Sikika

Medicines and Supplies Availability Survey May to August 2011

Introduction

Medicines and medical supplies availability and accessibility are among the pre-requisite condition for the provision of quality health services in health facilities. In this regard Sikika conducted a survey to monitor the availability and accessibility of medicines and medical supplies using tracer items (see annex 1) in public health facilities – district hospitals, health centres and dispensaries.

The survey was conducted between May and August 2011 in 45 wards of 6 districts namely Mpwapwa, Kondoa (Dodoma) Ilala, Kinondoni, Temeke (Dar es Salaam) and Kibaha (Coast region) where a total of 60 health facilities were visited between May and August 2011.

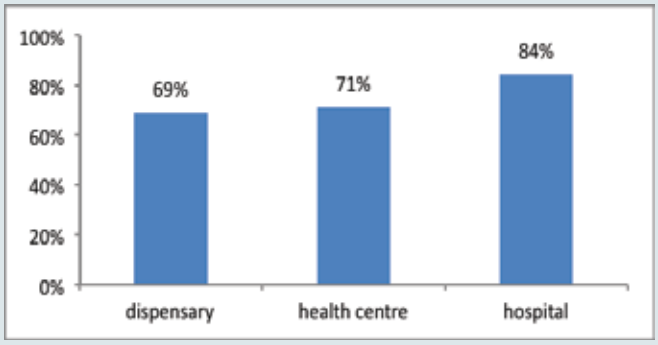
The survey was conducted using two questionnaires, one for service users (citizens) and another for service providers.

Summary Findings

Availability of medicines and medical supplies

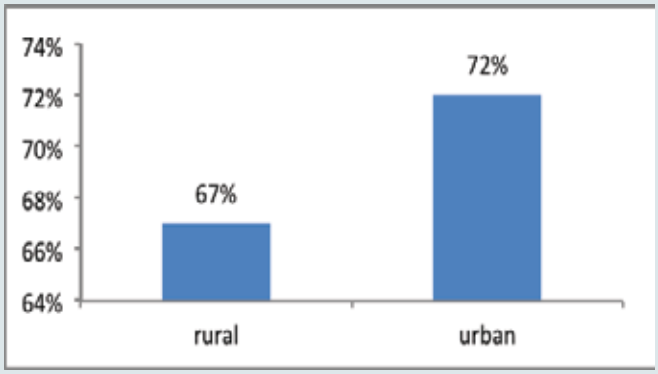
Generally the availability of medicines and medical supplies in all the health facilities monitored, based on the tracer items, was found to be around 71%. There were some variations in availability when we compared health facilities per their level (hospitals, health centres and dispensaries) and as per locations (urban versus rural) as seen in figures 1 and 2. In hospitals average availability was higher (84%) than health centres and dispensary, which had 71% and 69% respectively. On the other hand, the availability of medicines in urban areas was also higher (72%) as compared to with rural facilities (67%).

Figure 1: Comparison of medicines availability as per health facility level



Source Sikika 2011 monitoring, service providers questionnaire

Figure 2:Comparison of medicines availability between rural and urban health facilities



Source Sikika 2011 monitoring, service providers questionnaire

The availability also varied significantly between facilities of the same level. In the cases of dispensaries the worst result returned was 25% availability of the tracer items whereas the best had 100% availability of tracer items; in health centres the worst had 57% while the best had 93% and at hospitals level the worst was 60% while the best had 96%.

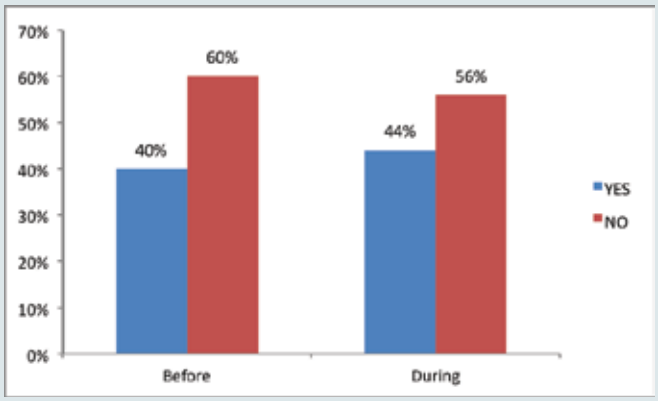
Looking at some specific items (ALU, salbutamol and erythromycin), at dispensary level we found that ALU, which is the first line malarial drug, was available in 56% of dispensaries surveyed, 64% of Health Centresand100% of hospitals; salbutamol, which is used for asthma relief, was available in 58% of dispensaries, 55% of health centres and 100% of hospitals surveyed. Moreover, erythromycin, an antibiotic, was available at 76% of dispensaries, 100% of health centres and 83% of hospitals surveyed.

However, despite the fact that majority of health facilities had the monitored items about 57% of health facilities had experienced stock outs of one or more of the tracer items before the survey which corresponds with the findings obtained from citizens below.

Citizen's access to medicines

In assessing accessibility to medicines by citizens, respondents were asked if they had ever missed the prescribed medicines before and during the survey, 44% responded that they had received all prescribed medicines during the survey (56% did not receive all the medicines prescribed). On responding to the same question but on their previous experience, prior to the survey, 40% of respondents said that they had received all the prescribed medicines (60% did not receive) as seen on figure3.

Figure 3: Citizens' access to medicines and supplies



Source Sikika 2011 monitoring, service users (citizens) questionnaire

In comparing specific items, which were prescribed but not received by citizens, a number of medicines were mentioned but for the purpose of this brief only the tracer items monitored in health facilities were considered. For instance, 93 out of 477 citizens did not get ALU, 73 out of 477 citizens did not get amoxicillin and others see table below.

Figure 4: Prescribed medicines not dispensed

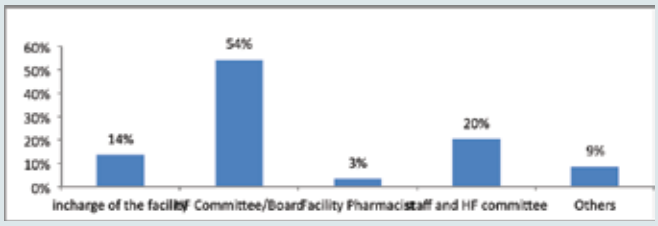
Type of medicine	No. of citizen (n=477)
Paracetamol - Painkiller	93
ALU - Antimalarial	82
Amoxicillin - Antibiotic	73
Diclofenac– Painkiller/Anti-inflammatory	62
SP – Malaria Prophylaxis in pregnancy	38

Source Sikika 2011 monitoring, service users (citizens) questionnaire

Receipt of medicines and medical supplies in health facilities

In receiving medicines and medical supplies ordered, 54% of the health facilities mentioned the Health Facility Governing Committees (HGFC) as the responsible entity for checking what was received; 20% mentioned staff and health facility's committee, 14% mentioned only the in-charge of the health facility, 9% mentioned other health workers and 3% mentioned the pharmacist of the health facility. According to guidelines, it is the responsibility of the HFGC to check all received goods ensuring transparency in the process. Our findings can be interpreted as showing that 74% (54% & 20% who included HFGC in their answer to the question) of the facilities interviewed follow guidelines for receiving and checking medicines and supplies, and the remainder don't.

Figure 5: Who is Responsible for Checking Medicines Received in Health Facilities?

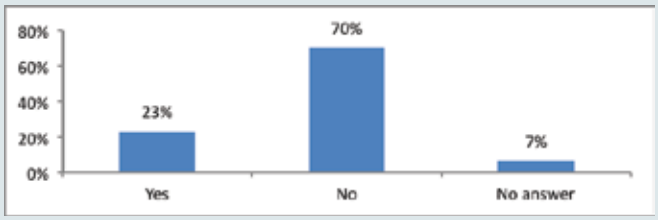


Source Sikika 2011 monitoring, service providers questionnaire

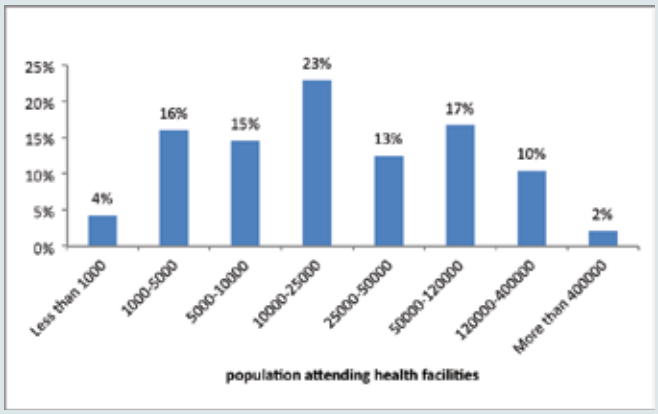
Funds for medicines and medical supplies

In assessing sufficiency of funds provided for medicines and medical supplies 70% said the funds available were not sufficient to meet their needs, 23% said it was sufficient and 7% had no answer (See Figure 7). Some of the facilities which did not answer were new hence it was difficult for them to evaluate if the budget was sufficient or not.

Figure 6: Does the budget for medicines and supplies in your health facility enough?



Source Sikika 2011 monitoring, service providers questionnaire



We also asked about the number of patients served by a facility per annum. Figure 8 below shows the number patients visiting facilities per annum, majority of facilities (65%) of all facilities have more than 10,000 people attending per annum.

Figure 7: Grouped patient populations visiting health facilities

We compared the amounts of funds used / available for essential medicines and supplies against the population for some of the facilities which reported both figures. The analysis is presented below in graphical form and at the three different levels (Hospital, Health Centre and Dispensary level). We found that for hospitals the amount of funds available / used increased as the

service population increased (figure 11), but for dispensaries and health centres (figures 9 and 10 respectively) there was no obvious correlation between funds and service population. The least reported amount spent per head on medicines and supplies was Tsh. 111/= and the most was Tsh. 10,000/= per head/ per annum (see annex 2).

Figure 8: Dispensary annual funds spent on medicines compared to service population as reported by interviewees

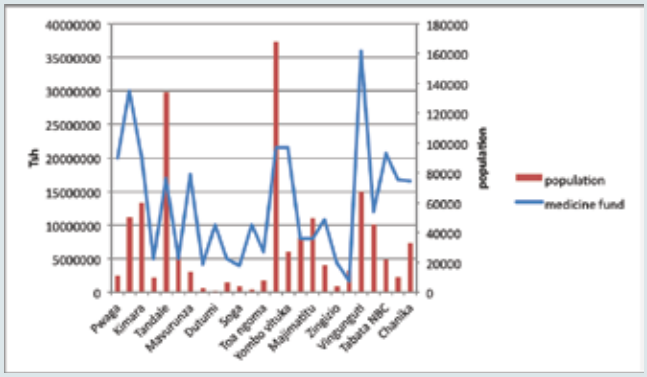


Figure 9: Health Centre annual funds spent on medicines compared to service population as reported by interviewees

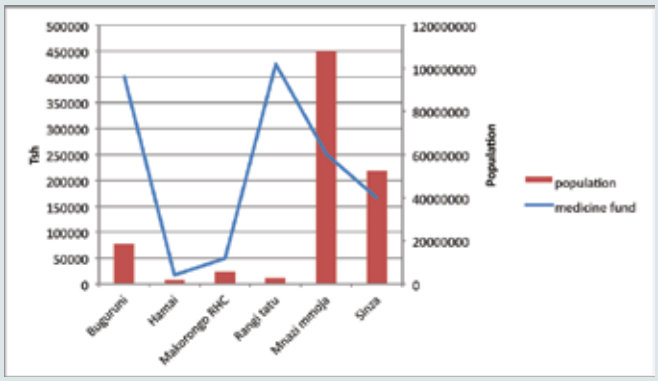
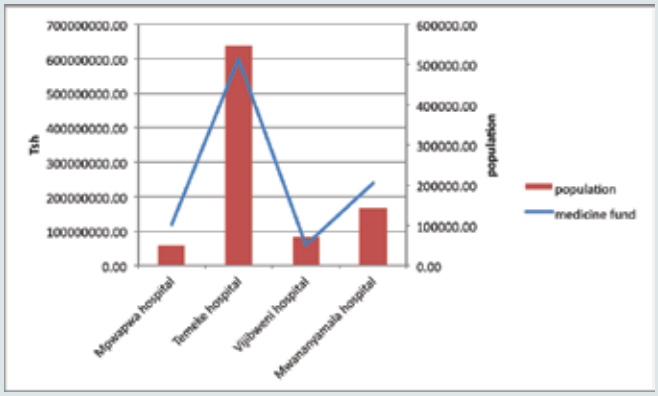


Figure 10. Hospital annual funds spent on medicines compared to service population as reported by interviewees



DISCUSSIONS

Availability and accessibility of medicines

As seen, overall the availability of medicines, based on the tracer items, in health facilities was 71%, but there was a wide variation between the worst and the best, 25% and 100% availability respectively. The 25% was reported by a dispensary, whereas a number of hospitals had 100%, with only a few dispensaries having all required items monitored available. The difference between hospitals and dispensaries in as far as purchase of medicines is concerned is that, hospitals have a bigger budget per head, have better access to alternative funds (Mainly NHIF and user fees) and can order from MSD when ever they run out/ need medicines whereas dispensaries have limited medicines budgets, poor access to alternative funds and are restricted to quarterly orders to MSD. A 5% difference of availability of the tracer items was also seen between urban and rural health facilities with urban facilities fairing better (72% versus 67%) this could be explained by availability of competent workforce, that is trained pharmaceutical personnel and or transport issues. Urban health facilities tend to attract more staff, due to better amenities including relatively better transport infrastructure.

However, the findings from citizens' show that majority (56%) of the citizens interviewed missed one or more of the prescribed medicines in health facilities they visited. Citizen who missed the prescribed medicines more often than not bought the medicines at private pharmacies outside the health facility where the prices are often significantly higher. In some situations where citizens had insufficient funds they had to use alternative medicines including traditional medicines of questionable efficacy and quality

and those without money at all had to go without treatment. Moreover, there were also some cases were citizens had to buy medicines they were prescribed directly from the prescribers (doctors). This situation exposes a conflict of interests and also raises questions and doubts as to where the doctors are getting medicines whilst facility is out of stock.

Limited funds for medicines and supplies

Poor availability of medicines and supplies in health facilities is also as a result of limited funds for medicines and supplies. From the findings, respondents in health facilities complained that the funds, which are allocated for medicines and supplies, are not sufficient to cover all their needs. Often the funds available do not take into account the number of people using the facility. According to government guidelines (as detailed in Primary Health Service Development Programme, 2007 – 2017) dispensaries and health centres are supposed to serve an average population of between 10,000 and 50,000 respectively. However some of health facilities are attending to larger populations above and beyond their capacity, using the same amount of funds for medicines and supplies, as a result facilities experience shortages or stock outs on a regular basis.

Erratic and/or less than satisfactory disbursement by the Ministry of Finance (MoFEA), and difficulties in accessing local alternative sources of funds for medicines and supplies also contribute significantly to medicines and supplies shortages and stock-outs.

Conclusions

The poor availability and stock-outs of medicines and supplies in public health facilities force majority of citizen seeking treatment to purchase the medicines from private pharmacies, often at higher prices and some to go without treatment increasing the risk of adverse effects, ill health and even death.

Recommendations

In order to ensure the availability and accessibility of medicines and supplies in public health facilities the government should observe the following:

- Funds allocated for medicines should be fully disbursed, and on time following a regular pattern by MoFEA in conjunction with MOHSW. The allocations to health facilities should take into account the service population.
- The Ministry of Health, through its Pharmaceutical services unit, needs to improve systems for supervision and monitoring of medicines at the district and regional levels are improved, by providing detailed guidelines on how it should be done and ensure that it is done.
- Facilities should be offered support to manage their inventory/ medicines stock better.
- Distribution of medicines and supplies by the Medical Store Department (MSD) should be done more efficiently; on time and in the right quantity as required by the facility.

Annex 1: List of tracer items used at the three different facility levels

S/N	Traced items	LEVEL OF FACILITY		
		DISPENSARY	HEALTH CENTRE	HOSPITAL
	ALU (Artermether Lumefantrine) tabs	√	√	√
	Quinine dihydrocloride 300mg/ml inj	X	√	√
	Paracetamol 500mg tablets	√	√	√
	Diclofenac 50mg tablets	X	√	√
	Erythromycin 250 mg tablets	√	√	√
	Amitriptyline 25 mg tablets	X	X	√
	Ciprofloxacin 500 mg tablets	X	X	√
	Atenolol 50mg tablets	X	X	√
	Captopril 25mg tablets	X	X	√
	Omeprazole 20mg tablets	X	X	√
	Salbutamol 4mg tablets	√	√	√
	Glibenclamide 5mg tablets	X	X	√
	Fefo (Ferrous sulfate 200mg + folic acid 0.25 mg) tabs	√	√	√
	Co-trimoxazole 8+40 mg/ml tabs	X	X	√
	Ceftriaxone 1g/vial injection	X	X	√
	Diazepam 5mg tablets	X	X	√
	Albendazole 400mg tablets	√	√	√
	Cetrizine 10mg tablets	X	X	√
	Praziquantel 600mg tablets	√	√	√
	Bisacodyl 5mg tablets	√	√	√
	Dextrose (D5%) infusion	√	√	√
	Vitamin B complex	√	√	√
	Fluconazole 150 mg tablets	√	√	√
	Clotrimazole v. pessaries	√	√	√
	Amoxycillin syrup	√	√	√
Total traced item/facility		13	15	25

KEY √=The item is available at that level X=The item is not available at that level

Annex 2: Facility, funds, population and amounts spent per head per annum as reported by service providers

s/n	Facility name	medicine fund (Tsh)	population	amount spent per head (Tsh)
	Pwaga dispensary	20,000,000	10,884	1,838
	Mbezi dispensary	30,000,000	50,400	595
	Kimara dispensary	20,000,000	60,000	333
	Kijitonyama dispensary	5,000,000	9,600	521
	Tandale dispensary	17,000,000	134,376	127
	Mwenge dispensary	5,000,000	31,428	159
	Mavurunza dispensary	17,600,000	13,880	1,268
	Kikongo dispensary	4,200,000	2,894	1,451
	Dutumi dispensary	10,000,000	1,000	10,000
	Vikuge dispensary	5,000,000	6,787	737
	Soga dispensary	4,000,000	3,953	1,012
	Kiburumo dispensary	10,000,000	1,724	5,800
	Toa ngoma dispensary	6,000,000	8,000	750
	Mbagala Kizuiani dispensary	21,600,000	168,000	129
	Yombo vituka dispensary	21,590,000	27,136	796
	Mbagala round table dispensary	8,000,000	36,596	219
	Majimatitu dispensary	8,000,000	50,000	160
	Tambukareli dispensary	10,800,000	18,000	600
	Zingizio dispensary	4,335,700	3,843	1,128
	Gerezani dispensary	1,600,000	14,400	111
	Vingunguti dispensary	36,000,000	67,200	536
	Tabata dispensary	12,000,000	45,600	263
	Tabata NBC dispensary	20,709,080	22,083	938
	Kiwalani dispensary	16,800,000	10,000	1,680
	Chanika dispensary	16,591,730	32,991	503
	Buguruni health centre	96,000,000	78,000	1,231
	Hamai health centre	4,250,000	8,000	531
	Makorongo health centre	12,000,000	23,725	506
	Rangi tatu health centre	102,000,000	12,000	8,500
	Mnazi mmoja health centre	60,000,000	450,000	133
	Sinza health centre	40,000,000	219,000	183
	Mpwapwa hospital	120,000,000	50,000	2,400
	Temeke hospital	600,000,000	547,500	1,096
	Vijibweni hospital	60,000,000	72,000	833
	Mwananyamala hospital	240,000,000	143,449	1,673

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