the extent necessary to make a difference in their capacity to increase shop profitability. They continued reporting a loss of income during the pilot phase compared to the period of time before they joined the pilot.
- The shop owners were reluctant to borrow any money to increase their inventory and expand their premises for fear of losing their properties due to failure to pay back the loans.
- The product range for the allowable commodities to sell was very limited. Efforts were made to increase the product range but the funding mechanism did not allow implementation this under the pilot phase. Subsidized products could not produce sustainable incomes. PRA recognized the limitations.
- The health shops were not diligent in keeping up-to-date records of their day-to-day transactions selling ACTs and RDTs.

Achievements

The objectives of the ZAAI pilot program were to improve diagnostic capacity, increase availability and affordability of ACTs, and weed out ineffective anti-malarial products in the private sector. MSH was contracted to develop and implement an accreditation program to facilitate implementation of the above objectives.

MSH designed an accreditation program within the limited funds made available by the project. This was not optimal and this fact was clearly stated by MSH at the start of the project. Internally the program was referred to as mini ADDO (accredited drug dispensing outlet) because of its limited activities driven by the limitation of resources. However, as defined by the agreed to scope of work, MSH successfully implemented the key elements of the accreditation program it was contracted to do. These are summarized below.

1. Designed an accreditation program.
2. Designed a training program for the shop owners, dispensers, and the local health management.
3. Conducted eight training workshops and trained a total of 181 shop owners and dispensers from the 4 pilot districts. Eleven local health leaders were trained from the same districts.

4. Employed and managed two MSH staff who oversaw the project implementation at the district level.
5. Successfully conducted four advocacy and promotion workshops for drug shop owners in the pilot districts.
6. Worked in collaboration with PRA and the local health leadership to ACCREDIT 57 HEALTH SHOPS out of estimated 80 by April 2011. In these shops:
 - a. More than 22,430 people were tested for malaria.
 - b. Over 7,764 people were treated with an effective antimalarial drug, Coartem.
 - c. Ineffective antimalarial medicines such as chloroquine were no longer made available to patients who tested positive for malaria; SP found in some shops was confiscated by PRA inspectors to avoid use of infective medicines.
 - d. The involvement of PRA was initially a challenge, however, in its drafted regulation and now draft pharmaceutical bill of 2011, PRA is proposed for a provision to facilitate the operation of health shops.
 - e. Successfully managed to convince entrepreneurs from remote rural sites to open health shops in Chinsali, Lundazi and Chama districts
7. Supervised, inspected, monitored, and evaluated the accredited health shops for adherence to the accreditation standards.
8. Built capacity of local health leadership to supervise and inspect the operations of the health shops.
9. Instituted an exit strategy and handed over the supervisory role of MSH to the local health leadership.

Recommendations

After one's pilot of the project in Zambia, and years experience gained from Tanzania and Uganda, MSH recommend that the project is extended to other districts. The benefits gained in increasing access to medicines and in particular management of public health diseases such as malaria, the Government of the Republic of Zambia can serve lives of its citizens. Key mitigating factors that required urgent attention include:

1. Provide a legal provision for the establishment of health shops
2. Expand the list of products that health shops should deal in based on economic and public health needs of its people.
3. Contract a Firm to provide technical support as an interim measure for effective implementation and capacity building of the key stakeholders
4. The extended program should ensure that entrepreneurship is enhanced to provide for sustainability and local ownership
5. The extension of the program should be based on the extended list of products inclusive of selected GSL, P and POM
6. Ensure adequate training of the dispensers takes place to handle the additional responsibilities

7. Contract a firm in collaboration with PRA to build capacity of the existing training institutions in local setting to take up the training of health shops workers
8. The rollout phase should involve multiple stakeholders to ensure acceptability and ownership. For instance, Pharmaceutical Society of Zambia
9. Subsidy should be encouraged for public health interventions only as the sustainability should be left to business and economic acumen of the communities
10. Local leadership should be encouraged to provide operation oversight to take care of public health needs and avoid exploitation of the communities
11. As PRA assumes its legal leadership roles, there is a need to empower it and be more visible to promote adherence to prescribed standards.

Annex 1: Proposed Additional Drugs for the Health Shops

Anti-inflammatory/Analgesics 1hr

- Ibuprofen
- Indomethacine
- Diclofenac Sodium
- Hydrocortisone cream

Antibiotics

- Amoxycilline dispersible
- Amoxycilline 250mg capsules
- Chloramphenical eye drops/ointment
- Cotrimoxazole tablets
- Cotrimoxazole suspension
- Metronidazole tablets
- Metronidazole suspension
- Nalidixic acid
- Tetracycline eye ointment
- Procaine Penicillin
- Benzyl Penicillin injection
- Silver sulfadiazine cream

Antifungal

- Ketoconazole cream
- Miconazole cream

Antihistamines 30mns

- Chlopheniramine
- Ceterizine tablets

Minerals and Vitamins 30mns

- Zinc sulfate tablets
- Normal saline
- Ringers lactate
- Dextrose
- Water for injection

Others

- adhesive plasters,
- syringes,
- needles and
- salbutamol inhalers

Annex 2: Lundazi District Accredited Health shops

	Name of outlet	Location	status
1	Chipata Health Shop - I	Lundazi Boma	Accredited
2	Chipata Health Shop- II	Lundazi Boma	Accredited
3	Sharmar Investment - I	Lundazi market Sq	Accredited
4	Sharmar Investment - II	Lundazi Boma	Accredited
5	Chiukepo Holding	Lundazi market Sq	Accredited
6	Tasly Gomatemwa	Lundazi Boma	Accredited
7	Elunyaweni Shop	Lundazi market Sq	Accredited
8	Linyawa Health Shop	Emusa Sub-boma	Accredited
9	Ngwenyama Enterprise	Pingulani compound	Accredited
10	Chakama Health Shop	Gabon Market	Accredited
11	Buleme General Dealer - I	Lundazi Boma	Accredited
12	Buleme General Dealer - II	Chief Mphamba's Area	Accredited
13	Buleme General Dealer - III	Gabon Market	Accredited
14	Sangwani Health Shop	Emusa Sub-boma	Approved/ pending Accreditation
15	Manjase Farm Shop	Chief Chikomeni's Area	Accredited
16	Thandizo Health Shop	Lumezi Sub-boma	Approved/ pending Accreditation
17	Cosmas Health Shop	Lundazi Boma	accredited
18	Kazembe Shop	Lundazi market Sq	Awaiting accreditation

Annex 3: Chama District Accredited Health Shops

#	Name of Health Shop	Date of Accreditation
1	Longwe trading	May 2010
2	Chizya Medical Services	May 2010
3	Kamveka Maria Shop	October 2010
4	Kamangolo Grocery	October 2010
5	Comad Enterprises	December 2010
6	Hastone and Sons	December 2010
7	Polesana Grocery	December 2010

Annex 4: Kasama district Accredited Health Shop

S/N	NAME OF THE VENDOR	NAME OF THE HEALTH SHOP	DATE OF ACCREDITATION
1	HAPPY SIKAONA	Mutule 1	18/06/10
2	HAPPY SIKAONA	Mutule 2	10/09/10
3	FRIDAH CHOMBA	Ichilubula bainga 2	28/10/10
4	LUCKY SIKANYIKA	Mutule 4	01/07/10
5	CLEMENT MWENYA	Cm enterprises	02/08/10
6	EPHRAI M MUTALE	Ipusukilo	10/09/10
7	CHRISTOPHER SIMPUNGWE	Care 1	10/09/10
8	DR GEORGE KABWE	Kasama surgery	02/06/10
9	FRANK SILWAMBA	Presils	09/06/10
10	BARBARA CHISHIMBA	Peniel	02/06/10
11	ELIZABETH KANDA	Taizya	12/07/10
12	LUKE MUSONDA	Bupe Store	02/06/10
13	MPUNDU MPUNDU	Ausmon Enterprises	02/06/10
14	MARY MWANGE MULENGA	Tutu Complex	02/06/10
15	EDWIN SIMUYEMBA	Edma Enterprises	02/06/10
16	MUKUKA MASABO	F M Medics	12/07/10
17	AGNESS	Better Care	12/07/10
18	FRIDAH CHOMBA	Ichilubula bainga	10/09/10
19	PHELLES CHILONGO	Corporate medical	18/06/10
20	JOSEPH MUBANGA	J M Store	10/09/10
21	-	See me grow	10/09/10
22	EVELYN	Eva Enterprise	15/10/10
23	RICHARD BWEUPE	Bweupe Store	22/10/10

Annex 5: Chinsali District Accredited Health Shops

S/N	NAME OF THE VENDOR	NAME OF THE HEALTH SHOP	DATES OF ACCREDITATION
1	ANTHONY MWIYA	Medchem	03/08/10
2	FAUSTUINA CHISHIMBA	Safagramma	11/06/10
3	LEVIES MWANSA	Musoki Store	11/06/10
4	JOSEPH MUSILIKARE	Life Care	03/08/10
5	DAVAD MUKONDO	MUKONDO 1	08/12/10
6	IAN MUKONDO	MUKONDO 2	08/12/10
7	EMMANUEL MUKONDO	MUKONDO 3	08/12/10
8	VICTOR MUKONDO	MUKONDO 4	08/12/10
9	JOSEPHINE MWILA	LESA ALAPELA	10/12/10

Annex 6: List of Local health personnel Trained

#	District	Name of trainer	Profession
1	Chama	Noah Mtonga	Pharmacy technologist
2	Lundazi	Regina Banda	Environmental Health Technologist
		Louse Banda	Environmental Health Technologist
		Brenda Moyo	Environmental Health Technologist
3	Chinsali	Lukundo Namuwelu	Pharmacy technologist
		Brenda Nambeya	Environmental Health Technologist
		Linda Milonga	Environmental Health Technologist
		Makombe B Mulenga	Environmental Health Technologist
4	Kasama	Andrew Mbambala	Pharmacy technologist
		Anastasia Zulu	Nurse

Annex 7: Lundazi Trained Participants during May 26-28 and August 25-26, 2010

NO	NAME OF THE VENDOR	BUSINESS NAME THE HEALTH SHOP
1	Timeke Banda	Shamar- I
2	Bwalya Lydia Chalwe	Chakama Health Shop
3	Betty Sifali	Shamar Chiginya
4	Medson Shawa	Buleme General Dealers II
5	Elisha Soko	Buleme General Dealers III
6	Rebecca Shaba	Chakama Health Shop
7	Ismail Mulla	Ammaar Trading
8	Thomas Tembo	Ammaar Trading
9	Maureen Mkandawire	Buleme General Dealers III
10	Malizani Jere	Gomatemwa Health Shop
11	Juliet Mbewe	Lundazi District Council- Inspectorate
12	Fanny Banda	Manjase Farm Shop
13	Brenda Moyo	Lundazi District Council- inspectorate
14	Benjamin Chipeta	Lundazi District Council-inspectorate
15	Maureen Chirwa	Kamveka Maria Investment
16	Tiyezye Ngulube	Elunyaweni Health Shop
17	Masauso C. Chirwa	Chiukepo Holding
18	Judy Zgambo	Linyama Health Shop
19	Charles Tembo	Manjase Farm Shop
20	Betty Mseteka	Chipata Health Shop II
21	Tangu Tembo	Ngwenyama Health Shop
22	Sophie Sakala	Elunyaweni Health Shop

23	Esther Banda	Ngwenyama Health Shop
24	Eness Mkandawire	Bwana Drug Store
25	Lilly Mkandawire	Chigunya
26	Malanimba	Sengwani Trading
27	Mzondi Nyirenda	Nu-Mark
28	Billiat Banda	
29	Michael Nyoni	Chipata Drug Store
30	Musungwa Mkandawire	Chipata Drug Store
31	Nelly Kaoma	Vendy Enterprises
32	Veronic Mujanda	Vendy Enterprises
33	Yagoob B. Mtonga	Cosmas Drug store
34	Betty Mtonga	Cosmas Drug Store
35	Banda Ayedema	Msadabwe Drug Store

Annex 8: Chama Trained Participants during May 26-28 and October 21-22, 2010

#	Name of the Vendor	Business Name of the Health Shop	Status
1	Rodgers Nyirenda	Kosapo Grocery	Owner/Dispenser
2	Patricia Goma	Mutende	Dispenser
3	Christine Zimba	Chizga Medical Services	Dispenser
4	W. R. Zimba	Chizy Medical Services	Owner/Dispenser
5	Florence Nyeleti	Eggs Shop	Dispenser
6	Ngu'ni Ngalaba	Kamangolo Grocery	Dispenser
7	Laban Nyirenda	Zgambo Grocery	Owner/Dispenser
8	Grace Nyirenda	Kamyeka Mana	Owner
9	B. K. Mtonga	Amek Investiment	Owner/Dispenser
10	Jonathan Muwowo	Mercy Sales	Owner
11	Prince Chabinga	Longwe Trading	Owner
12	Matthews Mazaba	SHOP	Dispenser
13	Mary Mwale	SHOP	Owner/Dispenser
14	Dickson S. Ngu'ni	SHOP	Dispenser
15	James S. B. Nyirenda	Jes-by Enterprize	Dispenser
16	Ezelina Kumwenda	Tiyezge's shop	Owner/Dispenser
17	Fackson Zimba	Tiyezge's shop	Dispenser
18	Mercy Lwembe	Buleme General Dealers	
19	Abuid Goma-	Comad Enterprises	
20	Hastone Goma-	Hastone and Sons	
21	Chewe Goma-	Auntie Chewe Shop	

22	Sekani Zimba	Chizya Medical Services	
23	Chidula Zimba	Polesana	
24	Chisha Simukoko	Chisha	
25	Esther Banda	Kamveka Maria	
26	Maxwel Chisupa	Ngwezi Trading	
27	Rabson Banda	Sangwani Health Shop	

Annex 9: Chinsali Trained Participants in April and October 2010

#	Name of the Vendor	Name of the Health Shop	Status
1	Faustina Chishimba	Safagra	Owner/Dispenser
2	Caroline Chishimba	Safagra	Dispenser
3	Levies Mwansa	Musok Drug Store	Dispenser
4	Edward Kangwa	Filiso Trading	Owner/Dispenser
5	Binwell Chanda	Filiso Trading	Dispenser
6	Patrick Mwansa	Musoki Drug Store	Dispenser
7	Maxwell Mubanga	Amaano Cuuma Trading	Owner/Dispenser
8	Weston Mwansa Milimo	Milimo retailers	Owner
9	Patrick Mwiya	Medchem	Owner/Dispenser
10	Joseph Musilikare	Dream	Owner
11	Willies Musukwa	Destiny Trading	Owner
12	Brenda B. Mwansa	Medchem	Dispenser
13	Friday Chomba	Phillip shop	Owner/Dispenser
14	Good well shita	Good well	Owner/Dispenser
15	Anthony Mwiya	Mwiyaman	Owner/Dispenser
16	Cicilia Mwiya	Mwiyaman	Owner/Dispenser
17	Aaron Mukuka		Owner/Dispenser
18	Febbie Ngosa		Owner/Dispenser
19	Lucky Bwalya		Owner/Dispenser
20	Janet Mwamba	Mamba's shop	Owner/Dispenser
21	Josphine Mwila	Lesala alapela	Owner/Dispenser
22	Peter Mutale		Owner/Dispenser
23	Nicholus Chanda	Chanda's Shop	Owner/Dispenser
24	Sampule Kapungo	Safagram	Owner/Dispenser
25	Taonga Mbewe	Safagram	Owner/Dispenser
26	Cecilia Mwewa	Life Care	Owner/Dispenser
27	Joseph Mulenga	Joe store	Owner/Dispenser

28	Juliet Chishimba		Owner/Dispenser
29	Mukondo Ian		Owner/Dispenser
30	Mukondo Imanuel		Owner/Dispenser
31	Mukondo Victor		Owner/Dispenser
32	Mukondo David		Owner/Dispenser
33	Derrick Mbulo	Lubwa store	Owner/Dispenser
34	Justina Kafula	Lubwa store	Owner/Dispenser
35	Gideon Simyembe		Owner/Dispenser
36	Lukosha	Lubwa	Owner/Dispenser

Annex 10: Kasama District trained Participants during April 26-28 and August 25-26, 2010

#	Name of the Vendor	Name of Outlet	Status
1	Phelles Chilongo (Mrs)	Cooperate Medical Clinic	Owner/dispenser
2	Mbito Chilongo	Cooperate Medical Clinic	Dispenser
3	Eunice Mosonda	Tazara Drug Store	Dispenser
4	Barbara Chishimba	Chikumanino	Dispenser
5	Evelyn Kasonde	Kasampa Drug Store	Dispenser
6	Belinda Chanda	Kasama Surgery	Dispenser
7	Efetracer Mulenga	Tutu Drug Store	Dispenser
8	Catherine L Mwanza	Tutu Drug Store	Dispenser
9	Mpundu A. Mwaba	Ausmon's Enterprize	Owner/Dispenser
10	Frank Silwamba	Presils Drug Store	Owner/Dispenser
11	Francis Mukuka	F. M. Medical Surgery	Owner/Dispenser
12	Mwamba Godfrey	Kambe Kesa Mwamba Chisanga	Owner/Dispenser
13	Richard Zulu	R. M. Drug Store	Dispenser
14	Elizabeth Kanda	Tiyazya Drug Store	Owner/Dispenser
15	Silvia Nakazwe	EDMA Enterprises	Dispenser
16	Ruth Namuyemba	EDMA Enterprises	Dispenser
17	Happy Sikaona	Mutule Drug Store	Owner/Dispenser
18	L. J. Kanyika	Mutule Drug Store	Owner
19	Benjamin Sinkaba	Lancet Medical Centre	Owner/Dispenser
20	James Mitimangi	Better Care Drug Store	Owner
21	Agnes Bwalya	Better Care Drug Store	Dispenser
22	Kabwe John	Kasampa Drug Store	Owner
23	Frida Chomba	Khilubula Bring	Owner/Dispenser
24	Ruth Lwansa	Katewa Drug Store	Owner/Dispenser
25	Mary Mwange	Tutu Drug Store	Owner/Dispenser
26	Luka Musonda	Bupe Drug Store	Owner/Dispenser
27	Hobson Chansa	Famous G. S	Dispenser
28	Simon Mungole	Life style herbal Centre	Owner/dispenser
29	Augustine Lwelwa	See me grow drug store	Dispenser
30	Mulenga Chileshe	Pemellengalenga Drug Store	Dispenser
31	Christopher Sinsunga	Care drug Store	Owner Dispenser
32	Joseph Mulenga	Delure Ltd	Owner
33	Scheaver Sikaona	Mutule Drug Store	Dispenser

34	Emelda Mulenga	Ichilubula Bainga	Dispenser
35	Ines Mubanga	Katewa D. Store	Dispenser
36	Chansa Kaoma	Tutu	Dispenser
37	Mukupa Christian	Tutu	Dispenser
38	Chileshe Mulenga	Panie lengalenga	Dispenser
39	Persis Mulwanda	Presils	Dispenser
40	KAMBOLE EDINA	IPUSUKILO STORE	DISPENSER
41	NGONGA FLORENCE	IPUSUKILO STORE	DISPENSER
42	JOSEPH MUBANGA	J M STORE	DISPENSER
43	SINYIZA CHRISTOPHER	PENIEL LENGALenga	DISPENSER
44	CHISHA BWALYA	WALU DRUG STORE	DISPENSER
45	EPHRAIM MUTALE	IPUSUKILO	DISPENSER
46	SIMBEYE EDWIN	EDMA ENTERPRISES	OWNER/DISPENSER
47	ELVIS CHILEYA	TAIZYA DRUG STORE	DISPENSER
48	ANNIE MUSONDA	MUTULE DRUG STORE	DISPENSER
49	MUBANGA SERAH	ICHILUBULA BAINGA	DISPENSER
50	MUSAWA SHARON	ICHILUBULA BAINGA	DISPENSER
51	CHISANGA RABECCA	ICHILUBULA BAINGA	DISPENSER
52	MILLY MULWANDA	TUTU COMPLEX	DISPENSER
53	IREEN MUSONDA	BUPE STORE	DISPENSER
54	BRENDA KAPAMBWE	MTDS STORE	DISPENSER
55	JAPHET CHISANGA	JAPHET DRUGSTORE	OWNER/DISPENSER
56	SCAEFER SIKAOA	MUTULE STORE	DISPENSER
57	GRENDAN NGANDWE	MUTULE STORE	DISPENSER
58	NALUTONGA NANCY	CARE DRUG STORE	DISPENSER
59	MUKUKA MPUNDU	AUSMON ENTERPRISES	DISPENSER
60	NAKAZYE CHISHA	CARE STORE	DISPENSER
61	CHILESHE MULENGA	TUTU COMPLEX	DISPENSER
62	GIFT NAKAWALA	MUTULE STORE	DISPENSER
63	ALINANI SINYINZA	MILIMA STORE	OWNER/DISPENSER
64	IVY KAONA	MILIMA STORE	DISPENSER
66	ALINANI SIMUTENDA	YAHWEH DRUGSTORE	DISPENSER
67	MUKUKA MASABO	F M MEDICAL	OWNER/DISPENSER
68	NAMWINGA PEGGY	F M MEDICAL	DISPENSER
69	CHARITY MUBANGA	P C M ENTERPRISES	DISPENSER
70	MUSONDA MUBANGA	KATEWA	DISPENSER
71	CLEMENT MWENYA	C M MEDICAL CENTRE	OWNER/DISPENSER
72	ELIZABETH NGANDU	SHAKINAH DRUG STORE	DISPENSER
73	KELLY CHANDA	TUTU COMPLEX	DISPENSER

Annex 11: List of products confiscated from Health Shops

- 1) Fenylin Expectorant
- 2) Flamivit
- 3) Betnew eye drops
- 4) Triphen 4 flu
- 5) Diprosol Cream
- 6) Tripacof
- 7) Diclofenac sodium
- 8) Spasmoints – 10
- 9) Lopramide
- 10) Anusal
- 11) Zecuf Syrup
- 12) Tescap
- 13) Hydrocortisone
- 14) Whitfield Ointment
- 15) Kolyn syrup
- 16) Nifedipine 10mg tablets
- 17) Coldril tablets
- 18) Satphen syrup
- 19) Clotrimazole cream
- 20) Ciprofloxacin Sod
- 21) Phenoxymethyl penicillin
- 22) Novaen So
- 23) Magnavit
- 24) Dr. maison tablet
- 25) Coldcare tablets
- 26) Stop cold tablets
- 27) For Flu tablets
- 28) Nystatin
- 29) Lidocaine
- 30) Maxirone 125
- 31) Appetito
- 32) Paingel
- 33) Kemoxyl
- 34) Diclofenac
- 35) Aspirin 300mg tablets
- 36) Triphen syrup
- 37) Ascoril expectorant
- 38) Becosel
- 39) Enylin Original
- 40) Salbutamol
- 41) Apdril
- 42) Diclofenac gel
- 43) Silver sulphadiazine
- 44) Burnol
- 45) Suprapet syrup
- 46) Superapet tablets
- 47) Ventolin drops
- 48) Betasol lotion 30ml
- 49) Decalotyle 100
- 50) Epidermal 15mg
- 51) Elyderm syrup
- 52) Benylin paediatric syrup
- 53) Dentonil toothache drops
- 54) Apeptione tablets
- 55) Flazine 50mg
- 56) Shalton expectorant
- 57) Ibuprofen
- 58) Ibuprofen
- 59) Korlyn
- 60) Tecofol-200
- 61) Baume
- 62) Ascoril
- 63) Gentamycin
- 64) Dexamethasone
- 65) Inphenicol
- 66) Metronidazole
- 67) Betasol
- 68) Difisal
- 69) Aribul
- 70) Water for injection
- 71) Anusal
- 72) Nitrofurantoin
- 73) Chlorpheniramine
- 74) Bisadolyl
- 75) Kotrim
- 76) Folic acid
- 77) Tndosim
- 78) Metrosim-200
- 79) Zolcer
- 80) Gorgynax tablets
- 81) Rufenol 50mg
- 82) Ketazol cream
- 83) Chloramphenicol ear drops
- 84) Dexamethazone eye/ear drops

85) Chloramphenicol eye drops	112) Burnazine cream
86) Shaldex eye/ear drops	113) Rufenal 30mg
87) Malodex Tarlitis	114) Trishal
88) Racycline Ointment	115) Tetracycline Ointment
89) Magpharm tablets	116) Lufedol
90) Sulphadoxine/pyramethamine	117) Becoshel
91) Metronidazole 200mg	118) Deltavit
92) Power-petite	119) Ascoril Expectorant
93) Lofnac 100	120) Salbuzen
94) Lycophos syrup	121) Diclopal Gel
95) Cadiphen	122) Vitamin B complex
96) Koflyn cough expectorant	123) Magnesium trisilicate
97) Kofex syrup	124) Vitamin
98) Ivygentacin eye/ear drops	125) Sulfur Ointment
99) Chlorphenyramine syrup	126) Mobilub 10s
100) Leopard Bulm	127) Potassium chloride
101) Neoprosone Gel	128) Glibenclamide 10mg
102) Pharmderm cream	129) P-cam 20 caps
103) Mone clair lotion	130) Ciprofloxacin
104) Mucolyn syrup	131) Zenergyl syrup 100ml
105) Tripacolf expectorant	132) Stop Cold
106) Satiphen syrup	133) Moxirone 125
107) Novafen – 50	134) Kemoxyl
108) Spasmintas-10	135) Diclotan
109) Anusal suppository	136) Rhuma Gel
110) Chest colf syrup	
111) Sedition cough	

Annex 12: Weekly Report for Kasama and Chinsali District health shops

The activities done in the week 17th to 22nd January 2011 include visiting outlets that wish *to participate in the Zambia Access to ACT Initiative Programme (these people were trained but due to lack of finances to move to other places or to build new shops they could not be accredited)* .

OUTLETS VISITED-

All the 23 outlets which are accredited were all visited. Among these 23, 3 are not operating due to some challenges they are facing like no clients visiting their shops because their shops are not in open areas where people could easily locate the shop e.g. Presils and see me grow

OUTLETS ACCREDITED-

Only one shop was accredited last week in kasama. In Chinsali, no shop was accredited.

- Save your life health shop. This shop is located in Tazara market owned by Augustine Mwewa who was among the participants of the first workshop held at Dauson Lodge in April.

NUMBER OF OUTLETS PENDING ACCREDITATION

There are outlets pending accreditation in kasama. These are

- Katewa in new town
- Power of legacy located in Milima about 15km from kasama town centre along Mbala road

In Chinsali, most of the shops are being worked on. Last week some shops were swept away by the rains in Lubwa so the owners have to start building new shops.

NUMBER OF OUTLETS FAILING TO BE ACCREDITED

Among those trained, MTDS, Walu, Care 2, Lancet diagnostic services, blessings, P C M and Shakinah are failing to be accredited because owners have failed to relocate to better places and to renovate their shops because their shops are too small to meet PRA requirements and are not only operating as drug stores.

WHAT COULD BE DONE TO SUSTAIN ACHIEVERS

To sustain the achievers, the supply of drugs should be consistent and provide them with the materials that they need to operate like the registers which they have run out of and constant supervision to ensure that they are doing the correct thing and the right people are carrying out the RDT.

CHALLENGES AFFECTING ACCREDITATION

- Outlet owners have resorted to selling coartem even if the RDT is negative because they are not making profit from RDTs alone. So there is need to increase the scope of OTCs.
- Some indicated that GSL is too shallow as most products are just a repetition and may not be profitable.
- Some shops like better care, see me grow and Presils have closed their shops for no reasons
- Other shops have been accredited but the owners do not want to buy coartem from the wholesalers because they think there isn't enough profit from selling coartem and general sales alone. E.g. See me grow.

ADDRESSING THE CHALLENGES

- Increase the scope of OTCs to sustain the shops
- The project must review the minimum standards for the building in some areas with regards to allowing the communities to benefit in the initiative especially in Chinsali district which is more rural than Kasama.

Annex 13: Lundazi District Weekly Sales of Coartem and RDTs

District: Lundazi		Week Beginning: 10 th to 16 th January 2010									
No.	Outlet Name	Products									
		Coartem								RDTs	
		6s	Balance	12s	Balance	18s	Balance	24s	Balance	Tests Done	Balance
1	Shamar I	1	5	3	54	1	77	7	13	53	-30
2	Shamar II	2	80	4	79	4	79	3	24	63	-48
3	Chiukepo Holding	4	26	4	5	0	19	4	18	68	152
4	Chipata Health Shop I	0	6	1	3	2	19	0	2	102	-79
5	Tasly - Gomatemwa	0	46	1	15	0	59	0	27	274	163
6	Elunyaweni Shop	0	0	0	0	0	20	0	0	61	39
7	Cosmas Health Shop	1	14	2	20	1	26	2	6	15	146
8	Buleme General Dealer I	5	55	1	9	1	17	3	8	228	11
9	Chipata Health Shop II	1	10	2	-2	0	0	3	-3	25	101
10	Linyawa Health Shop	0	16	0	23	0	26	0	23	1	24
11	Ngwenyama Health Shop	0	29	0	24	0	29	0	27	1	24
12	Buleme General Dealers II	7	0	2	0	4	10	7	0	30	59
13	Sangwani Shop	2	48	1	24	2	23	5	49	22	77
14	Manjase Farm Shop	15	0	2	0	4	0	3	0	55	110
15	Buleme General Dealers III	3	-3	2	-2	0	10	0	0	41	17
16	Kazembe Health Shop	1	24	0	27	0	29	4	0	9	168
17	Chakama Health Shop	1	5	1	3	3	2	4	84	22	-7
18	Thandizo	9	0	5	0	0	0	5	0	24	0
	wholesaler	0	1560	0	1560	0	1650	0	1080	0	1000
	Total	52	1921	31	1842	22	2095	50	1358	1094	1927

The Highlighted indicated u

**STATUS AT WHOLESALER AS OF 20TH JANUARY IS NIL IN STOCK

Annex 14: KASAMA DISTRICT WEEKLY SALES REPORT FOR THE WEEK ENDING 31ST JULY 2010

S/N	NAME OF THE SHOP	PRODUCT				
		6s	12s	18s	24s	RTDs
1	AUSMON ENTERPRISES	0	0	0	0	0
2	EDMA ENTERPRISES	0	0	1	6	25
3	TUTU COMPLEX	1	0	1	1	13
4	KASAMA SURGERY	2	0	1	9	22
5	BUPE STORE	0	0	0	3	24
6	CORPORATE MEDICAL	0	0	0	0	14
7	F M MEDICAL	0	0	0	0	0
8	TAIZYA STORE	0	0	0	0	2
9	PRESILS STORE	0	0	0	0	1
10	PENEL STORE	0	0	0	1	4
11	MUTULE 1	0	0	0	0	0
12	MUTULE 4	0	0	0	1	1
13	BETTER CARE	0	0	0	0	0
TOTAL		3	0	3	21	106

Annex 15: Kasama District Health Shops Supply and Issues

#	Product	Package		Quantity Received on				Total				
			May	July 14 2010	16-Sep	30-Nov	26-Jan-11	Doses	Packs	Issues	7/02/11 Balance	Variance
1	Coartem	6	540 (18)	480 (16)	180 (6)	300 (10)	-	1500	50	1320	180	0
2	Coartem	12	270 (9)	120 (4)	300 (10)	300 (10)	-	990	33	750	240	0
3	Coartem	18	270 (9)	120 (4)	300 (10)	300 (10)	-	990	33	660	330	0
4	Coartem	24	540 (18)	480 (16)	300 (10)	240 (8)	900 (30)	2460	82	1710	750	0
5	RDT	25	2025 (81)	2000 (80)	-	1500 (60)	2000 (80)	7525	301	5975	1550	0
Total Coartem Doses								5940	198	4440	1500	

Annex 16: Chinsali District Health Shops Supply and Issues

#	Product	Package		Quantity Received on				Total		Issues		
			May31 Direct Delivery	July 14 2010	16-Sep	30-Nov	4-Jan-11	Doses	Packs		7/02/11 Balance	Negative Variance
1	Coartem	6	120	480			210	810	41	660	30	120
2	Coartem	12	60	330			180	570	19	510	30	30
3	Coartem	18	60	330			210	600	20	540	60	0
4	Coartem	24	120	420			150	690	23	780	0	-90
5	RDT	25	450	4000			1500	5950	184	4335	1500	115
Total Coartem Sales								2670		2490	120	60

Annex 17: Lundazi District Health Shops Supply and Issues

#	Product	Package		Quantity Received on				Total					
			13-May	July 9 2010	Nov 30 2010	Feb 10, 2011	March 9, 2011	Doses	Packs	Issues	22/03/11 Balance	Variance	Packs
1	Coartem	6	480	1260	1200		0	2940	60	1771	1080	-89	-3.0
2	Coartem	12	120	630	1650		0	2400	36	1080	1320	0	0.0
3	Coartem	18	120	630	1740		0	2490	35	1050	1440	0	0.0
4	Coartem	24	480	1260	900		0	2640	64	1920	660	-60	-2.0
5	RDT	25	2400	6000	4000	1500	4250	18150	301	17350	800	0	0.0
Total Coartem Doses								10470	198	5821	4500		

Annex 18: Chama District Health Shops Supply and Issues

#	Product	Package		Quantity Received on				Total				
			May31 Direct Delivery	July 7 2010		30-Nov	10-Feb-11	Doses	Packs	Issues	7/02/11 Balance	Negative Variance
1	Coartem	6	240	720		450		1410	47	450	360	600
2	Coartem	12	60	360		750		1170	39	210	600	360
3	Coartem	18	60	360		840		1260	42	270	630	360
4	Coartem	24	240	720		360		1320	44	480	210	630
5	RDT	25	1200	2500		4000	-1500	7700	308	3950	1650	600
Total Coartem Doses									172	1410	1800	

Annex 19: Kasama District Health Shops Coartem and RDT Issues

KASAMAHEALTH SHOPS AUDIT																					
	Health Shop	6				12				18				24				RDT			
		Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance
1	EDMA	60	36	24	0	30	14	16	0	30	15	15	0	150	146	4	0	1200	1181	19	-6
2	Mutule 1	60	38	22	0	30	12	18	0	30	20	10	0	60	38	1	-21	225	137	13	0
3	Mutule 2	30	4	26	0	30	1	18	-11	30	3	27	0	30	6	24	0	50	24	25	-1
4	Taizya	60	45	12	-3	30	16	14	0	30	21	2	-5	90	64	26	0	225	218	3	-4
5	Chilubula Bainga	30	4	23	-3	30	4	22	-4	30	3	19	-8	30	8	17	-5	50	54	14	10
6	Chilubula Bainga 2 (CB2)	33	0	30	-3	4	5	0	1	8	3	3	-2	5	11	0	7	50	30	18	-2
7	Ausman	60	7	50	-3	30	10	19	-1	30	14	14	-2	60	51	0	-9	275	137	138	0
8	CM	60	23	37	3	30	1	15	-14	30	2	27	-1	60	55	0	-5	150	128	20	-2
9	Care	60	21	39	0	30	5	28	3	30	1	29	0	60	20	40	0	50	53	10	7
10	Wantula	120	59	53	-8	30	28	0	-2	30	9	22	1	90	61	29	0	225	155	54	-16
11	Ipusukilo	60	51	0	-9	90	76	2	-12	30	22	0	-8	150	145	0	-5	500	384	46	-94
12	JM	30	26	4	0	30	18	12	0	60	7	53	0	53	22	30	-1	125	123	2	0
13	Bweupe	60	5	52	-3	30	6	24	0	30	2	27	-1	60	23	32	-5	100	67	35	2
14	Penel	60	47	0	-13	30	24	0	-6	30	20	0	-10	150	95	30	-5	325	270	43	-12
15	Eva	90	57	28	-5	90	52	25	-13	30	30	0	0	90	75	0	-15	275	259	19	3
16	Tutu	90	64	26	0	60	32	25	-3	60	29	30	-1	240	209	16	-17	975	946	16	-13
17	Bupe	60	6	25	-29	30	10	20	0	30	3	27	0	60	39	21	0	350	282	68	0
18	Lancet	60	34	19	-7	30	9	12	-9	30	6	19	-6	90	70	0	-20	275	144	89	0
19	Co-operate	60	8	50	-2	30	9	20	-1	30	4	25	-1	60	27	31	-2	425	353	46	-18
		1143	535	520	-85	694	332	290	-72	608	214	349	-44	1588	1165	301	-103	5850	4945	678	-146

Annex 20: Chinsali District Health Shops Coartem and RDT Issues

CHINSALI HEALTH SHOPS AUDIT																						
#	Facility name	6's				12's				18's				24's				RDTs				
		Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	Issued	Dispensed	Balance	Variance	
1	Josephine Health shop	30	1	29	0	30	0	30	0	30	0	30	0	30	1	29	0	125	13	112	0	
2	Life Care Health shop	60	3	57	0	30	6	24	0	90	3	87	0	90	52	38	0	150	98	56	-4	
3	Safa Grama	180	161	7	-12	120	97	11	-12	90	62	22	-6	240	218	13	-12	2375	1616	759	0	
4	Mukando 1	30	24	4	-2	30	14	14	-2	30	1	24	-5	30	5	23	-2	125	21	104	0	
5	DNM	30	5	25	0	30	14	16	0	30	0	30	0	30	2	28	0	125	9	116	0	
6	NKOLE	30	0	30	0	0	0	0	0	30	0	30	0	0	0	0	0	125	0	125	0	
7	Mwiyamwine	30	14	16	0	30	10	20	0	30	6	22	0	30	7	22	-1	175	76	99	0	
8	Musoki	210	119	88	-3	180	123	82	-25	150	24	39	-87	180	102	9	-69	725	645	88	8	
		600	327	256	-17	450	264	195	-11	480	96	290	-98	630	387	162	-84	3925	2478	1459	4	
			597				459				386				560				3884			

Annex 21: Lundazi District Health Shops Coartem and RDT Issues

Name of Health Shop	Receipt	RDT Transactions					ACT Transactions by pack size															
		RDT's Done	positives	negatives	balance	deviation	6's Recv'd	6's sold	balance	deviation	12's Recv'd	12's sold	balance	deviation	18's Recv'd	18's sold	balance	deviation	24's Recv'd	24's sold	balance	deviation
Shamar I	1500	1750	1508	242	0	150	210	149	61	-8	120	82	51	13	120	56	69	5	210	183	5	-22
Shamar II	800	761	386	375	0	-39	90	79	78	-3	90	25	77	2	90	10	80	0	90	87	9	6
Chipata Health Shop I	1800	2076	1614	462	0	276	210	188	0	-22	120	102	0	-18	120	89	16	-15	210	189	0	-21
Chipata Health Shop II	400	379	198	191	20	-1	30	25	0	-5	30	23	0	-7	30	3	0	-27	30	33	0	3
Buleme I	2850	2648	1735	1023	0	110	210	110	34	-66	150	35	4	-111	120	15	16	-89	210	87	27	-96
Buleme II	300	265	150	112	5	-30	60	36	6	-18	30	22	0	-8	30	23	0	-7	90	46	10	-34
Buleme III	450	342	157	185	100	-8	60	23	30	-7	60	26	43	9	30	10	1	-19	60	24	0	-36
Chiukepo Holding	850	1081	697	364	0	231	60	34	20	-6	30	30	0	0	30	11	22	3	90	82	0	-8
Elunyaweni	600	498	330	168	0	64	30	28	0	-2	30	17	0	-13	30	3	21	-6	30	22	0	-8
Linyawa	100	99	54	45	0	-6	30	15	13	-2	30	15	15	0	30	5	25	0	30	12	14	-4
Ngwenyama	400	242	126	116	158	0	30	1	27	-2	30	9	21	0	30	3	26	-1	30	21	4	-5
Sangwani	250	154	127	27	96	0	60	29	27	-4	30	19	11	0	30	16	14	0	60	54	4	-2
Thandizo	250	68	60	8	182	0	60	26	34	0	60	12	48	0	60	1	59	0	60	20	40	0
Kazembe	350	296	155	141	0	-4	30	16	8	-6	30	18	9	-3	30	14	16	0	30	11	0	-19
Chakama	500	474	225	250	4	-11	60	23	0	-27	60	28	0	-32	60	35	8	-17	60	55	4	-1
Manjase	400	340	268	72	60	0	120	104	16	0	30	16	12	-2	30	4	23	-3	60	19	25	-16
Cosmas	500	500	217	283	0	0	30	22	7	-1	30	22	3	-5	30	9	21	0	30	27	0	-3
Gomatemwa	1600	1459	922	437	0	-241	210	52	70	-80	120	22	11	-87	120	6	59	-55	210	59	1	-136
	13900	13432	8929	4501	625	491	1590	960	431	-261	1080	523	305	-262	1020	313	476	-231	1590	1025	143	-422

Annex 22: Chama District Health Shops Coartem and RDT Issues

	Name of Health Shop	Receipt	RDT Transactions					ACT Transactions by pack size																
			RDT's Done	positives	negatives	balance	deviation	6's Recv'd	6's sold	balance	deviation	12's Recv'd	12's sold	balance	deviation	18's Recv'd	18's sold	balance	deviation	24's Recv'd	24's sold	balance	deviation	remarks
1	Longwe Trading	600	279	109	170	321	0	120	9	111	0	30	24	6	0	30	17	13	0	120	29	101	0	
	Chizya Medical																							
2	Services	600	398	73	325	209	7	120	8	112	0	30	19	11	0	60	28	18	-14	150	30	127	-3	
3	Kamveka Maria	750	276	146	134	474	0	30	19	11	0	30	27	3	0	60	30	30	0	90	66	24	0	
4	Kamangolo	50	21	12	7	29	0	30	3	27	0	30	5	25	0	30	0	30	0	30	2	28	0	
5	Comad	100	4	4	0	96	0	30	0	30	0	30	0	30	0	30	0	30	0	30	4	26	0	
6	Polesana	250	129	106	23	120	-1	90	54	30	-6	30	15	11	-4	30	10	12	-8	90	18	7	10	
7	Hastone & Sons	100						30	0	30	0	30	0	30	0	30	0	30	0	30	0	30	0	Outlet closed during visit
	Total	2450	1107	450	659	1249	6	450	93	351	-6	210	90	116	-4	270	85	163	-22	480	149	338	7	