

# *Kartong*

community pharmacy

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

## End report June 2010

By FM Gambia project group

### **Abstract**

As was put in the last follow-up report there has been put a strict deadline on realising the desired results. This being foremost; getting back the bankbook, getting back money which belongs to the pharmacy.

We are sorry to tell that this didn't happen and that, regarding Lamin Jamba Jammeh's reactions, there wasn't even the slightest idea that it was going to happen. All together it did create a lot of social rumour in the Kartong community.

There for we had to conclude that we officially had to step out, and so we did.

This was quite a shock especially for Ousman whom had been working so hard all those times.

All together the conclusion of the project (after 4 years) might be: yes, it works well on the front office side, but if the back office side (e.g. business and money wise) fails then it all fails. Thereby depriving the local community in the future of access to good and affordable drugs.

E-mail send on 07-06-2010:

*Dear friends,*

*I'm sorry that I have bad news.*

*On behalf of the complete FM-Gambia projectteam we are sorry to tell you that we officially **step out** of the Kartong Community Pharmacy Project as of from today.*

*As mentioned earlier there was a serious deadline on 01-06-2010.*

*By that time Sana should have been able to get the pharmacy money back from Lamin and get the bankbook. Lamin promised to arrange it the African way together with Sana.*

*This result has definitely **not been obtained** and from the way Lamin writes it, we don't think it will ever come.*

*We therefor have lost the necessary trust in the capabilities/honesty/willingness of the responsible local persons and refuse to get (further) drawn into a swamp of accusations, mistrust and negative local social dynamics.*

*This decision is definitive and is not subject for further discussion.*

*We will write a more elaborate end report (and publish it on our website, send you a copy) in which we will also have a closer look on our own behaviour/choices/faults in this particular matter.*

*We feel truly sorry for the people of Kartong that after 4 years they will probably will lose there community pharmacy and for Ousman and Sardjo who proved to be loyal persons..*

*Maybe Sana and Ousman together (in cooperation with the VDC) will be able to realise something which comes close to the original idea; good drugs available at reasonable prices.*

*We wish you good luck with this matter, you all know how to do it!*

*FM-Gambia Project Group.*

*ARG van Slobbe, Pharm D.  
Board Member St. Farmacie Mondiaal  
[www.farmaciemondiaal.nl](http://www.farmaciemondiaal.nl)*

## **Evaluations & lessons learned**

As was put in the beginning, 4 years ago, a real challenge would be the back office and money handling.

Within the context of a small voluntary organisation like FM, putting up strong and structural local (financial) guidance, for a project which depended so much on a good and honest financial administration, was not within the possibilities.

If then a project partner like Lamin Jamba Jammeh in his role as coordinator decides to go his 'own way' and refuses, not only to FM but in fact especially to his own community, to give clarity about the spending of money then there is in fact very little that can be done. Even the introduction of a possible counterweight like Sana Sambou didn't bring back the control and happened to late.

In this process it was noticed frequently that acting as a sponsor in a poor community this also brings up social tensions because with the sponsor comes money and influence, and thereby changes in social dynamic 'status quo'. Also the motives for locals to 'join in' on a project can be very different. Ranging from 'earning a salary' to gaining political power for being the person who realised the project and therefore wants to keep a position as a 'spider in the web' when it comes to ensuring that the benefits of the project reach the 'right persons'. Furthermore, after some time the 'spider' comes at a certain level were it is thought logical/right to 'take' a certain percentage of money or goods.

Here Western style thinking can come in conflict with African style thinking. This brings in the very interesting question what should be the 'right way' when being active in an African atmosphere. What we do know is that sponsors usually feel the pressure (from their own cultural perspective and from their own sponsors) to behave 'accountable' and that they can prove that the money has been spend correctly. The African partners have their own cultural perspective and they also feel the pressure from their own poverty, relatives, clan that they should act 'accountable' towards the laws of local social dynamics.

Alas, a question where a lot of thoughts can be spend on.

For FM, in its temporary 'status quo' the most important lesson is that it should be 'humble' in the size, duration, financial impact and focus of possible future projects.

## **Conclusion**

The whole project has had a rather simplistic, and maybe even naïve, start with little 'on the spot' guidance but it worked quite well for the first 3 years.

There for proving that (even poor) people are willing to pay reasonable for access to good quality medicines and that (almost) sustainability of the structures to realise that is not just a mere dream.

So, on realising that good medicines are so crucial for basic healthcare in developing countries it would be a pity if the experiences weren't used.