



Sustainable drugs scheme revives PHC services in Zamfara state

An old drug management system is being revised, revived, revamped, tropicalized and improved to ensure drug availability, affordability, and accessibility on a realistic scale towards saving lives in the famous Nigeria's farmers den – Zamfara State, northern Nigeria.

Only a healthy farmer makes a productive farmer; hence the health of the citizen has become a paramount priority of the government in order to, among others, ensure sustained food security and well-being of the state.

Drug supply systems are a major element of public health policy design in Africa, where 90% of drugs are imported. Until now, Drug Revolving Fund (DRF) is the government's adopted system of drug supply and management, yet overtime, it was observed to be fraught with critical discrepancies, notorious amongst which are lack of sustainability and total absence of 'safety net' for the poor client; factors that hold the power of effectively undermining the growth and effectiveness of the healthcare delivery systems in place!

The new system is debuted as 'Sustainable Drug Supply System' (SDSS) and is introduced by Partnership for Reviving Routine Immunization in Northern Nigeria-Maternal, Newborn and Child Health (PRRINN-MNCH), a DFID-Supported and managed program aimed at improving the quality of women and children's health in the 4 northern Nigerian states of Jigawa, Yobe, Katsina and Zamfara.

The new safety net feature in SDSS is that essential drugs are loaned out to clients verifiably categorized as unable to pay for drugs at the time of admission. This sets it apart from the old drug supply scheme.

According to Helen Fache, the in-charge of the Maternity Unit of Nahuce PHC in Bungudu Local

Government Area of the state, before the introduction of SDSS, the staff of the facility organized themselves into an informal and unfortunately unregistered cooperative society and tasked members to contribute a stipulated fee on a monthly basis which is used towards purchasing essential drugs for onward sale to clients visiting the facility. The profit that accrued from the sale of these drugs is then shared by the members.

'The intention is to solve the issue of asking clients to go outside the facility premises to buy drugs by stuffing the facility Pharmacy with the needed essential drugs. This we believe will take care of the issue of distance and the introduction of clients to substandard drugs' Helen added.

They claimed to have observed that 'one of the things that scare patients away from attending health facilities for services is the total absence of essential drugs in the facility pharmacy.

Not long into this profit-oriented arrangement, heavily debatable issues begin to arise and Helen and her co-workers were forced to call off the arrangement in its entirety, paving the way for the implementation of the new SDSS scheme.

The old system is unregulated and is claimed to have encouraged the prevalence of hiked-up and epileptic prices due to its profit-making nature. It also holds the promise of serving as a distraction for the staff which will consequently impede on their productivity.

SDSS was launched in the last quarter of 2010 at a well-attended ceremony held at the Nahuce PHC facility and already it has started attracting praise from all corners, staff and clients inclusive.



Partnership for Reviving Routine Immunization in Northern Nigeria; Maternal, Newborn and Child Health Initiative

Malama Aisha who delivered a bouncing baby girl at the facility said

'I attended ANC services and gave birth to a baby here. We were fully educated on danger signs during pregnancy and precautionary measures to take towards ensuring a safe delivery for the baby and myself; and thanks to the facility managers who made all that was prescribed to me available here, which is the sole factor that motivates my husband to support my visits. Knowing that all that I needed is made available here, he has little problem allowing me to attend the facility. Allah ya sakawa duk wanda ya tabbatar da samuwar magani a wannan asibiti da alkhairinsa (God bless whoever ensures drug availability here)'

Even Mrs. Fache, a nurse in-Charge of the Maternity Unit and one of the brains behind the erstwhile old system of drug purchase through the staff-managed and operated cooperative society admitted to the fact that

'this new push by PRRINN-MNCH to ensure drug availability, affordability and accessibility at Nahuce Facility has proven to be very effective in ensuring sustainability of drug supply.'

Through the new system, the issues of out-of-stock syndrome and adulterated drugs are been well taken care of by ensuring that drugs are requested by the pharmacy only when the inventory available has been exhausted.

Prior to the introduction of the new system, the facility lacked a permanent physician and almost all medical cases, minor and critical were attended to and handled by the trained midwives available.

Through PRRINN-MNCH's sustained advocacy, a new Consultant Physician in the person of Dr. Kabir was posted to the PHC in the month of August, 2010. Upon arrival, Kabir admitted to have viewed the old system of drug purchase and sale with some 'cautious skepticism'.

'I came only to meet the pharmacy managed by a cooperative society. I think, the old system if allowed to persist unduly risks been taken advantage of and exploited by the staff at the expense of the end-user of the drugs- the client',

Dr. Kabir assuaged. He further said that,

'this is why when PRRINN-MNCH introduced SDSS, we felt happy and relieved. Once the system was introduced, I asked them to immediately discontinue the old drug supply regime.'

In the original arrangement, the local government authority is responsible for drug supply to the primary healthcare facilities under its watch. But due to some reasons, this was unfortunately not the case.

In order to set high standards of practice and ensure the success of SDSS, PRRINN-MNCH sets conditions for the facilities of LGAs to meet before they can be deemed beneficiaries of the new system.

The conditions, amongst others, include operating two drug stores (one for free drugs and the other for SDSS drugs) and each of the stores must be equipped with air-conditioning systems, shelves, a ceiling fan, a thermometer and a separate shelf for dangerous drugs. Another essential pre-condition set for the vying facilities is that each store must be equipped with a burglar-proof door.

To facilitate ease of meeting the conditions, PRRINN-MNCH organized a workshop for the facility managers from across local governments in the state on how and when to meet the pre-conditions set. A grace period is agreed and communicated to each facility manager within which it is expected that they meet the requirements.

'At Nahuce, we hurriedly and effectively converted two under-utilized rooms into the two drug stores required. We also consulted with our Secondary Health Committee comprising of



Partnership for Reviving Routine Immunization in Northern Nigeria; Maternal, Newborn and Child Health Initiative

community leaders on how to effectively equip the stores with the required components as agreed with PRRINN' said Dr. Kabir.

The community leaders in Nahuce immediately approved of and provided the funds used in the purchase of 5 pieces of air-conditioning for the stores. Another community leader provided the needed funds used in raising and equipping the stores with shelves. Another abled-son of the town bankrolled the purchase and installation of the burglar proof doors at the stores.

'Already we have refrigerators. Initially we were playing catch up with the likes of Dansadau and Bungudu Health Facilities who were ahead of us in the race, but as we organized ourselves better, we became the first PHC amongst the rest to meet the pre-conditions set by PRRINN-MNCH and became amongst the first beneficiaries of the SDSS scheme. We were immediately supplied with the entire essential and free drugs which helped to simplify our work', Kabir proudly divulged.

Kabir believes that SDSS has curtailed numerous malpractices that once prevailed at the facility as he noticed that before SDSS's introduction, staff used to come with their drugs in their pockets which they go about touting for sale to clients at mostly unfavorable costs.

With the new system, drug store managers keep track of drugs and their sales through balanced ledgers and once they reach re-stock level, they go to the state drug store to get new deliveries at a very subsidized cost. Although there are still some challenges, the situation has improved tremendously.

To ensure checks and balances, the community leaders are given the important role of approving, monitoring and supporting purchases and distribution/sales of the drugs.

Helen said that *'by ensuring that we now only buy from the state or state-approved patent*

medicine vendors, the issue of counterfeit drugs has been brought under control.'

PRRINN-MNCH also supplied a number of hospital equipment including 2 Standard Delivery Beds and Solar Powered Refrigerators to the facility which the managers confessed to have improved quality of service at the facility.

The new system has attracted and is keeping the attention of clients as statistics available have shown a steady increase in women attending ANC and MNCH services at the facility since the introduction of SDSS.

Description	Months (2011)			
	January	February	March	April
Total number of attendance	202	208	267	227
First ANC visit	50	71	82	53
Less than 3 ANC visits	64	59	99	74
Attendance 4-5 times	88	78	84	100
Delivery at the facility	12	16	21	11
Weight of child at birth at 2Kg or above	12	16	21	11
Child weight less than 2 Kg	12	16	21	11
Still birth	-	1 (the mother labored at home for two days before attending the facility when matters got worse)	-	-
Live birth	12	15	21	11

Without drugs, the health facility can only offer consultation and prescribe drugs.

One amongst the notorious challenges that still prevail at the facility is the fact that people don't know the importance of 'good effective drugs'. They lament the cost of buying from the facility drug store, claiming that they get better deals at drug vendors outside the facility, playing down the fact that most of the drugs offered at cheaper rate by the patent medicine stores outside are not favorable alternatives to drugs prescribed to them, rather, they are their counterfeit or substandard versions whose effectiveness is always questioned. A lot of sensitization needs to be done around this issue.



Partnership for Reviving Routine Immunization in Northern Nigeria; Maternal, Newborn and Child Health Initiative

Also, it was observed by Dr. Kabir that some of the drug store staff showed greater zeal and passion for the job when they are operating the old drug supply regime which proved lucrative to them and that now, they are extending a lukewarm attitude to the new system.

It is advised that the new system be reviewed to take into consideration these new developments; at least as a proposal, a commission regime be introduced to hold the interest and passion of the drug store staff to diligently discharge their life saving duties.