

Kartong

community pharmacy

functional commerce to create a sponsor independent sustainability in drug availability

Follow up March 2009

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Aim of the visit

The original purpose of this visit was to start the 2 new planned community pharmacies in the clinics in Nyofelleh en Berending, 2 villages close to Kartong. But because of a delay in the shipment of drugs ordered at IDA, this has been postponed to May this year.

Now this visit is used to investigate if all necessary preparations have been taken for the start of the 2 locations and to find out what still has to be done. In this way at our next visit in May we can really concentrate on starting the 2 new pharmacies.

Another goal of this visit is to evaluate how the pharmacy in Kartong is doing at the moment.

Recently some major changes have taken place in the organization of the clinic. In the past there was no doctor working in the clinic and the prescriptions were from the midwife and the nurses.

Since December 2008 Dr Jassy, from origin a gynecologist, is working as a general doctor in the clinic.

Another change is the new system of payment of the drugs by the patients, starting from February this year. An administrator and cashier are employed for this purpose. This administrator is also responsible for the monthly reports of the pharmacy, a task which was formerly one the shopkeepers tasks.

How have these changes influenced the systems in the clinic and what are the consequences for the pharmacy? I will try to find out if and how these changes have influenced the number of prescriptions and the sustainability of the pharmacy.

I will also try to get an impression of the educational possibilities, wishes and needs of the pharmacy workers in Kartong and the surroundings.

Together with the shopkeeper I will do some checks in the administration of the pharmacy and we will do a stock check and an expiry date check on the pharmacy stock.

Last but not least, this visit is for me a way to get to know all the local people directly and indirectly involved in the project in Kartong, because this is my first visit to the project.

Kartong clinic

Since the last visit of Farmacie Mondiaal in November 2008 some major things have changed in the clinic. At the moment the following people are working in the clinic: doctor Jassy, a midwife (Isatou), 3 (trainee-) nurses (Fatou, Meta and Djenki), a dentist (Pamodou Badjie) a labman (Lamin Bojang), an administrator (Alhagie Bachalbi) a cashier (Mariama Bojang), a pharmacy shopkeeper (Ousman Camara) and an assistant shopkeeper (Barbara).

In December Dr. Jassy started to work as a doctor for the clinic. Dr. Jassy is a Gambian gynaecologist from Gunjur who has been educated abroad and has work experience abroad (Sweden, Russia, Nigeria). He is around end 50's. Dr Jassy is working as a general doctor and also in charge of the clinic .

Before Dr Jassy came Sakary the midwife was managing the clinic. Sakary now has left the clinic. Dr Jassy has employed a new midwife: Isatou.

But at the moment a lot of local woman do not give birth in the clinic but prefer to go to the local "midwife" who does deliveries in her own house with minimal facilities.

In the mornings people can come with all kind of diseases to consult the doctor. In the beginning people had to get used to the new situation and had to get confidence in the doctor. But the number of patients is growing. Nowadays the doctor sees about 10 to 40 patients a day. This increase in patients has resulted in an increase in prescriptions. In January there were 1,5 times as much prescriptions as in the same month in 2008. In February the amount of prescriptions had doubled compared to the year before. See also the financial part of this report. Because we only have the results of a few months it is too early to make real conclusions out of this.

Administration

The administrative system in the clinic has changed. In the past the patients used to pay the drugs and the dispensing fee to Ousman in the pharmacy. People came with their prescription and Ousman calculated the price they had to pay according to the price list. Ousman recorded everything in his books and made a monthly report of the amount of prescriptions, the suspended drugs and the collected amount of money. Although Ousman did this very well it was decided to change the system. This because of some comments the clinic got after a visit of the government who insisted that the dispensing of the drugs and the payment for the drugs should not be handled by the same person.

A cashier and an administrator were employed and from February on the system changed. Now the doctor writes the prescriptions and also calculates the prices. The patient goes with the prescription to the cashier to pay this price. After the stamp of the cashier they go to the pharmacy to collect the prescribed drug. The administrator does a daily check of the administration of the doctor, the cashier and the pharmacy. If there are any differences the administrator will sort it out.

The task of the administrator is also to write the monthly report.

Although Alhagie has work experience as an administrator at other places it seems that it is not quite clear to him what has to be in this monthly report.

The first report of February he made was very short and did not contain the information needed to have a good few on the results of the pharmacy.

I have a meeting with Alhagie to discuss about his tasks and the contents of the monthly report.

Alhagie explains that he checks the administration of the doctor and Ousman on a weekly basis and the administration of the cashier every day. Alhagie will make a format in excel for the monthly report. We agree that this report should contain the number of patients, the number of prescriptions, the payments (fees and products) and the expenses. As part of the monthly report Alhagie will write a short report about his findings in the checkings of the different administrations. Also the list of expired products and the stock changes per product will be part of the report. For these last 2 subjects Alhagie can get the information needed from Ousman. The first times Ousman has agreed to help Alhagie with this part of the report. Alhagie will send the monthly report by email to Farmacie Mondiaal before the 15th of the next month.

The salaries of the administrator and the cashier (together 200 euro every month) are paid by Farmacie Mondiaal. It is agreed that for a period of 2 years FM will pay these salaries.

Clinic Meeting

Due to the changes in staff of the clinic and the changes in the administration there is some confusion about the tasks, duties and responsibilities of the different workers in the clinic.

This result in people complaining about each other without talking with each other to sort this out.

Ousman is frustrated about the new administration system. He feels that an important responsibility had been taken from him. He does not understand why the system had to change and asks if it is because he did not do his job well. He is annoyed by the fact that he was not informed in advance but had to hear it at the moment the changes took place. This makes him less motivated and less willing to help Alhagie in getting the information needed for the reports.

I explain to Ousman why the system has changed and ensure him that his reports were very well so it has nothing to do with his work.

Because the system has changed and there is no money in the pharmacy any more (except the small sellings of over the counter drugs) Ousman has to ask for money and permission to buy things, for example when drugs get out of stock. Ousman has the feeling that the doctor does not like Ousman to buy these things and wants to buy them himself. Ousman says he is willing to help Alhagie in collection the necessary information. Alhagie can come to the pharmacy for this information.

Alhagie is complaining about Ousman not willing to give him the required data. Alhagie wants Ousman to bring him the data and does not go to Ousman to collect them.

The doctor is happy with the new financial system but realizes that Ousman and Alhagie do not cooperate very well at the moment.

Is propose to organize a meeting with the doctor, Alhagie, Ousman and myself to talk about the changes in the clinic and about every ones tasks and responsibilities. Except Ousman everybody is enthusiastic, and everyone agrees.

During the meeting doctor Jassy does a lot of talking, but also Ousman and Alhagie were actively involved in the discussion. Everyone gets the opportunity to tell about his experience with the new system. The result of the meeting is that people are more willing to work together. In the beginning of the meeting the atmosphere was rather tense, but at the end jokes are being made and everyone is more relaxed.

Kartong pharmacy

Ousman is managing the pharmacy well. From September 2008 he has an assistant, Barbara. Barbara wants to become a nurse and will start her education in May. She works in the pharmacy to learn more about drugs and to earn some money. Barbara is very accurate and is trained well by Ousman. In case Ousman is not around Barbara knows how to handle the deliveries of drugs and the daily administration.

The pharmacy looks tidy and the guidelines (business and stock administration) were followed adequately by Ousman and Barbara as far as possible . Because of the changes in the system the guidelines should be adjusted to this new system.

Financial

	prescriptions	total income	product	fees
2008				
<i>january</i>	398	4470	2726	1744
<i>february</i>	402	4221	2685	1536
<i>march</i>	778	7199	4398	2801
<i>april</i>	509	5961	3839	2122
<i>may</i>	475	6054	3664	2390
<i>june</i>	451	5872	3665	2217
<i>july</i>	710	7592	4536	3056
<i>august</i>	1008	9105	6172	2933
<i>sept</i>	564	5966	3464	2502
<i>oct</i>	497	4646	2438	2208
<i>nov</i>				
<i>dec</i>	532	5374	3444	1930
2009				
<i>january</i>	584	8875	5387	2606
<i>february</i>	846	10748	7020	3728
<i>march</i>	773	11062	7384	3680

The number of the prescriptions as well as the fees are increasing in 2009, after the doctor has started in the clinic. But because we only have results of a few months and the prescriptions are fluctuating a lot during the different months it is too early to draw conclusions.

The fees have increased due to an increase in prescriptions but also due to a (small) raise of the fee price. Although the fees have raised, the monthly fees are not enough to pay the salaries of Ousman and Barbara. Together they earn 4500 dalasis a month (Ousman 3500 and Barbara 1000 dalasi). This means that the project is not yet sustainable and the pharmacy can not run yet without financial support. Because the product prices are the retail prices, to be self sufficient, the fees should not only cover the salaries of the pharmacy staff but also the other expenditures (like medicine bags, transport costs etc..) and the losses of drugs due to expiration.

Stock checking

In March a stock check has taken place. The drugs have been counted and opened tins with tablets have been estimated. Ousman has made a list of the stock with the available amounts. It is not clear who has participated in this stock check. The results of the stock check have not been compared with the stock administration and differences in stock have not been adjusted in this administration. Because the date of the stock check is not clear it is not possible to compare the data now. Ousman has explanations for the differences in stock but none of them are written down. Ousman and I decide to do a new stock check and agree that Ousman will write the differences down in the stock administration. I explain Ousman the purpose of recording the reason of the stock change (for example because of expired drugs). Later in the week we perform the stock check together and Ousman processes the results in the stock administration.

In the guidelines it is written that a stock check is done every month together with the doctor. Every month is quiet often and it is not realistic that the doctor will be helping with the stock check. We will have to find a more realistic way and frequency of stock checking and adjust the guidelines.

It would be a lot easier to count the amount of drugs in opened tin if there would be a balance.

Money administration

The recent change in the financial system, the fact that the money on the bank account is blocked, and because it is my first visit it is very hard for me to do a proper check on the money administration. I decide to postpone this check to a later visit.

Weekly sales

Ousman has some delay in the weekly sales administration. At the end of March he still has not finished the weekly sales of the last week of February. To avoid mistakes and to assure that recent data are available we agree that Ousman will process the daily sales the next day in the weekly sales and in the stock administration. The administrator needs these data for the monthly report.

While Ousman is adjusting the last weeks I do some checks in the weekly sales administration. Because of the decent schemes I am surprised to see a lot of small miscalculations. This is partly due to the handwriting and the small payments.

Expiry dates

The list of the drugs with their expiry date is nowhere to be found. We decide to check all the stock in the pharmacy on its expiry date and make a new expiry date list. The expired drugs are removed from the stock and corrections are made in the stock administration.

Berending and Nyofelleh

Together with Lamin Jammeh the coordinator of the FOFDHIK I visit both the clinics in Berending and Nyofelleh.

Berending:

At the clinic we meet Jaja Bodjan, head nurse/midwife and in charge of the clinic. Unfortunately we did not meet Fatou the woman who will be the shopkeeper of the pharmacy. She was in Banjul for her studies/training. Jaja is still interested in the Kartong model for the pharmacy but is on the other hand very concerned about the payment of the salaries of the staff of the clinic. Till now they use to charge high prices for drugs in the clinic in Berending in order to pay the salaries. Because the aim of Farmacie Mondiaal and the Kartong model is to provide drugs for affordable prices this won't be possible anymore. The pharmacy will only cover the salary of the shopkeeper and not the salaries of the other staff of the clinic. Jaja tries to insist that Farmacie Mondiaal should help in finding a solution for paying the staff salaries. But we make clear that this is not the responsibility of Farmacie Mondiaal. Lamin together with the local Health Committee are already working on a plan 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. Because Jaja is rather critical I propose to postpone the start of the pharmacy till a solution for the salaries has been arranged. But both Jaja and Lamin assure me that postponing won't bring a solution and that they really like to start with the pharmacy. We agree in starting in May with the pharmacy, when the drugs ordered at IDA have arrived and Richard and I from Farmacie Mondiaal will be there to assist and coordinate. In the mean time Lamin will organize a meeting with the local Health Committee to discuss the finding of solutions for the salary problem .

We also have a look at the place where the pharmacy will be located. In the Berending clinic a former storeroom will be transformed into a pharmacy. The room can be closed properly and the barred window can be used to dispense the drugs to the patients. To prevent people from having to wait in the sun a veranda will be built just outside the pharmacy. At the moment of our visit the walls of this veranda have already been built, but the floor and the rest of the veranda have to be finished later. The pharmacy room still has to be emptied and furnished with a large cupboard for the drugs and a desk for the shopkeeper. Lamin assures me that when we come back in May everything will be arranged.

Nyofelleh

To reach the clinic in the small village of Nyofelleh you need to take a bumpy sand road from Sifou. It is about 8 kilometres from the asphalt road. In the rainy season this road can become very muddy and hard to drive on, which makes the village and the clinic harder to reach.

The clinic is situated on a large compound outside the village. But when we reach the place there isn't a lot of activity in the clinic. The midwife Fatou Barrow comes to show us around. We also meet the chairman of the Village Development Community and Sarjo Sambou who will be responsible for the pharmacy. Other people working at the clinic are 2 nurses and a village health worker who is responsible for the cleaning, a driver and a watchman. There is no doctor working in this clinic and the midwife is the one prescribing drugs, which are handed to the patients by Sarjo and the nurses. When the midwife is not around, Sarjo and the nurses are also prescribing drugs. Like the clinic in Berending this clinic also has a problem with the payment of the staff.

The room which is meant to become the pharmacy is now used as a store room. There is a shelf with drugs but also things like wheel chairs are being stored here. The stock of drugs is very minimal. A lot of drugs are donated and only available in very small quantities. A lot of drugs are already expired.

Before this room can be used as a pharmacy some changes have to be made.

A window has to be created to hand over the drugs to the patients waiting outside. Inside the room a separate storeroom has to be made to store the supply of the clinic and large boxes of drugs. Further on a steady cupboard is needed to store the drugs and also a desk and chair for Sarjo. Lamin would organize

this, but nothing has been done by now. But Lamin promises me that these changes have been made before May.

Training of the staff

Before the 2 new pharmacies in Berending and Nyofelleh can be opened the staff has to be trained. Both pharmacies will be managed by a shopkeeper. As an experienced shopkeeper of Kartong, Ousman Camara will coach them and make them familiar with the guidelines and the practical work that needs to be done. In order to get to know the system and how to work with it in practise it was agreed that both Sarjo and Fatou would spend some days at the pharmacy in Kartong with Ousman.

Sarjo Sambou is an elderly man. He has been working as a nurse and operation assistant on different places. He has no formal education as a nurse but has learned in practice while working in a clinic. He has been working in the clinic in Nyofelleh fo 5 years now.

Sarjo seems a rather quiet and serious man. It is hard to estimate his knowledge but he looks interested and trustworthy. Ousman is very positive about Sarjo. He has already spend a few weeks in the pharmacy in Kartong to be instructed by Ousman. He did not have any experience in writing reports and stock administration. But in the few weeks with Ousman he learned all the tasks, procedures and duties of managing a pharmacy in the Kartong way. Ousman is confined that Sarjo will be capable of doing the job.

Fatou Kujarbie has almost finished her education as a pharmacy assistant. As part of this course she is working at a hospital pharmacy. Because she is still busy with her education and because the pharmacy in Berending has not started yet she is not working in the clinic in Berending yet.

Because of her recent training Fatou will have knowledge about drugs and pharmacy practice. To learn the Karong system it was agreed that she would spend some days in Kartong to be instructed and work with Ousman, but she only showed up for one morning. She would come for more training but did not show up any more. Ousman thinks she is not ready for the job yet and is not familiar with the procedures. We have to make sure that before she starts to manage the pharmacy in Berending she comes to Kartong for more training.

Ousman himself has no formal education as a pharmacy assistant but a lot of working experience. He has learned a lot working as an assistant of a doctor in the Roland Clinic in Serekunda. While working he was educated by doctor Roland, a Swish doctor in giving injections, lab techniques and also drugs. After a training of 6 months at a Nigerian pharmaceutical company he has worked in charge of the pharmacy in the Roland clinic. In 2002 he started his own pharmacy in the village of Gunjur. He has worked there till he started working in the pharmacy on Kartong in 2007. In Gambia there is no university where you can study pharmacy and no school to study for pharmacy assistant. But nowadays the Victoria Training Hospital in Banjul organises 2 year courses to gain a certificate as pharmacy assistant. During this course the students get classes in diseases and drug therapy, preparing drugs and other subjects. This is about 2 days a week. The rest of the time the students get practical training by working in the different pharmacies in the hospital.

Ousman likes to participate in this training program, but did not inform if it is possible to do a shorter course because of his work experience. The theoretical courses can be very useful for Ousman. But he won't learn much during the practical training at the hospital pharmacy. And if he has to do the practical training he can not combine this with his work in the clinic in Kartong. We need to get more information about the costs of the education and the possibilities of doing only the theoretical part of the training.

General concerns on education and knowledge

It is hard to estimate the knowledge of people because hardly anyone has a diploma, but everyone has learned while working on the job.

If we like to organize education it is important to decide what kind of knowledge we like to improve: practical knowledge about the managing of a shop, education about how to inform patients about the use and side effects of the drugs, of theoretical knowledge about drugs and diseases?

The work in the pharmacies in the Gambia is rather basic and deals with the counting and handing over of the drug and the administration of the deliveries and the stock. Information to the patients is very minimal and only has to do with the dosage frequency.

What's the use of theoretical information if this is not used in common practice. Will this information sustain and lead to better pharmaceutical patient care?

Conclusions

The clinic and the pharmacy are doing well but due to the changes in staff (new doctor, new administrator and cashier, new midwife) and the changes in the financial system people have to get used working together and get used to the new system.

After the doctor has started working in January the number of prescriptions and the income in fees seem to increase, but it is yet to early to draw conclusions.

Although the income fees have been higher in January and February they are not yet sufficient to pay the salaries of the pharmacy staff. Let alone other costs like expired drugs.

The administrator needs guidance in the writing of the reports. The first report was very basic. The next report was better but still not complete.

In Berending and Nyoflleh still some changes in the buildings have to be realized before we can start the 2 new pharmacies. Lamin will make sure that before May is ready.

Sarjo, the shopkeeper of the pharmacy in Nyofeleh is well trained by Ousman and seems ready for the job. Fatou, the shopkeeper for Berending still has to come to Kartong for more training and instructions before she is ready to manage the pharmacy in Berending.

Points of concern:

- * The guidelines have to be adjusted to the new situation
- * The window of the pharmacy has to be repaired
- * Doctor Jasse should always have the actual price list
- * Some drugs (like gentamycin injections) are not stored and registered in the pharmacy but in the doctor's office. We have to sort this out.