Addis Ababa Universiy

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Assessment Of The Management And Contribution Of Special Pharmacies To Health Care Financing In West Shoa Zone Of Oromia National Regional State

By

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Dedication

I dedicate this thesis for my late father, Belay Gemta who was a great and serious father in his skilful way of bringing up his children.

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Acronyms

AAU-Addis Ababa University

AIDS - Acquired Immunodeficiency Syndrome

ANC - Antenatal Care

ART- Anti Retroviral Therapy

BI - Bamako Initiative

DACA - Drug Administration and Control Authority

EPI - Expanded Program of Immunization.

GDP - Gross Domestic Product

HCFS - Health Care Financing Strategy.

HIV - Human Immunodeficiency Virus.

HP - Health Policy

HSDP - Health Sector Development Program

MCH - Maternal and Child Health

MOH - Ministry of Health

NDP - National Drug Policy

NGO - Non Governmental Organization

OGO - Other Governmental Organization

PMTC- Prevention from Mother To Child

PNC- Post-Natal Care

PT- Pharmacy and Therapeutic

RDF- Revolving Drug Fund

SP - Special Pharmacy

TB – Tuberculosis

TGE- Transitional Government of Ethiopia

TP- Treatment Protocol

UNICEF - United Nations Fund for Children

USD - US dollar

VCT- Voluntary Counseling and Testing

WHO - World Health Organization

Abstract

Low income developing countries have started reforming their health care deliveries and health care financing systems. One of the components of health care financing reforms is cost – recovery mechanism. A Bamako Initiative Revolving Drug Fund system is a cost-recovery mechanism which has been adopted by many developing countries. Ethiopia is one of the low income Sub-Saharan African countries which have adopted BI RDF system of cost-recovery mechanism to improve its health care financing which is crucial in improving health service delivery. In West Shoa Zone five special pharmacies were established in five health facilities to generate more revenue to finance health care service deliveries.

A cross-sectional health facility based assessment was conducted from January 2006 to March 2006 in West Shoa to assess the organizational management of the special pharmacy schemes, the drugs and supplies management in the special pharmacies, the financial contribution of the revenue of the special pharmacies to the other health programs in the health facilities and the perceptions of the health professional about the contribution of the special pharmacies to the health facilities.

What was found out from the assessment was poor organizational management system with no comprehensive activity, planning, organizing, executing and controlling. There were poor financial managements in all facilities and there were no financial statements, proper auditing and documentations. There were also very poor drugs and supplies management system and except in one health facility (Holota health center) there were no impressive contributions in health care financing. Community participations which are very determinant factors were not

there and the involvement and participation of the health professionals in the health facilities were very limited.

Therefore, based on the results of the assessments it is concluded that in all facilities the management of the special pharmacies must be well structured to act according to the guideline to attain the goals of the SPs, timely supportive supervisions from concerned bodies, community participation should prevail and sound participation of the health professionals in the activities of the special pharmacies is necessary.

1. Introduction

Health care financing is becoming a serious issue which does seek due attention and it is forcing many countries to different forms of reforms to address it. Almost all countries in the world do finance their health care sector by both public sector and private sector. The private sector includes both private for profit and private for non-profits. The contributions of public sector and private sector differ in amount from country to country depending on their policies and economic strengths. Individual out -of pocket financing, employer financing on a voluntary or collective basis, voluntary private insurance, mandated private insurance, mandated savings schemes are some of the private forms of financing health care system. Public service health care, national health systems and social insurance schemes are categorized under public health care financing (1).

In Sub-Saharan African countries which are low-income ones, the primary source for financing their health care system have been from the government budgets. But with uncontrolled high population growth rate, the emergence of new diseases like HIV/AIDS and the re-emergence of other diseases like tuberculosis (TB) and other communicable diseases due to HIV/AIDS pandemic, the demand for health care has increased. The loans and aids from well-to-do developed countries to the low income Sub-Saharan African countries is decreasing due to different reasons which are related to changes of world order which affects the interests of the donor countries and agencies. All these factors are making these low income Sub-Saharan African countries to face problems in their annual budgets which have direct negative effects on their expenditures for health care sectors. Due to these complex problems these low-income African countries have started to search for different alternatives to get more funds to finance their health care. These alternatives include encouraging and creating conducive environment

for private sectors in health care service delivery and financing, encouraging both local and international non governmental organizations (NGOs) to get involved in health care, introduction of health insurances and other cost recovery mechanisms like Bamako Initiative (BI) type of revolving drug funds (RDF) schemes to generate more resources to finance their health care sector (2).

In Ethiopia, since the introduction of organized national health services which dates back more than half century, like other low-income Sub-Saharan African countries it has been almost the responsibility of the government to provide and finance health services with aid dependent meager resources. This way of financing with a very weak economy made the health service sector underfinanced and at the same time created a wide gap of service delivery and financing between the big cities like Addis Ababa who consumes the lion's share and the rural parts of the country. The allocation of resources is highly skewed in favor of the big urban centers (3). By taking in to consideration these problems and to tackle them, the government of Ethiopia has started reforming the health care and health care financing systems. It adopted a new health policy and based on the principles and philosophies of the HP it adopted a health care financing strategy (HCFS) which incorporates different systems which help in improving health care financing. To make it more formidable HCFS became one of the components of HSDP (3). HCFS has different schemes and one of these schemes is BI type of RDF. By this scheme Special Pharmacies are established in health facilities at different levels.

The establishment of Revolving Drug Fund SPs has multiple purposes. One of the purposes of the SPs is to insure the availability of essential drugs in the health facilities at all times. The other purpose of the SPs is improving the health care financing of the health facility. This

improvement can be achieved by the revenue which is generated from the sales of drugs and supplies by SPs. When health care financing capacity of the health facility improves, it supports other health service programs like, MCH, EPI, Environmental Health services and curative health services financially; supports the health facility's physical maintenance and expansion and incentives for health personnel. All these improvements eventually bring about improvement of health care quality and client satisfaction. These RDF SPs, as other pharmacies, drug stores and drug vendors, are governed by the country's National Drug Policy (NDP) which was adopted by TGE in November 1993 with the objectives of meeting the country's demand for essential drugs; creating conducive situations to make the prices of drugs compatible with the people's purchasing power; insuring the safety, efficacy and quality of drugs and ensuring rational drug use (3, 4,).

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2. Literature Review

The levels of expenditures on health care services in different countries vary widely and it ranges from under 4% to over 14% of the country's GDP (1). Some of the factors that determine the level of expenditures are: need for services, the ability to afford care, the efficiency of the financing mechanisms in mobilizing resources and the efficiency and costs of the health sector. Policy and choice matter although the wealth of the country and other competing sectors on priority for use of the resources matter (1).

The economic strength and the income of the country strongly determine the level of expenditure on health sector financing. For example, the percent of income expended for health care financing is 2-4% in very poor countries with very low income; 5-7% in countries with medium level of income and 13% and above of their GDP in the richest countries(1).

There are three primary sources from which health care financing can be funded. These funding sources are public sources of financing which can be direct contribution from the government through national or local government budgets, social health insurance and community financing schemes for health services. The second source of health care financing is a private sector which can be private for-profits and private for-non profits.

The third source of health care financing is an external financing from foreign countries which can be given either as donation or as a long term or short term loan (1, 15).

Studies show that countries of Sub-Saharan African region that are with low income are in a problem to effectively finance their health care sector. On top of their poor and weak economic performance there are also other aggravating factors like uncontrolled high population growth

rate which comes up with high demand for health care service, emergence of new diseases like HIV/AIDS, re-emergence of tuberculosis with the advent of HIV/AIDS, and the spreading of malaria and other infectious diseases as a result of ecological disturbances which are all capital intensive (5).

In addition to their poor economic status and meager resources, these Sub-Saharan African countries have already started entering free market oriented economic reforms which have many negative impacts on different sectors at the beginning due to complex structural adjustment programs(5). The rich countries have also decreased tremendously the loans and aids which they were rendering due to different reasons, like change of world order and ideological reorientations. This decrement of loans and aids forced these countries with low income to reduce their budget allocation for health care financing (5).

Literatures on Health Economics of these low-income Sub-Saharan African countries show that by realizing the problems they are faced with these low income developing countries have already started to seek for other alternative mechanisms to generate more resources for their health care financing. These sought alternative mechanisms are: encouraging private for-profit sectors to expand their services; encouraging NGOs involvement in different areas and diversified ways in financing and delivering health care delivery services. NGOs started to be encouraged to get involved in establishing and strengthening cost-recovery systems. Through cost-recovery mechanisms revenues are accumulated and retained at the facility level so that they improve the health quality by availing essential drugs and supplies , expanding services of other programs like EPI,ANC,etc, developing human resources, encouraging health personnel by giving incentives, maintaining and expanding the health facilities. NGOs can also play a

role in establishing different types of insurance schemes which can take over the function of health care service delivery financing and other social welfare schemes for health care service delivery. They can also establish and run health service delivery facilities with affordable price and equitable (2, 12).

Some study papers on Sub-Saharan Africa's problems with their health care financing strongly mention that the problems are not only from the absolute poverty and shortage of fund. There are other problems which are deep rooted and should be dealt properly to solve the problems. These problems which are mentioned by scholars are the problems related with efficiency and rational allocation of the available fund. So, to curb the problem and improve health care financing the available resources have to be utilized efficiently and the allocation of the available resources has to be rational and pragmatic (16).

The other alternatives recommended by Health care financing scholars for low-income African Countries (Sub-Saharan) are implementation of service fees and their revisions on regular basis and self-financing insurance systems. The conventional justification of these alternatives in low-income developing countries is that these modifications will mobilize more resources for health care delivery. Health insurance systems can also promote equity, improve economic efficiency, raise the quality of medical services and allow consumers some choice in selecting and paying for the treatment. Using prices to improve the allocation of scarce resources in the health care sector can also spur an interest in developing risk-sharing institutions and insurance systems as well as foster private sector involvement in providing and financing curative services(16).

Health insurance, as other types of insurances has the advantage of pooling both risks and resources and sharing of uncertainties. So if there is insurance for health there would be sharing of uncertainties of getting ill among all the insured ones and this can relief the burden of health care financing from the government and improves the quality of health care (7, 17).

The BI RDF which was launched under the auspices of WHO and UNICEF in 1987 is one method of cost-recovery and it was launched with the intention that low-income developing countries can use it to improve their healthcare financing, by increasing community participation and involvement (6).

The rationale for the initiative of the BI RDF is that it can raise substantial revenue, improve drug availability and quality of care; promote equity by making drugs more accessible to the poor, with charging those who can afford to pay, reinforce decentralization through local control of resources; to encourage efficiency in drug management and drugs use. With collected revenue, availability of essential drugs can be assured and other services like immunization, health education, health facility maintenance, incentives for professionals and others can be financed(8).

According to one study by Saverborn, et al, 1995 Cameroon faced budgetary problem because its budget decreased by 30% between 1989 and 1992 which resulted in the declining of health spending from 5.2% to 4.4% of the national budget and the health service delivery was severely crippled(8).

To counter this, the country's MOH with donor assistance introduced RDF in 1991 in two provinces. With the establishment of RDF, well structured community based and with full professional participation management system was organized. The community had a strong Co-Managing position. The result was good financial performance, essential drug availability, equity and satisfaction of both the community and the health personnel. The corner stones for that achievement were solid community participation, strong commitment of the health personnel and the government with donor agencies (8).

The study conducted on BI RDF in Nigeria showed that the RDF projects have positive effects on the availability of essential drugs and on adhering to using generic prescription when compared with the areas without RDF. Stock levels of essential drugs show that both the range and average stock availability of essential drugs was greater in the BI health center. The study showed also positive effect on the rational drug use which has a positive effect on the improvement of the quality of health service delivery (18).

In Viet Nam in the mid-1980s the Doi moi movement began to favor market forces over community based political control of the economy and it gradually undermined the activities of the communes and community-funded services. One of the community-funded services which were affected very severely was health care. To counter this problem UNICEF and Viet Nam's MOH in collaboration with the Japan's The Nippon Foundation established RDF on BI principle. Essential and other drugs have been continuously available in the participating health facilities and communities since the RDF of BI project was launched. There was increased penetration of drugs into remote areas, especially the mountainous ones, which are difficult to reach (it improved accessibility i.e. equitable). The drugs obtainable at commune health centers

are affordable and of acceptable quality. The people's committees participate in co-managing and overseeing the revolving drug funds. The involvement of the community is intense but varies from commune to commune because of unclear guidelines and procedures concerning interaction between the committees and the commune health centre teams.

Over 80% of the revolving drug funds have operated without decapitalization of the initial seed stock since they were set up. With regard to cash in hand and stock value the funds appear to perform best in communes where the financial aspect is given particular emphasis by the committee and the health centre staff. The morale of staff has improved significantly, largely because they have basic drugs to work with and are offered incentives which come from revenues accruing through the operation of the revolving drug funds. The utilization of the services has improved.

There has been an improvement in the rational use of drugs. In a district where the principles of the Bamako initiative were being applied the average number of items per prescription was low. The project has improved essential drug availability, improved rational drug use, has improved the financing capacity of other programs, improved accessibility and equity and improved the quality of health care delivery, highly improved community participation in decision making (19).

The assessment on the RDF of the North west province of Cameroon which was established by the assistance of GTZ showed that all over North west province affordable drugs from the fund were always available which resulted in a beneficial moral obligation of the prescriber to adhere to the fund items. Due to constant medical and pharmaceutical supervision, over

prescribing has become a rarity. It is justified to assume that this co-incidence of positive factors encourages patients to visit health services even in hard times, at least for consultations. Efficiency and equity indicators such as a continuous availability of most needed drugs, uniform geographical coverage, and fairness of price setting, economic viability and community participation were realized in North West Province of Cameroon. The project inputs, process, out puts and results showed a uniformly positive trend. Concerning sustainability, the project concentrated on staff competence, efficient procedures and organizational structure. Community participation was promoted through local Health committees whose ownership rights and duties were assured by selection and employment of the pharmacy attendant; local financial management and control; participation in supervision; educating the population on the need for quality drugs and their rational use including patient compliance and representation at the general meeting. Almost the findings of the assessment of the BI RDF of NW province of Cameroon were positive and rewarding (20).

In Ghana evaluative assessment of the activities and contributions of pharmacies in health facilities which were established based on the principles of BI RDF showed that all health care facilities visited during the study reported a great improvement in supply of essential drugs compared to the period prior to introduction of the new policy. It was reported also the health care delivery has improved and with fair drug prices. Accessibility to the health facilities has also been improved. On this assessment there was no mention for the community participation and the benefit from the revenue generated (21).

The organization and financing of health care services in Ethiopia have faced serious problems. The prominent ones are: basic medical care available only to about half of the population; the

available services are generally poor in quality, the public is very dissatisfied; the hospital wards are over-crowded but the rural health facilities are under utilized; the staffs are demoralized and under paid; limited and misallocated resources with insufficient focus on financing the most essential services; high out-of-pocket spending on health care burdening already stretched household budgets; limited private sector participation; and even increasing public pressure for more government spending on health care(11). These problems stem to the fact that since the emergence of formal health care service the provision and financing of health care have been carried out almost entirely by the public sector which has been operating under very low economic condition, which couldn't allocate sufficient budget for financing. The per-capita health expenditure of Ethiopia is almost the lowest in sub-Saharan African countries. For Ethiopia it is 1.20 USD and the average for other Sub-Saharan African countries is about 6.7 USD (3, 11).

From the general dissatisfaction of the public at large and the government authorities related with the poor performance of the health care system it has become clear that there should be a reform of health care system and its financing with the objective of making the health system more cost-effective, more efficient, and more financially sustainable while at the same time ensuring that the people get value-for money for their health expenditure (11).

The problems, like uncontrolled population growth, the emergence of chronic non-communicable diseases, the emergence of new communicable diseases such as HIV/AIDS, the misallocation of the available meager resources, lack of service equity can only be well addressed with a sound and pragmatic reform of the health care sector and health care financing system (11).

Ethiopia has already started reforming its health care sector and its financing system. It has started adopting policies, strategies and guidelines which can be used as a bottom-line for the success of the started health sector and health care financing reform. It has adopted a new Federal Health Policy (HP) in 1993 which is a very conducive policy to allow different actors to participate in health care service delivery and financing. The adopted HP has also given special attention for the NGOs which include both for profit ones and the for-non-profit ones so that they can enter the health care sector to deliver health services, to finance health care sector or both delivery and financing. The government launched HSDP which is time bounded and has different phases. This HSDP has different components which are elaborated in detailed and has guidelines for implementation. The service fee which was set almost 50 years back hasn't been revised. Now with the reform the service fee revision has been given special attention. In 1998, HCFS was adopted and became one of the components of HSDP. Creating different types of cost-recovery mechanisms, encouraging the establishment of health insurance schemes, revenue retention from the services at the health facility level and others which generate more revenues for the health care financing and service expansion are incorporated in HCFS (3, 12, 13, 14).

One component of HCFS which is used as a cost recovery mechanism to generate more revenues is BI type of RDF Special Pharmacies. These SPs are established at different levels of the health facilities. The aims of these special pharmacies (SPs) are by revolving their funds to generate more revenues for the health facilities. By the income generated from these SPs the health facilities finance themselves to improve the essential drugs availability, to support other programs like EPI, MCH, Laboratory, maintaining and expanding the health facilities, giving incentives for the personnel in the health facilities for encouraging and developing human

resources, to improve the health care service delivery, health care quality and client satisfaction. Now many SPs of BI RDF type are established in many health facilities in the country.

To run these SPs effectively an operational guideline was prepared in line with HSDP and HCFS, by Federal MOH and DACA (3, 4, 13, 14). These SP schemes can attain their goals if they follow strictly the guideline about their operation and apply the management of drugs and supplies at the selection, quantification, procurement, transportation, distribution, storage and dispensing levels (4, 8).

According to one National baseline study, 27% /out of 62/ of health centers and 40% /out of 27/ of hospitals claimed to have PTC which would be responsible for drug selection for the health facility. In most facilities selection was decided either jointly by the health facility's head and the head of pharmacy section or only by the pharmacy section without the use of any formal selection criteria. The health facilities which were surveyed didn't have procurement guidelines. Consumption or /and morbidity data were not bases for initiation of procurement. All the health facilities which were surveyed didn't have any type of a pre-set reorder level and didn't have procurement time table. Most of the storage facilities at different levels were not adequate and appropriate for drugs and medical equipments. The stock management system /Bin cards/ were poorly recorded and managed. There was serious problem with cold chain storage. The inventory management was weak. No accurate consumption reporting and often not made by many facilities. There was serious report in all surveyed health facilities the presence of expiration of drugs. No standard Treatment Protocol was found. About 94% of

drugs were prescribed by their generic names. Prescriptions were not complied in an organized manner in all health facilities surveyed (9).

The cause of shortage and wastage of drugs in Ethiopia is poor management of drugs and supplies. Drugs are not selected on the basis of local need but they are selected most of the time by a single section or person and most health facilities don't have their own drug lists and data are not used in determining the drug requirements. Most of the time drug procurements are conducted without plan and no adherence to drug procurement time table (9, 10).

The storage system is very poor in the country with minimal or non-existent record keeping and stock control. In most cases drug budgets are not prepared by pharmacy professionals (10).
To implement the policies and strategies adopted by the government to improve its health care financing by generating more revenue through cost-recovery mechanism and improve the quality of health care service, in West Shoa Zone of Oromia National Regional State 5 SPs of BI RDF type schemes were established in one hospital and 4 health centers in the last 4 to 5 years.

Since the establishment of these SPs no study has been conducted on their organizational management, their drugs and supplies management and their progress. So it is rational and justifiable to survey these SPs to identify the existing problems and then to come up with constructive recommendations as a remedy for the identified problems. This is the rationale of this study.

3. Objective

3.1 General Objective

- To assess the management and contribution of the Special Pharmacies in health care financing of the health facilities of West Shoa Zone

3.2 Specific Objectives

1. To assess the management of the Special Pharmacies
2. To assess the management of drugs and supplies of the Special Pharmacies.
3. To assess the contribution of the Special Pharmacies towards health care financing of the health facilities.
4. To assess the perception, knowledge and practice of the health professionals towards the role of Special Pharmacies in the health facilities.

4. Methods and Materials

4.1 Study area

The study area was West Shoa Zone of Oromia National Regional State. West Shoa is one of the 14 zones of Oromia. The capital town of West Shoa, Ambo, is 125km. from Addis Ababa to the West. The zone is 14,921.19 sq.km wide and it has 14 woredas and 3 town Administrations. The population of the zone was 2,150,045. The estimated health coverage of the zone was 49.8 %(22).

In West Shoa zone there are: one zonal hospital, one district hospital,12 health centers, 47 health stations(out of which 5 are owned by non governmental organizations, NGOs and the other 5 are owned by other governmental organizations,OGOs), 104 health posts and 77 private clinics. There were 538 health professionals in the zone.

4.2 Study Design

- The study design was a health facility based cross-sectional descriptive study.

4.3 Study Period.

The study was conducted from January 2006 to March 2006 G.C.

4.4 Study Population

The Source Population is all the health centers and hospitals in West Shoa Zone and all health professionals who work in those hospitals and health centers. The Study Populations are 4 Health Centers and one Zonal Hospital which do have Bamako Initiative Revolving Drug Fund Special Pharmacies and all health professionals who work in those 5 health facilities.

5. Sampling Procedure

Since the number of health facilities with Special Pharmacies are only five and the numbers of health professionals who do work in these health facilities are only 139 it became convenient and feasible to include all health facilities (4 Health Centers and one Hospital) and all 139 health professionals. So it was rational to conduct the study without using sampling the study population because of its convenience.

6. Data collection and Data Management

For the data collection two Senior Nurses and one Pharmacy Technician and one Physician for supervision were recruited and they were given a half day training how to collect the necessary data and on data quality by the Principal Investigator and one Pharmacist. The Pharmacist was included for his contribution in formulation of questionnaires on drugs and supplies management and to give relevant training on how to collect data on drugs. The Pharmacy technician served as both a data collector ad co-supervisor.

6.1 The Tools used in data collection

To collect the relevant data for the study, there were 3 structured questionnaires which were prepared to collect data on the management of the special pharmacy schemes, drugs and supplies management and the perception the health professional about the role of special pharmacies in health care financing. There were three check lists which were prepared to guide the data collection during the observation of medical stores and dispensaries of the special pharmacies.

The questionnaires contain the identifications of the health facilities and the socio demographic characteristics of the health professionals.

The important questions included in the questionnaires were about planning, organizing, executing and supervision of the schemes, the drugs and supplies management practices, whether there were financial contribution to some health programs, financial incentives to personnel, health institution maintenance and expansion and the level of knowledge of the health professional on the aims of the special pharmacies and there participation in its activities.

All the questionnaires and checklists were translated from English to Amharic and then translated back to English to check their consistencies. The questionnaires were pre-tested in a health center in which new special pharmacy was established recently and some minor corrections were made.

Data on Drugs and Supplies management were collected by interviewing the heads of the special pharmacies by the recruited pharmacy technician using the prepared questionnaire. Data on the special pharmacies' management systems were collected by the principal investigator from the heads of the health facilities using the prepared questionnaire.
Data from the health professionals were collected by using self administered questionnaires which were distributed to the health professionals by the recruited data collectors.

Observations of the medical stores and dispensaries of the investigated special pharmacies were conducted by the principal investigator, one general practitioner and the pharmacy technician using the check lists.

All data were collected after getting full consent from the respondents (informants). The study participants were given detailed explanation and purpose of the study. The collected data which were quantitative were entered by using the EPI-INFO statistical computer program (version 6) and data clearing was done and then the entered data were analyzed. The data which were qualitative were handled manually and summarized.

6.2 Operational definitions

Special pharmacy: a pharmacy, drug shop or rural drug vendor operating in health facility with a revolving fund obtained from sources other than the government allocated recurrent budget.

Special pharmacy management committee: a committee managing a special pharmacy composed of representatives of the health facility, health bureau /department/ office and woreda council or zonal administration.

Initial capital: a capital obtained from different sources, in the form of loan/grant or drugs and medical supplies provided on credit to establish special pharmacies.

Drug selection: a process of deciding the type of needed drug product for the prevalent diseases.

Drug quantification: a process of determining the amount of drug products required.

Drug procurement: The process of acquiring drug products through purchase, manufacture and donation.

Cold chain: a system of freezers, refrigerators, dry ice and other devices to maintain uniform temperatures from production to the point of administration of drug product.

Drug use: a process of prescribing, dispensing and patient use.

7. Ethical Considerations

Ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medicine, Department of Community Health before planning and starting data collection. After explaining the purpose of the study in detail to the study participants and informing them that they had a full right to cooperate and participate and they can also decline if they don't want to participate in the study. It was also stressed that, every information would be kept confidential and it was explained to them that it would never be exposed without their consent. After all the study subjects gave their informed consents data collection was conducted.

8. Result

8.1 Background Information of the Health Facilities

Five health facilities in West Shoa zone which have special pharmacies were assessed during the study period. These health facilities are, Ambo Zonal Hospital in Ambo woreda, Ijaji heath center in Chelia woreda, Jeldu health center in Jeldu woreda, Ginchi Health center in Dendi woreda and Holota Health center in Welmera woreda.

The assessed health facilities give both curative and preventive services. Ambo Zonal Hospital has out-patient services of pediatrics, surgery, Gynecology and obstetrics, internal medicine, dental cases and psychiatry. It renders in- patient services for surgical cases, pediatric cases, gynecology and obstetric cases and medial cases. It has a separate out-patient service for emergency cases. Antiretroviral therapy (ART) and Voluntary Counseling and Testing (VCT) services are given in Ambo Zonal Hospital. The hospital gives laboratory and x-ray services. The hospital gives major minor surgery services. During the study period the hospital had MCH clinic which gives expanded program of immunization (EPI), Antenatal care (ANC), Post Natal Care (PNC) Family Planning, Growth Monitoring and Health Education Services.

Ijaji, Holota, Jeldu and Ginchi Health centers give curative services for common diseases and preventive services like Expanded Program of Immunization (EPI) at static and out-reach sites, Ante Natal Care services, Post Natal Care services, growth monitoring, family planning, health education and environmental health services. Ijaji Health center and Holota Health center give Voluntary Counseling and Testing (VCT) services and they have programs on PMTC (Prevention from mothers to child) and they refer patients who need ART to Ambo zonal Hospital.

All preventive services are given free of charges except the price of cards for all clients irrespective of their economic status in the health facilities which were assessed. Clients pay service charges for curative services which they get from the health facilities unless they come with poverty certificates from their kebeles.

Ambo hospital is a zonal hospital and it is expected from it to serve the total population of the zone as a referral from other health facilities in the zone and clients who come by self reference. So the potential beneficiary from Ambo hospital is 2,150,045 which is the projected population of West Shoa. There are also clients who come from the neighboring zones (East Welega and South West Shoa). Thus the total potential beneficiary from Ambo hospital is 2,150,045 $^{+}$

All the health facilities in which the assessed special pharmacies are found do have satellite health institutions (the health facilities which are found in the woredas in which the assessed health facilities are found and used as their potential referral site for cases which are beyond their capacities). These satellite health facilities are the health posts, health stations (clinic) and private health facilities.

The health facilities in which the assessed special pharmacies are found have different professional mixes and number of health personnel. The assessed health facilities and their profiles are summarized and presented in table 1 and table 2 below.

Table -1: The health facilities in which the special pharmacies were assessed and their catchments population and health facilities, West Shoa, Feb 2006.

S.N	Name of health facility	Time of establishment	No of beneficiary population	No of satellite government clinics	No of Satellite Health posts	No of Satellite NGO clinics	No of Satellite private clinics
1	Ambo Hospital	*	2,150,045+	37+	104+	10+	77+
2	Ijaji Health center	**	160,086	2	5	-	6
3	Jeldu health center	1990 E.C	196,726	4	10	-	5
4	Ginchi health center	1990 E.C	248,895	5	11	1	7
5	Holeta health center	1978 E.C	123,792	3	5	-	13

* Ambo hospital was initially established as a clinic by the name "Door of Life" by the American mission and through time it evolved to the level of health center, district missionary hospital and eventually to zonal hospital. It became impossible to get the time of its establishment from the hospital record.

** Since the documentation system was very poor it became impossible to get the year of establishment of Ijaji health center even from the Regional Health Bureau.

Table -2: Health professional profiles of the assessed health facilities, West Shoa, Feb.2006.

SN	Name of health Institution	Specialists	GP	HO	Nurse	Mid-wife	Pharmacist	Dr.	HA	Lab. Technician	Sani.	x-ray Technician	Total
1	Ambo hospital	3	7	1	47	5	-	5	10	6	-	4	88
2	Ijaji health center	-	-	-	8	2	-	1	2	1	1	-	15
3	Jeldu health center	-	1	-	11	3	-	1	2	1	1	-	20
4	Ginchi health center	-	-	1	10	2	-	1	3	1	1	-	19
5	Holota health center	-	1	1	14	4	-	1	6	1	1	-	29

GP: General Practitioner

HO: Health officer

HA: Health assistant

Sani: Sanitarian

Dr. Druggist

8.2 Assessment results on the organizational Management of special pharmacies

During the study time, under organizational management structural organization of the schemes, the planning of the activities to be executed, financial management, documentations, levels of community participation, the presence and quality of their activity reports and monitoring and follow up activities were assessed.

The assessment shows that all health facilities had management committees for the special pharmacies. Four health centers (Ijaji Health centers, Holota Health center Jeldu Health center and Ginchi Health center) have organized their management committees based on the criteria of operational guideline of special pharmacies which was prepared by Federal Ministry of Health (MOH) and Drugs Administration and Control Authority (DACA). Ambo Zonal Hospital's special pharmacy management committee was not, however, organized based on the criteria of the operational guideline because the zonal administration and the zonal health department were not represented in the management committee of the hospital's special pharmacy. In all health facilities there were no organo-grams which show the division of work and structural hierarchy in the activities of the special pharmacies and show clearly the roles of involved personnel in the special pharmacies.

The assessment shows that in all health facilities special pharmacies the management committees didn't have time-tables for meetings to discuss on and evaluate the activities of the special pharmacies and their management.

In all health facilities the special pharmacies didn't have a written and compiled comprehensive annual activity plans which guide the performance of the special pharmacies' activities in an organized manner.

In all special pharmacies there were no comprehensive annual financial plans for the annual activities of the special pharmacies and there were no comprehensive annual financial statements which are compiled and documented since the establishment of the special pharmacies. The assessment shows also in all special pharmacies no financial auditing was conducted and there were no plan or schedule (time tables) for future auditing during the assessment time.

The assessment shows there were no community participation in all levels of activities of the special pharmacies like co-planning, co-managing and co-monitoring in all and no practices of informing the community about the special pharmacies or request for participation. There were no community representatives in management committees. There was no mechanism for information dissemination or to inform the clients (beneficiary) community about the establishment, activities, aims and functions of the special pharmacies.

Concerning reporting, there were no monthly, quarterly biannual and annual activity reports to the woreda health offices, zonal health offices and regional health bureau. The result of the assessment shows there were no clearly written and well documented annual financial statements which show clearly the financial status i.e. expenditures and incomes of the pharmacies comparing with the performed activities. In four special pharmacies i.e. Ambo hospital, Ginchi health centers, Jeldu health center and Holota health center they had a quarter

financial reports which show only what they do have in cash and asset without relating with the activities performed to the Zonal Health Department.

In Ijaji health center the special pharmacy was closed for a long time due to the absence of professional to run it. In Ijaji health center three was no financial report for more than 1½ years.

The other variable considered during assessment was monitoring and evaluation of the activities of the special pharmacy schemes. The assessment shows that in all health facilities' special pharmacies there were no evaluative review meetings of the management committees of the special pharmacies so far. No evaluative review meetings were conducted on the activities of the special pharmacies among the health professionals, community representatives, the woreda health offices and the zonal health office on quarterly, biannual and annual basis to discuss on the activities of the special pharmacies to identify problems encountered and bring corrective solutions since the establishment of the special pharmacies. There were no supervisions of the special pharmacies from the regional health bureau, zonal health office and woreda health offices.

In all health facilities there were no copies of Guidelines of Operational and Management of Special Pharmacies, annual activity plan documents, annual performance report documents, annual financial plan documents, annual financial statement report documents, audit report documents which were intended to be reviewed. All special pharmacies had their own bank account books.

8.3 Assessment results on health care financing

The health programs which were selected for the assessment were the ones which encounter budget shortages for their activities and the ones which are mostly financed by aids or loans from international organizations like WHO, UNICEF. These programs are laboratory services, EPI services, MCH services and Environmental health services.

In Ambo hospital, Ijaj health center, Jeldu health centre and Ginchi health center there were no financial supports for the laboratory services, EPI activities, MCH activities and environmental health activities.

In Holota health center the EPI activity was getting financial support from the special pharmacy's revenue. The financial supports from the generated revenue includes fuel costs for cars and motorbikes for out-reach activities, cold chain system maintenance, per diem cost for the health professionals during out-reach session, transportation costs of necessary antigens for EPI activities from the central store (MOH store) to the health facility. The special pharmacy bought one refrigerator for the EPI section of the health facility.

The special pharmacy of Holota health center was supporting maternal health by improving the availability of diagnostic materials like thermometers, sphygmomanometers, weighing machines and stethoscopes for ANC and PNC services.

For family planning services it was reported from Holota health center that when shortage of contraceptives encountered the special pharmacy was supporting by buying contraceptives from DKT Ethiopia and supply to MCH department for free distribution to the clients.

In Holotal health center it was reported that when there was shortage of ORS from the health facility for under 5 children with diarrhea, the special pharmacy was buying ORS from DKT Ethiopia and supply to under 5 clinic in the facility.

In all health facilities there were no financial support from the special pharmacy to maintain and expand the health facilities. In all health facilities there were no financial incentives from the special pharmacies for the professional as bonuses or top-ups on their salaries to boost the moral of the existing professional and attract other professionals to the health facilities.

In all health facilities the revenues of the special pharmacies haven't contributed in trainings and other human resource development activities. The time of establishment of the special pharmacies ranges from 1992 E.C. (Holota health center) to 1995 E.C (Jeldu health center). Their initial capital ranges from 225,963.57 Birr to 30,000 Birr both in cash and in asset and their net profits were not clearly put and it was difficult to know at the time of assessment.

The time of establishment and current financial status of the assessed special pharmacies is summarized and presented in the table below.

Table-3: The years of establishment and financial status of the assessed special pharmacies, West Shoa, Feb.2006

S.N	*Name of health facility*	*Year of establishment of the special pharmacy*	*Initial capital*	*Current capital*	*Difference (Profit)*
1	Ambo hospital	1993 E.C	211,199.25 Birr	343,632.25 Birr	132,433.00 Birr
2	Holota health center	1992 E.C	225,963.57 Birr	312,359.44 Birr	86,395.87 Birr
3	Ginchi health center	1994 E.C	-	44,332.80 Birr	-
4	Ijaji health center	1994 E.C	30,000Birr	63,000 Birr	33,000 Birr
5	Jeldu health center	1995 E.C	49,397.19 Birr	65,786.05 Birr	16,388.86 Birr

8.4 The assessment results on drugs and supplies management

Regarding drugs and supplies management of the special pharmacies, drugs and supplies selection, quantification, procurements, storage and dispensing were assessed.

In all health facilities there were no Pharmacy and Therapeutic committees and the stated reasons for the absences of PT committees in all health facilities were absence of awareness about the importance of PT committees in the management of drugs and supplies.

In all health facilities there were no Treatment Protocols which were systematically developed statements on some clinical problems with treatment methods that assist the prescribers and the drug selection committee in deciding to select the appropriate drugs for specific clinical problems.

There were no documents of Epidemiological Disease Distribution patterns which show the distribution of diseases in place, person and time and more comprehensive and informative during drugs and supplies selection than using the lists of 10 top diseases which are limited in scope of information.

All health facilities had the documented lists of 10 top diseases of 1996 and 1997 E.C during the time of assessment, but they were not considered and used during selection of essential drugs and supplies as reference documents.

In all health facilities there were no copies of Essential Drugs Lists and the reasons given were in all health facilities they couldn't get it and they didn't use Essential Drug Lists as reference documents during drug selection process.

In all health facilities there were no drugs and supplies selection committees and their drugs and supplies selection for the special pharmacies were conducted by the pharmacy technicians who head the special pharmacies.

All health facilities reported that they didn't use the selection criteria, like efficacy and safety of drugs, during their drug selection and the reasons given from all the health facilities for not using the drugs and supplies selection criteria were that they were not aware of the presence of selection criteria and its application in drugs and supplies selection.

Whether they use generic names or brand names during their drug selection and procurement all health facilities reported that they preferred the generic name and their listed reasons for preferring generic names rather than brand names were

- Generic names are more informative than brand names and facilitate improving rational drug use
- Generic drug products are often cheaper than products sold by brand names, so generic names facilitate procuring with low prices.
- Generic names maximize drug availability due to procurement with low prices.
- Generic prescribing facilitates products substitution whenever appropriate.

The study conducted shows that all health facilities didn't do need assessment studies before drug selection. From the assessment conducted it was seen that none of the health facilities was using drug quantification method to quantify their drugs and supplies to be procured and the reasons given from all health facilities were that they didn't have the known-how of drug quantification methods.

All health facilities reported that they had no schedules (time tables) for procurements which indicate the day on which every activities of the procurements have to be performed and which also help for self monitoring and follow up of the order status. The reason for all health facilities were that the absence of annual activity plans for the special pharmacies.

All health facilities didn't have reports about the procurement performance and the reasons given in all facilities were the shortage of man power and time to prepare and compile the procurement performance.

In all health facilities there were no procurement committees /teams which decide on the time table of procurement, what to procure, from where and how much to procure. In all health facilities the whole procurement processes were decided either only by the head of the health facilities or jointly by the heads of the health facilities and the heads of the special pharmacies.

In all special pharmacies they reported that they use virtually the direct way of procurement method in procuring drugs and supplies and they didn't use any type of bid and in all health facilities procurement were being done by pharmacy technicians.

All special pharmacies had their own medical stores and dispensaries of their own. Ambo hospital, Holota health center and Jeldu health center special pharmacies' medical stores had cold chain system to handle drugs which need cold-chain systems and Ijaji health center and Ginchi health center special pharmacies' medical stores didn't have cold chain systems to handle drugs and supplies which need cold chain system. They use the health center's EPI unit cold chain systems.

Ambo hospital, Holota health center and Jeldu health center had both Bin cards and stock cards in their special pharmacies medical stores but they were not using them and in Ijaji health center and Ginchi health center they didn't have Bin cards and stock cards in their special pharmacies' medical stores.

The special pharmacies of Ambo hospital, Ginchi health center, Ijaji health center and Jeldu health center didn't have inventory schedule and never conducted inventory since their establishment and the stated reasons for not conducting inventory were shortages of man power and time. Holota health center special pharmacy had a schedule twice per year for inventory but it didn't have any inventory report which is documented.

All special pharmacies didn't have problems with transportation of drugs and supplies from the site of procurement to their health facilities because all health facilities have their own cars. All special pharmacies at the time of study were being managed by druggist.

All druggists who were managing the special pharmacies reported that they were not given training on drugs and supplies management. Only the druggist who was managing Ambo hospital's special pharmacy participated in a workshop on managing special pharmacies and health care financing.

8.4.1 Assessment results of medical store observation

In all special pharmacies the observed medical stores were very small rooms to accommodate the drugs and supplies and they were crowded and it seems they were not designed and built to serve as a medical stores.

All medical stores were not equipped with enough shelves to arrange and place drugs properly. In all observed medical stores there were drugs and supplies which were put on the floors of the stores. In all medical stores there were no alphabetical, therapeutic or pharmacological arrangements of drugs and supplies were seen.

All medical stores had poor ventilation and poor air movements. Ambo hospitals medical store didn't have a window and other stores had windows which were not wide enough for good air movements and ventilation and all medical stores didn't have ventilators.

The medical stores of the special pharmacies of Ambo hospital, Holota health center and Jeldu health center had their own cold storage (refrigerators) systems and the medical stores of the special pharmacies of Ijaji health center and Ginchi health center didn't have their own cold chain systems.

It was observed that there where Bin cards and stock cards in the medical stores of Ambo hospital, Holota health center and Jeldu health center's special pharmacies but they were not being used by the store keepers. In the medical stores of special pharmacies in Ijaji health center and Ginchi health center there were no Bin cards and stock cards during the time of observation.

All medical stores of the special pharmacies were not in a good sanitation status and all the floors were filled with cartons and tins which were containing drugs ands supplies and all the stores keepers reported that it was difficult to clean the stores because the rooms were over crowded and small in size.

8.4.2 The assessment result of dispensary observations

All dispensaries of the special pharmacies had specious rooms to accommodate the available drugs and supplies. In Ijaji health center and Ginchi health center drugs were arranged and placed in alphabetical order and in Ambo hospital, Holota health center and Jeldu health center they were placed in therapeutic arrangements in the observed dispensaries.

All dispensaries had enough chairs, tables and shelves to accommodate the drugs and supplies. They didn't have enough counting trays to handle drugs and in all dispensaries there were no registration books.

All the dispensaries had windows which were wide enough to allow good air movements and all were well ventilated, well supplied with both natural light and electric power supply, but all of them didn't have water supply. All dispensaries of the special pharmacies didn't have cold chain systems to handle drugs and supplies which need cold chain systems. All dispensaries were keeping the prescriptions but they were not well compiled and filed. In all dispensaries of the special pharmacies the lists of available drugs with their price lists were not posted in appropriate places to be seen by the clients.

The observation results of the medical stores and dispensaries of the observed special pharmacies are summarized and presented in the following tables below.

Table:4 Observation results of the medical stores of special pharmacies, West Shoa, Feb .2006

Sn	***Observed variables***	***Observed special pharmacies***				
		Ambo Hospital	Holota health center	Ijaji Health center	Ginchi Health center	Jeldu health center
1	Specious room	X	X	X	X	X
2	Enough shelves	X	X	X	X	X
3	Alphabetical or therapeutic arrangement of drugs	X	X	X	X	X
4	Good Ventilation	X	X	X	X	X
5	Cautious power supply	+	+	+	+	+
6	Cold chain system	+	+	X	X	+
7	Bin cards and stock cards	+	+	X	X	+
8	Presence of expired drugs in the stores	+	X	+	+	X
9	Different vouchers ie. models 19,20,21,	+	+	+	+	+

Key- X= No
+= Yes

Table:5 Observation results of dispensaries of the special pharmacies, West Shoa, Feb.2006

SN	*Observed variables*	*Observed special pharmacies*				
		Ambo Hospital	Holota Health center	Jeldu health center	Ginchi Health center	Ijaji Health center
1	Optimum space	+	+	+	+	+
2	Well placed and arranged drugs	+	+	+	+	+
3	Well ventilated and good air movement	+	+	+	+	+
4	Cold chain system available	x	x	x	x	x
5	Posted lists of available drugs with their prices	x	x	x	x	x

Key + = Yes

x = No

8.5 Results of the assessment on the perception, knowledge and practice of the health professionals about the Special Pharmacies.

139 health professionals in five health facilities were interviewed on their perception on the Special Pharmacies which were established in their health facilities. The majority of the interviewed health professionals were in the age groups of 23-27 and 28-32, 33.8 %(47) and 24 17.3 %(24) respectively. Almost they had equal sex distribution, 49.6 %(69) males and 50.4 %(70) females. 55.4 %(77) of them were married and 43.9 %(61) were unmarried. The majority of them were from Oromo ethnic group, 73.4% (102). 52.5% (73) were Orthodox Christians and 36.7% (51) were protestant Christians. Regarding their educational status,89.2% (124) were diploma holders. 71.9% (100) were nurses which include all senior clinical nurses, junior clinical nurses, senior public health nurses, junior public health nurses, senior midwives and junior midwives. Their work experience ranges from 1 year to 37 years of service with the mean of 9.4 years.

Table: 6 Socio demographic characteristics of the interviewed health professionals, West Shoa, Feb. 2006

Age groups in years	**Number**	**Percent**
18-22	**19**	13.7%
23-27	47	33.8%
28-32	24	17.3%
33-37	16	11.5%
38-42	21	15.1%
43-47	7	5%
> 47	5	3.6%
Total	139	100%
B. Sex distribution	**Number**	**Percent**
Male	**69**	**49.6%**
Female	**70**	**50.4%**
Total	**139**	**100%**
C. Marital status	**Number**	**Percent**
Married	77	55.4%
Unmarried	61	43.9%
Divorce	1	0.7%
Total	139	100%
D. Ethnic Group	**Number**	**Percent**
Oromo	102	73.4%
Amhara	29	20.9%
Guraga	7	5%
Others	1	0.7%
Total	**139**	**100%**

Socio demographic Continued….

E. Religion	**Number**	**Percent**
Orthodox Christian	73	52.5%
Moslem	10	7.25%
Protestant Christian	51	36.7%
Catholic Christian	2	1.4%
Others	3	2.2%
Total	139	100%
F. Education level	**Number**	**Percent**
MD	11	7.9%
BSC	4	2.9%
Diploma	124	89.2%
Total	139	**100%**
G. Profession	**Number**	**Percent**
Specialists	3	2.16%
General practitioner	8	5.76%
Health officers	4	22.8%
Nurses	100	71.95%
Sanitarians	4	2.88%
Others (HA, Lab. Technicians)	20	14.39%
Total	139	**100%**

All the health professionals interviewed stated they were aware of the existence of the special pharmacies in their health facilities. From the interviewed health professional 85.6% (119) stated that they knew the aims of establishing the special pharmacies. 79% (110) stated the aim of the establishing the special pharmacies was to improve the availability of the essential drugs in the health facilities, 34.5% (48) of the respondents more revenues for the health facilities,

26.6% (37) stated the aim was to support financially the other health programs in the health facilities by generating revenues, 15.1% (21) said the aim was to improve the financing of health care service deliveries in the health facilities and 21.6% (30) of the interviewed health professionals stated the aim of establishing the special pharmacies is to improve the quality of health service delivery in health facilities.

Table - 7 The number of Health professionals who responded positively to the aims of the special pharmacies, West Shoa, Feb, 2006.

Aims of establishment	No Of respondent	Percent (%)
Improve essential Drugs availability	110	79
Generates more revenue for the health facility	**48**	**34.5**
Supports the other health programs in the health facility	**37**	**26.6**
Improve health care financing	**21**	**15.1**
To improve health service quality	**30**	**21.6**

From the interviewed health professionals 66.2% (92) stated that they had no participation in the activities of the special pharmacies and 33.1% (46) said they had participation in the activities of the special pharmacies in their health facilities. Among the ones who said they had participation 15.1% (21) sated they participate as a member of the management committees. 41% (57) stated the reason of not participating was that there were no conducive environments from the special pharmacies and 16.5% (23) stated they didn't have enough time to participate in the activities.

91.4% (127) interviewed health professionals said that the special pharmacies in their health facilities were not open for 24 hrs to serve the clients and 52.5% (73) stated that the reason for not giving service for 24 hrs was the weakness of the management committees of the special pharmacies and 34.5% (48) said the reason was shortage of man-power.

64.7% (90) interviewed health professional stated the establishment of the special pharmacies have improved the availability of essential drugs and supplies for the inpatient clients and 24.5% (34) stated the establishment of the especial pharmacies haven't improved the essential drug supplies for the inpatients in their health facilities. From the health professionals who said the establishment of the special pharmacies did improve the drugs availability for the inpatients clients 61.15% (85) stated they thought that the inpatient clients get essential antibiotics, analgesic, intravenous (iv) fluids and others from the health facilities.

66.7% (92) interviewed health professionals said they were not given the lists of the available drugs and supplies in the special pharmacies and 92 %(127), stated they were not informed about the stock out drugs from the special pharmacies. 65.5% (91) of the respondent health professional stated they didn't think that the special pharmacies in their health facilities were well stocked with essential drugs and supplies and 11.5% (16) stated they had no idea about the status of the special pharmacies.

53% (71) of the interviewed health professionals stated they didn't think that the out patient clients did get essential drugs and supplies prescribed for them from the special pharmacies and 10.4% (14) said they didn't know whether they get or not.

76.3 %(106) of the health professionals who were interviewed stated that they didn't think that the emergency departments of their health facilities were well stocked by essential drugs and supplies and 9.4%(13) respondents said they didn't know whether the emergency departments were well stocked or not.

47.1 %(65) respondents said the establishment of the special pharmacies did improve the labor wards and 38.4 %(53) stated that they didn't think the establishment of the special pharmacies did improve the labor wards.

56.5%(78) of the interviewed health professionals stated they didn't think the establishment of the special pharmacies in their health facilities have improved the laboratory service in their health facilities and 17.4% (27) respondents said they didn't know whether they have improved the laboratory services in their health facilities or not.

71.2% (99) health professionals stated they didn't think that the establishments of the special pharmacies have improved the availability of diagnostic materials like thermometers, BP apparatuses, et

81.3% (113) of the health professional who were interviewed stated they didn't think that the establishment of the special pharmacies in their health facilities by their revenue generation to finance health programs like, EPI, MCH, Environmental Health etc and 6.5% (9) respondents said they didn't know whether they have improved or not.

Form the interviewed health professional 56.8% (79) stated that the establishment of the special pharmacies did improved the client satisfaction than before the establishment of the special pharmacies in their health facilities and 23.7% (33) of the health professionals said they didn't know whether the establishment of thee special pharmacies have improved client satisfaction or not.

From the interviewed health professionals, 74.8 (104) said the establishment of special pharmacies in their health facilities was useful and 14.4% (20) of the respondents said they didn't know whether the establishment of the special pharmacies was useful or not useful. From the ones who said the establishment of the special pharmacies is useful 59% (82) said the special pharmacies are useful because they improve the availability of the essential drugs and supplies of the health facilities 22.3% (31) said the special pharmacies improve client satisfaction and 25.9% (36) said the special pharmacies improve the income generation of the health facilities.

From the interviewed health professional, 73.4% (102) stated that they weren't given enough information about the special pharmacies in their health facilitates and 57.6% (80) said the reason of not getting enough information is that the management committees were weak in running the special pharmacies.

66.2% (92) interviewed health professional said that the activities of the special pharmacies in their health facilities were not transparent and participatory and 15.8% (22) said they didn't know whether they were transparent and participatory or not. From the respondents who said the activities of the special pharmacies were not transport and participatory 39.6% (55) stated the reason was weak management of the schemes and 39.6% (55) stated the reasons were lack of responsibility and accountability from the management members.

9. DISCUSSION

Special pharmacies are organizations which do have their own organizational structures and management systems. They are established to generate more revenue. With the generated revenue they improve, the availability of the essential drugs for the community, financing health care, service equity and the quality of health service delivery (4, 8). In Ethiopia there is a guideline which clearly states how the special pharmacies are organized and managed (4).

To be effective and to reach the goals of their establishment, like any other organizations, the special pharmacies must establish a management system and follow it. They have to have a comprehensive activity plans which are detailed and clear, they have to have a detailed financial plans to execute the planned activities, they have to organize their resources, and they have to have a controlling mechanisms for their activities. The assessed special pharmacies in West Shoa did have poor management systems. It was seen in all of them that they didn't have any documented activity plans and the absence of these activity plans strongly indicates that their activities were being conducted haphazardly rather than being plan guided.

For activities to be executed, the availability of financial resources must be settled. For the success of any project, program or organization strict financial management is mandatory. If there is no good financial management there would be a problem of executing the planned activity because if there is poor financial management there would be a problem in reconciling the planed activity to be executed with the allocated finance for that activity. In case of Vietnam's RDF schemes it was seen that the schemes with good financial management did perform better than those with less financial management (19). In West Shoa all the special pharmacies didn't have good financial management and documentation. There were no detailed

and well prepared financial statements which show that activities vs. the expenditures and this shows that it is difficult to know weather the special pharmacy is financially progressing or not. Those poor financial managements seen in the special pharmacies of West Shoa seem to indicate that the functions of those special pharmacies in improving health care financing are not promising.

Since the special pharmacies are community pharmacies by their nature, community participation is very necessary for their success. The community can participate in different ways and at different levels. Community can contribute financially for the starting capital. Community can participate in the management of the special pharmacies. The community can be represented in the management committees. The community can get involved in co-planning, co-organizing, monitoring and evaluation of the activities. The community can participate in the financial management and information dissemination about the special pharmacies. The studies in Cameroon, Vietnam and Ghana show the contributions of the community in the activities of the special pharmacies in those countries (19, 20, 21). In West Shoa, in all special pharmacies there were no community participation and there were no community ownership on those special pharmacies. The community hasn't been informed about the special pharmacies and this also hampers the progress of the special pharmacies.

The studies done on the special pharmacies of Cameroon and Ghana show the positive impact of the health professional's participation and involvement in the activities of the special pharmacies (20, 21). The health professionals are crucial in the successful progress of the special pharmacies. They contribute in many ways. They can get involved in the management of the schemes; they can give professional contribution. If they are involved in the activities of

the special pharmacies they can play a very strong advocacy role. They are the ones who are more close to the beneficiary community and they can disseminate the information about the special pharmacies to the clients and potential clients so that the community can exploit from the special pharmacy. It is also stated that the management committees of the special pharmacies in Ethiopia, have to involve the professionals in the activities of the special pharmacies (4). When we see the special pharmacies of West Shoa, the participation of the health professionals was very minimal and this can also have a negative impact on the performances of the special pharmacies.

West Shoa's special pharmacies didn't have mechanisms of information flow to the community and this can also create a communication barrier between the community and the special pharmacies.

In Cameroon the special pharmacies played a great role in financing the health sector when the country was in financial crisis (20). In Vietnam and Nigeria they also did the same thing (18, 19). Financing other health programs and giving incentives to the staffs from the generated revenues are the principal aims of establishing the special pharmacies. In the case of West Shoa the health care financing role they have played was very minimum. Except the one in Holota health center the other four special pharmacies did nothing in financing other health programs, in health facility maintenance and expansion and providing incentives for professionals to retain the existing ones and attract others.

In profit mark-up all the expenses have to be taken in to consideration. Transportation costs, the salaries of the personnel who work in the special pharmacies and other costs have to be

considered when the profit mark-up is set in a special pharmacy. But in the case of West Shoa when they were setting profit mark-ups, it was found out that it was only the item price which was considered and other costs were being neglected or forgotten and this practice definitely has negative consequences on the profits of the special pharmacies.

Essential Drug List, National Drug List, Treatment Protocols, Pharmacy and Therapeutic committees are important for the rational drugs and supplies management (8, 10). The knowledge and practice of drugs and supplies management in the selection, procurement, transporting, storing and dispensing are needed if effective drugs and supplies management are needed.

Drugs and supplies selection has to be based on selection criteria which were formulated by WHO and can be modified to fit local requirements in different countries. Drugs and supplies selection should be conducted by its own committee which comprises the relevant expertise and shouldn't be done by individuals (8, 10). In West Shoa in all special pharmacies there were no drugs and supplies selection committees and selections were done by individuals.

Procurement schedules which state what to procure, from where to procure, how much to procure must be in place to foster good drugs and supplies management and rational drug use which all the special pharmacies in West Shoa didn't have.

Drugs quantification before procurement was not found in any SP in West Shoa.Drugs inventory which helps in maintaining appropriate stock and avoiding overstocking are parts of drugs and supplies management (10), which all special pharmacies in West Shoa didn't have during the time of assessment. All the special pharmacies in West Shoa had poor storage

systems. Drugs and supplies managements in West Shoa's special pharmacies were very poor and needs attention for improvement.

The participation, involvement and perception of the health professionals who work in the health facilities with special pharmacies were very low as it can be seen from the results of the assessments done in the special pharmacies. A good example is that their knowledge of the aims of the establishments of the special pharmacies, which shows that their knowledge of the concept of the special pharmacies was very low. From the results seen from the assessment of West Shoa's special pharmacies they were performing poorly.

10. Limitation and Strength of the Study

Limitations

- It is not community based study to get more information from the beneficiary.
- Absence of FGD to generate more data
- Shortage of literature on the topic.

Strengths

- all study subjects were included which strengthen the representative ness of the result of this study
- It will initiate more studies on this subject.

11. Conclusions and Recommendations

From the assessment of the special pharmacies of West Shoa zone some results are seen. These special pharmacies were established as organizations to help the health facilities in improving their capacity of financing their health care sectors.

These special pharmacies had weak management system, poorly organized and structured. They move without plans. They were in a state of poor financial management. The community participation was ignored or forgotten. The participation and involvement of the health professionals was very low. They had very poor reporting system and there were no evaluations. They had no supportive supervisions from the woredas, zone and Regional Health Bureau. They had very minimum financial contributions for the health facilities in which they were found. Their drugs and supplies management was very poor. Generally these special pharmacies were not in a position to go foreword to reach their goals and objectives.

Therefore, based on the above results, the following are recommended

1. Committed and strong management committees should be established in all SPs.
2. Strong organizational structures must be established.
3. The special pharmacies must be staffed with able and committed professionals.
4. Basic trainings on drugs and supplies management should be given for professionals who work in the SPs.
5. Basic trainings on the concept of health care financing should be given for the staffs.
6. Trainings on financial management must be given for the finance officers.
7. Strong attention should be given for community participation
8. The health professionals should be encouraged to get involved in the activities of the SPs.
9. Sustainable advocacy on special pharmacies must be promoted.
10. Involvement of public administrators at all levels with good political will must be encouraged.
11. Strengthening monitoring and evaluation of the SPs.
12. Regular supportive supervisions should be conducted.

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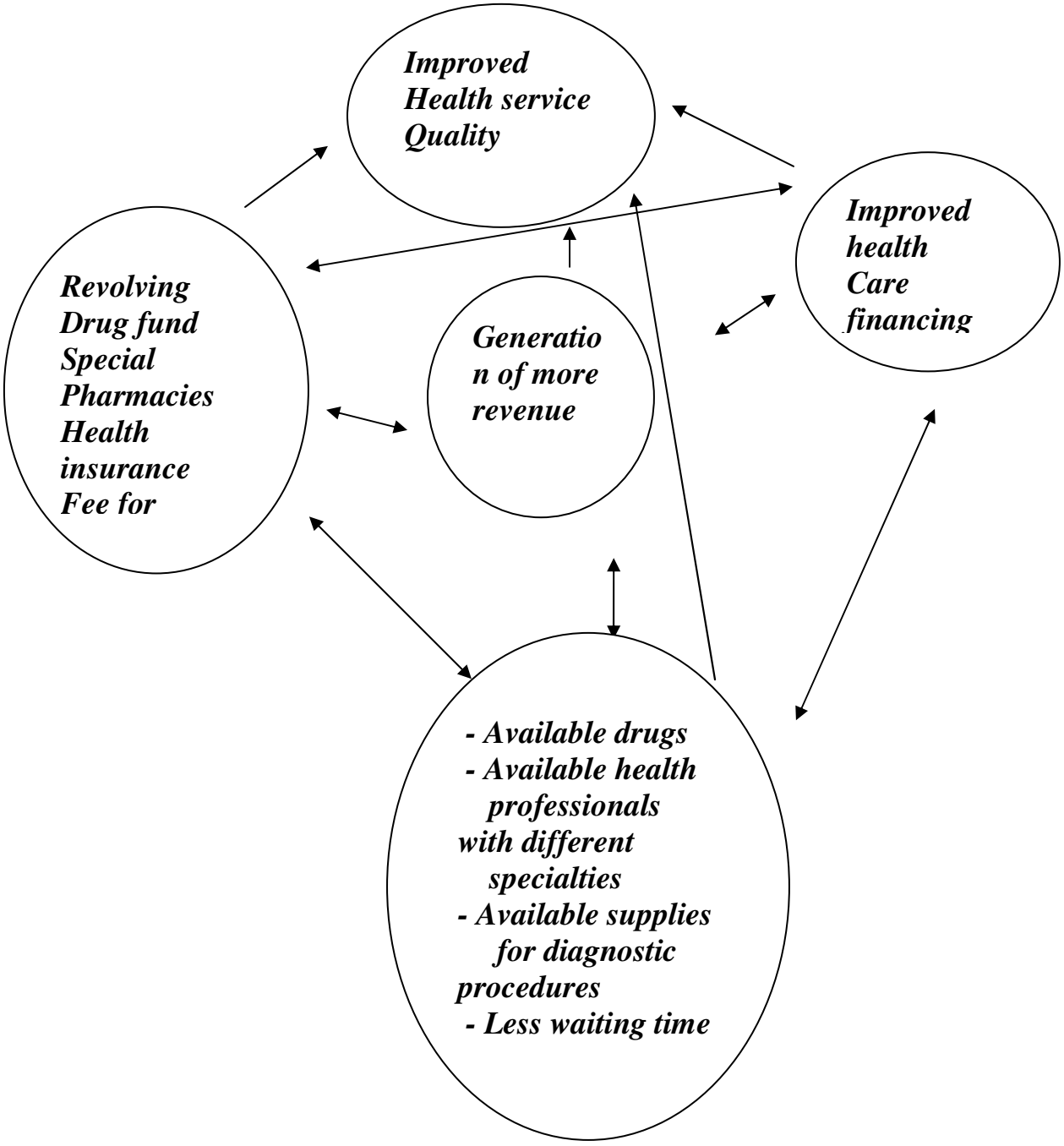
Annex 1

CONCEPTUAL FRAMEWORK



Annex 2

Questionnaire for collection of relevant data on the organizational management of the special pharmacies in West Shoa

Good morning/Good afternoon! My name is _____ I would like to assess the performance of the special pharmacy in this health facility.

I would like to ask you a few questions about this special pharmacy. The purpose of the assessment is to see whether the performance of this special pharmacy is on the right track or not. The outcome of this study is constructive for this health facility and its clients. So your co-operation is very important and indispensable. All questions are based on your full consent and you have a full right to decline to answer questions at any time.

1	Name of the health facility	
2	Year of the establishment of the health facility	
3	Year of establishment of the special pharmacy	
4	Does the special pharmacy have its own management committee	a) Yes b) No
5	If "Yes" for No. 4, is it organized according to criteria in organizational guideline of the special pharmacies?	a) Yes b) No
6	Has the zonal health office been represented in the management committee?	a) Yes b) No
7	Has the woreda health office been represented in the management committee?	a) Yes b) No
8	Has the zonal administration been represented in the management committee?	a) Yes b) No
9	Has the woreda administration been represented in the management committee?	a) Yes b) No

10	Who are the members of the management committee of this special's pharmacy in the hospital (only for Ambo hospital)?	
11	Who are the members of the management committee of this health center's special pharmacy?	
12	Does the beneficiary community have participation in the activities of this special pharmacy?	a) Yes
		b) No
13	If "Yes" for No. 12 in which activities does the community participate	a) in financing
		b) in managing
		c) in planning
		d) in monitoring
		e) in information dissemination
14	If "No" for No. 12 what is/are the reason?	a) No invitation for the community from the

		special pharmacy
		b) The community declined to participate
		c) No importance of community participation
		d) Others (Specify)……
15	Does the management committee of this special pharmacy have a regular time table for meeting to discuss on and evaluate the activities of this special pharmacy?	a) Yes
		b) No
16	Does this special pharmacy have a copy of operational guideline for the managements of special pharmacies?	a) Yes
		b) No
17	If "Yes" for No. 16, does the management committee of this special pharmacy use the mentioned guideline as a reference to manage the special pharmacy?	a) Yes
		b) No
18	Does the management committee of this special pharmacy plan its annual activities in detail?	a) Yes
		b) No
19	If "Yes" for No. 18 is the activity plan written, compiled and documented clearly?	a) Yes
		b) No
20	Does the management committee of this special pharmacy compile the achievements at the end of the year to compare it with the annual activity plan and take interventions?	a) Yes
		b) No
21	Does the management committee o this special	a) Yes

	pharmacy has a tradition of comparing its planned activities with achieved activities?	b) No
22	Does the special pharmacy's management committee prepare financial plans for planed annual activities?	a) Yes
		b) No
23	Does this special pharmacy prepare annual financial statements based on its annual activities?	a) Yes
		b) No
24	If "No" for No. 23 what is/are the reason/s?	a) Absence of activity plans
		b) Absence of financial plans
		c) Absence of able finance officer who prepares financial statement.
		d) Others (Specify)…….
25	If "No" for No. 21 the reason/s is/are	a) Absence of annual plans
		b) Absence of annual achievement reports
		c) No need of comparing
		d) Others (Specify) ……..
26	Does this special pharmacy have a technical advisory team	a) Yes
		b) No
27	If "Yes" for No. 26, who are included in the advisory team?	a) Physicians
		b) department head nurses
		c) Matron
		d) Heads of other departments
		e) Other (Specify) ……..
28	Does this special pharmacy have evaluative	a) Yes

	review meetings?	b) No
29	If “Yes” for No 28, with whom does it conduct the review meetings?	a) With the members of the management committee
		b) With the health facility staffs
		c) With the woreda health office
		d) With the zonal health office
30	If “Yes” for No. 28 how frequently does it conduct review meetings?	a) Monthly
		b) quarterly
		c) Biannually
		d) Annually
		e) Other (Specify)…….
31	Does this special pharmacy get supportive supervisions?	a) Yes
		b) No
32	If “Yes” for No. 31, by whom does it get supervised?	a) Woreda health office
		b) Zonal health office
		c) Regional health bureau
		d) Others …….
33	If “Yes” for No. 31 how often does it get supervised?	a) Every month
		b) Every three months
		c) Every six months
		d) Every nine months
		e) Every year
34	Does this special pharmacy prepare and report about its activities?	a) Yes
		b) No

35	If “Yes for No 34, to whom does it report?	a) To woreda health office
		b) To zonal health office
		c) To the regional health bureau
		d) Others (Specify) ……..
36	If “Yes” for No 34, how frequently does it report?	a) Every month
		b) Every three months
		c) Every six months
		d) Every nine months
		e) Every year
37	Does this special pharmacy reports its financial statements?	a) Yes
		b) No
38	If “Yes” for No 37, to whom does it report?	a) To woreda health office
		b) To zonal health office
		c) To regional health bureau
39	If “Yes” for No 37, how frequently does it report?	a) Every 3 months
		b) Every 6 months
		c) Every 9 months
		d) Every year
40	Does this special pharmacy have a time table (Schedule) for auditing?	a) Yes
		b) No
41	If “Yes” for No 40, how frequently does it get audited?	a) Every six months
		b) Every year
		c) Every tow years
		d) Others (Specify)……..
42	Does this special pharmacy have its own mechanisms of information dissemination to its clients?	a) Yes
		b) No
43	If “Yes” for No 42, what mechanism does it use?	a) By establishing its own information center

		b) By using notice boards and bill board
		c) Through community meetings
		d) by mass media
44	Does the EPI get financial support from the revenues of this special pharmacy?	a) Yes
		b) No
45	If "Yes" for No 44, how is EPI supported?	a) Per-diem costs for health workers during out-reach activities
		b) Improving the cold chain system
		c) Fuel costs for transporting antigens from MOH to the health facilities
		d) Other (Specify) ……
46	If "Yes" for No 44, has the coverage of the EPI raised in the catchments area?	a) Yes
		b) No
47	If "Yes" for No 46, how has the EPI coverage get raised?	a) Increased numbers of outreach sites
		b) Increased number of static sites
		c) Improved logistic supplies
		d) Others ……
48	Has this special pharmacy improved the laboratory services of this health facility by supporting it financially from its generated revenue	a) Yes
		b) No
49	If "Yes" for No 48, how has the special pharmacy improved the laboratory services?	a) Availing laboratory equipments

		b) By improving the supply of reagents
		c) By service expansions
		d) Others ……
50	Has the revenue generated from this special pharmacy supported the MCH activities in this health facility?	a) Yes
		b) No
51	If "Yes" for No 50, which components of MCH have been supported by this special pharmacy	a) ANC
		b) PNC
		c) Under 5 clinic
		d) Family planning
		e) Others ……..
52	Has environmental health section of this health facility got financial support in its activities from the revenue of this special pharmacy?	a) Yes
		b) No
53	If "Yes" for No 52 what have been performed by environmental health section using the financial support from this special pharmacy	a) Maintenance of the kitchens in this health facility
		b) Improving the waste managements in this health facility
		c) Improving the sanitation status of this health facility and its surroundings
		d) Improving drainages systems
		e) Others ……..
54	Does this special pharmacy give incentives from its revenues in this health facility	a) Yes
		b) No

55	If "Yes" for No 54, how and for whom does it give?	a) As top-ups for health professional
		b) For short term trainings of the health professionals
		c) Supporting the health facility in night duty payments
		d) Others …….
56	Has this health facility maintained or expanded by the support of this special pharmacy's revenue?	a) Yes
		b) No
57	The starting capital both in cash and asset of this special pharmacy in Eth.Birr	-
58	The present capital, both in cash and asset of this special pharmacy in Ethi. Birr	-
59	The net profit of this special pharmacy in Eth. Birr	
60	The margin of profit (mark-up) of this special pharmacy is	-
61	In this special pharmacy who does decide on setting the mark-up (margin of profit)?	a) The regional health bureau
		b) The special pharmacy 's management committee
		c) The head of the health facility
		d) The head of the special pharmacy
62	What are considered in setting mark ups (margin of profits) in this special pharmacy?	a) Transportation cost of the drugs and supplies
		b) Personnel costs
		c) Item cost
		d) Others …….

Annex 3

Questionnaires for collection of data on drugs and supplies management from the special pharmacies

Good morning/Good afternoon! My name is _____ I would like to assess the performance of the special pharmacy in this health facility.

I would like to ask you a few questions about this special pharmacy. The purpose of the assessment is to see whether the performance of this special pharmacy is on the right track or not. The outcome of this study is constructive for this health facility and its clients. So your co-operation is very important and indispensable. All questions are based on your full consent and you have a full right to decline to answer questions at any time.

1	Name of the health facility	-
2	When was this special paharmacy established?	-
3	Does this special pharmacy have copies of the Essential Drug Lists?	a) Yes
		b) No
4	If "No" for No 3 what is/are the reason/s?	a) The country hasn't Essential Drug Lists
		b) The health facility couldn't get it from the MOH or regional heath bureau
		c) Lost from the health facility
		d) Others ……
5	Are there copies of National Drug Lists in this special pharmacy?	a) Yes
		b) No
6	Is there a Treatment protocol of the health facility in this special pharmacy?	a) Yes
		b) No
7	If "No" for No 6 what is/are the reason/s	a) The health facility doesn't have Treatment Protocol

		b) The special pharmacy doesn't want to use the health facility's Treatment Protocol
		c) It is impossible to put it in the special pharmacy
		d) Others…….
8	Does this health facility in which this special pharmacy is found have therapeutic and pharmaceutical committee?	a) Yes
		b) No
9	If "No" for No 8, what is/are the reason/s	a) It is not important
		b) No awareness about its importance
		c) It was lost
		d) Others
10	Is there a document in this health facility which shows the epidemiological disease pattern of the area?	a) Yes
		b) No
11	If "No" for No 10, what is/are the reason/s?	a) No expertise to prepare it in the health facility
		b) It is not necessary
		c) No finance to prepare it
		d) Others…….
12	Does this health facility have a documented 10 top diseases of 1996 and 1997 EFY?	a) Yes
		b) No
13	If "Yes" for No 12, does this special pharmacy use it as a reference during drug selection?	a) Yes
		b) No
14	Is there a guideline prepared by MOH and	a) Yes

	DACH to run special pharmacies in this special pharmacy?	b) No
15	Does this special pharmacy have drugs selection committee?	a) Yes
		b) No
16	If “Yes” for No 15, who are the members?	a) Prescribing physicians
		b) Pharmacy professional
		c) Nurses
		d) Others…….
17	If “Yes” for No 15 by whom was this committee established?	a) management committee of the especial pharmacy
		b) The head of the health facility
		c) The head of the special pharmacy
		d) Others ……
18	Does this special pharmacy have selection criteria?	a) Yes
		b) No
19	If “Yes” for No 18, how was it prepared?	a) Adopted from WHO
		b) By the regional health bureau
		c) By the health facility
		d) Others…….
20	In drugs selection does this special pharmacy prefer generic names than brand names	a) Yes
		b) No
21	If “Yes” for No 20 what is/are the reason/s?	a) To improve rational drug use
		b) To procure with low price
		c) To maximize drug availability
		d) To facilitate product substitution
22	Does this special pharmacy use Essential	a) Yes

	Drug Lists and National Drug Lists as a reference during drug selection?	b) No
23	If "No" for No 22 what is//are the reasons?	a) Unavailability of the documents
		b) It is not necessary to use them
		c) Shortage of time
		d) Others ……
24	Is there need assessment done before the selection of drugs in this special pharmacy?	a) Yes
		b) No
25	Does this special pharmacy have procurement schedule?	a) Yes
		b) No
26	If "No" for No 25, what is/are the reason/s??	a) It is not known
		b) It is not necessary
		c) It is forgotten
		d) Others ……
27	Does this special pharmacy use both private and public firms to procure from?	a) Yes
		b) No
28	Does this special pharmacy have reliable drug quantification methods?	a) Yes
		b) No
29	Has this special pharmacy developed and follow written procedures for procurement?	a) Yes
		b) No
30	If "No" for No 29 what is/are the reason/s	a) Shortage of manpower
		b) No knowledge on it
		c) not relevant
		d) Others…….
31	Does this special pharmacy have a regular	a) Yes

	reporting on procurement performance?	b) No
32	If "No" for No 31, what is/are the reason/s?	a) No expertise
		b) No awareness
		c) Not relevant
		d) Others…….
33	Does this special pharmacy have a procurement committee?	a) Yes
		b) No
34	If "Yes" for No 33, what is/are thee functions of this committee	a) Decide what is to be procured
		b) Decide who has to procure
		c) Decide when should be procured
		d) Decide from where to procure
35	In this special pharmacy who does procure drugs and supplies	-
36	What method does this special pharmacy use in its procurement?	a) Competitive tender
		b) Negotiation way of tender
		c) Direct purchasing method
37	For this special pharmacy who does decide the procurement method?	a) The procurement committee
		b) Pharmaceutical and therapeutic committee
		c) The head of the health facility
		d) The head of the special pharmacy
38	Does this special pharmacy face transportation problems?	a) Yes
		b) No
39	If "Yes" for No 38 what is/are the cause/s?	a) Absence of car
		b) Absence of all weather road

		c) Financial shortage
		d) Others ……
40	Does this special pharmacy have its own store?	a) Yes
		b) No
41	If "Yes" for No 40, is the medical store designed and constructed to serve as a medial store?	a) Yes
		b) No
42	If "No" for No 40, where does this special pharmacy store its drugs supplies	a) In the regular pharmacy's store
		b) In the store of other materials
		c) In the dispensary room
		d) Others
43	Does this special pharmacy have its own cold chain system?	a) Yes
		b) No
44	If "No" for No 43, how does this special pharmacy handle its drugs which need cold chain?	a) In EPI cold chain system
		b) In the laboratory's cold storage
		c) In the regular pharmacy
		d) Others ……..
45	Does this special pharmacy have Bin cards and stock cards?	a) Yes
		b) No
46	If "Yes" for No 45, are the Bin cards and stock cards functional	a) Yes
		b) No
47	Does this special pharmacy have its own inventory schedules?	a) Yes
		b) No
48	If "No" for No 47, what is/are the reasons?	a) Shortage of manpower
		b) Shortage of time
		c) Not relevant

		d) Others …….
49	Does this special pharmacy have registration books in its medical store and dispensary?	a) Yes
		b) No
50	Does this special pharmacy keep the prescriptions?	a) Yes
		b) No
51	If "Yes" for No 50, are the prescription well compiled and documented?	a) Yes
		b) No
52	Does this special pharmacy have an experience of expiration of drugs?	a) Yes
		b) No
53	If "Yes" for No 52, what is/are the reasons?	-
54	What is the profession of the person who manages this special pharmacy?	-

Annex 4

Questionnaire for collecting data about the special pharmacies from the health Professionals

Good morning/Good afternoon! My name is _____ I would like to assess the performance of the special pharmacy in this health facility.

I would like to ask you a few questions about this special pharmacy. The purpose of the assessment is to see whether the performance of this special pharmacy is on the right track or not. The outcome of this study is constructive for this health facility and its clients. So your co-

operation is very important and indispensable. All questions are based on your full consent and you have a full right to decline to answer questions at any time.

1	Age in years	
2	Sex	a) Male
		b) Female
3	Marital Status	a) Married
		b) Unmarried
		c) Divorced
		d) Widow
4	Ethnic group	a) Oromo
		b) Amhara
		c) Gurage
		d) Others (Specify)…….
5	Religion	a) Orthodox Christian
		b) Moslem
		c) Protestant Christian
		d) Catholic Christian
		e) Other (Specify)
6	Educational level	a) MD
		b) BSc
		c) Diploma
		d) Others (Specify)……..
7	Profession	a) Specialist doctor
		b) General Practitioner
		c) Health officer
		d) Nurse
		e) Sanitarian
		f) Others (Specify)…..
8	Work experience in years	
9	Do you know that the facility in which you	a) Yes

	work has a Special pharmacy	b) No
10	Do you know the aims for establishing this special pharmacy?	a) Yes
		b) No
11	If your answer for No.10 is "yes" what do you think the aim/aims is/are? (you skip this if your answer for 10 is "No")	a) To improve the availably of the health facility's essential drugs and supplies
		b) To generate more revenue for the health facility
		c) To support other health programs in the health facility with the generated revenue
		d) To improve the financing of the health care service delivery in the health facility.
		e) To improve the quality of health service delivery in the health facility.
12	If your answer for No. 10 Is "No" what do you think the reason/s/is/are? (you skip this if your answer was "Yes" for No. 110)	a) No information was given to me
		b) I didn't want to know
		c) I was not around when the information was given
		d) Others (Specify)…….
13	Do you have any participation in one way or another in the activity of this Special Pharmacy?	a)Yes
		b) No
14	If your answer for No.13 is "Yes" in what way do you participate? (you skip this question if your answer for No. 13 was	a) As a member of the Special Pharmacy's management committee
		b) By giving professional advice

	"No"	c) By giving information about the Special Pharmacy's management committee
		d) Other (Specify)……..
15	If your answer for No. 13 Is "No" what is/are reason/s d you think? (Skip this if your answer for No.13 is "Yes")	a) I have no interest to participate
		b) I have no time to participate
		c) No conducive environment from the special pharmacy to participate
		d) Others (Specify)……..
16	Do you think that this Special Pharmacy is open and gives service to the clients for 24 hours?	a) Yes
		b) No
		c) I don't know
17	If your answer for No. 16 is 'no" (Skip this if your answer is "Yes") what do you think the reason /s is/are?	a) Shortage of manpower
		b) Low client flow
		c) Weak management
		d) Shortage of finance
		e) I don't know
		f) Others (Specify)…….
118	Do you think that this special pharmacy is accessible for the clients at ant time without any problem?	a) Yes
		b) No
		c) I don't know
119	Do you think that the establishment of this special pharmacy has improved the availability of essential Drugs and supplies for the inpatient clients?	a) Yes
		b) No
		c) I don't know
20	If your answer for No. 19 is "Yes: (you skip this if your answer is"No") do you think	a) Yes
		b) No

	that the inpatient clients get essential antibiotics, analgesics, i.e. fluids and others at any time they need them?	
21	Are you provided with the written lists of available drugs and supplies from this special pharmacy?	a) Yes b) No
22	If your answer for No 21 "Yes" (Skip this and No. 23 if your answer for No. 21 is "no") are the drug lists with price lists?	a) Yes b) No
23	If your answer for No. 22 is "Yes" (Skip this if your answer is "No" for No. 22) do you think that the prices are affordable by the clients?	a) Yes b) No c) I don't know
24	Are you provided with a written list of recent stock-out drugs from this essential pharmacy?	a) Yes b) No
25	Do you think that this special pharmacy is well stocked with essential drugs and supplies	a) Yes b) No c) I don't know
26	Do you think that the outpatient clients get the essential drugs and supplies prescribed for them from this special pharmacy often time?	a) Yes b) No c) I don't know
27	If your answer for No. 26 is "no" (Skip this if the answer for No. 26 is "Yes" what do you think the reason/s is/ are?	a) Unavailability of the drugs and supplies from the market to stock the pharmacy. b) Weak management system of the special pharmacy.

		c) I don't know
		d) Others (Specify)……
28	Do you think that the emergency department of this health facility is well stocked by essential drugs and supplies?	a) Yes
		b) No
		c) I don't know
29	Do you think that this special pharmacy has improved the availability of essential drugs and supplies for the labor ward	a) Yes
		b) No
		c) I don't know
30	If your answer for No. 29 is "Yes" (Skip this if the answer for No. 29 is "no") are essential drugs like antibiotics, analgesics, i.v fluids, gloves, canulas and others are available when they are needed?	a) Yes
		b) No
		c) I don't know
31	Do you think that the establishment of this special pharmacy has improved the supply of drugs and materials for surgical procedures?	a) Yes
		b) No
		c) I don't know
32	In your opinion, has the establishment of this special pharmacy improved the laboratory services of this health facility?	a) Yes
		b) No
		c) I don't know
33	If your answer for No. 32 is "Yes" (Skip this it your answer for No. 32 is "no") does this health facility give basic laboratory investigation services at its level?	a) Yes
		b) No
		c) I don't know
34	Do you think that this special pharmacy has improved the service of radiology section?	a) Yes
		b) No

		c) I don't know
35	Has the establishment of this special pharmacy improved the availability of diagnostic material like thermometers, BP apparatus, Ophthalmoscope, etc in this health facility?	a) Yes
		b) No
		c) I don't know
36	Has the establishment of this special pharmacy improved the income of this health facility by its revenue generation to finance programs like EPI, MCH, Environmental Health, etc?	a) Yes
		b) No
		c) I don't know
37	If your answer for No. 36 is "Yes" (N.B, if your answer for No. 36 is not "Yes" you skip No. 36,37,38,39 and 40) has ANC Service delivery improved and the number of clients increased?	a) Yes
		b) No
		c) I don't know
38	Has the EPI coverage of the health facility raised?	a) Yes
		b) No
		c) I don't know
39	Has the health facility's under 5 OPD improved and expanded?	a) Yes
		b) No
		c) I don't know
40	Has the sanitation of your health facility and catchments area improved?	a) Yes
		b) No
		c) I don't know
41	Do you think that the establishment of this special pharmacy improved the availability	a) Yes
		b) No

	of essential drugs and other supplies of this health facility?	c) I don't know
42	In your opinion, do you think that the establishment of this special pharmacy has improved the health care service delivery?	a) Yes
		b) No
		c) I don't know
43	Do you think that the establishment of this special pharmacy has improved the client satisfaction than before the establishment of this special pharmacy?	a) Yes
		b) No
		c) I don't know
44	Do you think that the quality of health service delivery improved after the establishment of this special pharmacy?	a) Yes
		b) No
		c) I don't know
45	Do you think that in general the establishment of this special pharmacy is useful?	a) Yes
		b) No
		c) I don't know
46	If your answer for No. 45 is "Yes" (Skip it your answer for No. 45 is "no") why?	a) Because it improves the availability of the essential drugs
		b) It improves the income generation of the health facility
		c) It improves other health services like EPI, ANC Environmental health, laboratory service by improving their financing
		d) It improves client satisfaction
		e) It improves the quality of health care service delivery
47	Do you think that you are given enough information about this special pharmacy?	a) Yes
		b) No

48	If your answer for No. 47 is "no" (Skip this if the answer for No. 47 "Yes") what is the reason do you think?	a) Yes
		b) No
		c) I don't know
49	Do you think that the management of this special pharmacy is transparent and participatory	a) Yes
		b) No
		c) I don't know
50	If your answer for No. 49 is "no" (skip this if your answer for 49 is "Yes") what do you think the reason/s are/is?	a) Weak Management
		b) Lack of responsibility and accountability from the management members
		c) I don't know
		d) Others (Specify)…….
51	Do you think that this special pharmacy is being run by a competent professional?	a) Yes
		b) No
		c) I don't know
52	If your answer for No 51 is "no" (Skip this if your answer for No. 51 is "Yes") what do you think the reason is?	a) Absence of competent professional
		b) No willingness from the professionals.
		c) Absence of willingness from the management to hire a competent professional
		d) I don't know
		e) Others (Specify)……..

Annex 5

Check list for observation of medical stores of the special pharmacies

Name of the health facility _____

Woreda _____

Name of data collector _____

Date of data collection _____

Signature of data collector _____

✶The points considered in observation of the medical stores are:

- The space of the rooms
- Number of shelves for drugs and supplies accommodation
- Room ventilation and air movements
- The presence of water supply
- Cold chain system
- Drugs and supplies arrangement
- Vouchers
- Bin cards
- Stock cards
- Expired drugs in the stores
- Sanitation status
- Chairs and tables
- Registration books

Annex 6

Check list for observation of dispensaries of the special pharmacy

Name of the health facility _____

Woreda _____

Name of data collector _____

Date of data collection _____

Signature of data collector _____

✶ The points considered in observations of dispensaries are

- The space of the rooms
- No of shelves for drugs accommodation

- Room ventilation and air movements
- The presence of enough light
- Tables and chairs
- Counting trays
- Drugs arrangement
- Cold chain system
- Registration books
- Handling of prescriptions
- Lists of available drugs with price lists

Annex 7

Check list for review of documents

Name of the health facility _____

Woreda _____

Name of data collector _____

Date of data collection _____

Signature of data collector _____

✶The documents intended to be reviewed are

- The compiled annual activity plan documents
- The annual achievement report documents

- The annual financial plan documents
- The annual financial statements documents
- Audit report documents
- Inventory report documents
- Treatment protocols of the health facilities
- Essential Drug Lists of the country
- National Drug Lists of the country
- Documented activity reports of the heads of the health facilities and heads of the special pharmacies about the special pharmacies
- The operational guidelines of the special pharmacies

Annex 8

STOCK RECORD CARD

Name of the Health Institution _____ Minimum Stock Level_____
Name Strength and Dosage form of Item _____Recorder Level_____
Maximum Stock Level _____
Unit of Issue _____ Location _____ Average monthly consumption _____

Date	Document No. (Receiving of Issuing Form No.)	Issued to or Received From	Quantity			Unit Price		Expiry Date	Remark
			Received	Issued	Balance	Birr	Cent		

Annex 9

BIN CARD

Name of the Health Institution /Pharmacy

_____

Name, Strength and dosage form of Drug

_____

Unit of issue,

_____

Date	Document number (Receiving or issuing form No.)	Received From or Issue to	Received	Issued	Balance	Expiry Date

Annex 10

PATIENT PRESCRIPTION REGISTRATION BOOK

Ser. No	Date	Patient name or Card No	Age	Sex	Diagnosis	Treatment (Name strength dosage form & dose of Drugs	Quantity Issued	Unit price		Write "N" for new or "R' for repeated Patient	Remark
								Birr	C.		

N.B The remark column could be used to write remarks for those drugs that are not dispensed.

Annex 11

INVENTORY SHEET

Name of the pharmacy _____ **Serial No _____**

Inventory for the budget year _____

Ser. No	Item	Unit	Stock of the beginning of the budget Year	Quantity Received During the Budget Year	Stock At the End of the Budget year	Stock Out Period	Unit price (Average)		Unit price Of the Consumed		Total price of stock on hand		Remark
							Birr	C.	Birr	C.	Birr	C.	

Inventory done by _____ **Date _____**

N.B 1. Usually physical inventory is done annually. But it can also be done biannually
2. Budget Year from Hamle 1- Sene _ 30