

Kartong

community pharmacy

functional commerce to create a sponsor independent sustainability in drug availability

Follow up November 2008

Richard van Slobbe & Tom Gelevert

Friday 7th November

- Arrival in Banjul in the evening. Welcome by Lamin and the lodge staff.
- Met two Dutch midwives (Eva and Cindy) who are doing a project in Kartong Clinic to reduce post-partum maternal mortality.

Saturday 8th November

- Accompanied Lamin to the auction of the cars coming with the Antwerp-Banjul Challenge. Met some people from the organisation (Location: Independence Stadium, Serrekunda). This challenge is being organised twice a year by the Dutchman Cor de Bresser. Teams drive with their car from Belgium to The Gambia. They finish in the Equator Lodge (Tamba Kuruba) in Kartong. By staying there the lodge raises income from which the staff of the clinic gets paid. When the teams arrive their cars get sold by auction. With this money several projects in Gambia are being sponsored.
- Trying to get used to the climate in Senegambia, Bakau. Discussion with the two Dutch midwives about Kartong Clinic and about how to get the best results with our projects.
- Visit to Bart's Finish Bar. Bart is a Dutchman who lives in Gambia along the road between Banjul/Serrekunda and Kartong. He is building a nice lodge and has a bar along the road. He hopes that in future the Challenge will finish at his place in stead of in Kartong. (This would be a bad situation to happen to the Kartong Clinic).

Sunday 9th November

- Visit to the Pharmacy. Met Ousman Camara again. First impression: he is still doing a great job. Stock-administration, weekly/monthly registration, recording expenses, all looking good. Advised him to keep the cupboard drawers clean.
 - Given a present (a nice big golden watch) to Ousman. Also a golden watch for Abbie, the nurse (she is really dedicated but not yet educated as a nurse).
 - Sakary (the midwife, and the one in charge of the clinic) is still failing his job. Gets full salary, but only works less than half of the week.
 - Since some weeks a dentist is working in the clinic. He is a nurse educated as a dentist. When Sakary is absent and Abbie is also not around, the dentist sees the patients of the clinic.
 - Since 6 months Ousman is being assisted during the mornings by Barbara. Barbara is a girl who is waiting for getting an education as a nurse. She always wanted to become a health worker. Because so far she did not get the permission to start the nurse training, she decided to ask Ousman to assist him in the pharmacy. For her it is an opportunity to learn about medicines. This will give her advantage once she will be in nurse training. For the Kartong Pharmacy this means that when Ousman has to leave the pharmacy (to write and send reports or to buy things in Brikama/Serrekunda) Barbara is there to dispense the drugs. She is also very useful to answer questions of female patients about typical woman-aspects. (She also sells a lot of condoms to women!)
- Barbara seems very smart and dedicated. Useful for the pharmacy.

- Visit to Ousman house. His house has been destroyed totally because of the heavy rains during the rainy season (heaviest since 30 years). A very sad situation to see him and his family live roofless. Richard and Tom gave 50 Euro's each (personal gift) to make a start with his new house.
- Visit to Lamin's chicken farm. A big shed built next to his house. A new initiative to raise some money for the clinic. At the moment about 700 chicken. Apart from a few starting problems (they use a lot of water and sometimes hard to get the right chicken food in Gambia) it is really looking good. Selling price is lowest in Gambia, but still rather expensive for inhabitants. Not daily meal. Lamin has a freezer so when the chicken are big enough he slaughters them. In this way it doesn't cost him extra chicken food. Within one year after start he is already making money out of the project.
- Visit to pharmacy to get some more financial information. Some problems with the month August. A very busy month because of rainy/malaria season. Nevertheless the profits are low. How come? Try to find out later.
- A big shortage in Paracetamol and chloroquine injections. Reason: have rainy season, so much malaria, so much chloroquine and paracetamol. Beside that the paracetamol is very very cheap in Kartong compared to the rest of Gambia. So people buy in advance also for the rest of the family. We have to be ordered much more the next order!
- Problem with the Vitamin B Complex. More than half of the dragées are broken. Two possibilities: bad quality (coating) or too much moist (or both). Try to find out at IDA when we are back in Holland. Assured Ousman that it is very important to always close the tins very well. (But he already knows that.)
- People ask for Coartem®, a new malaria drug (artemether & lumefantrine). It is very expensive, but as government/Public Health procure it for almost nothing, so impossible to add up 8 Dalasis fee. Strange situation that Coartem is procured while it is not in the Gambian Treatment Guidelines and also not in the Essential Drug List! Still chloroquine as first choice. Too expensive at IDA so decided not to introduce.
- Made copies (pictures) of the expenses book, to be able to analyse it later.
- Mal payments are quite high. (Cultural problem, Ousman is a well known person in Kartong. He can not always refuse) Ousman started to write them down in a mal payment book. When people come back and pay he deletes them in the book. Not clear whether he adds this to the sales!
- Sakary decided that hospital staff doesn't have to pay for drugs. Ousman as well as Lamin didn't agree on this. Ousman wrote down in the mal payment book and forced Sakary (and Labman) to pay. We are really proud of Ousman!

Monday 10th November

- Visit to the pharmacy. Checked the Bankbook. Made pictures of whole book. Bank has been closed since 1st of September, probably due to world wide financial crisis. Balance on 1st of September is 13,369.00 Dalasis. Money is still in the Bank, but at the moment there is no access to it. According to Lamin it will soon re-open.
- Ousman has still serious concern about not having an official appointment letter or Memorandum of Understanding (MOU) of the clinic. FOFDHIK or ASCOD or Kartong Clinic has to give it to Ousman. Farmacie Mondiaal (FM) did not employ Ousman, so FM can not do this for Ousman. What FM will do is give Ousman a Letter of Recommendation with the Letterhead of FM. Ousman will receive it by post when Richard and Tom are back in Holland.
- Discussion in the Equator Lodge with Cor de Bresser (from the Antwerp-Banjul Challenge) and Lamin. The challengers had some complains about the quality of the lodge. This was not the first time. Cor tried to convince Lamin of the need to improve the facilities of the lodge. The lodge needs the challengers to survive. Cor declared that he doesn't want to move to another place with his challenge (for example Bart's Finish Bar), because he wants this to be organised by Gambian people and not by foreigners. But Lamin has to improve the facilities and quality (and find the right balance between price and quality).

Tuesday 11th November

Visit to the pharmacy. Several drugs that have been ordered in 2007, when the Kartong Pharmacy opened are (hardly) not being prescribed. To prevent these drugs from getting expired we proposed to try to sell it to a commercial pharmacy or another clinic. Concerning the following drugs:

Name of Drug	Unity	Expiry date	Quantity
Omeprazole 20mg	Tin 1000 caps	11/2009	5
Postinor (Morning After Pill)	Package 2 tabs	03/2011	200
Carbon absorbent 125mg (Norit)	Tin 1000 tablets	03/2011	2
Atenolol 50mg	Tin 1000 tablets	08/2009	2
Beclomethason 50mcg oral inhaler	200dose inhaler	11/2009	50
Salbutamol 100mcg oral inhaler	200dose inhaler	10/2009	100

We went to Stop Step Pharmacy in Serrekunda where we met one of the employers Henry Amonoo. Henry is a friend of Ousman. We gave him the examples of the above mentioned drugs and asked him to discuss with his boss whether they are interested in the drugs. One of the disadvantages would probably be that they prefer blistered drugs more than tins.

We instructed Ousman to contact his friend Henry the next week to bargain about the right price of the drugs. When the price is too low according to Ousman, the drugs will not be sold to a pharmacy, but instead will be given to another clinic or hospital where they need it.

The above mentioned drugs are expensive drugs. The fact that they are not being prescribed means that the next order will be relatively cheaper!

Meeting with the administrator of Kartong Clinic, Kabiro Manneh, Lamin employed him. (He is not a direct friend of Lamin, has strong opinions and is not afraid to share them). He studied in India (Administration / ICT). At the moment he works at the KART (Kartong Association for Responsible Tourism) but this is not a fulltime job. Beside this Lamin asked him to do the administrators job in the clinic. Until now he does this as a voluntary job, but in future he will be officially employed. He wants to start to make letters of appointment and to collect the complete files of the clinic's staff. Also he will report about the different disciplines of the clinic. And he will do the administration/collection of payments by patients for the different disciplines (Clinic, Lab, Pharmacy, Ward).

He asked for a printer (Laser?) and cartridge. Because the clinic has a computer but no printer.

In future he also can supervise over the different locations of the pharmacies when/if The Kartong-model will be expanded.

- Met Lamin Bojang, the Labman. Still working there. Until now the clinic never got one piece of money from the testing he does. Furthermore there are serious questions about the professionalism concerning the lab tests.

- Met the dentist Pamodou Badjie. He has made a very nice and proper consulting room, fully equipped. He is being educated in Gambia during a twelve week intensive course by a German University. This university sponsors the equipments and materials.

- Met Dr. Jassy at his house in Gunjur. Dr Jassy is a well educated (Sweden, Russia, Nigeria) gynaecologist. Age: around end 50's. He came back to his hometown Gunjur where he has his own small clinic. Step by step he is expanding. He also has plans for building a pharmacy (long term). He is not working for Governmental Hospitals because he is very unsatisfied about the governmental policy. That is why he decided to build his own clinic. The drugs in his consulting room were not many.

He seems to be a very good gynaecologist. And he works together with the two Dutch midwives to educate the midwives and Traditional Birth Attendants (TBA's) in the region Kombo-South.

- After concluding that the Kartong Clinic is doing quite well we had a discussion with Lamin about how and where to expand the Kartong Pharmacy project. Three possibilities Gunjur (Dr Jassy), Berending, Nyofelleh.

Gunjur is a much bigger village, but the disadvantage is that there are already 4 commercial pharmacies. This might give problems. And there isn't a building yet.

The two other possibilities are the villages Nyofelleh (45 minutes from Kartong) and Berending (20-30 minutes from Kartong). The advantages of these villages are that there already is a clinic with room for a pharmacy. The building is already there. There is already a 'pharmacist' and there are nurses who can prescribe drugs. In Nyofelleh they used to receive drugs from English sponsors, but they recently stopped sponsoring. In Berending they buy drugs from commercial pharmacies in Serrekunda and Brikama and so they are very expensive. Beside that they receive some free drugs from Dutch sponsors from time to time. Not structural and not the right sort of drugs. In 2007 Manon and Tom already visited Nyofelleh. Lamin told that they are still very much interested in the Kartong model. They are waiting for us! Tomorrow visit to Berending to investigate the situation.

Afternoon: visit to Lamin Lodge in Lamin Village to watch monkeys during lunch along the riverside. Visit to Kims Kombo where alcoholic drinks are being produced from all types of fruit. We had a nice try. Our driver Dudu was 'De Bob'.

Wednesday 12th November

- Visit to Berending community Health Clinic; 5 persons are working there. Met the person in charge, Jaja Bodjan, headnurse/midwife. He is very enthusiastic about our plans. Nice buildings with suitable place/room for a pharmacy. Actual stock of drugs and assortment of drugs is not very satisfying (o.a. Kruidvat, Pharmachemie). The pharmacist/shopkeeper is a lady (Fatoh Kujub?), which we met later on by coincidence very briefly at a bush taxi-station in Gunjur. She was on her way taking pharmaceutical classes in Banjul for some days and there was no time to really discuss things. Because the Health Committee is not around we have been asked to come back tomorrow to discuss about the plans.
- Visit to Kartong pharmacy. Made some financial calculations.
- One of the aspects that became clear is that it is important that there is a real educated prescriber. If there is a real prescriber then about 50% of the weekly sales is caused by the 8 Dalasi's fee's. When only Abbie is there only 30% of weekly sales is caused by the 8 Dalasi's fee's. This makes a big difference in sustainability!
- Ousman records all expenses very meticulously in the expenses book. We advised Ousman to ask bills for every expense. Every expense must be covered by a receipt/bill. This must be added to the guidelines!
- We discussed with Ousman about an allowance (not salary) for Barbara. We also discussed with Lamin about it. Finally it was decided to give Barbara a monthly allowance of 700 Dalasis starting from November 2008. Ousman will take care that this will be paid to her from the sales as long as the bank has been closed.
- Ousman asked for a pharmaceutical training program run at the Royal Victoria Training Hospital. We are positive about his question. We asked Ousman to find out about the program (costs, duration, time) He will inform and will let us know.

Thursday 13th November

- Second visit to Berending. Met the Health Committee. Discussion about the wish and/or the need to start with a pharmacy like the Kartong model. The Berending situation at the moment is, that drugs are bought at commercial pharmacies and that from time to time drugs are received by sponsors. The drugs are sold at high prices (at least commercial prices) to be able to finance the salaries of all clinic staff. They agree that this is not a sustainable situation. On the other hand their concern about the Kartong model is that just the pharmacist is getting paid out of the drug selling. They are worried about how to pay the rest of the staff. (No money, no doctor). Lamin proposed to start a community based shop in Berending. If the villagers of Berending buy their goods there, then the profits will be used to pay the clinic's staff. The Health Committee agreed with this plan and are welcoming Farmacie Mondiaal to help to start up with a pharmacy like Kartong.

We found a suitable room (store room at the right front of the clinic) to transform to a pharmacy. The door can be closed properly. The room contains a barred window that can be used as a counter. At the outside the floor must be covered by cement/concrete as well as a veranda should be built to prevent that people have to wait in the sun. Also a lot of shelves should be constructed in the room to store the drugs. Costs will be around 400 Euro. We probably hav a sponsor for this (NOVA the Dutch Organisation for Female Pharmacists).

Thing should be fixed before February 2009. Then 2 or 3 project members of Farmacie Mondiaal will bring a visit again to support the start with the pharmacy.

Last year Manon and Tom Gelevert visited the village Nyoffeleh. The clinic is in the same situation. The building is there, but the drugs aren't. They are also welcoming Farmacie Mondiaal. With the same costs of about 400 Euro (also sponsored by NOVA?) the clinic can be prepared to start the pharmacy in February 2009.

Drug will be ordered by Farmacie Mondiaal in January 2009.

- Went to Ousman's friend, the shopkeeper in Kartong who saves the Pharmacy money since the bank has been closed. The balance is 6400 Dalasis on the 13th November.

Date	Amount
07-09-2008	1000
16-09-2008	1200
27-09-2008	1100
14-10-2008	1000
30-10-2008	1100
13-10-2008	1000

- Discussion with Cor de Bresser. One of the activities of Cor de Bresser during our stay was to find suitable projects to be sponsored by the Challengers. We discussed the possibilities with Cor to sponsor the starting order of drugs in Berending and/or Nyofelleh. See www.antwerpenbanjul.com → Projecten.

Friday 14th November

- Finished the last missions, had last goodbye talks with Ousman and enjoyed the nice Gambian climate. Left the country in the late evening together with Cor de Bresser.

General picture

The pharmacy looks reasonably tidy enough, a small advice was given onto also keeping clean the inside of the cupboard drawers.

The guidelines (business and stock administration) were followed adequately as far as was learned from the aselect samples we took.

Dirk Rezelman decided in March 2008 to give Ousman a bonus, out of the pharmacies bank account, for his efforts/results so far and to be able to go to Brikama/Serrakunda for doing the reports and buying medicines (a motorbike worth Dalasi's 20.000).

With the coming of Barbara in September Ousman now has an assistant which proves to be an advantage in situations that he himself has to go to Brikama/Serrekunda or specific woman's questions. She is paid an allowance of Dalasi's 700,-/month starting November.

Furthermore her presence is also a kind of 'insurance' for the project in the situation that Ousman might be seriously unavailable (he is not a very experienced/talented motor driver....).

Ousman asked for financial aid to rebuild his devastated house. FM will take this into serious consideration.

Financial

The administration of non payers was much improved. When a person did/could not pay it was written down with 'Bill' behind the name. If someone did not come within reasonable time the debt was transported towards a separate booklet (status November: 1300 Dalasi's).

It is still unclear however, if the mal payments are reported as a completed sale.

Ousman will come back on this.

***Business wise, we have not yet got everything complete. Hereby a rough indication.
For the final draft we'll get the numbers straight.***

As can be seen from the attachment 'general business progress Kartong v2' turnover in the period December 2007 up to October 2008 is roughly 65.000

On 24-11-2007 the bank account was 23.600

Beginning of September 2008 (when the bank closed) the account showed 13.500

At the shopkeeper 6400 was deposited in November 2008.

From the expense administration, which was very detailed and thoroughly screened, we learned that 55.000 was spend (salary Ousman –March 2008 and later on-, motor, medicine purchases, administration and travel costs, other small items).

It has to be mentioned that Ousman was ordered by Lamin to take his salary out of the pharmacies cash flow from March on. This had to do with clinic money problems. We think it is not a favorable situation. Before March his salary is not specified in the expense administration but has to be taken into account.

:

	23.600 + 65.000=	88.600
expenses		-55.000
mal payments		-1.300
salary nov, dec, jan, febr		<u>-12.000</u>
		20.300 should be available

in bank account 01-09-2008	13.400
account at shopkeeper November	<u>6.400</u>
	19.800 is available

Difference: 20.300-19.800= 500,- Dalasi's (about Euro 15,-)

So, financially it seems quite/extremely reasonable as far as we can tell now.

Stock

Some stock is hardly sold (especially salbutamol/Beclomethason inhalers, omeprazol capsules).

Because of its expiry date it is investigated if it can be sold to Step Stop Pharmacy in order to get some of the money out of it. Ousman is given a free hand in realizing a good result.

Conclusions

The Kartong community pharmacy is doing fine from an operational point of view which is mainly thanks to Ousman Camara's efforts and personal dedication. Financially however, the desired sustainability has not yet been reached although amelioration has been realized.

With the assignment of Dr.Jassy as of 01-12-2008 in Kartong, there is good hope that the amount of prescriptions will rise in such a way that economic sustainability for the pharmacy comes into realistic reach and that the clinic gets an organizational and quality boost

The situation (e.g. the co operation with ASCOD and especially its coordinator Lamin Jamba Jammeh) looks sound enough to go along with the expansion of 2 more community pharmacies in the beginning of 2009 (notably Nyofelleh and Berending). FM will be active in sponsoring, e.g. start order of medicines, and coaching these new sites. Furthermore FM will sponsor an administrator for the next 2 years in order get good business reports and to help build up an organization which in due time is able to take over.

With the enlargement of the number of participating community pharmacies the role, responsibility and results of the newly assigned administrator (together with the role of Lamin Jammeh) will have great effect on the future success and further potential developments.

Developments & Future

Government; it will be interesting to find out in which way the government looks at the increasing activities (especially the fact of community pharmacies which operate according to the Kartong Model).

Knowledge enhancement; after the realization of the 2 new community pharmacies it will be a good idea to also focus on pharmaceutical knowledge enhancement of the pharmaceutical staff (and others who are pharmaceutically active in the region). Co operation with the pharmaceutical staff of the Royal Victoria Training Hospital in Banjul will be sought in order to find out where the need is and to realize training programs.