



**SUSTAINABLE DRUG SELLER INITIATIVES PROGRAM
UGANDA**

**ACCREDITED DRUG SHOP ASSOCIATIONS:
FORMATION, CURRENT STATUS, AND POTENTIAL**

A consolidated report based on research, situational and options
analyses, and stakeholder input

MARCH 2013

CONTENTS

| | |
|--|------------|
| Acknowledgments | v |
| Foreword..... | vi |
| Acronyms and Abbreviations | vii |
| 1. EXECUTIVE SUMMARY | 1 |
| 2. BACKGROUND | 4 |
| 2.1 Accredited Drug Shops and Their Associations | 4 |
| 2.1.1 Study Objectives..... | 4 |
| 3. STUDY DESIGN AND METHODOLOGY | 5 |
| 3.1 Design..... | 5 |
| 3.1.1 Selection of Sample Drug Shops..... | 5 |
| 3.1.2 Selection of Study Subjects | 6 |
| 3.2 Methodology | 7 |
| 3.2.1 Identification, Selection, and Training of Data Collectors | 7 |
| 3.2.2 Quality Assurance..... | 7 |
| 3.2.3 Data Entry and Analysis..... | 7 |
| 4. FINDINGS OF THE SITUATIONAL ANALYSIS: OWNERS AND SELLERS | 7 |
| 4.1 Demographic Characteristics | 7 |
| 4.2 Drug Supply and Demand | 9 |
| 4.3 Management of Drug Shops | 10 |
| 4.3.1 Tactics for Attracting Customers..... | 10 |
| 4.3.2 Proposed Skills Development..... | 11 |
| 4.4 ADS Associations and Their Membership | 12 |
| 4.4.1 Reasons for Not Belonging to an Association..... | 13 |
| 4.4.2 Legality of the Associations | 14 |
| 4.4.3 Management of the Associations..... | 14 |
| 4.4.4 Benefits Derived from Belonging to Associations | 15 |
| 4.4.5 Expected Core Responsibilities of Associations | 16 |
| 4.4.6 Activities Currently Conducted by Associations | 16 |
| 4.4.7 Suggested Additional Activities that Associations Should Carry Out | 17 |
| 4.4.8 Perceived Relationship between Association Members and Leadership..... | 18 |
| 4.4.9 Challenges Facing Associations | 18 |
| 5. FINDINGS OF THE SITUATIONAL ANALYSIS: KEY PARTICIPANTS | 19 |
| 5.1.1 Kamuli District Drug Shop and Operators Association | 19 |
| 5.1.2 Kayunga District: Private Health and Farm Suppliers Association..... | 19 |

| | |
|--|-----------|
| 6. STUDY FINDINGS | 20 |
| 6.1 Drug Shops: The Major Challenges..... | 20 |
| 6.1.1 Insufficient Funds | 20 |
| 6.1.2 High Costs of Doing Business..... | 20 |
| 6.1.3 Few Drugs under Class C | 21 |
| 6.1.4 Lack of Qualified Personnel..... | 21 |
| 6.1.5 Bad Debtors/Customer Poverty | 21 |
| 6.1.6 Counterfeit Drugs | 22 |
| 6.1.7 Lack of Pharmacies | 22 |
| 6.1.8 Competition..... | 22 |
| 6.1.9 Gaps between Members, Association Leaders, and the Districts | 22 |
| 6.1.10 Ignorance..... | 22 |
| 6.1.11 Inactive/Dormant Associations | 23 |
| 6.1.12 Poor Supervision | 23 |
| 6.1.13 Poor Condition of Premises/Drug Shops | 23 |
| 6.2 Views of Existing Associations and Proposed Changes | 23 |
| 6.2.1 Existence of Drug Shop Associations and Categories of Membership | 23 |
| 6.2.2 Challenges Faced by Associations | 24 |
| 6.2.3 Reasons for Joining an Association | 25 |
| 6.2.4 Current Responsibilities of Associations | 26 |
| 6.2.5 Membership Benefits from Existing Associations | 27 |
| 6.3 Associations and District Health Offices | 28 |
| 6.3.1 Supervision Challenges Faced by the District Health Offices | 28 |
| 6.3.2 Relationship between the Associations and District Leadership | 29 |
| 6.3.3 Ability of the Districts to Support the Associations..... | 30 |
| 6.3.4 Proposed Roles for District Health Offices | 30 |
| 6.4 Associations and Development Partners | 31 |
| 6.4.1 Potential Development Partners..... | 31 |
| 6.4.2 Proposed Roles for Development Partners..... | 31 |
| 7. KEY INFORMANTS’ SUGGESTED ACTIONS..... | 32 |
| 7.1.1 Key Informants’ Suggested Solutions to Challenges Facing Associations | 32 |
| 7.1.2 Proposed Additional Roles for Associations..... | 33 |
| 7.1.3 3.3.3 Preferred Nature of the Associations..... | 35 |
| 7.2 Participants’ Proposed Changes to Existing Associations | 36 |
| 7.2.1 Functionality of the Associations | 36 |
| 7.2.2 Establishing Joint Procurement of Supplies | 37 |
| 7.2.3 Mechanisms for Self-Regulation, Peer Supervision, and Continuing Education | 37 |
| 7.2.4 Platforms for Discussion and Experience Sharing | 37 |
| 7.2.5 Access to Loans | 38 |
| 7.2.6 Formation of Savings and Credit Cooperative Societies..... | 38 |
| 7.2.7 Potential Members for the Associations | 38 |
| 7.2.8 Participants’ Proposed Strategies to Attract New Membership | 39 |
| 7.3 Alignment and Contrasts among Groups | 41 |

| | |
|---|-----------|
| 7.3.1 Differences among Owners and Sellers | 41 |
| 7.3.2 Differences among Districts | 41 |
| 7.4 Options Analysis Recommendations | 41 |
| 7.4.1 Supportive Supervision..... | 41 |
| 7.4.2 Creation of Awareness about Associations | 42 |
| 7.4.3 Strengthening the Leadership of the Associations..... | 42 |
| 7.4.4 Formation of SACCOS | 42 |
| 7.4.5 Establishment of District-Based Pharmacies | 42 |
| 7.4.6 Harmonization of Support from Development Partners..... | 42 |
| 7.4.7 Building the Technical Competence of Drug Shop Managers | 42 |
| 8. STAKEHOLDERS’ MEETING AND RECOMMENDATIONS | 43 |
| 8.1 Presentation to Workshop..... | 43 |
| 8.2 Plenary Meeting Determination of Viable Options | 44 |
| 9. ANNEXES | 46 |

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Thank you all.

FOREWORD

The Sustainable Drug Seller Initiatives (SDSI) program continues Management Sciences for Health's efforts in Africa to involve private drug sellers in enhancing access to essential medicines. It builds on two previous MSH programs, which focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. SDSI's goals include ensuring the maintenance and sustainability of these public-private initiatives in Tanzania and Uganda, and introducing the initiative in Liberia.

In Uganda, SDSI objectives are to enhance the accredited drug shops' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to changing health needs and health system context. In order to achieve these objectives, SDSI commissioned local organizations ("contractors") to assess various components of the Accredited Drug Shop (ADS) initiative and develop recommendations for improvements.

Annex 1 provides further information about each component and identifies the contractor and their objectives. Nine factors affecting ADSs in Uganda were examined:

- 1) ADS Regulatory System
- 2) Supportive Supervision
- 3) ADS Seller Training
- 4) Mobile Technology
- 5) Geographic Information Systems
- 6) ADS Associations
- 7) ADS Supply Chain
- 8) Engaging ADS Consumers
- 9) Community-Based Health Initiatives

In completing their assignments, each contractor undertook three primary activities:

- Preparing a situation analysis based on qualitative and quantitative data on their topic gathered through extensive interviews and use of questionnaires;
- Analyzing the options for future action;
- Present the data, analyses, and options to stakeholders in a workshop, followed by a plenary meeting, so they could review and comment on the analyses and conclusions and make recommendations.

The contractors submitted their findings in three reports, one on each of the above. The reports were then compiled into single reports, like this one on the current status and potential of ADS associations.

ACRONYMS AND ABBREVIATIONS

| | |
|-------|---|
| ADS | Accredited Drug Sellers |
| ADDO | accredited drug dispensing outlet |
| DADI | District Assistant Drugs Inspector |
| DHI | District Health Inspector |
| DHO | District Health Officer |
| EADSI | East African Drug Seller Initiative |
| MSH | Management Science for Health |
| NDA | National Drug Authority |
| NGO | nongovernmental organization |
| SACCO | savings and credit cooperative society |
| SDSI | Sustainable Drug Seller Initiatives |
| SEAM | Strategies for Enhancing Access to Medicines |
| SURE | Securing Ugandans' Right to Essential Medicines |
| UHMG | Ugandan Health Marketing Group |

1. EXECUTIVE SUMMARY

Study Design

Uganda Health Management Group (UHMG) was commissioned by the Sustainable Drug Seller Initiatives (SDSI) program to conduct formative research in Kibaale district¹, in the STRIDES districts implementing ADS (Kamuli, Mityana, Kamwenge), and in Kayunga district. The goals were to determine the status of ADS association formation, characterize work done to date, record perceived needs and expectations in relation to the associations, and identify their potential contributions to ADS sustainability.

To gather comprehensive data regarding ADS associations, UHMG surveyed drug shop owners and drug sellers, and key informants (selected district health personnel and association leaders), and employed the following:

- Literature review (any available association literature from MSH and associations);
- Focus group discussions and in-depth interviews with key informants (annex 2).
- Survey questionnaires (structured questionnaires and open-ended) (annexes 3 and 4).

A total of 205 drug sellers and 121 drug shop owners participated in the survey in the districts of Kamuli, Mityana, Kamwenge, and Kayunga. They were randomly selected, with one respondent from each drug shop. Therefore, the 326 questionnaire respondents were drawn from 326 drug shops. The majority of the selected respondents were women, and a majority had at least an O-level certificate and a nursing certificate.

The survey findings reveal that there are no such associations in Kamwenge and Kayunga districts, where participants register very low awareness of these associations. Their presence is most prominent in Kamuli district.

Drug Sellers and Drug Shop Owners

The outstanding conclusions of the study are that both the level of existence and the awareness of the associations are very low, and in some cases nonexistent. The greatest challenges faced by both the drug sellers and drug shop owners are financial constraints, especially the high cost of purchasing drugs. Other financial factors mentioned included high transport costs and license fees.

Other challenges to ADS operations included insufficient stocks, bad debts, delayed delivery, insufficient information about drugs, the lack of qualified personnel to operate the drug shops, existence of counterfeit drugs, and high levels of ignorance and poverty among clients, as well as their belief in traditional medicine. There was also mention of the lack of pharmacies, few drugs sold under class C operators, the existence of strategic gaps with key stakeholders, and a high level of competition among the drug shops.

¹ An Ebola virus outbreak resulted in the cancellation of some planned activities in Kibaale.

The study findings show a high desire among the majority of the drug shop owners and drug sellers to receive new knowledge and improve their skills. Specifically, they seek knowledge with regard to customer care, record keeping, drug management, computer skills, and information about drugs.

The study reveals that just a little over half of the respondents in the districts that have associations noted enjoying benefits from them; in Kamuli about 80 percent noted that they benefit. The main benefits include attending trainings, receiving information on customer care, management of drug shops, and information on new drugs.

The main reason given for not seeking association membership is that the majority of the respondents are not aware of associations in their respective districts. In the districts where they exist, the deterrents to participation are that some do not see the need to do so and others do not have sufficient time to attend meetings.

Key Informants

Key informants reported that the main activities conducted are training and refresher courses providing information on new drugs, management of drug shops, customer care, and business skills. However, many participants suggested adding these activities in some associations, reflecting the lack of uniformity in association activity.

The most outstanding association responsibility mentioned was mobilization of the members whenever the need arises. Other core responsibilities mentioned were maintaining of a good relationship with the National Drug Authority (NDA); weeding out illegal operators; building strategic partnerships; ensuring hygiene of drug shops; and enforcement of rules and professionalism. Others included protecting the interests of members and organizing workshops, seminars, and training programs.

The study findings revealed that the major challenge that affects the associations is limited funds or financial constraints that inhibit smooth operation of their activities. Other challenges include low attendance at meetings, delay in payment of membership fees, poor leadership, and poor record keeping.

Sensitization and creation of awareness about the existence and advantages of the associations emerged as the most outstanding strategy to encourage increased association membership and participation in association activities. The existing associations also need further empowerment in terms of expert knowledge, information availability, management, financial skills, and more funding and financial support to consolidate achievements and transform the desire to progress into concrete reality.

The key informant interviews revealed additional solutions, such as soliciting external funding; emphasis on regular supervision; and ensuring ethics, integrity and professionalism of operators and leaders. They also proposed the inactive associations be revamped or rebranded to give them a fresh outlook.

Key informants also desired certain changes in the functionality of the associations, including the acquisition of permanent premises; changes in some of the associations' leadership; and more

transparency, honesty and integrity. Institution of clear and strong constitutions, advocacy for reduction of license fees and upgrade of the drug shops to class B, establishment of other income-generating activities, and providing supportive supervision as well as common association identification for members were also identified as possible measures. Other desirable, new activities were opening Savings and Credit Cooperative Societies (SACCOs), providing credit facilities, and opening pharmacies owned by the associations.

Especially in the districts with inactive associations, key informants expressed a desire to overhaul and rebrand the associations. In Kayunga and Mityana, there were also suggestions that the associations should be separated with respect to operators dealing in human medicine and those in farm supplies.

On the subject of interested development partners, participants suggested they offer funding/ financial support, technical assistance through training, workshops and seminars, and aid in establishment of permanent premises and leadership transition.

Recommendations

In light of study findings, it is critical to open up avenues of sustained financial assistance and funding for the associations in the districts with current success so they can sustain their achievements and also to scale up the other associations.

The associations need various forms of technical assistance in areas such as administration and management, financial management, leadership, partnership and cooperation, and conflict management and resolution. This can be achieved through offering continuous training through seminars, workshops, and other communication activities.

The following improvements to the associations were generally said to be feasible, especially in the districts of Kamuli and Mityana, where the associations are active. The improvements are:

- systems of joint procurement of supplies
- mechanisms of self-regulation
- peer supervision and continuing education
- access to loans
- platforms for discussion
- establishment of SACCOs

In the other districts, however, the participants were highly impressed by the prospects but observed that due to the multiple inhibitors in the functionality of their associations, the potential was currently not there. However, they remained optimistic that if the necessary changes and improvements occur, they will be in a position to realize the various proposed benefits.

2. BACKGROUND

2.1 ACCREDITED DRUG SHOPS AND THEIR ASSOCIATIONS

The Sustainable Drug Seller Initiatives (SDSI) program builds on Management Science for Health's (MSH's) Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiative (EADSI) programs. The SEAM and EADSI programs focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. The SDSI program's goal is to ensure the maintenance and sustainability of these public-private drug seller initiatives in Tanzania and Uganda and to introduce and roll out the initiative in Liberia. This work is expected not only to expand access to medicines and treatment in additional geographical areas, but to also solidify the global view that initiatives to strengthen the quality of pharmaceutical products and services provided by private sector drug sellers are feasible, effective, and sustainable in multiple settings.

In Uganda, the SDSI objective is to enhance accredited drug seller initiatives' long-term sustainability, contributions to community-based access to medicines and care, and ability to adapt to the population's changing health needs and the health system context.

EADSI determined what it would take to successfully adapt Tanzania's accredited drug dispensing outlet (ADDO) model for Uganda, and the concept was introduced successfully in Kibaale district. Results from the project evaluation showed that district health officials, shop owners, and sellers have embraced the Accredited Drug Shop (ADS) initiative. The EADSI program evaluation also identified supervision and monitoring as critical elements to address the quality of services provided by Accredited Drug Shops (ADS) as part of a long-term maintenance strategy.

The creation of ADS associations is a viable option for promoting ADS self-regulation and empowering ADS providers to sustainably deliver quality pharmaceutical services to the population. Through ADS associations, ADS providers could carry out monitoring and supervision activities such as peer-record review. In addition, ADS associations could promote other activities that would promote sustainability, such as ADS advocacy and representation, improved access to financing and trade credit, and improved access to quality medicines at reasonable prices.

2.1.1 Study Objectives

Uganda Health Management Group (UHMG) was commissioned by the Sustainable Drug Sellers Initiatives program to conduct formative research in Kibaale district, in the STRIDES districts implementing ADS (Kamuli, Mityana, Kamwenge), and in Kayunga district. The goals were to determine the status of ADS association formation, characterize work done to date, record perceived needs and expectations in relation to the associations, and identify their potential contributions to ADS sustainability.

3. STUDY DESIGN AND METHODOLOGY

3.1 DESIGN

To gather comprehensive data regarding ADS associations, UHMG surveyed drug shop owners and drug sellers, and key informants (selected district and association leaders), and employed the following:

- Literature review (any available association literature from MSH and associations);
- Focus group discussions and in-depth interviews with key informants (annex 2).
- Survey questionnaires (structured questionnaires and open-ended) (annexes 3 and 4).

3.1.1 Selection of Sample Drug Shops

The study was conducted in the four districts of Kamuli, Mityana, Kayunga, and Kamwenge. The sample outlets were randomly selected from the list of shops from each of the districts using probability proportional to size (PPS) sampling technique. The drug shop owners and sellers interviewed were each selected from separate drug shops. Association leaders were also interviewed.

Using the formula² that follows, a total sample size of 350 drug shops was calculated. Using the proportion of 40 : 60 percent for the drug shop owners and sellers, respectively, the expected number for each category of respondents was also calculated.

$$n = \frac{N}{1 + N(e)^2}$$

Where:

N = Total Population, and e = is the confidence interval (0.03)

However due to nonresponsiveness of some of the respondents, a total of 326 respondents were interviewed during the study instead of the planned 350. The breakdown per district appears in table 1.

Table 1. Breakdown of number of drug shops and respondents, by district

| District | Drug shops in district | Drug shops covered | | Drug shop owners interviewed | | Drug shop sellers interviewed | |
|----------|------------------------|--------------------|--------|------------------------------|--------|-------------------------------|--------|
| | | Intended | Actual | Intended | Actual | Intended | Actual |
| Kamuli | 140 | 96 | 99 | 38 | 31 | 58 | 58 |
| Mityana | 110 | 75 | 70 | 30 | 30 | 45 | 45 |
| Kamwenge | 160 | 110 | 82 | 44 | 33 | 66 | 61 |
| Kayunga | 100 | 69 | 75 | 28 | 27 | 41 | 41 |
| Total | 510 | 350 | 326 | 140 | 121 | 210 | 205 |

² <http://www.surveysystem.com/sample-size-formula.htm>

3.1.2 Selection of Study Subjects

The focus group discussion (FGD) respondents were randomly selected and mobilized through local individuals identified by District Health Officers (DHOs) in each of the study districts, while the interviewees were identified directly by UHMG. A selection criterion for the FGD participants was sent out to the District Assistant Drugs Inspectors (DADIs) so that the right respondents were recruited beforehand. Prior to the commencement of the FGDs the Research Assistants screened the mobilized respondents to ensure that the right participants were admitted into the FGDs.

Table 2 details the proposed strategy to conduct FGDs and interviews during the study.

Table 2. FGDs and interviews planned

| District | FGDs | | Interviews |
|----------|--|--------------------|-----------------------------------|
| | No. of FGDs | No. of respondents | |
| Kamuli | 2 FGDs with members of drug associations (owners & sellers) | 24 | DHO/ Representative DADI |
| | 2 FGDs with drug shop owners & sellers who are not members of any associations | 24 | Chairperson of a Drug Association |
| Mityana | 2 FGDs with members of drug associations (owners & sellers) | 24 | DHO/ Representative DADI |
| | 2 FGDs with drug shop owners & sellers who are not members of any associations | 24 | Chairperson of a Drug Association |
| Kamwenge | 2 FGDs with members of drug associations (owners & sellers) | 24 | DHO/ Representative DADI |
| | 2 FGDs with drug shop owners & sellers who are not members of any associations | 24 | Chairperson of a Drug Association |
| Kayunga | 2 FGDs with members of drug associations (owners & sellers) | 24 | DHO/ Representative DADI |
| | 2 FGDs with drug shop owners & sellers who are not members of any associations | 24 | Chairperson of a Drug Association |
| Kibaale | 2 FGDs with members of drug associations (owners & sellers) | 24 | DHO/ Representative DADI |
| | 2 FGDs with drug shop owners & sellers who are not members of any associations | 24 | Chairperson of a Drug Association |

3.2 METHODOLOGY

The study was conducted with quantitative and qualitative methods of data collection and analysis. Focus group discussions were conducted with both the current members of associations in the study districts and those who do not have membership in the drug shop associations. Key informant interviews were conducted with selected district and association officials, the DHOs, DADI, and heads of the drug associations in the various study districts.

3.2.1 Identification, Selection, and Training of Data Collectors

Data collectors with previous experience conducting research were selected and trained for one day. The comprehensive training and briefing introduced them to the study background and objectives, the study tools. They were also trained on different data collection methods that were used during the study.

A research team comprising four research assistants was recruited to conduct the study in each of the districts. The research assistants were all university graduates with relevant experience conducting FGDs and interviews and literate in the local dialects spoken in the various districts.

3.2.2 Quality Assurance

Quality assurance was enhanced by ensuring adequate preparation and orientation of research assistants to ensure that they were sufficiently trained and familiar with the survey processes and the various questionnaires. In addition, a team of UHMG supervisors provided adequate supportive supervision at every stage of the survey, with an emphasis on quality data collection. There was regular and prompt feedback and reporting to each line supervisor. Instant problem solving, as well as field editing, was exercised. Fully edited questionnaires were given to each district team. Further cleaning of collected data was carried out during both data entry and analysis.

3.2.3 Data Entry and Analysis

Data entry for the survey was conducted using Statistical Package for the Social Sciences (SPSS). Data checks were built into the database to ensure quality. Once data entry was completed, data were analyzed using SPSS.

4. FINDINGS OF THE SITUATIONAL ANALYSIS: OWNERS AND SELLERS

4.1 DEMOGRAPHIC CHARACTERISTICS

According to the results shown in table 3, the majority of the drug shop owners had nursing certificates, while majority of the drug sellers had attained O-level education. The study results also show that the majority of both the drug shop owners and sellers are females.

The study results also the drug shop owners and sellers in Kamuli and Mityana district who mentioned having membership in drug associations belonged to same association: Kamuli District Drug Shop

Owners and Operators Association (KADDSOOA) in Kamuli district and Mityana Mubende Drug Shop Sellers Association (MMDSSA). In Kayunga however, only drug shop owners had membership in a drug association: Private Health and Farm Suppliers Association.

Table 3: Demographic characteristics of drug shop owners and sellers

| Demographic Characteristics | Drug Shop Owners | | | | | Drug Shop Sellers | | | | |
|--|------------------|-----------|-----------|-----------|------------|-------------------|-----------|-----------|-----------|------------|
| | Kamwenge | Kamuli | Mityana | Kayunga | Average | Kamwenge | Kamuli | Mityana | Kayunga | Average |
| Sex | | | | | | | | | | |
| Male | 36% | 43% | 27% | 37% | 36% | 16% | 25% | 13% | 4% | 15% |
| Female | 64% | 57% | 73% | 63% | 64% | 84% | 75% | 88% | 96% | 86% |
| Education Level | | | | | | | | | | |
| Some Primary | | | | | | 0% | 4% | 3% | 0% | 2% |
| Some Secondary | 0% | 6% | 0% | 0% | 2% | 12% | 16% | 5% | 4% | 9% |
| O-level | 19% | 65% | 7% | 12% | 26% | 33% | 46% | 53% | 44% | 44% |
| A-level | 3% | 3% | 0% | 0% | 2% | 12% | 13% | 23% | 17% | 16% |
| Nursing Certificate | 31% | 19% | 63% | 54% | 42% | 37% | 15% | 8% | 25% | 21% |
| Clinical Officer | 25% | 0% | 10% | 27% | 16% | 2% | 1% | 8% | 0% | 3% |
| Degree in Pharmacy | 0% | 0% | 3% | 4% | 2% | 2% | 0% | 0% | 2% | 1% |
| Degree in Medicine | 3% | 0% | 10% | 0% | 3% | 2% | 4% | 3% | 8% | 4% |
| Other Degree | 0% | 6% | 0% | 0% | 2% | - | - | - | - | - |
| Others | 19% | 0% | 7% | 4% | 8% | - | - | - | - | - |
| Years in Business / Employment | | | | | | | | | | |
| Less than 1 year | 18% | 6% | 23% | 7% | 14% | 36% | 18% | 30% | 17% | 25% |
| 1 year | 9% | 13% | 3% | 11% | 9% | 34% | 18% | 5% | 19% | 19% |
| 2–4 years | 42% | 35% | 27% | 48% | 38% | 23% | 41% | 35% | 33% | 33% |
| 5–9 years | 18% | 39% | 30% | 19% | 27% | 4% | 12% | 18% | 27% | 15% |
| 10 or more years | 12% | 6% | 17% | 15% | 13% | 2% | 12% | 13% | 4% | 8% |
| Membership in Drug Associations | | | | | | | | | | |
| Kamuli District Drug Shop Owners and Operators Association | 0% | 87% | 0% | 0% | - | 0% | 67% | 0% | 0% | - |
| Mityana Mubende Drug Shop Sellers Association | 0% | 0% | 76% | 0% | - | 0% | 0% | 16% | 0% | - |
| Private Health and Farm Suppliers Association (Kayunga) | 0% | 0% | 0% | 4% | - | 0% | 0% | 0% | 0% | - |
| N | 33 | 31 | 30 | 27 | 121 | 58 | 45 | 61 | 41 | 205 |

4.2 DRUG SUPPLY AND DEMAND

The study also sought to learn from the drug shop owners and sellers where they bought stocks or supplies for their drug shops. According to the study results from the drug shop owners, as shown in table 4, the overall majority of the drug shops get their supplies from pharmacies (63 percent). However, in Kamuli, 52 percent get their supplies from UHMG, while in Mityana the source of supplies are pharmacies and wholesale drug shops. In Kamwenge and Kayunga the drug shop owners interviewed mentioned getting all their supplies only from pharmacies. Antimalarial drugs (33 percent), and painkillers and fever relief drugs (31 percent) are the most highly demanded drugs in all the four districts. However the results from the responses of the drug sellers slightly differ; the majority (95.15 percent) of the drug sellers mentioned that they get most of their supplies from pharmacies. Painkillers and fever relief drugs (42 percent) and anti-malarial drugs (39 percent) are the most highly demanded drugs, according to the drug sellers.

Table 4. Drug supply and demand

| | Drug Shop Owners | | | | | Drug Shop Sellers | | | | |
|--------------------------------------|------------------|--------|---------|---------|---------|-------------------|--------|---------|---------|---------|
| | Kamwenge | Kamuli | Mityana | Kayunga | Average | Kamwenge | Kamuli | Mityana | Kayunga | Average |
| Source of Supplies | | | | | | | | | | |
| Pharmacies only | 100% | 45% | 10% | 100% | 63% | 96% | 93% | 93% | 100% | 95.15% |
| Pharmacies and whole sale drug shops | 0% | 0% | 57% | 0% | 14% | - | - | - | - | - |
| Pharmacies and UHMG | 0% | 52% | 27% | 0% | 20% | 0% | 0% | 2% | 0% | 0.49% |
| Whole sale drug shops only | 0% | 3% | 7% | 0% | 3% | 4% | 6% | 0% | 0% | 2.91% |
| Mobile Vendors | - | - | - | - | - | 0% | 1% | 0% | 0% | 0.49% |
| Medical Stores | - | - | - | - | - | 0% | 0% | 2% | 0% | 0.49% |
| Most Highly Demanded Drugs | | | | | | | | | | |
| Anti-malarial drugs | 33% | 32% | 36% | 30% | 33% | 41% | 40% | 45% | 33% | 39% |
| Antibiotic | 7% | 6% | 4% | 1% | 4% | 12% | 6% | 3% | 3% | 6% |
| Painkillers and fever relief | 33% | 30% | 29% | 30% | 31% | 41% | 51% | 49% | 32% | 42% |
| Multivitamins | 2% | 4% | 0% | 15% | 5% | 1% | 1% | 0% | 9% | 4% |
| Cough and cold remedies | 7% | 19% | 26% | 20% | 17% | 3% | 2% | 1% | 20% | 8% |
| Antidiarrheal | 8% | 9% | 0% | 4% | 5% | - | - | - | - | - |
| Contraceptives | 12% | 0% | 5% | 0% | 5% | - | - | - | - | - |
| Analgesics/ inflammatory | - | - | - | - | - | 3% | 0% | 1% | 2% | 2% |
| <i>N</i> | 33 | 31 | 30 | 27 | 121 | 58 | 45 | 61 | 41 | 205 |

4.3 MANAGEMENT OF DRUG SHOPS

During the survey the drug shop owners and drug sellers interviewed were asked to mention how many other drug sellers were employed in the drug shops where they worked.

According to the results from the drug shop owners responses (table 5), the majority (71 percent) of the drug shops employ 1 person, 26 percent employ from 2 to 4 people, while only 4 percent employ from 5 to 10 people. The most common problems faced by the drug shop owners are the expensive supplies (43 percent), insufficient stocks (22 percent), bad debts (15 percent), and long distances (15 percent), among others. However, according to the study results from sellers, 57 percent of the drug shops employ only 1 drug seller, while 39 percent employ between 2 and 4 drugs sellers, 4 percent employ 5 to 10 drug sellers. None of the drug shops visited employed more than 10 drug sellers. According to the drug sellers, the greatest challenge faced in the running of the drug shops was the expensive supplies (56 percent): other problems mentioned included insufficient supply of stock, delayed delivery of supplies, and insufficient information about the drugs.

Table 5. Management of drug shops

| | Drug Shop Owners | | | | | Drug Shop Sellers | | | | |
|---|------------------|--------|---------|---------|---------|-------------------|--------|---------|---------|---------|
| | Kamwenge | Kamuli | Mityana | Kayunga | Average | Kamwenge | Kamuli | Mityana | Kayunga | Average |
| Number of people employed | | | | | | | | | | |
| 1 | 53% | 65% | 65% | 46% | 57% | 76% | 75% | 85% | 45% | 71% |
| 2-4 | 33% | 32% | 35% | 50% | 39% | 19% | 17% | 11% | 55% | 26% |
| 5-10 | 13% | 3% | 0% | 4% | 4% | 5% | 8% | 4% | 0% | 4% |
| Problems faced in running the drug shops | | | | | | | | | | |
| Insufficient stocks | 23% | 28% | 18% | 46% | 31% | 33% | 27% | 5% | 28% | 22% |
| Delayed delivery of supplies | 12% | 16% | 36% | 0% | 13% | 0% | 0% | 19% | 0% | 5% |
| Expensive supplies | 63% | 56% | 46% | 54% | 56% | 17% | 55% | 62% | 24% | 43% |
| Insufficient information | 2% | 0% | 0% | 0% | 0% | - | - | - | - | - |
| Long distance | - | - | - | - | - | 17% | 0% | 10% | 32% | 15% |
| Bad debts | - | - | - | - | - | 33% | 18% | 0% | 16% | 14% |
| Others | - | - | - | - | - | 0% | 0% | 5% | 0% | 1% |
| <i>N</i> | 33 | 31 | 30 | 27 | 121 | 58 | 45 | 61 | 41 | 205 |

4.3.1 Tactics for Attracting Customers

The study also established from the drug shop owners and sellers what tactics they currently used in attracting customers to their shops (table 6). Among the owners, 26 percent mentioned that they mainly open their shops, 19 percent attract customers through friends, and 14 percent mentioned employing qualified attendants as a tactic, while only 10 percent mentioned branding their drug shops. When asked about recommended support in attracting customers in Kamwenge (20 percent) and Mityana (21 percent), the majority of the owners suggested more drug supplies; in Kamuli (15 percent) and Kayunga (22 percent) suggested provision of drugs at subsidized prices

According to drug sellers, the majority of the drug shops attract customers through use of friends (30 percent). Other tactics major tactics used included branding of the drug shops (26 percent), giving discounts (11 percent), and use of qualified attendants (2 percent). However, 18 percent of the respondents mentioned that they used no tactic apart from just opening their drug shops.

Table 6. Attracting Customers

| | Drug Shop Owners | | | | | Drug Shop Sellers | | | | |
|---|------------------|--------|---------|---------|---------|-------------------|--------|---------|---------|---------|
| | Kamwenge | Kamuli | Mityana | Kayunga | Average | Kamwenge | Kamuli | Mityana | Kayunga | Average |
| Tactics used to attract customers | | | | | | | | | | |
| Open the drug shops | 23% | 31% | 50% | 0% | 26% | 33% | 23% | 71% | 0% | 18% |
| Use signposts | 13% | 4% | 0% | 8% | 6% | 38% | 27% | 5% | 7% | 14% |
| Brand the drug shop | 0% | 15% | 14% | 12% | 10% | 0% | 19% | 24% | 34% | 26% |
| Give discounts | 3% | 0% | 0% | 4% | 2% | 0% | 0% | 0% | 20% | 11% |
| Friends | 10% | 12% | 4% | 54% | 19% | 29% | 27% | 0% | 37% | 30% |
| Qualified attendants | 16% | 23% | 11% | 8% | 14% | 0% | 4% | 0% | 2% | 2% |
| Strategic location | 0% | 8% | 0% | 0% | 2% | - | - | - | - | - |
| Display the products | 6% | 0% | 0% | 0% | 2% | - | - | - | - | - |
| Good customer care | 3% | 0% | 4% | 0% | 2% | - | - | - | - | - |
| Referrals | 26% | 8% | 18% | 15% | 17% | - | - | - | - | - |
| Proposed support needed to attract customers | | | | | | | | | | |
| Provide signposts | 13% | 14% | 5% | 22% | 14% | - | - | - | - | - |
| Supplying with more drugs | 20% | 14% | 21% | 7% | 16% | - | - | - | - | - |
| Organizing the drug shops | 10% | 14% | 10% | 7% | 10% | 33% | 30% | 50% | 23% | 29% |
| Regular supply of drugs | 10% | 8% | 8% | 1% | 7% | 25% | 17% | 8% | 26% | 22% |
| Trainings on the management of drug shops | 10% | 11% | 12% | 9% | 11% | - | - | - | - | - |
| Marketing the drugs | 1% | 8% | 3% | 0% | 3% | 5% | 42% | 21% | 2% | 15% |
| Information on new drugs | 7% | 7% | 10% | 9% | 8% | 15% | 3% | 17% | 24% | 17% |
| Provide drugs at subsidized/ reduced costs | 9% | 15% | 13% | 22% | 15% | 20% | 8% | 4% | 23% | 17% |
| Financial support/ Credit facilities | 13% | 7% | 13% | 21% | 14% | - | - | - | - | - |
| Reduction of license fee | 8% | 3% | 5% | 1% | 4% | - | - | - | - | - |
| <i>N</i> | 33 | 31 | 30 | 27 | 121 | 58 | 45 | 61 | 41 | 205 |

4.3.2 Proposed Skills Development

As shown in figure 1, on average 84 percent of the drug shop owners wanted more training in various skills. According to the study results (table 7), the most popular suggested skills for development were customer care (21 percent), computer use (20 percent), and drug handling (17 percent).

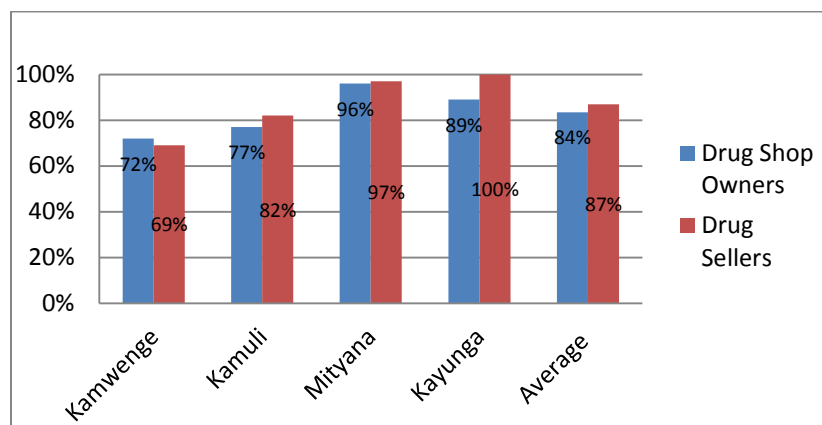


Figure 1. Percentage of respondents who want skills development

When drug sellers were asked about the areas in which they would like skill development, the overall majority mentioned customer care (26 percent) and record keeping (24 percent). However, in Kamwenge, the majority of the drug sellers preferred counseling (50 percent), and in Mityana the majority preferred help in developing their record keeping skills (60 percent).

Table 7. Proposed areas for skills development

| Proposed area skills development | Drug Shop Owners | | | | | Drug Shop Sellers | | | | |
|----------------------------------|------------------|-----------|-----------|-----------|------------|-------------------|-----------|-----------|-----------|------------|
| | Kamwenge | Kamuli | Mityana | Kayunga | Average | Kamwenge | Kamuli | Mityana | Kayunga | Average |
| Customer care | 14% | 35% | 17% | 21% | 21% | 8% | 32% | 16% | 26% | 26% |
| Record keeping | 7% | 29% | 9% | 0% | 11% | 33% | 33% | 60% | 7% | 24% |
| Computer skills | 9% | 17% | 29% | 19% | 20% | 8% | 24% | 20% | 4% | 13% |
| Drug dispensing | 19% | 6% | 17% | 14% | 14% | 0% | 2% | 4% | 23% | 12% |
| Counseling | 14% | 4% | 11% | 16% | 11% | 50% | 7% | 0% | 17% | 13% |
| Drug handling | 33% | 4% | 17% | 19% | 17% | 0% | 1% | 0% | 22% | 11% |
| Drug usage, storage and dosage | 5% | 6% | 2% | 11% | 6% | - | - | - | - | - |
| N | 33 | 31 | 30 | 27 | 121 | 58 | 45 | 61 | 41 | 205 |

4.4 ADS ASSOCIATIONS AND THEIR MEMBERSHIP

According to the drug shop owners study results, there are no associations in Kamwenge district, and only 4 percent of the respondents in Kayunga knew of and belonged to an association in their district. Kamuli district had the highest percentage of drug shop owners who knew about the existence of an association in their district (94 percent), with 87 percent having membership in the association.

The study also sought to establish the existence of drug sellers and or drug owners associations in the districts of study, as well as whether the drug sellers belong to them. The results showed that all the drug sellers in Kamwenge and Kayunga district did not know of any or belong to any association in their district. Kamuli district had highest proportion of drug sellers with knowledge of about the existence of an association (81 percent) and also with membership in the association (67 percent).

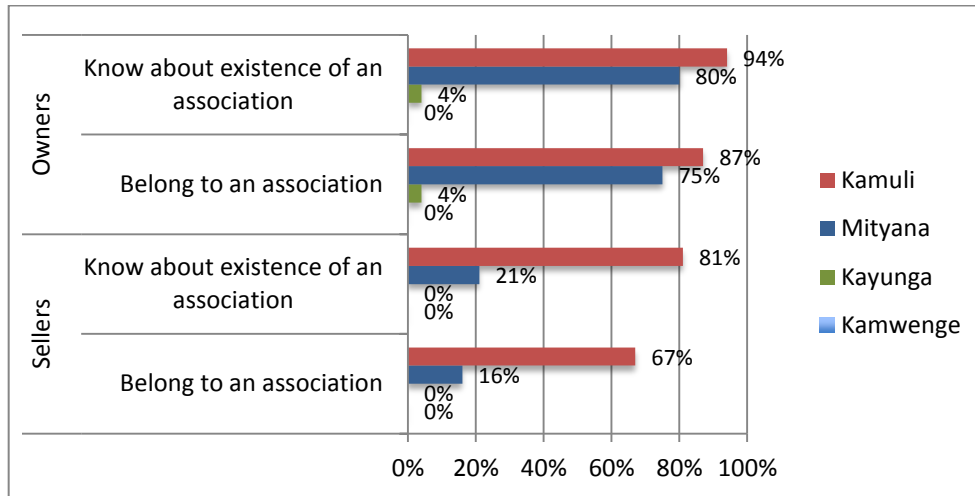


Figure 2. Awareness of and membership in associations

4.4.1 Reasons for Not Belonging to an Association

As already mentioned, 100 percent of the drug shop owners in Kamwenge did not know of existing associations. However, all the owners in Kamuli and Kayunga who did not belong to any association did not because they did not know of any to join in their district. Of the sellers in Mityana who did not belong to any association, 20 percent did not know of any associations in their district, 47 percent did not see the need, and 33 percent did not have time for meetings.

All the drug sellers from the Kamwenge and Kayunga districts did not belong to any association because they do not know of any in their districts. In Kamuli, 42 percent do not know about an association in their district, while in Mityana this was true for 80 percent of the drug sellers. However, 58 percent in Kamuli and 20 percent in Mityana do not belong to any association because they do not see the need to do so.

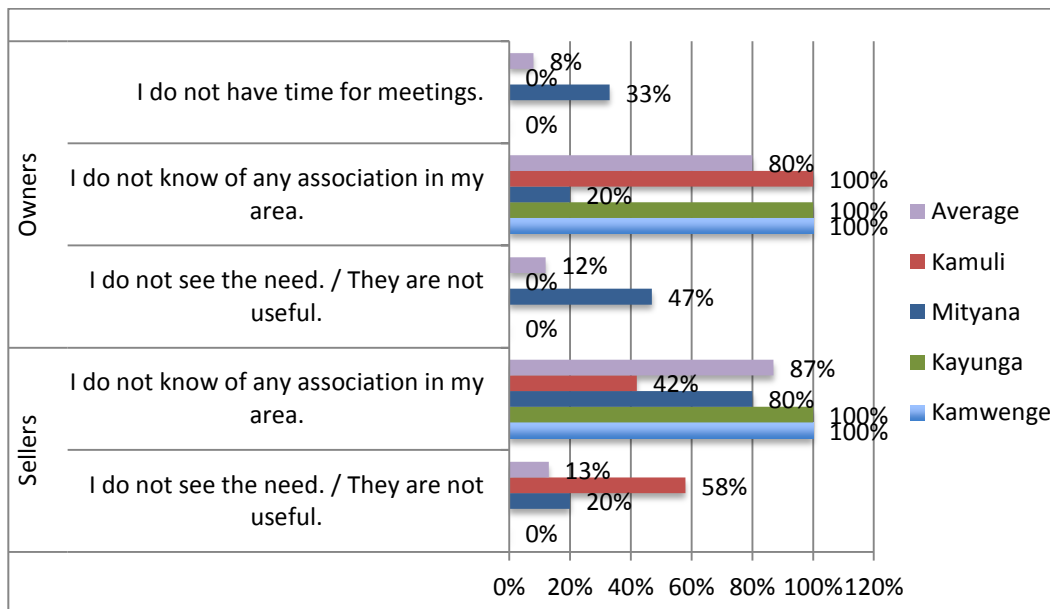


Figure 3. Reasons for not belonging to any drug association

4.4.2 Legality of the Associations

All the drug shop owners who belonged to associations in Kayunga and Mityana districts said that their associations were legally registered. However, there seems to be confusion about where the organizations in Kamuli and Mityana districts were registered.

According to the study results shown in figure 4, all the drug sellers who belong to associations mentioned that they are legally registered. In Mityana, the association is registered at national level, while in Kamuli 98 percent of the sellers mentioned that their association was registered at national level, while 2 percent thought it was registered at the municipality level.

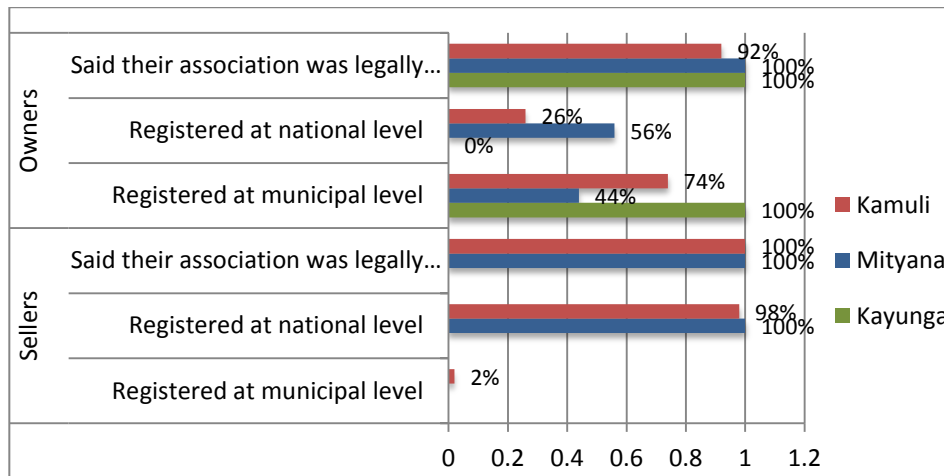


Figure 4. Perceived legality of the associations

4.4.3 Management of the Associations

According to the study responses of both drug shop owners and sellers in Kamuli and Kayunga, all the associations have constitutions and also conduct meetings every month. In Mityana, however, although all the sellers mentioned that associations have constitutions and also conduct meetings every month, not every drug shop owner said so (figure 5).

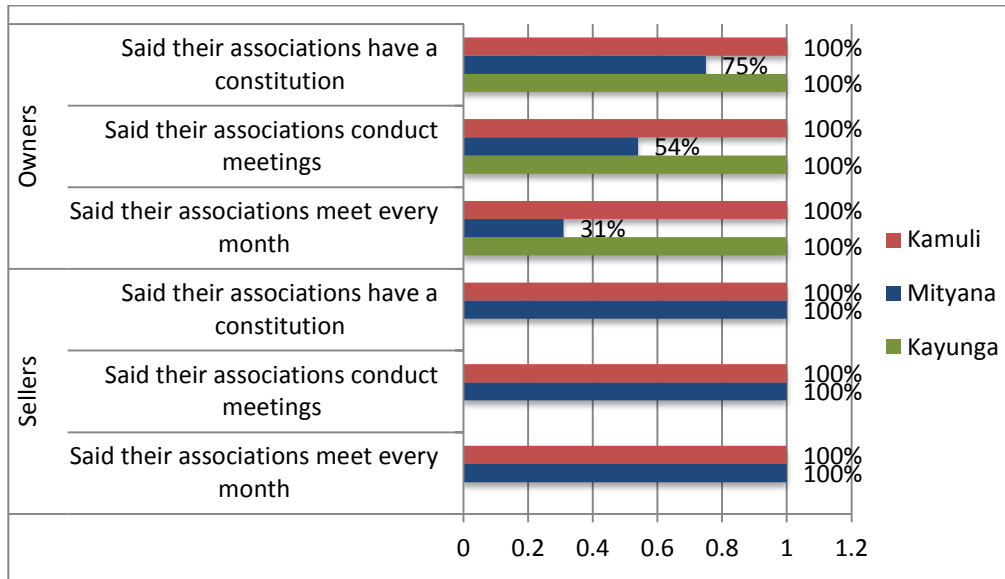


Figure 5. Management of Associations

4.4.4 Benefits Derived from Belonging to Associations

According to the results (figure 6), more drug shop owners than sellers felt they had benefited from the drug associations. Among both drug shop owners and sellers, Kamuli district had the highest percentage of respondents mentioning that they benefited from the associations.

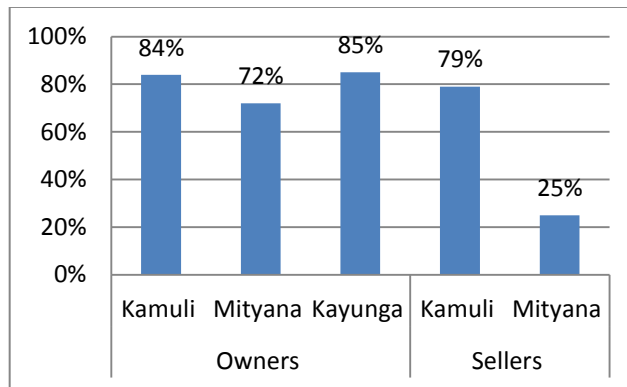


Figure 6. Respondents who feel they have benefited from the associations

According to the drug shop owners, the benefits derived from membership in the associations include training and information on customer care and drug shop management, and information about new drugs alerts and when NDA inspections in districts will take place. The drug shop owners in Kamuli and Mityana also mentioned that associations ease the supervision by the NDA. The drug sellers benefited mainly from training offered in the management of drug shops, entrepreneurship, and different aspects of health care, as well as acquiring new knowledge and skills from other association members (table 8).

Table 8. Benefits of belonging to associations

| Benefits of Belonging to Associations | Drug Shop Owners | | | | Drug Shop Sellers | | |
|--|------------------|---------|---------|---------|-------------------|---------|---------|
| | Kamuli | Mityana | Kayunga | Average | Kamuli | Mityana | Average |
| Training and information on customer care | 86% | 89% | 100% | 92% | - | - | - |
| Training and information on the management of drug shops | 77% | 89% | 100% | 89% | 18% | 37% | 27% |
| Information about new drugs | 54% | 54% | 100% | 69% | - | - | - |
| Alerts about NDA drug inspections in the district | 34% | 39% | 0% | 25% | - | - | - |
| Made supervision by NDA easy | 54% | 61% | 0% | 38% | - | - | - |
| Trained on entrepreneurship | - | - | - | - | 27% | 37% | 27% |
| Trained on various aspects of health care | - | - | - | - | 14% | 2% | 8% |
| Acquired new knowledge and skills from other members | - | - | - | - | 41% | 24% | 33% |
| Others | 14% | 39% | 0% | 18% | - | - | - |
| <i>N</i> | 27 | 23 | 4 | 54 | 30 | 10 | 40 |

4.4.5 Expected Core Responsibilities of Associations

According to the results shown in table 9, the expected core responsibilities of the associations according to the majority of the drug shop owners include: trainings (71 percent), conducting of meetings (86 percent) and supervision of members (75 percent).

Table 9. The expected core responsibilities of the associations

| Expected core responsibilities of the associations | Kamuli | Mityana | Kayunga | Average |
|--|--------|---------|---------|---------|
| Trainings | 57% | 57% | 100% | 71% |
| Meetings | 86% | 71% | 100% | 86% |
| Supervision of members | 77% | 71% | 75% | 75% |
| Joint inspections with NDA | 34% | 54% | 0% | 29% |
| Sensitization | 51% | 36% | 0% | 29% |
| <i>N</i> | 27 | 23 | 4 | 54 |

4.4.6 Activities Currently Conducted by Associations

The major activities currently conducted by the associations according to the drug sellers in the three districts include: training and refresher courses (83 percent), information about new drugs (66 percent), training and information about the management of drug shops (74 percent) as well as customer care (63 percent); and business skills (50 percent).

Table 10. Activities currently conducted by the associations

| Activities Conducted by the Association | Kamuli | Mityana | Kayunga | Average |
|--|--------|---------|---------|---------|
| Trainings and refresher courses | 77% | 71% | 100% | 83% |
| Information on new drugs | 40% | 57% | 100% | 66% |
| Supply of drugs | 14% | 29% | 0% | 14% |
| Business skills | 51% | 50% | 50% | 50% |
| Training and information on customer care | 54% | 61% | 75% | 63% |
| Training and information on the management of drug shops | 74% | 71% | 75% | 74% |
| Alerts about drug inspections in the district by NDA | 69% | 36% | 0% | 35% |
| Internal Inspections of members | 80% | 54% | 0% | 45% |
| <i>N</i> | 27 | 23 | 4 | 54 |

4.4.7 Suggested Additional Activities that Associations Should Carry Out

The study also sought to establish what other activities the drug shop owners would like their associations to perform. However it is important to note that some of the suggested activities were also at the same time mentioned by other respondents as the activities that are currently being implemented by the associations. The most suggested activities in the three districts included opening up of SACCOs for the members (92 percent), provision of credit facilities (85 percent), provision of information on new drugs (57 percent), and the need to open wholesale Pharmacies owned by the associations (57 percent), which can act as a source of stock for all the association members.

Table 11. Suggested extra activities that the association should carry out

| Suggested extra activities that the associations should carry out | Kamuli | Mityana | Kayunga | Average |
|---|--------|---------|---------|---------|
| Opening SACCOs | 86% | 89% | 100% | 92% |
| Provision of credit facilities for members | 86% | 68% | 100% | 85% |
| Provision of price subsidies for members | 54% | 39% | 25% | 40% |
| Provision of drug supplies | 40% | 64% | 0% | 35% |
| Information on new drugs | 83% | 89% | 0% | 57% |
| Internal Inspections | 29% | 61% | 50% | 46% |
| Information on expected inspections by NDA | 49% | 54% | 0% | 34% |
| Open an association pharmacy | 83% | 89% | 0% | 57% |
| Award good performing members | 9% | 36% | 0% | 15% |
| Others | 6% | 36% | 0% | 14% |
| <i>N</i> | 27 | 23 | 4 | 54 |

4.4.8 Perceived Relationship between Association Members and Leadership

During the study, the drug sellers were also asked about their perception of the relationship between the association leadership and members; according to the study results (figure 7), 44 percent of the respondents thought the relationship was very good. Kayunga district had the highest percentage of respondents (50 percent) who thought the relationship between the leaders and members was very good, although an equal percentage thought it was fair.

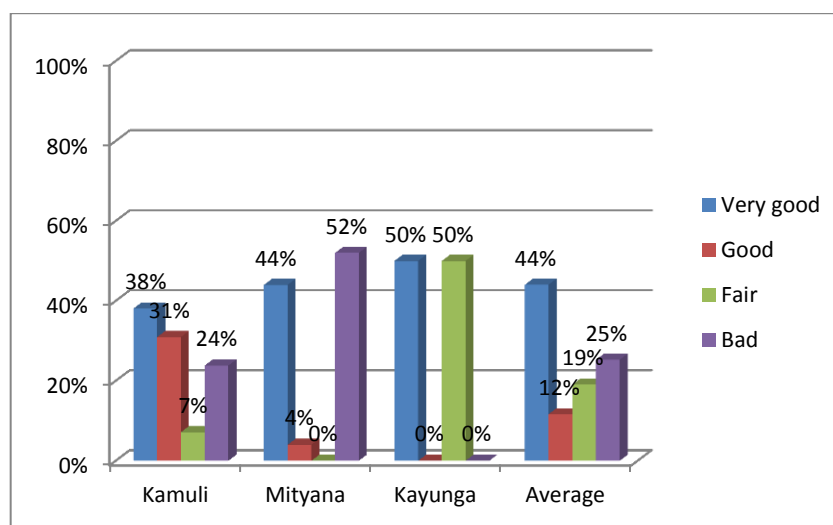


Figure 7. Perceived relationship between the association members and leadership

4.4.9 Challenges Facing Associations

The greatest challenge facing all associations in the three districts is the limited funds to conduct activities. However in Mityana and Kamuli, other challenges include poor attendance at meetings, delay in the payment of membership fees, poor leadership, and poor record keeping.

Table 12. Challenges facing associations

| Challenges Facing Associations | Kamuli | Mityana | Kayunga |
|-------------------------------------|--------|---------|---------|
| Poor leadership | 17% | 15% | 0% |
| Limited fund to conduct activities | 70% | 74% | 100% |
| Corruption | 0% | 4% | 0% |
| Delay in payment of membership fees | 3% | 15% | 0% |
| Poor turn up for meetings | 30% | 41% | 0% |
| Poor record keeping | 7% | 4% | 0% |
| <i>N</i> | 27 | 23 | 4 |

5. FINDINGS OF THE SITUATIONAL ANALYSIS: KEY PARTICIPANTS

In-depth interviews were held with Chairpersons of the drug associations in each of the districts, with the exception of the Chairperson of Mityana Mubende Drug Shop Sellers Association, who was away from the district at the time of the study.

5.1.1 Kamuli District Drug Shop and Operators Association

According to the Chairperson, who was interviewed during the study, the association has been in existence since 2007, is legally registered with Kamuli district, and has a membership of more than 100 drug owners and operators (sellers). The core responsibilities of the association, according to the Chairperson, include: bringing together both the drug shop owners and sellers, organizing seminars and workshops, raising funds through membership subscription, and informing the National Drug Authority about illegal drug practices in the district, as well as partnering or working with other health organizations in the district.

The association also has a constitution, which guides its operations, as well as a strategic plan. The association conducts annual general meeting for all its members, while its executive council meets every month. Before joining the association, the members pay membership fees, and subsequently pay annual subscription fees.

In the six months prior to the study, Star EC and PACE had supported the association to conduct refresher trainings for its members in areas of family planning and tuberculosis. According to the Chairperson, the association draws its strength from the unity of its members and the regular meetings conducted to identify members' problems, as well as in its organized system of administration.

Currently the association faces a number of challenges. These include: lack of offices, lack of funds to operate on a large scale and conduct its planned activities, and high transport costs when visiting members located in rural sub-counties.

For the support needed to strengthen the association, the Chairperson proposed the following: financial support; and training of its members in customer care, bookkeeping, branding, and computer skills. Other possible areas of support include lobbying for a reduction in the license fees as well as price subsidies for the drugs.

When asked about his preference for help in setting up another association, the Chairperson was affirmative in his response that he prefers support to strengthen the existing one because it already had both drug shop owners and sellers as its members. The preference for an association that has membership of the two groups stems from its ability solve and prevent conflicts between the owners and the sellers, and the ease in coordinating activities between the two.

5.1.2 Kayunga District: Private Health and Farm Suppliers Association

According to the Chairperson, the association was formed four years ago and is legally registered with Kayunga district. Its members are owners of the drug shops; the Chairperson was not sure about the

current number of members. The association's operations are guided by a constitution. However, the association does not hold regular meetings, and the last meeting was held two years ago. The association also has a strategic plan, which has been dormant for the last two years. The association raises its funds through annual membership fees and fines from members.

The core responsibilities of the association include mobilization of drug shop owners, pooling of resources by members to purchase resources and negotiate cheap prices from the drug distributors as well as regular supply of stock.

Regarding the option of receiving support to start a drug association, the Chairperson preferred receiving support to start an association exclusively for drug shop owners because they are more dependable when compared to the sellers, who can easily change jobs, and the drug shop owners are also the decision makers. The suggested roles of such an association, according to the Chairperson would include organizing seminars and meetings, training the shop owners, pulling resources, and finding solutions to the problems faced by the members.

6. STUDY FINDINGS

6.1 DRUG SHOPS: THE MAJOR CHALLENGES

The study sought to establish the challenges that are facing the operations of the drug shops and pharmacies in the various districts. The participants mentioned a range of challenges; each major challenge is discussed in this section, supplementing the quantitative data already provided.

6.1.1 Insufficient Funds

The findings from all the districts show that many of the challenges are related to financial constraints. The majority of the participants said that they do not have sufficient funds to facilitate favorable capital requirements or to address other operational costs, such as rent and the high cost of hiring labor. The key informants also explained that the drug shops do not have the funds necessary to purchase large quantities of drugs and meet other monetary requirements, for example license fees. They concluded that this had made it hard for the drug shops to operate smoothly.

"The drug shop operators are small-scale businesspeople who survive on limited capital, thus they constantly encounter challenges such as inability to foot the various expenses like making purchases and paying for rent and labor costs." (Head of Association, Mityana district)

6.1.2 High Costs of Doing Business

Three factors were cited most often as contributing to high costs.

- **Drugs.** According to the study findings, the majority of the participants mentioned that the high cost of drugs is among the major challenges they face. They further said that due to the high costs, they are unable to buy large quantities and can only afford the cheaper drugs, yet some of these may not be in high demand.

“The drugs that we have are expensive because we also buy them expensively. It is quite difficult for people to afford the drugs; you find that some people do not buy the full dosage because of the high price” (Participant from Kamwenge district.)

- **Transport.** The findings also revealed that the participants suffer with high transport costs involved in purchasing of the drugs. In all the districts, the participants said they do not have nearby pharmacies and therefore incur exorbitant transport costs that reduce the profitability of their business. They also said that due to the costs, they are forced to increase the prices of drugs, yet their customers cannot raise a lot of money. The key informants in all the districts also pointed out that the operators suffer with exorbitant transport costs since they have to travel long distances to purchase drugs.

“I buy my drugs from a very long distance away like in Ibanda, Mbarara, and Fort Portal, so there are high transport costs involved that I have to put in consideration, so it also affects the price at which I sell.” (Participant from Kamwenge district)

- **License Fees.** Another outstanding challenge mentioned across the districts was the high license fees that are required by the National Drug Authority it issues operational licenses. Furthermore, the participants also mentioned the various high taxes levied against them. These include NDA fees, Uganda Revenue Authority tax, local service tax, sign post tax, and public service vehicle tax. The key informants also said that these are costly for operators of the drug shops. They further mentioned that the process of licensing is lengthy, too.

6.1.3 Few Drugs under Class C

The findings also show a common challenge mentioned by majority of the participants across districts was that there were few drugs under class C where they operate. In addition, they said they are not allowed to sell drugs categorized as class B, yet customer demand for class B drugs is high. They also added that they would love to upgrade their drug shops to class B but still face various bottlenecks.

6.1.4 Lack of Qualified Personnel

The study findings also revealed the lack of qualified personnel to operate in the drug shops as another major challenge. They said that some of the owners are not trained, and neither are the sellers. They further stated that opportunities for training are limited and in some districts unavailable, thus aggravating the challenge. This has killed the level of professionalism with which they operate.

“I face a lot of problems with some of the drug shops, chasing them about since they do not qualify to be operating these shops; they have failed to show me their qualifications and licenses.” (DADI, Kayunga district)

6.1.5 Bad Debtors/Customer Poverty

The participants of all the FGDs also indicated that they experience a problem with poor / bad debtors. They said that sometimes, due to situations like poverty, some of their customers buy drugs on credit but take a long time to pay, which slows down their profitability.

“This month alone I have been chasing all over for about four of my customers who have failed to clear my money. They come here and tell you how they are dying and so because of your good heart, you give them on credit then they fail to pay, but I think the problem is the excessive poverty these days.” (Participant from Kamuli district)

6.1.6 Counterfeit Drugs

Some study participants mentioned counterfeit drugs as another nagging challenge. They lamented that they sometimes purchase drugs that are expired, fake, or not certified. NDA officials often impound these drugs, making the purchases a complete loss.

6.1.7 Lack of Pharmacies

In all the study districts, the participants reported that they lack a large-scale pharmacy and as a result had to travel long distances to purchase drugs. They also said that they miss out on the advantages that would come with the existence of such a pharmacy in their districts.

6.1.8 Competition

Too much competition among the many drug shops in the districts was also mentioned as another challenge. The participants said that in addition to the competition among themselves, they also faced competition from illegal drug shop operators, in addition to government health facilities that provide free treatment and drugs to their would-be customers. The findings from the districts of Kamuli and Kayunga also indicate that many people there are still inclined to the traditional ways of treatment, and traditional herbalists pose a significant challenge in regard to competition for customers.

“There is a lot of competition for us drug shop owners. As you can see there are many drug shops around and since we buy our drugs from different places, we have different prices. Therefore some may not make as much money as those who get the drugs [more] cheaply.” (Participant from Kibaale district)

6.1.9 Gaps between Members, Association Leaders, and the Districts

The findings from the districts of Kamwenge, Kibaale, and Kayunga also reveal that the participants faced a challenge related to the communication gaps between themselves and the association leaders, as well as between the association and the district authorities. They emphasized that those gaps had significantly contributed to the ineffectiveness and eventual collapse of the associations in these districts.

6.1.10 Ignorance

The study findings show that ignorance is yet another of the challenges facing drug shops. The participants said that many operators are ignorant about new and improved drugs. They also face the problem of dealing with customers who do not have prescriptions, so in most cases they prescribe for them, although they are not qualified to do so.

“There are some drugs that cannot be accessed when needed, other districts may have that drug but Kamwenge as a district may not even know that it exists.”
“It is a pity that we may be among the last districts to know when there is a new drug on the market.” (Participants from Kamwenge district)

6.1.11 Inactive/Dormant Associations

The study findings from the districts of Kayunga, Kamwenge, and Kibaale show that the dormant/inactive state of the associations there is also perceived as another vivid challenge. The key informants decried that due to this, it is not possible to find supportive partners that could help the drug shops.

6.1.12 Poor Supervision

Some of the key informants also mentioned the challenge of poor supervision. They said that other challenges, for example financial limitations, have affected the effectiveness in supervision. Besides, some officials also said that there are con men who disguise themselves as NDA authorities and in an unscrupulous way cheat the drug shop operators. With regard to supervision, the officials mentioned that some of the operators fear the authorities and run away and/or close their shops at times of inspection.

“There are no funds within the association and this makes it hard to monitor the activities of their members, thus affecting the quality of supervision and allowing illegal operators to continue operating.” (DHO, Mityana district)

6.1.13 Poor Condition of Premises/Drug Shops

The findings reveal that poorly maintained premises, as well as the distribution and location of some drug shops, were also among the challenges mentioned. Some drug shops were said to be in a poor, unhygienic state. Besides, many are concentrated in the trading centers, thus leaving the very remote areas unattended to.

6.2 VIEWS OF EXISTING ASSOCIATIONS AND PROPOSED CHANGES

6.2.1 Existence of Drug Shop Associations and Categories of Membership

In all the districts, the key informants mentioned that they were aware of the existence of drug shop associations in their districts, and the findings were similar to those from the focus group discussions. Aside from the DHOs in Kayunga and Mityana, the rest of the key informants knew these associations by name.

- In Kamuli district, they mentioned “Kamuli Drug Shop Operators and Owners Association.”
- In Mityana, they mentioned three associations, including “Mityana Drug Services Association,” which was formerly “Mityana Mubende Drug Services.” The DHO also mentioned the existence of a pharmacy association as well as the clinic owners association.
- In Kayunga, they mentioned the “Private Health and Farm Suppliers Association.”
- In Kamwenge there is “Kamwenge Private Drug Shops Association,” which the DHO said is divided into two branches (Kibaale and Ntara).

- In Kibaale district they mentioned “Kibaale Private Sellers and Drug Shop Owners Association.”

The study further found out from the key informants the nature, or categories, of members in the various associations. According to the findings in Kamuli, Kamwenge, and Mityana, the associations include both drug shop owners and sellers. However, in Kayunga, the association constitutes mainly drug shop owners. The findings also reveal that the associations in Kayunga and Kibaale combine suppliers of both human and animal medicines.

6.2.2 Challenges Faced by Associations

Both current members of the associations and the key informants were asked about the challenges that the associations in the various districts experience. They are described in this section.

- **Lack of Sufficient Funding/ Financial Constraints.** According to the findings, the greatest challenge mentioned was the financial constraints or lack of sufficient funding that limit effectiveness and also makes participants vulnerable to the other challenges, such as hardships in mobilization and transport.

The key informant interviews also revealed that the high costs involved in the process of licensing, coupled with other charges, as well as the lack of premises where they can set up offices, are among the other challenges facing the associations.

- **Inept and/or Corrupt Leadership.** The findings from all the districts except Kamuli also indicate a big challenge with regard to the poor leadership of the associations. Respondents said that the disorganization of association leaders has greatly contributed to the collapse of some of the associations. In Mityana, for instance, the key informants revealed that since the inception of the association, there have never been any elections to modify or change the leadership of the association. The leadership is marred with corruption and mistrust. In Kamwenge district, the participants said that they had paid money to kick-start the association at its inception, but the then Chairperson took off with their money. They reported that since then there has been no goodwill or actual operation of the association and, consequently, no benefits have been enjoyed.

“The former chairman of the association ran away with our money. Last year we elected a new cabinet and it is therefore difficult for the new cabinet to start from scratch so we have not enjoyed any benefits.” (Participant from Kamwenge district)

The findings from Kayunga district similarly pointed an accusing finger at poor and corrupt leadership that failed the association from the very outset. In Kibaale district, the association was reported to have had very few members. These factors, the participants said, made it impossible to enjoy any significant benefits from the association.

- **Inactive, Dormant Associations.** The findings from Kayunga, Kamwenge, and Kibaale also reveal that the inactive, dormant state of the associations there is a disturbing challenge. There are no roles filled or activities undertaken whatsoever by the associations there. Furthermore, participants explained that this has limited cooperation and building of partnerships with different stakeholders that would benefit the associations and their members.

- **Lack of Trust among Members and Leaders.** The study findings, especially in the districts with associations that became inactive, also reveal that distrust among members and leaders, and a general lack of trustworthiness, had resulted in an absence of goodwill, demotivation, and thus poor attendance at meetings. This disunity in the associations was blamed for their current inactivity or collapse.

6.2.3 Reasons for Joining an Association

The participants in the study were asked to mention the reasons or factors that encouraged them to join the various associations. Their responses are outlined below.

- **Prospective Objectives.** According to the study findings, the most outstanding reason for joining an association was its objectives. Some of these included potential for joint procurement, unity, and socialization.

"The association was promising to make the supervision of drug shops in the district better. We all want what is good for our community, so that is why for me I joined."
(Participant from Kamwenge district)

- **Desire to Be United with Other Operators.** The prospect of coming together as united people with a common cause also motivated respondents to join the associations. They said that they needed to have a common voice with which they could state their cause, and that with this kind of unity they were bound to score success. Opportunities for socialization and social bonding also motivated participants to join the associations.

"Joining the association was a way of bringing all the drug shop owners to have one voice. I usually do not want to be left behind when some of these opportunities come here, therefore I was also attracted to be a part." (Participant from Kamuli district)

- **Prospect for Joint Purchases.** The study results also found out that many of the participants were encouraged to join the various associations because of the prospect of making joint purchases for drugs. The participants stated that individually, they could not make large purchases and other costs, such as transport were high. However, with the possibilities presented by the associations, they were encouraged to join.
- **Need and Ease in Acquiring Licenses.** The need to acquire licenses for operation of the drug shops also motivated some of the participants to join the associations. They reasoned that by joining, they would be supported and it would be easier for them to secure their licenses.
- **Curb Illegal Operators.** In all the districts, it was also mentioned that the need to curb the operations and unfair competition presented by the illegal drug shop operators was the other motivating factor for them to join the various associations. They believed that by joining the associations, they would easily identify and weed out the illegal operators.

"I joined the association to try and fight competition from the illegal drug shop owners. The association would carry out a mechanism for eliminating such people who do not have licenses to own drug shops." (Participant from Mityana district)

- **The Need to Establish Partnerships.** According to the findings from all the FGDs, in all the districts, many participants also stated that the need to make strong partnerships with other

stakeholders, e.g., government and NGOs, was also an attractive factor. They said that through the associations it was easier to establish and profit from such partnerships.

- **The Need for Technical Assistance.** Findings from some of the FGDs also brought out that participants were motivated to join the associations because of initiatives like training programs that would address their need for technical assistance. They mentioned that they needed advice and to be equipped with various skills to enhance the operations of their drug shops. Furthermore, some reasoned that they were encouraged to join by possibilities such as supervision that would enhance the operations of the drug shops.
- **Fear of Threats from the National Drug Authority.** Findings from Kamuli district show that many of the participants joined the association due to perceived threats from the NDA. They said that they feared their operations would be stopped if they did not meet certain standards and believed that the association would help them to meet to those standards.
- **Community Responsibility.** Some participants also mentioned that they were motivated to join the association because of the need to make a positive contribution to their communities. They said they anticipated different benefits would result from joining the association and that these would help them to enhance their operations and thus, in turn, make a positive contribution to their communities.
- **Improve the Standards of the Workers.** The findings from the study also reveal that many of the participants joined the associations so as to uplift the standards of the workers within the drug shops. They said that the association would be important in identifying and addressing their needs.
- **Prospect of Setting Up a Pharmacy.** The participants also mentioned that they were excited by the prospect of opening a pharmacy within their districts and the innumerable opportunities and benefits that this would present.

6.2.4 Current Responsibilities of Associations

The findings from the study reveal that the perceived responsibilities of the various associations were similar across the districts.

- **Mobilization of Members.** The major responsibility mentioned was mobilization of the members whenever the need arises. They said that the mobilization was carried out in the form of communication and organizing meetings and sensitizing members about the association's issues.
- **Fostering Unity.** The associations also primarily ensure that there is unity among the members of the associations. The participants further mentioned that the associations organize and call for meetings to deliberate on association matters. On the whole, they mentioned that the associations ensure that the members have a common voice.

"The association is to bring owners and sellers together to closely look at the problems they are facing generally, hence acting as a common voice." (Participant from Kibaale district)

- **Maintaining a Good Relationship with the National Drug Authority.** Findings from all the districts also reveal that improving and ensuring a good relationship between the association

and the NDA was one of the other core responsibilities of the associations. They explained that this was ensured by helping members to meet, maintain standards, and comply with NDA guidelines.

- **Building Partnerships.** Participants said that building and ensuring partnerships with key stakeholders was the other significant responsibility of the associations. They mentioned that the associations ensure partnerships, especially with the NDA and other nongovernmental organizations that cooperate with the associations.
- **Carry Out Supportive Supervision.** Enforcement of rules and ensuring that members operate with professional conduct also emerged as the other core responsibility of the associations. They added that this is ensured through supportive supervision, which was mentioned as one of the roles played by the associations. The key informants said that the associations also help in supervising members to ensure that they conform to the minimum standards and requirements for operation through enforcement of rules and professionalism.
- **Eliminate Illegal Operators.** Study results also revealed that helping to weed out the illegal drug shop owners is another of the responsibilities executed by some of the associations. The participants mentioned that the associations collaborate with the National Drug Authority to ensure that the illegal operators are checked.
- **Ensure Hygiene of Drug Shops.** According to the study findings, the associations also ensure that their members operate in clean, highly hygienic conditions. The participants explained that this was important so as to depict a good image to their customers and ensure that they provide quality service.
- **Facilitate Licensing.** The study findings also reveal that some of the associations play a significant responsibility in ensuring that the drug shops especially of their members secure the necessary licensing required for smooth operations. The associations therefore liaise with the licensing authority, the NDA, so as to help members secure licenses. The key informants also mentioned that the associations recommend and assist the drug shops in pursuit of licenses.
- **Protect Interests of Members.** Many of the participants also mentioned that the association always helps the members when they face challenges with the NDA authorities for instance in circumstances where one's drug shop is closed down for whatever reason, the association comes in to support the members and ensure fair justice.
- **Organize Seminars, Workshops, and Training.** The findings in the districts of Kamuli and Mityana, where the associations are very vibrant, also indicate that the associations organize seminars, meetings, and trainings where some of the members acquire various knowledge, information, and skills necessary to operate effectively.

*"The association's role is to provide seminars to the people as a way of educating them more about the drugs they sell and new drugs on the market in case of any."
(Participant from Mityana district)*

6.2.5 Membership Benefits from Existing Associations

Based on participants' input, the study established the various benefits that they have enjoyed from the associations. It should be noted that the perception of benefits was most vivid in the districts of Kamuli and Mityana, where there are active associations. In Kamwenge, Kibaale, and Kayunga, there was little

mention of benefits and in some cases none at all because the associations there are virtually nonoperational. The benefits described are as follows.

- **Unity.** According to the study findings, the majority of the participants mentioned that one of the outstanding benefits was the unity and togetherness achieved through membership in the association. Participants appreciate the opportunity of having a common voice and regard it as an outstanding benefit. They said that through the associations they are in position to put forward their demands and advocate for their needs with the strength of a common voice.

“Yes, we have a common voice as a result of the association, and this helps us to speak out and be listened to when it comes to matters affecting us: we are not afraid to approach those concerned, like the district authorities.” (Participant from Kamuli district)

- **Improvement in Hygiene of Drug Shops.** Participants also mentioned that they had experienced remarkable improvements with regard to the hygiene and cleanliness of their drug shops. They said that the associations had played a significant role in encouraging them to uphold such standards.
- **Training Opportunities.** The findings further bring it out that the participants have benefited from the partnerships and links established between the associations and other partners, such as the government and nongovernmental organizations like STAR ECS, STRIDES, and PACE. They said that these have resulted in benefits like trainings, which boost the effectiveness of members through better understanding of practices like bookkeeping and management.
- **Appreciation of the Need to Cooperate.** Some participants also mentioned that the mere fact that they now appreciate the importance of belonging to an association is an outstanding benefit in itself. They reasoned that they now appreciate the wide variety of opportunities and possibilities presented in coming and working together.
- **Knowledge and Information Sharing.** According to the study findings, opportunities to share knowledge and information as well as guidance and advice were mentioned as benefits accrued to the association members. The participants noted that this had boosted interpersonal exchanges among colleagues and a feeling of oneness. They concluded that this boosted socializing and networking and friendships among themselves.
- **Establishment of Positive Relationships with the National Drug Authority.** The good relationships established between the participants and the NDA is also perceived as a benefit. The participants in the study reasoned that this had resulted in smooth operations with regard to exercises like supervision and communication. Some further asserted that the associations had ensured that they are treated with respect and care by NDA officials.

6.3 ASSOCIATIONS AND DISTRICT HEALTH OFFICES

6.3.1 Supervision Challenges Faced by the District Health Offices

The key informants provided information about the various challenges that are faced by the District Health Offices while supervising the operations of the drug shops and pharmacies. A review of the findings indicates a similarity of findings with those collected from the FGDs with the current members of the various associations.

- **Financial Constraints.** According to the findings, the most outstanding challenge mentioned were financial constraints with their related consequences. The key informants said that the district lacks adequate financial facilitation in terms of transport for supervisors with requirements such as fuel. They also said that there is poor transport due to poor roads and physical barriers making it hard to access some of the drug shops.
- **Denial of Access to Required Information.** The key informants also mentioned that during supervision, some of the operators conceal certain information with regard to the drugs being sold. They pointed out that these are mainly the illegal and unlicensed operators. Further, they added that many of these run away and hide during time for inspection.
- **Inactive/Dormant Associations.** The findings from Kayunga, Kamwenge, and Kibaale also reveal that the officials see the inactive/dormant state of the associations there as another challenge. They stated that it limits the collaboration with them that would enhance activities like supervision and establishing supportive mechanism to attain more benefits.
- **Large Geographical Size of Operations.** The findings, especially from Kamwenge and Kayunga, also indicate that the districts are large and as a result the district authorities encounter challenges in reaching some distant places to carry out supervision. They also added that this is further aggravated by the challenge of poor transport.
- **Community Resistance.** Community resistance also emerged as another challenge facing the district authorities during supervision. They explained that sometimes members of the community collaborate with illegal operators and inform them so they can run away when district authorities are carrying out supervision. They said that the community is ignorant and sees these operators as their “doctors,” thus the resistance.
- **Corruption and Bribery.** Some of the key informants also mentioned that bribery is another challenge facing them during supervision. They said that some of the supervisors accept bribes from illegal operators so they can continue in business, thus hindering effectiveness between supervisors and the district and drug associations.

6.3.2 Relationship between the Associations and District Leadership

The study findings here, as in the preceding section, relate to only Kamuli and Mityana districts. The participants in Kamuli said that the relationship is particularly good and supportive. They explained that this is apparent in good cooperation whenever need arises and that the district leaders recognize and appreciate the work of the association.

However, especially in Kayunga, Kibaale, and Kamwenge, the study findings reveal that there is no significant relationship between the association and the district leadership. The participants said that this was so because the associations are dormant. Besides, even in Mityana district, some of the participants maintained that the relationship is poor.

“There is no close relationship between the district and the association because they have not done anything to help the association in any way. That is why now they almost left it to die.” (Participant from Kamwenge district)

6.3.3 Ability of the Districts to Support the Associations

The study also assessed the ability of the districts to offer support to the associations. The analysis of the findings shows that the perceptions of ability are higher in Kamuli and Mityana than in Kayunga, Kamwenge, and Kibaale.

However, the majority of the participants thought that the districts would be able to extend support to the associations. They said that the districts are in a position to organize seminars and workshops, and to increase mobilization and awareness. They added that the districts would be in a position to influence and encourage some of the NGOs they already work with to partner with the associations, too. Also, since the districts already carry out supervision, it was seen as a form of support they would extend to the associations.

However, a significant number of participants, especially in the districts that have inactive associations, said that the districts would not be able to support the associations. They explained that the districts also had limited funds, making it impossible for them to extend any support to the associations.

"I don't see how the district is going to be in a position to help the association. They also complain of similar challenges, like lack of money. Where will they get it to help us if they can't get enough for themselves?" (Participant from Kayunga district)

They also said that they believed the funds that would go into supporting the associations are not allotted in the districts' budgets. Some of the participants further said that the districts are not aware of how the associations operate and have never taken the initiative to find out. They said that due to these obstacles, the districts would not be able to support the associations.

6.3.4 Proposed Roles for District Health Offices

The participants in the study were also asked what roles they foresaw the District Health Offices playing in the operations of the planned associations. A detailed review of the findings indicates that there is consistency among the responses from the FGDs of current members, the FGDs with nonmembers, and the key informant interviews. According to the findings from the study, the activities that the District Health Offices could undertake were as follows:

- **Financial Support.** The most outstanding role mentioned by the majority of the participants was the provision of financial support to the associations.
- **Organize Joint Seminars, Workshops, and Training.** The participants also pointed out that the district should organize joint seminars, workshops, and training in collaboration with the associations. They also mentioned that it should also facilitate cooperation on special projects that are beneficial to the associations.
- **Establish Partnerships.** The participants also suggested that the district should act as a bridge between the associations and the government, National Medical Stores, NGOs, and other development partners. They said that this would help the associations to access various opportunities like funding of projects, activities, and training.
- **Offer Land for Construction of Premises.** The findings from Kamuli district also revealed that the district should offer physical space/land for the construction of association premises and also

contribute to their constitution as well as help solicit for funding from elsewhere. The participants also mentioned that district should play a role in streamlining procedures for acquisition of licensees.

6.4 ASSOCIATIONS AND DEVELOPMENT PARTNERS

6.4.1 Potential Development Partners

The participants in the study were also asked whether there were any development partners working within the districts who would be interested in supporting the associations. According to the findings, the majority of the partners mentioned were in Kamuli district.

They mentioned Plan Uganda, which they said trains Village Health Teams (VHTs) and Trained Birth Attendants (TBAs); PACE was also mentioned, and they said that it carries out health education, reproductive health, and child survival. The participants also mentioned STAR ECS, which trains about tuberculosis and whooping cough. Lastly, in Kamuli they also mentioned STRIDES, which they said offers training on short-term methods of family planning.

The findings in Mityana district revealed UHMG, SURE, and STRIDES as the development partners that could be interested in supporting the association. Participants in Kamwenge mentioned the National Drug Authority, whereas those in Kibaale mentioned MSH, but added that it funded the association only in the first quarter. The findings from Kayunga revealed no development partners mentioned.

6.4.2 Proposed Roles for Development Partners

The study established from the participants the different roles that interested development partners could play in the affairs of the associations.

- **Funding/ Financial Support.** According to the findings in all the FGDs, all the participants said that the development partners should help in funding of the associations to enable them perform better.

“Those organizations usually have money so we need them to assist us with some funding so that we can also improve on our businesses and also use it to strengthen our association.” (Participant from Mityana district)

- **Provision of Technical Assistance.** The findings across the districts also reveal that the development partners can play the role of provision of technical assistance to the associations. The participants specifically singled out organizing and delivering training programs as a major conduit through which to offer technical assistance to the associations.
- **Sensitization/Creation of Awareness.** According to the study findings, sensitization and creation of awareness were also mentioned by the participants as potential roles to be played by development partners. They said that, for example, they could provide awareness on the different drugs, especially new drugs that come onto the market.
- **Establishment of Permanent Premises.** Participants from Mityana and Kibaale suggested that development partners could help the associations to establish permanent premises and also

facilitate officials/association leaders. They reasoned that this would provide motivation to the association.

- **Oversee Leadership Transitions/Changes.** The findings in Mityana and Kibaale further revealed that the development partners could help in facilitating the changes in leadership that are necessary in the associations there. In Kibaale district, specifically, the participants said that the development partners could help them in the total reshuffle / dissolving of the association and then rebranding or setting up a new one.
- **Provide Remedial Assistance.** The findings also revealed that the development partners could help in providing solutions to the constraints faced with regard to transport costs, for instance, by bringing the drugs closer.
- **Offer Credit Facilities.** In Kamwenge district, the participants suggested that soft loans could be extended to them by development partners to boost their capital bases and enhance their operations.

“They may extend minimal interest loans to members of the association so that they can improve on their businesses.” (Participant from Kamwenge district)

7. KEY INFORMANTS’ SUGGESTED ACTIONS

7.1 KEY INFORMANTS’ SUGGESTED SOLUTIONS TO CHALLENGES FACING ASSOCIATIONS

The key informants offered solutions that they felt would work to eliminate the various challenges facing the associations reviewed in the preceding section.

- **“SEQQ”—Safe Drugs, Efficacy, Quality, Quantity.** The suggestions can largely be condensed into what the District Assistant Drug Inspector (DADI) of Kayunga district shared as the formula for the success of the operations of the drug shops. She said that the acronym “SEQQ” harmonized what ought to be done. “S” stand for “safe drugs,” and she explained that the associations should ensure that they acquire and members are selling the right drugs. “E” stands for “efficacy,” where the drugs must be doing what they are intended to do. “Q” stands for “quality,” where she explained that the drugs should be of high quality as well as drug shops having quality, qualified workers. Finally, “Q” stands for “quantity,” meaning the drugs should be available in sufficient quantity and also affordable.
- **External Funding.** The other solutions mentioned include that the associations should solicit external funding opportunities. They mentioned that this could be acquired through partnerships with, for example, nongovernmental organizations that are willing to fund the associations. With sufficient funding, the key informants were confident that the associations would overcome some of the challenges.
- **Regular Supervision.** The findings also show that the key informants reiterated the importance of regular supervision of the drug shops. They said that this would help to weed out the illegal operators who pose as a challenge to the associations. They said that the supervisory body,

NDA, should step up their operations and also empower supportive supervision from the associations themselves.

- **Ensure Ethics and Integrity.** Key informants, especially in the districts where the associations are dormant, emphasized the need to ensure ethics and integrity within the associations. They said they need to build trust and confidence within the membership so as to encourage them to take an active role in the activities of the associations.
- **Organize Trainings.** The key informants also advised that there should be trainings organized to help the associations improve in areas like management and administration so as to ensure effective leadership and financial management, and to build purposeful and proficient partnerships with various development partners.
- **Rebrand the Inactive Associations.** The study findings from Kayunga and Kibaale revealed that some of the officials, especially the heads of the associations, said that the associations should be completely overhauled and rebranded. They reasoned that starting afresh would allow them to reorganize themselves and launch the associations with renewed motivation and goodwill.
- **Separate Human Medicine Operators from Farm Suppliers.** The study findings from Kayunga and Kibaale also revealed that the associations there should be separated with respect to operators dealing in human medicine and farm supplies. They emphasized that it is better to have a uniform association that has only members dealing in human medicine.
- **Secure Office Premises.** The key informant interviews also brought out that securing office premises for the associations would also neutralize some of the challenges faced. They also said that there should be a smooth flow of the right information from the leaders to the members.

7.2 PROPOSED ADDITIONAL ROLES FOR ASSOCIATIONS

The participants in the study were also asked what roles or functions they would like to see the planned associations take on, in addition to existing ones. It should be noted that some of the proposed additional roles described below are the same as those already reported as being currently carried out. The duplication and apparent contradiction is explained by the differences between districts with inactive, versus active, associations. In addition, the repetitions also reflect areas where there is activity, but it is weak and a lot still remains to be desired.

- **Provision/ Lobbying for Financial Support.** The major role proposed across all the districts was the provision /lobbying for financial support/funding for the associations.

“Most of the hardships we face come from not having enough money resources because you know that everything these days is for money. So the association will have to ensure that it identifies those opportunities where we can also get some funding so that we can also be better off.” (Participant from Kamuli district)

- **Offer Credit Facilities.** In all the districts, the participants mentioned that the associations should look at the possibilities of extending soft loans to the members to help them boost their capital and facilitate the smooth operations of the drug shops. They thus called for provision of financial aid / access to credit facilities.
- **Assistance in Upgrading Drug Shops to Class B.** The study findings across the districts also revealed that the participants would also like to see the planned associations help them to

upgrade their drug shops from class C to class B. They argued that they need to start purchasing the drugs categorized under class B, for example antibiotics, because they are in high demand and would also be more profitable. They also said that they need to be supported in their demands to allow them to administer injections. The participants therefore implied that the associations should be more involved in championing the demand for their needs.

- **Advocate for Reduction of License Fees.** The participants also mentioned that the planned associations should help them in the event of securing licenses. They said that they would love for the process to be faster, uniform, and—above all—for the license fees to be reduced/ lowered so as to enable them acquire licenses of operation with relative ease. The participants pointed out that the charges for the acquisition of the licenses were currently very high.

“They charge us a high fee of 50,000/= for registration plus other charges in the event of supervision, yet the procedures take different times because other people are worked on very first then others they delay I don’t know how to explain that so the association may be of help.” (Participant from Kibaale district)

- **Set Up Other Income Generating Projects.** The findings from Mityana and Kamuli districts also reveal that the participants there were also interested in the associations setting up other projects from which other opportunities can be seized that would boost the financial potential of the associations to allow them to operate in a more effective manner.
- **Open a Training School.** In Kamuli district, the participants also mentioned that they would love the association to set up a training school that will train the drug shop owners and sellers, nursing assistants who operate in some of the drug shops, in different fields to equip them with sufficient skills.
- **Protect Interests of the Members.** The findings also revealed that some of the participants wanted an association that would guard and stand by their side especially in unfortunate times, e.g., when the NDA authorities unfairly halt their operations. They further added that the associations should also help them to identify the real/authentic staff of the NDA since con men often pose as NDA staff and cheat them.
- **Provide Technical Equipment.** Some of the participants in some of the FGDs also said that the planned associations should also provide various equipment, such as medical tools like malaria testing machines, HIV testing equipment, and other equipment like association signposts, which they all said were relevant for many reasons.

“We are just like the other health workers, here I receive very many patients who need services like testing before you can know what to give them, the issue is that many of them just come here without any prescription so we have to help them. That’s why we need the tools used for testing blood, and so the associations should help us with that.” (Participant from Kayunga district)

- **Mobilization, Sensitization of Members and Clients.** Though mentioned among those roles currently being carried out, there was still mention of mobilization and sensitization in the various FGDs as the other important role that the planned associations ought to play. They said that clients need to be sensitized about the importance of buying drugs from legal drug shops operated by qualified personnel. They also said that there is need for more sensitization to

create awareness among the drug shop operators so as to encourage them to join the associations.

- **Resource Mobilization.** The planned associations were also challenged to mobilize resources like funding through establishing partnership with key stakeholders, for example the districts, government, development partners, and NGOs that could potentially be interested in the activities of the associations.

*“The association should create a good working relationship with partners like the National Medical Stores so that we can access cheaper and yet authentic drugs, thus the association should be our link since individually we cannot achieve that.”
(Participant from Kayunga district)*

- **Provide Identification to Members.** Participants called upon the associations to provide brand themselves and provide common identification to their members, for example through identify cards, logos, and signposts.

7.3 PREFERRED NATURE OF THE ASSOCIATIONS

The findings in this and the following sections should be considered knowing that associations are active in only two districts, Kamuli and Kayunga, and that the majority of the participants from these districts saw many of the potential measures as realistic. However, in the rest of the districts, the participants responded in general terms because their associations are dormant and they perceived the measures as impossible until such time as the associations become fully operational.

The study asked participants in the FGDs for the nonmembers of associations what sort of association they would prefer if one were to be formed (annex 2) and how it could benefit the health sector. The majority of the participants mentioned that they would prefer an association that combines both the drug shop owners and sellers. They reasoned that such an association would prevent conflicts and thus ensure unity. They also said that such an association would enhance business when both the owner and seller acquire knowledge and skills through opportunities like joint training. They added that they could tap the knowledge and ideas of both the sellers and owners as resources to help the associations perform effectively.

“Sometimes you find that the owner may not know anything about drugs and thus depends on the knowledge of the seller and again the sellers also can’t raise capital like the owners, am just saying that we need one another because we may all have different areas of strengths thus we need to be together and united in just one association.” (Participant from Kayunga district)

However, a few participants in Mityana district opted for separate associations for the drug owners and sellers. These reasoned that the drug shop owners are the ones that meet all expenses, and as such should belong to the associations. For instance, the District Health Officer in Kayunga said that he preferred separate organizations for both the owners and sellers.

“There is no clear distinction between them as the people do similar work but separate associations would be better to handle the two, considering they will have different messages to receive.” (Participant from Kayunga district)

7.4 PARTICIPANTS' PROPOSED CHANGES TO EXISTING ASSOCIATIONS

7.4.1 Functionality of the Associations

The study further probed from the participants whether there were any changes that they would like to see happen in the associations. The analysis of the findings with regard to this shows differences in opinion distinguishing the districts of Kamuli and Mityana from Kamwenge, Kibaale and Kayunga. However, there were also points of similarity.

- **Acquisition of Permanent Premises.** According to the findings from Kamuli and Mityana, where the associations are vibrant, the desired changes / propositions originate from the strengths of the associations that have opened up channels to more opportunities. Among these, the participants said they would love to see their associations acquire permanent office premises.
- **Progress into a Regional Association.** The participants in Kamuli district also said that they would love to see their association grow from a district-level association into a regional association and also operate on the national scale. They further suggested that they should open up a pharmacy and a website for their association.

"We would like to see the association put up a big pharmacy in our district so that we can access drugs easily hence solving the problem of expenditure on transport and high prices of drugs which would increase sells." (Participant from Kamuli district)

- **More Funding.** The participants also said that they would love to see more funding injected into the association activities so as to enhance its operations, such as improving the ease and coordination between leaders, members, and various partnerships.
- **Changes in Leadership.** The findings from the districts where the associations are inactive / dormant indicate that the desired changes within the associations germinate from the problems that they have experienced. The most outstanding change desired by the majority was the transition / changes in the leadership of the associations. They said that the poor leadership was one of the reasons for the failures of the associations.
- **Transparency, Honesty, and Integrity.** They further emphasized that there needs to be more transparency, openness, honesty, integrity, and professionalism in the manner in which association affairs are handled. They emphasized the need for clear and appropriate communication, especially between the association leaders and members.

"They have had no proper means of communication because they rarely call for meetings with the members of the association; this is what I would like to see change so that the association should be a source of information." (Participant from Kayunga district)

- **Complete Revamp and Rebranding of the Association.** The study findings from Kibaale district revealed that the participants want the association to be dissolved completely so as to pave way for the formation of a fresh one. They seemed to conclude that this was the only way through which the association could be revamped.
- **Separation of Human from Farm Supplies Operators.** Some of the participants also said that the association in Kibaale should be divided so that the association for the dealers in human

medicine should be distinct from that of the dealers in farm supplies and veterinary medicine. Others opined that medical professionals should head the association.

- **Sensitization and Motivation of Members.** Findings in all the districts also reveal that the participants called for more sensitization and motivation of the members to participate in the association activities, such as attending meetings.

7.4.2 Establishing Joint Procurement of Supplies

The study further sought the participants' ideas on the possibility of establishing a system for joint procurement of supplies for the members of the associations. According to the study findings, the majority of the participants said that this was possible.

They attributed the possibility to the unity provided by the associations. They also cited benefits that would come along with the inception of such a system. They said that it could potentially lower the prices of purchase of the drugs. Further, they also pointed out that it would foster feelings of trust and cooperation among the associations.

"Yes and it is because there is no single pharmacy in the district or drug shop where we can all buy our drugs from, so that would be very important to us." (Participant from Kamwenge district)

However, some of the key informants differed and pointed out that this would not be possible. They reasoned that the associations lack the necessary funds to establish such a system. They also added that the different drug shop operators do not have the same stock levels and would demand varying qualities and also different drugs.

7.4.3 Mechanisms for Self-Regulation, Peer Supervision, and Continuing Education

According to the findings from the study, the majority of the participants said that self-regulation, peer supervision, and continuing education were vital and a possibility. They also mentioned that such mechanisms would come in handy in eliminating illegal operators and enhancing monitoring and supervision, as well as in fostering professionalism.

"It is a way of eliminating the illegal the illegal drug shops, hence also reducing on the competition." (Participant from Kayunga district)

However, some of the key informants and FGD participants pointed out that with specific regard to mechanisms of continuing education, it would be quite challenging since it would require technical competences and financial demands that most of the associations may not be in position to meet.

7.4.4 Platforms for Discussion and Experience Sharing

The findings from the study revealed that almost all the participants mentioned that establishing forums for discussion/common voices was one of the basic objectives of the associations. They further explained that they faced many problems that called for such a platform. They therefore said that establishment of this platform was a possibility, if not a reality in some associations, such as that in Kamuli district.

“It is the basic objective as to why the association was formed. Our problems are looked at as one, since we have the same problems.” (Participant from Kamuli district)

7.4.5 Access to Loans

According to the findings from the study, majority of the participants said that the potential for the associations to facilitate accessing loans to improve business still faced outstanding inhibitors. They specifically pointed out that the associations are still in infancy, many are inactive/dormant, and challenges like poor leadership and mistrust would downplay collaboration on such sensitive issues like money/loans. However, it should be noted that the participants liked the idea because they perceived it to have many benefits. Some of the key informants pointed out that even the monetary institutions could not extend loans to such weak associations. Only in Kamuli did participants envision the possibility of this happening because some of the members were reportedly already lending each other small loans through the association.

“No, the members of the association do not trust the leaders fully because since one of them ran away with our money we fear that we may never access the money loans.” (Participant from Kamwenge district)

7.4.6 Formation of Savings and Credit Cooperative Societies

The study further explored the possibility of the associations forming SACCOs. According to the findings, participants said that such a venture would help members to raise more funds to supplement their capital bases. They also said that it was possible since the associations could attract large numbers of people and get united, and it would increase their purchasing power. Mainly in Kamuli, they said that this was possible and that the association is currently trying it out.

However, due to the enormous challenges facing the other associations and especially because many of them are dormant, participants said that forming SACCOs was currently impossible. They however, were optimistic that upon revival and strengthening of the associations, it would be ideal to establish the SACCOs.

7.4.7 Potential Members for the Associations

The study also found out from the participants whether there were any groups of people in their line of work who they thought should also belong to the associations.

- **Clinic Operators.** According to the findings from the study, the participants suggested that clinic operators should also be a part of the association since they are providing similar medical services.
- **Mobile Drug Vendors.** In Kamuli district, the participants suggested that the Mobile Drug Vendors should also be encouraged to join the association. They explained that they (the drug shops) are static whereas the mobile vendors move into very many areas, thus extending the provision of drugs to areas where there may be no drug shops.
- **Village Health Teams.** Some participants also suggested VHTs because they too are involved in health-related work and give advice on health issues that encompass information about

medicines. In addition, they penetrate deep into remote areas where there may not be any drug shops.

- **Traditional Birth Attendants.** The study findings also reveal that Traditional Birth Attendants (TBAs) were also proposed to join the association. The findings from all the districts also reveal that the nonmembers as well as the illegal operators of some drug shops should also seek membership in the association. The participants reasoned that this would enable such people to meet the necessary requirements for legal operation.

7.4.8 Participants' Proposed Strategies to Attract New Membership

The study also found out from the participants what they thought could be done to encourage other people to join the drug associations in the various districts. According to the results, the following strategies were proposed.

- **Sensitization/ Creation of Awareness.** In all the districts, the participants said that continuous sensitization and creating of awareness about the existence of the associations and the benefits of joining them was critical. They said that until the nonmembers perceive and appreciate the benefits of membership, it would be hard to successfully encourage them to join. They said that this could be done through seminars and workshops as well as using different forms of mass media, such as radio and television.

"We have to make sure that talk of the association is the word on every person's mouth, so that we generate excitement among people through nice messages that inform them of the various things that the association will do for them." (Participant from Kibaale district)

- **Reduction of Membership, Subscription, and License Fees.** Many of the participants said that reduction of the membership fees and subscription fees would also encourage other members to join the various associations. They reasoned that on top of the other requirements like NDA license fees, they were also taxed to pay high membership and subscription fees, something that dissuaded them from joining. They also said that the membership and subscription fees should be affordable, given the financial standing of the operators.
- **Ensure Active and Vibrant Associations.** The findings, especially from Kamwenge, Kayunga, and Kibaale, also indicate that the participants felt that with active and vibrant associations, many operators would be attracted. They reasoned that by making a good brand, many people would be enticed to be a part of the associations.
- **Have Uniform Identification.** The participants in the study also mentioned that if the associations would ensure that their members have uniform premises, logos, identify cards, and signposts, it would uniquely distinguish them from the nonmembers. They therefore reasoned that this would draw attention toward them, and thus encouraging the nonmembers to join the associations.
- **Ensure Effective Leadership.** The study findings in all the districts show that effective leadership in the associations would also encourage other operators to join the associations. They said that if the leaders were exemplary, highly motivated, innovative, and hardworking, they would inspire nonmembers to join the associations. The participants also mentioned that opportunities for leadership roles within the associations would also motivate them to join the associations.

They emphasized the need to have good/transparent leadership so as to guarantee progress and attract members.

“The leaders have to be exemplary and let the people have a say in the association such that they don’t feel left out when it comes to decision making, so other people will also be impressed to join the association.” (Participant from Kibaale district)

- **Provide Exciting Opportunities.** According to the findings, a wide range of attracting factors also centered on the provision of exciting opportunities as a motivating factor for people to join the associations. Such opportunities included the provision of credit/loan facilities, training and refresher courses, and identification with the associations. They asserted that these would fill some of the knowledge and skill gaps of many operators, thus presenting them credible justification for joining the associations.

“If you tell the people that they will be assisted with some small loans they will surely come to join the association. Our major problem is that our capital bases are small so we wish there was assistance that would enable our business to expand.” (Participant from Kayunga district)

- **Institute Clear, Strong Constitutions.** The study findings also revealed that some of the participants mentioned that the institution of clear and strong constitutions for the associations would attract more operators to join. They emphasized that this would ensure protection of their rights, fairness and justice, goodwill, regulated leadership, and clear guidelines of operations, among others benefits. Clear and effective constitutions would erase fear and encourage many more operators to seek membership in the various associations.
- **Communication of Benefits.** The participants in all the FGDs also suggested that there should be communication and education of the drug shop owners and sellers about the benefits of belonging to the associations. They said that a clear, guided understanding of these would offer motivation for them to join the associations.
- **Advocate for Drug Shops Upgrade.** Many of the participants in all the districts also mentioned that the possibility that associations would champion operators’ desire to upgrade their drug shops from class C to class B would greatly motivate them to be a part of the associations. The participants argued that they needed to start selling class B drugs because of their high demand and profitability.

“We cannot continue to just be there selling cheap drugs like Panadol, no, we have to be allowed to sell drugs that are more profitable like the antibiotics, these are the ones that many of our customers these days want because they are even stronger.” (Participant from Kibaale)

7.5 ALIGNMENT AND CONTRASTS AMONG GROUPS

7.5.1 Differences among Owners and Sellers

Analysis of the study results indicates no major disparities in the information gathered from the drug sellers and drug shop owners. Their opinions on the different aspects of the associations, such as challenges and desired interventions, and their take on issues related to the associations are more or less similar.

7.5.2 Differences among Districts

With specific regard to the associations, overall assessment of the findings shows a sharp contrast between the districts of Kamuli and Mityana, and Kamwenge and Kayunga. The latter two have absolutely no or very minimal existence of associations, whereas in the former two, results show superior functioning of associations. On the whole, however, the majority of the respondents reported not being aware of the existence of associations in their respective districts.

From the findings indicate that there are significant gaps in the services offered by the associations, as is shown in the relatively low perception of benefits associated with membership in these associations. Nevertheless, the most outstanding benefits enjoyed include training in various areas, such as drug handling and customer care, and provision of information on new drugs, among others.

A key finding from the study is that the majority of the respondents welcome the idea of forming associations, especially those that do not have any, and acquiring more knowledge and skills. Even where associations are functioning, respondents noted challenges, sought solutions, and welcomed interventions to assist them in various ways to benefit from the associations. They mostly sought help with regard to information about new drugs, subsidizing drugs, credit opportunities, association formation, and training opportunities.

7.6 OPTIONS ANALYSIS RECOMMENDATIONS

In light of the findings from the study, especially with regard to the identified challenges and deficiencies in the functionality of the associations, it is crucial to focus on the areas that present opportunities to address these challenges and facilitate success of the associations. For this reason that the following recommendations deserve consideration.

7.6.1 Supportive Supervision

The DHOs, associations, and development partners should explore ways of conducting joint, integrated supervision, focusing on areas such as mentoring and enforcement of best practices. For effectiveness, the findings of the different rounds of supportive supervision should be shared among all the stakeholders involved for adoption and follow-up.

There is also need for a sound and effective system of monitoring and evaluation to ensure timely and accurate tracking of progress, identification of success indicators as well as success deviants. This will enable understanding and accountability to key stakeholders whose input deserves reciprocal measures of success.

7.6.2 Creation of Awareness about Associations

Efforts should be geared towards establishment of mechanisms of continuous sensitization and creation of awareness about the existence and, more importantly, the opportunities and benefits associated with operating under the umbrella of an association. A wide range of communication avenues should be exploited, such as through seminars, workshops, and mass media intended to inform, educate, and encourage people to join the associations.

The stakeholders should also explore ways of ensuring that all drug shops register with the district association. This could be done through enactment of bylaws at the district level or instituted as a requirement for registration of a drug shop as a business in the district. Stakeholders should study further how this has been done in Mityana.

7.6.3 Strengthening the Leadership of the Associations

The development partners should explore ways of strengthening the leadership function of the existing associations, especially helping the associations develop strong and actionable constitutions and strategic plans. There is also a need to train the leaders in management and leadership skills to ensure effective implementation of association activities.

7.6.4 Formation of SACCOs

The major challenges from the findings are issues related to financial constraints for both the associations and the individual drug shop owners. The development partners, DHOs, and the associations should explore ways of encouraging members of the different associations to form SACCOS where members can have joint savings and could potentially also have easy access to other funding avenues, such as loans.

7.6.5 Establishment of District-Based Pharmacies

Other key findings from the study were the challenges associated with supplies, including their high costs and counterfeit drugs. To help solve this challenge, participants suggested exploring the establishment of district-based pharmacies where all association members could easily access needed supplies. This could also facilitate access to credit, as well as help ensure that the correct drugs are stocked in the drug shops.

7.6.6 Harmonization of Support from Development Partners

Harmonization of support from the various development partners is another key recommendation that should be taken into consideration. This will help avoid duplication of roles and support. The DHO and associations should ensure that the support given by various development partners is in line with the associations' strategic and annual work plans. The districts should also ensure effective monitoring of the support given by the development partners.

7.6.7 Building the Technical Competence of Drug Shop Managers

The study also reveals a number of gaps in the competencies of the owners to effectively manage their drug shops. This mainly lies in their inability to hire qualified personnel to run the drug shops, failure to

forecast demand and thus late ordering of supplies, and poor hygiene, among others. To tackle these gaps, DHOs, development partners, and association leadership should explore ways of improving the management skills of the owners, and sellers' ability in the running of drug shops through periodic trainings.

8. STAKEHOLDERS' MEETING AND RECOMMENDATIONS

A two-day stakeholders' meeting was organized by the NDA and Management Sciences for Health on October 29 and 30, 2012, at the Imperial Resort Beach Hotel, Entebbe, with the objective of discussing in detail the research findings and available options to support the maintenance and sustainability of the ADS initiative. UHMG presented stakeholders with the research findings and options that were available from the formative research for discussion at the first day's workshop.

8.1 PRESENTATION TO WORKSHOP

A. Drug shop providers' desired skills development and operational challenges

- The majority of shop owners and drug sellers wanted further skills development:
 - Owners: customer care (21%), computers (20%), and drug handling (17%).
 - Drug sellers: customer care (26%) and record keeping (24%).
- Financial constraints affect ability to pay rent, hire labor, and purchase large quantities of drugs.
- Licensing fees are high.
- Lack of qualified personnel to serve as drug sellers; opportunities for training are limited in some districts.
- Many drug shop operators are unaware of new and improved drugs on the market and many do not have training to prescribe drugs to clients who arrive without a prescription.

B. Status of associations

- Active and vibrant associations:
 - Kamuli Drug Shop Operators and Owners Association
 - Mityana Drug Services Association
- Existing but dormant:
 - Private Health Workers and Farm Supplies Association (Kayunga)
 - Kamwenge Private Drug Shops Association
 - Kibaale Private Sellers and Drug Shop Owners Association

C. Associations' current roles:

- Mobilize members and ensure a common voice for drug shop issues.
- Maintain a positive relationship with NDA and help ensure that members comply with NDA guidelines.
- Collaborate with NDA to prevent and close illegal operators.
- Build partnerships with the NDA and NGOs.
- Liaise with NDA to help members attain licenses.

- Protect members' interests when they face regulatory challenges.
- In Kamuli and Mityana, organize seminars and trainings for members to acquire knowledge and skills.

D. Association challenges:

- Delay in payment of membership fees
- Lack of sufficient funding/ financial constraints
- Poor leadership
- Poor attendance at meetings
- Lack of trust among members and leaders

E. Desired roles for associations:

- Facilitate upgrade of drug shops
- Advocate for reduction of licensing fees
- Establishment of other income generating activities
- Conduct support supervision
- Provide identification for members
- Advocating for the upgrading of class C drug shops to class B shops

F. Desired changes in operation of associations:

- Acquisition of permanent premises
- Widen resource basket
- Changes in leadership
- Transparency, honesty, and integrity in leadership and management
- Sensitization about associations' existence
- Nearly all participants in the formative research are open to creation of:
 - Mechanisms for joint procurement of supplies
 - Mechanisms for self-regulation, peer supervision, and continuing education
 - Platforms of discussion and experience sharing
 - Access to loans
 - Formation of SACCOs
- The majority prefers associations that include both drug shop owners and sellers as members.

8.2 PLENARY MEETING DETERMINATION OF VIABLE OPTIONS

The following day, UHMG presented the research findings and options discussed in the small-group workshop at the plenary meeting. The resolutions shown in table 13 were agreed upon at that meeting as viable options for consideration. The table also shows stakeholders' assessment of both the impact and level of effort associated with each.

Table 13. Plenary meeting options

| Stakeholders' Resolution of Viable Options | Categorizations by Group Discussions | |
|---|--------------------------------------|--|
| | Impact | Level of Effort |
| Increase awareness of forming associations and their benefits | High Impact | A lot of effort during implementation |
| Regarding association leadership: <ul style="list-style-type: none"> • Develop strategies for strengthening the leadership of the associations through governance structures, constitutions, and strategic plans using developed tool kits. • Explore possibilities for technical support: leadership skills for the leaders and management skills for the owners and sellers • Encourage associations acquire operational premises. | High Impact | A lot of effort during implementation |
| NDA should facilitate experience sharing among associations through regional meetings. | High Impact | Relatively low effort during implementation |
| Develop strategies to ensure effective involvement of DHO and DVO in the activities of the associations. | High Impact | Relatively low effort during implementation |
| Ensure coordinated support for associations from development partners | High Impact | Relatively low effort during implementation |
| Institute mechanisms to share information about drugs on the market with associations, drug shop owners and sellers. | High Impact | Requires a lot of effort during implementation |
| Explore possibilities of introducing mechanisms for: <ul style="list-style-type: none"> • Joint procurement of supplies; • Self-regulation, peer supervision, and continuing education; • Platforms of discussion and experience sharing. | High Impact | Requires a lot of effort during implementation |
| Every district shall have drug seller and owners association with mandatory membership for licensing purposes | High Impact | Requires a lot of effort during implementation |
| Obtain financial support (from NDA, Development Partners, etc.) to finance some of the activities of the associations. | High Impact | Requires a lot of effort during implementation |

9. ANNEXES

Annex 1. SDSI Partners and Their Activity Objectives

Annex 2. Focus Group Discussion Data Collection Tools

Annex 3. Study Tools: Questionnaire for Leaders of the Associations

Annex 4. Study Tools: Questions for Drug Shop Owners

Annex 5. Study Tools: Questions for Drug Shop Sellers (Workers)

Annex 1. SDSI Partners and Their Activity Objectives

| SDSI partners and their activity objectives as related to SDSI's goal in Uganda | | |
|---|--|-----------------------|
| Contractor | Activity Objective | Period of Performance |
| Pharmaceutical Systems Africa (PSA) | To document the ADS regulatory system and experience in Kibaale, explore options for sustainable ADS regulatory system, and recommend a strategy and needed tools to ensure regular inspection, re-accreditation and enforcement of ADS standards. | August–November 2012 |
| Pharmaceutical Society of Uganda (PSU) | To document the experience of supportive supervision teams in Kibaale since start of ADS initiative, explore options for sustainable ADS supportive supervision, and recommend a strategy and needed tools that would help ensure delivery of quality pharmaceutical services by ADS providers. | August–November 2012 |
| Makerere University- Kampala Department of Pharmacy (MUK) | To review the current ADS seller training initiative and recommend short and long-term solutions that will result in the sustainable availability of trained ADS sellers. | August–November 2012 |
| Avytel Global Systems | To assess and develop a strategy on the feasibility and utility of using mobile technology to strengthen ADS services in areas of product availability and quality. | August–October 2012 |
| G1 Logistics Ltd | To develop a geographic information system (GIS) strategy for Uganda's National Drug Authority (NDA) in order to improve its regulatory | July–October 2012 |

| | | |
|---|--|-------------------------|
| | capacity over Accredited Drug Shops. | |
| Ugandan Health Marketing Group (UHMG) | To determine the status of the ADS associations and develop a strategy for facilitating the establishment of ADS associations in Uganda. | May–October 2012 |
| Pharmaceutical Systems Africa (PSA) | To assess the ADS supply chain deficiencies and identify possible solutions and recommendations for strengthening the ADS supply chain system. | August–November 2012 |
| Coalition for Health Promotion and Social Development (HEPS Uganda) | To identify current needs, experiences, and expectations of selected consumer populations where ADS have been implemented and to develop strategies for engaging consumers in ensuring the quality, appropriateness, and affordability of the services provided in their communities. | May–October 2012 |
| Community Integrated Development Initiatives (CIDI) | To identify and characterize community-based health initiatives in Uganda to determine the best options for collaboration between such initiatives and ADS in an effort to improve access to medicines. | September–November 2012 |

Annex 2. Focus Group Discussion Data Collection Tools

Focus Group Discussion Tool for Current Members of Drug Associations

- 1) What are the reasons that encouraged you to join this association?
- 2) What are the core responsibilities of this association?
- 3) What other roles would you like the association to carry out that are not presently being carried out? Why?
- 4) Have you enjoyed any benefits since joining this association? What benefits have you enjoyed since joining the association? If no why not?
- 5) What are the major challenges facing the operations of the drug shops and pharmacies in the district?
- 6) Are there any other changes that you would like to see happen in the association? Could be management, organizational.
- 7) How would you describe the relationship between the association leaders and members? Why?
- 8) How would you describe the relationship between the association and the district leadership? Why?
- 9) Are there any groups of people in your line of work that think should also belong to this association? Who? Why?
- 10) Are there any development partners working in this district, which would be interested in supporting this association? Probe for organization and the perceived interest.
- 11) What role do you think these partners can play in the functionality of the association?
- 12) What do think can be done to encourage people like you to join your drug association or any other?
- 13) Do you think it is possible for your association to:
 - A. Establish a system for joint procurement of supplies for the members? Why, why not?
 - B. Provide mechanisms for self-regulation, peer supervision, and continuing education? Why, why not?
 - C. Serve as a forum for discussions and to ensure common voices? Why, why not?
 - D. Facilitate accessing loans to improve business? Why, why not?
 - E. Form savings and credits cooperative societies? Why, why not?

Focus Group Discussion Tool for Drug Shop Owners and Sellers Who Currently Do Not Belong to Any Association

- 1) What are the major challenges facing the operations of the drug shops and pharmacies in the district?

- 1) If a development partner was to help set up a drug association, which kind of association do you think would be most beneficial to the health sector? Why? Why not? If yes probe for an association that combines both owners and sellers, separate associations for the owners.
- 2) What roles or functions would you like this planned association to take on? Why?
- 3) What roles do you see the District Health Office play in the operations of this association?
- 4) Do you think the district will be able to offer any support to this association if formed? If yes what form of support would you like to see extended to this association?
- 5) How do you think the drug shop owners or sellers can be encouraged to join this association?
- 6) Are there any development partners working in this district, which would be interested in supporting this association? Probe for organization and the perceived interest.
- 7) What role do you think these partners can play in the functionality of the association?
- 8) Do you think it is possible for the planned association to:
 - A. Establish a system for joint procurement of supplies for the members? Why, why not?
 - B. Provide mechanisms for self-regulation, peer supervision, and continuing education? Why, why not?
 - C. Serve as a forum for discussions and to ensure common voices? Why, why not?
 - D. Facilitate accessing loans to improve business? Why, why not?
 - E. Form savings and credits cooperative societies? Why, why not?

Key Informant Guide for District Leaders (Health Office & Association Leaders)

What are the major challenges facing the operations of the drug shops and pharmacies in the district?

- 9) Does the District Health Office face any challenges while supervising the operations of the drug shops and pharmacies? If so what challenges does the District Health Office face?
- 10) Are you aware of the existence of any drug association in the district? If yes what are the existing associations in the district?
- 11) Who are the members of this association? Probe for knowledge about knowledge of existence of drug shop owners or sellers associations.
- 12) What do you think are the major roles of this/ these associations? Probe for role to the members and for the wider roles in the district's health affairs
- 13) What other roles or activities would you like to see these associations play? Probe for roles that are currently not being carried out by the association.
- 14) What challenges do you think currently face these associations? How can these be solved?
- 15) Are there any development partners that are currently supporting the activities carried out by the association? Which are these partners?
- 16) What support do the development partners mentioned above extend to the association?
- 17) Does the district offer any support to these associations? If so what support is given? If no why doesn't the district offer support to these associations?

- 18) Is there any support outside the district's reach that you think would be beneficial to association if given by a willing development partner or NGO? What support do you think would be beneficial?
- 19) If a development partner was to help set up a drug association, which kind of association do you think would be most beneficial to the health sector? Why? Probe for an association that combines both owners and sellers, separate associations for the owners.
- 20) Do you think it is possible for the existing association to:
- A. Establish a system for joint procurement of supplies for the members? Why, why not?
 - B. Provide mechanisms for self-regulation, peer supervision, and continuing education? Why, why not?
 - C. Serve as a forum for discussions and to ensure common voices? Why, why not?
 - D. Facilitate accessing loans to improve business? Why, why not?
 - E. Form savings and credits cooperative societies? Why, why not?

Annex 3. Study Tools: Questionnaire for Leaders of the Associations

Questionnaire for Leaders of the Associations

| | Questions and Filters | RESPONSE | CODE | SKIP |
|---|---|--|---|--------------|
| | Name of Interviewer: _____ Date of the Interviewer Day _____ Month _____ 2012 | | | |
| Section 1: Demographic Information | | | | |
| 101 | ID Number Kibaale (1000 – 1999) Kamwenge (2000 – 2999) Kamuli(3000 - 3999) Mityana (4000 – 4999) Kayunga (5000 – 5999) | ID Number: _____ | | |
| 102 | District | Kibaale Kamwenge Kamuli Mityana Kayunga | 1 2 3 4 5 | |
| 103 | Sub county | | | |
| 104 | Sex | Male Female | 1 2 | |
| 105 | What is the highest level of education you have attained? | No education Some Primary PLE Certificate Some secondary O' level A' Level Nursing Certificate Clinical Officer Other Tertiary Degree in Pharmacy Degree in Medicine Other Degree Masters in Pharmacy Masters in Medicine Other Masters Other (specify): _____ Missing | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 99 | |
| 106 | | | | |
| Section 2 | | | | |
| 201 | What is the name of the association that you belong to? | Name: _____ | | |
| 202 | What is your role in the association? | Chair person Vice chair person Secretary Treasurer Publicity secretary Member of the management committee Other (specify): _____ Missing | 1 2 3 4 5 6 7 99 | |
| 203 | How long has your association been in existence? | _____ Years | | |
| 204 | In which year was your association formed? | _____ | | |
| 205 | Is your association legally registered? | Yes No Missing | 1 2 99 | 2→207 |
| 206 | Where is it registered? | National Level | 1 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|--|---------------------------------------|------|
| | | District Municipality Sub County Other (specify): _____ Missing | 2 3 4 5 99 | |
| 207 | If otherwise why it is not registered? | It is expensive to register Do not know where to register it Bureaucracy Tribalism Politics Limited number of members Dis- agreement between members Other (specify): _____ | 1 2 3 4 5 6 7 | |
| 208 | How many members do you currently have in your association? | Less than 10 10 – 20 21 – 49 50 – 99 More than 100 I am not sure I do not know Missing | 1 2 3 4 5 6 7 99 | |
| 209 | Who are the members of this association | Owners of drug shops Sellers in drug shops Owners of drug shops & sellers Other (specify): _____ | 1 2 3 4 | |
| 210 | How long have you been a member of this association? | Less than 1 year 2 – 4 years 5 – 10 years More than 10 years Missing | 1 2 3 4 99 | |
| 211 | What are the core responsibilities of your association? | | | |
| 212 | Does your association have a constitution? | Yes No | 1 2 | |
| 213 | Does the association conduct meetings? | Yes No | 1 2 | |
| 214 | How often are the meetings held? | At least once every moth Once every three months Once every 6 months Once a year Other (specify): _____ | 1 2 3 4 5 | |
| 215 | When was the last meeting of the members (ask for minutes to confirm) | | | |
| 216 | Do you have a strategic plan for your association? | Yes No | 1 2 | |
| 217 | Do members of the association pay any fees? | Yes No | 1 2 | |
| 218 | When do you pay these fees? | When joining the association Annually Other (specify): _____ | 1 2 3 | |
| 219 | Do you pay any other fees? | Yes No | 1 2 | |
| 220 | What other fees do you pay? | | | |
| 221 | What activities did you conduct over the last six months? | | | |
| 222 | How are these activities funded? | Using members contributions Funded by NGOs (specify): _____ Other (specify): _____ | 1 2 3 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|---|-----------------------|------|
| 223 | What do you think are the major strengths of this association? | | | |
| 224 | What are some of the challenges that currently face the association? | | | |
| 225 | What about the individual drug shop owners/ sellers? What challenges do they face? | | | |
| 226 | Is there any support or skills which you think the drug shop owners / sellers need in order to operate better? If yes what support is needed? | | | |
| 227 | Is there any support that you think your association needs in order to serve the members better? What support do you need? | | | |
| 240 | If one to help set up the following organizations which ones would you prefer? | A separate drug sellers association A separate drug shop owners association An association for both drug sellers and drug shop owners There is no need for any association Other (specify): _____ | 1 2 3 4 5 | |
| 241 | What are you reasons for your choice in 240 (above)? | | | |
| 241 | If answered options 1, 2, 3 or 5 what roles or activities would like this association to perform? | | | |

Thank You!

Annex 4. Study Tools: Questions for Drug Shop Owners

Questions for Drug Shop Owners

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|---|---------------------------------------|------|
| | Name of Interviewer : _____ Date of the Interviewer Day _____ Month _____ 2012 | | | |
| | Section 1: Demographic Information | | | |
| 101 | ID Number Kibaale (1000 – 1999) Kamwenge (2000 – 2999) Kamuli(3000 - 3999) Mityana (4000 – 4999) Kayunga (5000 – 5999) | ID Number: _____ | | |
| 102 | District | Kibaale Kamwenge Kamuli Mityana Kayunga | 1 2 3 4 5 | |
| 103 | Sub county | | | |
| 104 | Sex | Male Female | 1 2 | |
| 105 | What is the highest level of education you have | No education | 1 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|------------------|--|------------------------|------|------------|
| | attained? | Some Primary | 2 | |
| | | PLE Certificate | 3 | |
| | | Some secondary | 4 | |
| | | O' level | 5 | |
| | | A' Level | 6 | |
| | | Nursing Certificate | 7 | |
| | | Clinical Officer | 8 | |
| | | Other Tertiary | 9 | |
| | | Degree in Pharmacy | 10 | |
| | | Degree in Medicine | 11 | |
| | | Other Degree | 12 | |
| | | Masters in Pharmacy | 13 | |
| | | Masters in Medicine | 14 | |
| | | Other Masters | 15 | |
| | | Other (specify): _____ | 16 | |
| | | Missing | 99 | |
| Section 2 | | | | |
| 200 | How long have you been operating this drug shop? | Less than a year | 1 | |
| | | 1 year | 2 | |
| | | 2 – 4 years | 3 | |
| | | 5 – 9 years | 4 | |
| | | 10 or more years | 5 | |
| | | Missing | 99 | |
| 201 | Do you employ other people to work in your drug shop | Yes | 1 | 2 skip-203 |
| | | No | 2 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|---|---------------------------------------|------|
| 202 | How many people do you employ in your drug shop? | 1 2-4 5 – 10 More than 10 Missing | 1 2 3 4 99 | |
| 203 | Where do you get or buy your supplies/ stock? | Pharmacies Mobile vendors Hospitals UHMG Medical stores Whole sale drug shops Drug shop associations Others(specify)..... | 1 2 3 4 5 6 7 | |
| 204 | Do have face any problems in getting the supplies? | Yes No | 1 2 | |
| 205 | What problems do you face? Circle all that apply | Delayed delivery of supplies Expensive supplies Insufficient stocks Long distance Insufficient information Others (specify)_____ | 1 2 3 5 6 7 8 99 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|--------|---|---|--|------|
| | | Missing | | |
| 206 | How do you attract customers to your drug shop? | I just open the drug shop I have a sign post Brand the drug shop I give discounts Friends Qualified attendants Strategic location Display the products Good customer care referrals Others (specify) _____ Missing | 1 2 3 5 6 7 8 9 10 11 | |
| 207 | Would you like any support in attracting the customers to your drug shop? | Yes No | 1 2 | |
| 207(a) | If no, why (record response) | | | |
| 208 | What kind of support do you need? (Record the responses) | Constant supplies trainings marketing drugs information on new drugs cost reduction | 1 2 3 4 5 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|--|---|------|
| | | <p>drug subsidizing</p> <p>provide free drugs</p> <p>financial support</p> <p>reduce license fee</p> <p>credit facilities</p> | <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> | |
| 209 | Are there any skills or information that would help you to run your drug shop better but you currently lack? | <p>Yes</p> <p>No</p> | <p>1</p> <p>2</p> | |
| 210 | <p>What skills are these?</p> <p>(Record the responses)</p> | <p>Customer care</p> <p>Record keeping</p> <p>Computer skills</p> <p>Drug dispensing</p> <p>Counselling</p> <p>Drug handling</p> <p>Information on drug usage ,storage and dosage</p> <p>Others (specify).....</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> | |
| 211 | <p>What kinds of drugs are bought most by your customers?</p> <p>(Record the responses)</p> | <p>Anti-malarial drugs</p> <p>Anti-biotic</p> <p>Pain killers and fever relief</p> <p>Analgesics/inflammatory</p> <p>Multivitamins</p> <p>Cough and cold remedies</p> <p>Antifungals</p> <p>Sundries</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|--|--|------|
| | | Anti-diarrheas | 9 | |
| | | Contraceptives | 10 | |
| | | Others..... | | |
| 212 | <p>What other problems/ challenges do you face in the running of your drug shop?</p> <p>(Record the responses)</p> | <p>Financial constraints</p> <p>Constant closure by health inspectors</p> <p>High license fees</p> <p>Poor supply of drugs</p> <p>Bad debts</p> <p>Lack of qualified personnel/staff</p> <p>Fake drugs on the market</p> <p>High transport costs</p> <p>Completion from herbalists</p> <p>Negative attitude of customers</p> <p>Religious beliefs</p> <p>Storage facilities not conducive.</p> <p>Expiry of drugs</p> <p>Others.(specify).....</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> | |
| 213 | <p>How do you solve them?</p> <p>(Record the responses)</p> | <p>Government should provide free drugs</p> <p>License fees reduction</p> | <p>1</p> <p>2</p> | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|---|---------------------------------|--------------|
| | | Provide credit facilities Provide information on drugs Improve drug supply Training staff. Drug subsidizing Regular supervision Improved storage facilities. Others.. Specify..... | 3 4 5 6 7 8 9 | |
| 214 | Is there a drug owners association in your district | Yes NO | 1 2 | |
| 215 | (If no to 214) Would you like to belong to any association that brings together drug shop owners in your district? | Yes No | 1 2 | 1→217 |
| 216 | (If No to 215) Why would you not want to belong to the association? | They are costly to join Time consuming Don't like the association leaders Fear to join The process is long Poor leadership Others (specify)..... | | |
| 217 | If you have a drug shops owners association what kinds of activities or functions would you like it to perform? | | | |
| 218 | Do you belong to any drug shop owners' association? | Yes No | 1 2 | 2→218 |
| 219 | Why don't you belong to any association | I do not know of any association in my area | 1 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|--|---|--|-----------------------------|--------------|
| | | I do not see the need / they are not useful | 2 | |
| | | I do not have time for meetings | 3 | |
| | | Other (specify): _____ | 4 | |
| | | Missing | 99 | |
| Questions 220 to 239 to be answered only by those who belong to associations (for those who do not belong to any skip to 240) | | | | |
| 220 | What is the name of the association | Name of the association: _____ | | |
| 221 | How long has your association been in existence? | _____ Years Don't remember | 99 | |
| 222 | In which year was your association formed? | _____ | | |
| 223 | Is your association legally registered? | Yes No I do not know Missing | 1 2 3 99 | 2→207 |
| 224 | Where is it registered? | National Level District Municipality Sub County Other (specify): _____ I don't know | 1 2 3 4 5 99 | |
| 224 | If otherwise why it is not registered? (record responses) | | | |
| 225 | Does your association have a constitution? | Yes No | 1 2 | |
| 226 | Does the leadership call for meetings? | Yes | 1 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|------------------------------|------|------|
| | | No | 2 | |
| 227 | How often are the meetings held? | At least once every moth | 1 | |
| | | Once every three months | 2 | |
| | | Once every 6 months | 3 | |
| | | Once a year | 4 | |
| | | Other (specify): _____ | 5 | |
| 228 | Do members of the association any fees? | Yes | 1 | |
| | | No | 2 | |
| 229 | When do you pay these fees? | When joining the association | 1 | |
| | | Annually | 2 | |
| | | Other (specify): _____ | 3 | |
| 228 | Do you pay any other fees? | Yes | 1 | |
| | | No | 2 | |
| 229 | What other fees do you pay? | | | |
| 230 | How many members belong to this association? | Less than 10 | 1 | |
| | | 10 – 20 | 2 | |
| | | 21 – 49 | 3 | |
| | | 50 – 99 | 4 | |
| | | More than 100 | 5 | |
| | | I am not sure | 6 | |
| | | I do not know | 7 | |
| | | Missing | 99 | |
| 231 | How long have you been a member of this association? | Less than 1 year | 1 | |
| | | 2 – 4 years | 2 | |
| | | 5 – 10 years | 3 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|------------------------------------|------|-------------|
| | | More than 10 years | 4 | |
| | | Missing | 99 | |
| 232 | What are the core responsibilities of your association? | | | |
| 233 | What activities are conducted by the drug shop owners' association? | | | |
| 234 | Are there any other activities that you would want the drug shop owners' association to implement or conduct? (could be services) | Yes | 1 | 2-skip(236) |
| | | No | 2 | |
| 235 | What are these activities that you would want the drug shop owners' association to implement or conduct? (could be services) | | | |
| 236 | How would describe the relationship between the members of the association and its leaders? | Very good | 1 | |
| | | Good | 2 | |
| | | Fair | 3 | |
| | | Bad | 4 | |
| 237 | Do you feel that you have benefited from being a member of this association | Yes | 1 | |
| | | No | 2 | |
| 238 | If yes to the question above (), how have you benefited from this association? | | | |
| 239 | What challenges does your association face? | Funding for activities | 1 | |
| | | No offices | 2 | |
| | | Poor leadership | 3 | |
| | | Limited fund to conduct activities | 4 | |
| | | Corruption | 5 | |
| | | Delay of paying membership fees | 6 | |
| | | Poor turn up for meetings | 7 | |
| | | Tribalism | 8 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|--|--|---|---------------------------------------|------|
| | | Poor record keeping Other (specify): _____ | 9 | |
| Questions 240 & 241 to be answered by all respondents | | | | |
| 240 | If one is to help set up the following organizations which ones would you prefer? (read options) | A separate drug sellers association A separate drug shop owners association An association for both drug sellers and drug shop owners There is no need for any association Other (specify): _____ | 1 2 3 4 5 | |
| 241 | What are your reasons for your choice in 240 (above)? | | | |
| 241 | If answered options 1, 2,3 or 5 what roles or activities would like this association to perform? | | | |

Annex 5. Study Tools: Questions for Drug Shop Sellers (Workers)

Questions for Drug Shop Sellers (Workers)

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|--|---|------|
| | Name of Interviewer : _____ Date of the Interviewer Day _____ Month _____ 2012 | | | |
| | Section 1: Demographic Information | | | |
| 101 | ID Number Kibaale (1000 – 1999) Kamwenge (2000 – 2999) Kamuli(3000 - 3999) Mityana (4000 – 4999) Kayunga (5000 – 5999) | ID Number: _____ | | |
| 102 | District | Kibaale Kamwenge Kamuli Mityana Kayunga | 1 2 3 4 5 | |
| 103 | Sub county | | | |
| 104 | Sex | Male Female | 1 2 | |
| 105 | What is the highest level of education you have attained? | No education Some Primary PLE Certificate Some secondary O' level A' Level Nursing Certificate Clinical Officer Other Tertiary | 1 2 3 4 5 6 7 8 9 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|------------------|---|---|---------------------------------|------|
| | | Nursing assistant | 10 | |
| | | Other (specify): _____ | 11 | |
| Section 2 | | | | |
| 201 | How long have you been working in this drug shop? | Less than a year 1 year 2 – 4 years 5 – 9 years 10 or more years Missing | 1 2 3 4 5 99 | |
| 202 | How many other people are employed in this drug shop? | 1 2-4 5 – 10 More than 10 None | 1 2 3 4 99 | |
| 203 | Where do you get or buy your supplies/ stock? | Pharmacies Mobile vendors Hospitals UHMG Medical stores Whole sale drug shops Drug shop associations Others (specify)..... | 1 2 3 4 5 6 7 | |
| 204 | Do have face any problems in getting the supplies? | Yes No | 1 2 | |
| 205 | What problems do you face? Circle all that apply | Delayed delivery of supplies Expensive supplies Insufficient stocks Long distance | 1 2 3 5 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|---|---------------------------|------|------|
| | | Insufficient information | 6 | |
| | | | 7 | |
| | | | 8 | |
| | | Others (specify) _____ | 99 | |
| | | Missing | | |
| 206 | How do you attract customers to your drug shop? | I just open the drug shop | 1 | |
| | | I have a sign post | 2 | |
| | | Brand the drug shop | 3 | |
| | | I give discounts | 5 | |
| | | Friends | 6 | |
| | | Qualified attendants | 7 | |
| | | Strategic location | 8 | |
| | | Display the products | 9 | |
| | | Good customer care | 10 | |
| | | referrals | 11 | |
| | | Others (specify) _____ | | |
| | | Missing | | |
| 207 | Would you like any support in attracting the customers to your drug shop? | Yes | | |
| | | No | | |
| 208 | What kind of support do you need? | Constant supplies | 1 | |
| | | trainings | 2 | |
| | | marketing drugs | 3 | |
| | | information on new drugs | 4 | |
| | | cost reduction | 5 | |
| | | drug subsidizing | 6 | |
| | | provide free drugs | 7 | |
| | | financial support | 8 | |
| | | reduce license fee | 9 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|--|---|------|
| | | credit facilities | 10 | |
| 209 | Are there any skills or information that would help you to work better but you currently lack? | Yes No | 1 2 | |
| 210 | What skills are these? | Customer care Record keeping Computer skills Drug dispensing Counselling Drug handling Information on drug usage ,storage and dosage Others (specify)..... | 1 2 3 4 5 6 7 | |
| 211 | What kinds of drugs are bought most by your customers? | Anti-malarial drugs Anti-biotic Pain killers and fever relief Analgesics/inflammatory Multivitamins Cough and cold remedies Anti -fungal Sundries Anti-diarrheals Contraceptives Others..... | 1 2 3 4 5 6 7 8 9 10 | |
| 212 | What problems/ challenges do face in your work in this drug shop? | Financial constraints Constant closure by health inspectors High license fees Poor supply of drugs Bad debts | 1 2 3 4 5 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|--|---|-------|
| | | Lack of qualified personnel/staff Fake drugs on the market High transport costs Completion from herbalists Negative attitude of customers Religious beliefs Storage facilities not conducive. Expiry of drugs Others.(specify)..... | 6 7 8 9 10 11 12 13 | |
| 213 | How do you solve them? | Government should provide free drugs License fees reduction Provide credit facilities Provide information on drugs Improve drug supply Training staff. Drug subsidizing Regular supervision Improved storage facilities. Others... Specify..... | 1 2 3 4 5 6 7 8 9 | |
| 214 | Is there a drug sellers association in your district | Yes NO | 1 2 | |
| 215 | Do you belong to any sellers' association? | Yes No | 1 2 | 1→218 |
| 216 | Why don't you belong to any association | I do not know of any association in my area I do not see the need / they are not useful I do not have time for meetings | 1 2 3 | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|--|--|--|---|----------------------|
| | | Other (specify): _____ Missing | 4 99 | |
| 217 | Why don't you belong to any association | I do not know of any association in my area I do not see the need / they are not useful I do not have time for meetings Other (specify): _____ Missing | 1 2 3 4 99 | Skip to question 235 |
| For questions 218 to 234 ask only those who answered yes in Q 215 | | | | |
| 218 | (If said yet in Q 215) What is the name of the association | Name of the association: _____ | | |
| 219 | Who are the members of the association | Drug shop owners and sellers Drug shop sellers only Other (specify): _____ | 1 2 3 | |
| 220 | How long has your association been in existence? | _____ Years | | |
| 221 | In which year was your association formed? | _____ | | |
| 222 | Is your association legally registered? | Yes No I do not know Missing | 1 2 3 99 | 2→224 |
| 223 | Where is it registered? | National Level District Municipality Sub County Other (specify): _____ Missing | 1 2 3 4 5 99 | |
| 224 | If otherwise why it is not registered? | | | |
| 225 | Does your association have a constitution? | Yes No | 1 2 | |

Sustainable Drug Seller Initiatives

| | Questions and Filters | RESPONSE | CODE | SKIP |
|-----|--|---|---------------------------------------|------|
| 226 | Does the leadership call for meetings? | Yes No | 1 2 | |
| 227 | How often are the meetings held? | At least once every moth Once every three months Once every 6 months Once a year Other (specify): _____ | 1 2 3 4 5 | |
| 228 | Do members of the association pay any fees? | Yes No | 1 2 | |
| 229 | When do you pay the these fees? | When joining the association Annually Other (specify): _____ | 1 2 3 | |
| 230 | Do you pay any other fees? | Yes No | 1 2 | |
| 231 | What other fees do you pay? | | | |
| 232 | How many members are currently in the association? | Less than 10 10 – 20 21 – 49 50 – 99 More than 100 I am not sure I do not know Missing | 1 2 3 4 5 6 7 99 | |
| 233 | How long have you been a member of this association? | Less than 1 year 2 – 4 years 5 – 10 years More than 10 years Missing | 1 2 3 4 99 | |
| 234 | What activities are conducted by the association?(record responses) | | | |

| | Questions and Filters | RESPONSE | CODE | SKIP |
|---|--|---|---|------|
| Q 235 & 236 to be answered by both those who belong and those who do belong to any association | | | | |
| 235 | Are there any other activities that you would want the association to implement or conduct? (could be services) | Yes No | 1 2 | |
| 236 | What are these activities that you would want the drug shop sellers' association to implement or conduct? (could be services) (record them) | | | |
| 237 | How would describe the relationship between the members of the association and its leaders? | Very good Good Fair Bad | 1 2 3 4 | |
| 238 | Do you feel that you have benefited from being a member of this association | Yes No | 1 2 | |
| 239 | If yes to the question above (238), how have you benefited from this association? | | | |
| 240 | What challenges does your association face? | Funding for activities No offices Poor leadership Limited fund to conduct activities Corruption Delay of paying membership fees Poor turn up for meetings Tribalism Poor record keeping Other (specify): _____ | 1 2 3 4 5 6 7 8 9 | |

Thank you