

# *Kartong*

community pharmacy

*functional commerce to create a sponsor independent sustainability in drug availability*

## **Follow up February 2010**

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### ***Aim of the visit***

The purpose of this **surprise** visit was:

- 1) to check how things are going in the three operational pharmacy's,
- 2) to visit locations of organizations who had sought contact with us and were looking for assistance concerning their own distribution of medicines,
- 3) to sort out the organizational and financial disturbances which had occurred since our last visit; this really was our main objective as the whole project had come into a (financially) critical phase.

### ***Pharmacy's***

As written down in the visit report of May 2009 a new shipment was arranged to replace the drugs that had been lost due to a addressing mistake of IDA.

Of about the Euro 5000,- that was lost, a new order was made for about 3500,-. Euro 1500,- is still in credit at IDA.

It took the FOFDHIK coordinator Lamin Jamba Jammeh quite long to come up with a new address which could be used to send the replacement shipment to. Only by the beginning of August we had the new address and the order could finalised with IDA.

Then there were some difficulties with the transport ship. So it was around October that it actually arrived (so after the rain season). The back order items arrived in December which IDA send by airplane without extra charge.

### ***Kartong:***

In October 2009 Ousman started his official education (for a Pharmacy Assistant degree) at the Royal Victoria Training Hospital (RVTH) in Banjul. The program is normally 2 years but because he already had a lot of experience 7 months would be enough as decided by the chief hospital pharmacist (mr. Essa Marena). In The Gambia the highest degree one can study for in the pharmaceutical field is Pharmacy Assistant. For a Pharmacy Technician or Pharmacist education one has to go abroad (for example Ghana or Nigeria).

The education and the accompanying expenses for travelling (a total of Dalasi 60.000, about Euro 1700,-) were sponsored by Farmacie Mondiaal. Because Ousman was away 3 days a week an assistant was found in the person of Meta. She had experience working in a shop and was further trained by Ousman. During our visit we also went to RVTH and saw Ousman in action at a children's ward. Here a lot of drugs were put into a liquid form by grinding tablets and mixing them with some kind of syrup. Because of his experience he could work very much independently. This also created the possibility for the regular staff to leave their work. The underpayment of civil servants working in Gambian healthcare forces them to also have other jobs outside of the hospital (in this case the senior pharmacy assistant also worked in a commercial pharmacy where the payment was much better). Also it became clear that the training program had to take more time (12 months instead of 7). It was not clear why. Furthermore one can

wonder what use it has for Ousman to travel quite long (in dangerous situations) to do things he already knows. He is hoping for more educational stimulance when the lectures start.

In Kartong the pharmacy itself had been transferred to another (and much bigger) part of the clinic, mainly because this part was not used and the stock amounts were so large. Also the pharmacy cupboard drawer had been moved. It all looked quite tidy and nicely.

Ousman checked the entire stock each month by counting every item (with the help of somebody).

We checked, at random, some items in the stock administration. It proved to be fairly good. Some very small adjustments and comments were made. Ousman was a bit disappointed that not everything was a 100% correct and felt touched in his honour as the responsible person.

Concerning the sales administration again same random checks were made. Also here only very small items had to be addressed and the whole administration gave a good/correct impression. All expenses for example were carefully written down. The only more serious remark was that the 'over the counter' selling of drugs (also of drugs which are normally only on prescription) was not put into the daily sales administration book, but was written down in a separate book. This makes a good financial administration difficult and gives rise to bad talks. Ousman explained that this way originated from the period all the money was taken by the administrator and he therefore had to have some cash money to pay for expenses like petrol etc. He promised to change it directly.

All together we are pleased the way things are going in Kartong as far as Ousman's responsibility goes.

#### *Nyofelleh:*

The clinic in Nyofelleh is fairly big in size. Sardjo functions as well as a nurse (though not officially qualified) and as the pharmacy shopkeeper. He is the only healthcare worker! Some girls assist him with the pharmacy work. All together it makes a reasonable impression although the IDA-stock can be put on the shelves a bit more professional.

Nyofelleh shows quite a lot costumers and the turn over is relatively good.

The stock- and sales administration look very good. Upon a random check only minor comments were made. In all, Sardjo seems to be a fine project member. Ousman visits him regularly for check-ups and stock counting. The village development council is working on attracting a really certified nurse.

For the moment we are fairly satisfied how things are developing in Nyofelleh.

#### *Berending:*

This place had quite a bad start. Shopkeeper Fatou didn't convince us very much when we first met her last year. She didn't show up for the training in Kartong etc. Ousman did his best to help her with the use of the guidelines. The number of costumers was/is low. One can wonder how necessary a fully staffed clinic is when Gunjur is quite close, but that's a completely other story and also has to do a lot with the donors fixation on buildings. There were stories that Fatou had to give half here salary to other staff members.

The pharmacy waiting area which had been built with a donation from NOVA had suffered from the bad weather and lost its tin roof.

In this clinic the head nurse Yaya has a very powerful position and he also got himself a key to the pharmacy. It became clear that Fatou was absolutely no match for Yaya and that indeed she had been convinced in giving away half her salary. This could also have to do with the fact that there were occasions that she was not around when medicines were needed. Furthermore it became clear that Yaya had his own private pharmacy in Brikama.

The sales and stock administration was not going according to the guidelines.

In a meeting with Yaya, Ousman and Fatou the problems were addressed. We thought there could be little hope that the situation will get better and therefore announced that Berending was not in the project anymore as far as we were concerned.

This aroused Yaya and he left the meeting.

## ***Other organisations***

During this visit we also had meetings on project sides of:

-*St. Care Foundation the Gambia*, Jiboro (contactperson in The Netherlands; mevr. I. de Rijk)  
A very beautiful clinic (looking 'Ungambian' tidy) situated in a very lightly populated area almost on the south border with Senegal. We met some foundation members like Sheriffo Jatta (assistant manager), who is in the military as well. The secret behind the well organised clinic was to their own telling: dedication, commitment, honesty.

They showed us around. Concerning the pharmacy (operated by Sheriffo Jarju who is the administrator as well, but has no official pharmacy degree) they were also in a process on how to keep things sustainable and were also looking for easier ways to import drugs. We invited them to have a look in Kartong and shared the ideas of the 'Kartong-model'.

-*St. Caring Hands*, Kubuneh (fam. Gabriëlle & Frans Sak)

In The Netherlands we were asked by St. Kinderhulp Gambia, to have contact with St. Caring Hands. So we did, and we were able to visit the health clinic in Kubuneh (quite close to Banjul-airport) which was managed by Gabriëlle (a former nurse in Holland) and Frans Sak (a former high ranking policeman). They live themselves in the nearby village of Kunkujang Yattaya

Although it was never their intention to operate a health clinic in The Gambia an opportunity came on their life paths when making exiting travels in Africa after Frans' retirement.

They have been active now for 2,5 years in that location. Before their intervention there was a history of mal management and fraud. So when they accepted the challenge they also demanded to have the financial responsibility. Frans is very much busy concerning the organisational aspects of the clinic whereas Gabriëlle does a lot of the medical work being the head nurse (together with the other staff members).

The clinic looked very well and lots of improvements had been already made. They have a digital news letter and from that one can see/read that they are doing great work and that the need is insatiable.

An interesting thing was that they occasionally had medical American exchange students. This group comes around and helps them really tremendously. Maybe their location also offers an interesting site for (structural) Dutch Pharmacy students to ameliorate the pharmaceutical aspects.

They were also looking on how to make things more sustainable from a financial point of view and were therefore interested in the Kartong Model.

In their project they were coming into the phase to find out if things are still going okay when they are not around all the time, because the had to go back to The Netherlands for a while. In all it was a very pleasant visit and we were impressed by the dedication and results.

## **Financial**

As proposed by Lamin Jamba Jammeh, an administrator/cashier system was introduced in January 2009. The administrator Alhagie was trained, in very simple Excel-sheets, by FM-members in March and May. FM sponsored the system with Euro 200,- a month in order to built a more solid organisation and realise decent management reports for all of the clinic parts.

Unfortunately from here on things went wrong. The report of May looked quite how it was intended, the report of June was only handwritten and from July on no reports were received anymore.

We decided not to intervene straight away and just waited what happened. Because nothing happened by the end of September it was decided that the sponsoring stopped as was put in the MOU. This caused quite some dismay among Lamin Jamba Jammeh.

Email send to Lamin Jamba Jammeh:

*On Tuesday 27-10 there will be an assembled board meeting of St. Evenaar and Farmacie Mondiaal. Subject will be the situation in Kartong.*

*I want to point out that the project comes into a critical phase now and that the result of the evaluation has strong implications for the continuity of the activities of both St. Evenaar and FM.*

**From Lamin we expect the following information before 27-10 via email :**

*-an actual scan of the pharmacy bank book*

*-who is paying for Alhagie & Mariyama now the sponsoring has stopped?*

*-has the the new shipment of IDA drugs arrived safely?*

*Also you find below an oversight of the most relevant facts and ideas which will play an important role in the evaluation.*

## **Kartong Community Pharmacy Project**

### **Targets**

*-realising a community pharmacy (no private ownership, not more profit than needed)*

*-to create availability of good quality drugs for the people of Kartong*

*-drugs are to be sold at reasonable prices*

*-after a reasonable starting order (as a gift) the community pharmacy should be financially sustainable, e.g. both the salary of the pharmacist and the new drug orders are to be paid by the community pharmacy itself*

*-Farmacie Mondiaal will help to realise the above mentioned targets, but it is the organisation FOFDHIK (an its coordinator Lamin) who are responsible for the continuity.*

### **intermediate results until oktober 2009**

*-Start of the community pharmacy was in february 2007*

*-Ousman did a very good job; both in organising the pharmacy and his financial- and stock administration.*

*-Number of prescriptions not enough to be completely sustainable but this is not a crucial item at that point.*

*-Clinic needs a doctor to generate more prescriptions. Dr. Jassy starts at the end of 2008 with a sponsoring of Euro 6000,- from Eva/Cindy.*

*-Beginning 2009: community pharmacy project is expanded to Nyofelleh and Berending.*

*-Coordinator Lamin wants a system where money transactions are solely handled by administrator/cashier, FM sponsors this with Euro 200,-/mnt because a good administration is crucial for the future of the clinic/pharmacy.*

*-Administrator Alhagie is twice intensively instructed by FM how to perform the monthly reports, a separate bank account for the pharmacy is realised*

*-Nyofelleh has a good start, Berending faces difficulties in the staffing*

*-Administrator/coordinator fail to deliver, 3 months in a row, the monthly reports. FM stops on 01-10-2009 because of this the sponsoring of the administrator/cashier.*

*-Coordinator keeps administrator/cashier employed?*

*-On the 16th of Oktober 2009 a new shipment from IDA, and the last sponsored one! (by then drugs with a total worth of about Euro 10.000 have been given), arrives to supply the 3 pharmacies*

*-Ousman starts a private pharmacy course at RVTH in order to elevate his professional capabilities as was asked for by the Minister of Health during her visit to the clinic at the end of 2008.*

*-There is at the moment no clarity at all about the money in the pharmacy bank account.*

### **Bottlenecks**

*-number of prescriptions is to low to make it really 100% sustainable, this however can be handled as long as the other bottlenecks are straightened out*

*-structure of the clinic and guidance by St. Evenaar; although a lot of money has been invested in a variety of projects to generate money for the clinic it is very much unclear if the financial goals are met and there is absolutely no coherent financial administration which can give a reasonable overview about income and expenses*

*-financial administration pharmacy; until the moment Ousman was doing the administration things went relatively smooth. After Dr Jassy arrived and the new system was introduced the overview of the pharmacy administration has been gone completely. This situation can mean that pharmacy money is used for other purposes and that in a given amount of time there will be no money to buy new drugs at IDA.*

### **Expectations for future**

*In order for FM to continue with the project with a reasonable chance of success, the following conditions have to be organised:*

*-Willingness/possibilities/believe that it will help to get the things done*

*-St. Evenaar has to put up a strong guidance of the clinic/Lamin*

*-There has to be an effective and trustful administration for the clinic/pharmacy*

*-It should be clear what is expected from the coordinator and which financial reward for the work is adequate*

*-In The Gambia it should be understood clearly that it is there 'own project' and that they have their own responsibility in getting things done.*

This email didn't get things back on track sadly enough.

Even a lot more emails were send and the general picture was that there is a lot of mistrust and misunderstanding in Kartong concerning the pharmacy, its earnings and the power over it.

Especially the bank book which was kept by Alhagie and were all the money (estimated Dalasi 50.000) which had been collected until January 2010 was put on, hasn't even shown up until this very moment. Lamin (being the coordinator) 'avoids' getting it back from Alhagie.

According to Ousman who saw the bank book once there is almost nothing left in the bank book. From the beginning of January 2010 Ousman puts all the pharmacy earnings in his own personal account as was shown by him to avoid that it will be taken. Furthermore he has been doing the monthly reports from October 2009 on.

Another difficult point has been the donation of a car by Challengers of the Antwerp-Banjul rally. On the Jammeh Foundation-auction the car was sold for Euro 1485,-. This money was meant for the Community Pharmacy project. It is very much unclear if this money is already transferred to the FOFDHIK account (to other projects this was already realised) and if so, it should go to the pharmacy account and not stay in the possession of FOFDHIK.

Luckily Ousman has a contact who coaches him already for a while now and arranged his education at the RVTH (Mr. Sana Sambou; a high ranking official, who also studied in Great Britain, at the Health Care Dept. and coming from Kartong himself) and who is willing to play a role.

With this in mind we did our surprise visit. Things were openly discussed in a meeting with Lamin, Sana, Ousman and the FM-team.

Sana and Lamin seemed to get along quite well.

With the idea in mind that in the end local people should be able to continue the project, and that it cannot be FM's task to be a financial controller all the time, we hope for the best now, as it is all we can do.

### ***Business results sofar***

On the next page you find an oversight of available business results. As can be seen Nyofelleh and Kartong are doing an average of 334 to 613 prescriptions a month.

One also has to take into consideration that the rainy season months (July-September) give a very dramatic rise in pharmaceutical needs (in the Kartong figures one can see it partially).

## Oversight

Berending			Nyofelleh			Kartong			Income	Month
fee	nr prescr	value prod	fee	nr prescr	value prod	fee	nr prescr	value prod		
						5395	1030	7757	13152	sept
579	291	1291	1072	247	1898	3664	826	6567	15071	oct
592	325	3385	2296	412	2573	3567	800	7116	19529	nov
528	360	2578	1720	366	1920	2741	428	4672	14159	dec
568	19	1932	2224	343	2090	2896	592	4668	14378	jan
			2094	300	2445	2925		4812	12276	feb
2267	995	9186	9406	1668	10926	21188	3676	35592	88565	<b>Total</b>
567	249	2297	1881	334	2185	3531	613	5932	16393	Monthly avg

## Diverse

Drug donations: again it was made clear that drug donations (how well meant) can have the opposite effect, e.g. killing people instead of curing them.

We were rather shocked to find out that in the pharmacy of Kartong there were donated dangerous drugs. For example: Methotrexate injections. They were given by an English organization named 'Friends of The Gambia'. Even if not used, they are just pure chemical waste, and that in a country without even the slightest beginning of chemical waste disposal.

## Conclusions

The Kartong Model works on the front office side, the challenges lay on the back office side.

Basically Sana Sambou (together with Ousman) should be able to restore a decent and trustworthy business administration. A first key action is to find out about the bank book and get all the money back which belongs to the pharmacy. If the responsible persons fail in that objective then there can be little hope that they will be able to deal with other challenges in the future.

Lamin has made it quite clear that he doesn't want interference from FM for the coming period and that he thinks that everything should be fixed 'African Style' between him and Sana.

Until real results are made in this matter, FM doesn't sponsor financially anything anymore.

The coming months will be crucial as by FM a time limit has been given until 01-06-2010. When the results are not good enough then FM can only decide to officially step out.

It is surely hoped that this will be not the case but on the other hand foolhardily continuing a dissatisfying situation is definitely not useful and is a trap many a development organisation steps into.