

## Research Report 2009



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**Report on Formative Research for  
Transformation of Class C Drug Shops in  
Kibaale District**

**into**

**Accredited Drug Dispensing Outlets (ADDOs)  
through Behavioral Change**

**Submitted to:**

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**MANAGEMENT SCIENCES *for* HEALTH**

*a nonprofit organization strengthening health programs worldwide*

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## List of abbreviations

ADDO	Accredited drug dispensing outlets	SOW	Scope of Work
FR	Formative research	DADI	District Assistant Drug Inspector
K-DLG	Kibaale district local government	DHO	District Health Officer
TDKs	Rapid diagnostic kits	EADSI	East African Drug Seller Initiative
MOH	Ministry of Health	LC	Local Council
PSU	Pharmaceutical Society of Uganda	MP	Member of Parliament
NDA	National Drug Authority	FM	Frequency Modulation
MSH	Management Sciences for Health	RTI	Acute Respiratory Infection
SEAM	Strategies for Enhancing access to medicines	STIs	Sexually Transmitted Infections
FGDs	Focus Group Discussions	LDS	Licensed Drug Shops
IDIs	In-depth Interviews	UDS	Unlicensed Drug shops
EDL	Essential drug list	KI	Key informants

## EXECUTIVE SUMMARY

Management sciences for Health (MSH) commissioned G1 Logistics Ltd to conduct a formative research (FR) in Jan, 2009 to inform the development of a strategic marketing and communication approach for implementation of the Accredited Drug Dispensing Outlets (ADDO) Project in KIBAALE district. This study investigated the relationship and practice of business between class C drug shops, consumers, drug shop owners, drug shop attendants and local leaders in KIBAALE district. A team of qualified qualitative researchers implemented the FR, which was in KIBAALE district in scope and contained two components namely: Focus Group Discussions (FGDs) & In depth Interviews (IDIs) from end of Jan, 2009 to end of Feb, 2009. The FR report therefore is the synthesis of FGDs & IDIs prepared in the course of the study.

The FR set out to gauge the perceptions, opinions and attitudes of consumers (pharmaceutical drug users) regarding class C shops as their source of drugs. It also sought to understand from drug shop owners and attendants the challenges they face from consumers, and recommend suggestions on how these challenges can be overcome. The study further sought to identify and evaluate the motivational factors that constraints rural and peri-urban consumer from accessing and correctly using quality pharmaceutical products/services. Finally it sought to understand consumer, owner, dispenser and leaders' opinions and recommendations on how the ADDO program would function successfully taking into account their current preferred medium of communications. The study report therefore is an indicative result of the perceptions, attitudes and opinions of all the above stake holders (consumers, owners & local leaders) in KIBAALE district.

The FR report has been organized into six sections. Section one provides the background information, section two provides the justification/rationale, section three gives a brief on methodology of the study and the study areas, section four summarizes the FGDs & IDIs findings, section five contains recommendations/ conclusions on the key findings and section six contains the Appendix comprising of the research study tools, the scope of work (SOW), and the workshop review items for the study.



## **01: BACKGROUND**

Management Sciences for Health (MSH) is a nonprofit international health organization, whose mission is to save lives and improve the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health. MSH is helping managers and leaders in developing countries to create stronger management systems that improve health services for the greatest health impact.

MSH takes an integrated approach to building high-impact sustainable programs that address critical challenges in leadership, health systems management, health service delivery, human resources, and medicines. MSH works collaboratively with health care policymakers, managers, providers, and the private sector to increase the efficacy, efficiency, and sustainability of health services by improving management systems, promoting access to services, and influencing public policy.

## **02: PROGRAM RATIONALE/NEED**

One critical challenge that MSH has identified in the health sector is the need to improve access to, and use of essential medicines, vaccines and other health commodities. According to available data, millions of adults and children in the developing world die each year from conditions that could have been treated or prevented, if effective and affordable medicines had been available and properly used – where and when they were needed.

To overcome the challenge, MSH is embarking on a project that would transform Class C shops (formally licensed businesses that sell non-prescription drugs and other commercial products), into Accredited Drug Dispensing Outlets (ADDOs) . The main goal is to improve access to affordable, quality medicines and pharmaceutical services in retail outlets in rural or peri - urban areas, where there are few or no registered pharmacies.

Kibaale district, the target district for the commencement of this project, has 100 licensed drug shops (LDS), 23 Public health centres, 47 private clinics, one retail/wholesale pharmacy, one government hospital, 51 UDS and one unlicensed private clinic (Buyava Clinic). Private clinics are densely clustered in Kagadi Town council than other facilities in other locations. This is possibly due to the density of the population in the township. More so due to the location of the government hospital in Kagadi, no health centres are located in its vicinity. Generally, the Unlicensed Drug shops are peripherally distributed in the district.

In order to increase the number and quality of ADDOs in Kibaale, MSH intends to use a holistic approach from a marketing perspective through communications, training and support, to change the behaviors and expectations of individuals and groups who use, own, regulate or work in class C drug shops.

For this to succeed, MSH commissioned G1 Logistics to carry out a formative research as a basis for developing and implementing a strategic marketing plan of the project

## Research Objectives

- To understand the behaviors and attitudes of consumers regarding class C shops as their source of drugs
- To identify and evaluate the fundamental behaviors, attitudes and constraints that underlay the barriers that constrain Ugandan rural and peri-urban consumers from accessing and correctly using quality pharmaceutical products and services
- To understand from shop owners and attendants the challenges they face from consumers, and suggestions on how they can be overcome
- To find out the media usage habits and preferences of the target audience
- To understand consumer, owner, dispenser and leaders' opinions and recommendations on how the ADDO program would function successfully
- To analyze the research findings in a way that will enable the development of innovative marketing strategies to promote correct and consistent use of ADDOs.

## Research Methodology

Given that the study was explorative in nature, we concurred with MSH that it would be best done using qualitative methodologies.

### Qualitative Research

Qualitative research is usually employed when one seeks to understand, deeply, attitudes and perceptions. It is further useful as it allows one to probe and dig as deep as is possible to understand areas or issues that might be ambiguous. By nature, this type of study allows the employment of projective techniques that would make it easy for people to conceptualize and verbalize things that might be unclear or difficult to understand.

For this case, the qualitative research step was split into 2 types of studies:

1. Focus Group Discussions (FGDs)
2. In-depth Interviews (IDIs)

### FGDs Process

A Focus Group is usually conducted amongst respondents who represent a particular target group. Participants of the focus groups were drawn from the target audiences identified by MSH

All group discussions were moderated by trained and experienced moderators in language that the respondents were most at ease with. The trained moderators were in all cases people that the respondents would be able to relate with and be free with.



To ensure the respondents were comfortable, accessibility, security and the appropriate environment were key considerations in venue selection. Snacks and beverages were served to help the participants relax.

All the group sessions were recorded on tape. There was also a note taker to write down discussion notes. All these allowed the moderator to dedicate full attention to the discussions, and aid accurate report writing.

Upon completion of the groups, the tapes were transcribed, and together with the notes taken during the groups, charts, outlining the topics of discussion were generated.

### **IDIs Process**

IDIs were done with the targeted respondents at places and times of their convenience, as long as the timings were within the limits of the research timelines.

Just as with the FGDs, the IDIs were also moderated by experienced moderators who would be at ease with the respondents that they were interviewing. To enable the interview progress smoothly and flawlessly, all IDIs were audio recorded. The recorded audios were then transcribed and used for report writing.

### **Target Respondents (Key informants - KI )**

Based on the literature review and our own analysis of the various readings included in the proposal, the target respondents were:

- ◆ FGDs
  - Consumers or clients
- ◆ In-depth Interviews
  - Class C Drug Shop Owners
  - Class C Drug Shop Attendants
  - Community Leaders

### **FGDs & IDIs interviews sample composition**

The FGDs & IDIs were used to gauge attitudes of various stake holders on class c drug shops and general pharmaceutical business practices in KIBAALE district. Unlike quantitative surveys which are statistically representative of the sample population, FGDs & IDIs are not precise measures of public attitudes, opinions and perceptions but are rather helpful in gaining deeper understanding of public attitudes, opinions, perceptions and attitude formation. The sample was stratified along constituencies/sub counties of KIBAALE district (Mpefu, Kagadi, Kakindo & Bwanaswa). At the parish level, the sample was split along villages within and outside major trading centres with multiple class C drug shops. These villages include Nyakatojo in Rubirizi parish-Mpefu subcounty, Kinyarwanda in Kagadi, Igayaaza-Igayaaza parish in Kakindo Sub County and Bwanswa-Bwanswa parish in Bwanswa Sub County.

### 03: STUDY AREAS

#### Nyakatojo village, Rubiriizi Parish, Mpeefu Sub county

- 1 male FGD
- 1 female FGD
- 1 drug shop owner IDI
- 2 drug shop attendants IDIs
- 1 Local leader IDI

#### Igayaaza village, Igayaaza Parish, Kakindo Sub county

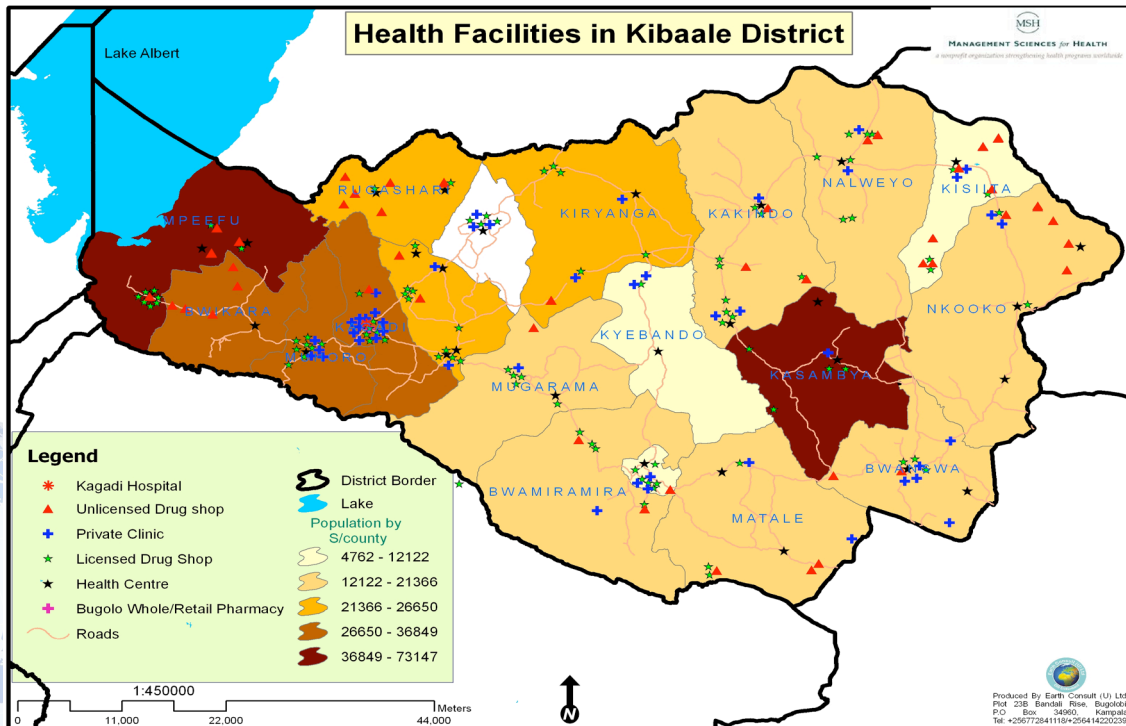
- 1 male FGD
- 1 female FGD
- 2 drug shop owners IDIs
- 1 drug shop attendant IDI
- 1 local leader IDI

#### Kinyarwanda village, Kagadi

- 1 male FGD
- 1 female FGD
- 2 drug shop owners IDIs
- 1 Local leader IDI
- 1 drug shop attendant IDI

#### Bwanswa Parish, Bwanswa Sub county

- 1 male FGD
- 1 female FGD
- 1 drug shop owner IDI
- 2 drug shop attendants IDIs
- 1 local leader





## 04: STUDY FINDINGS

### 0 4.1 Findings of Focus group discussions-FGDs

The findings of the FGDs are presented in line with the knowledge and opinions reported by the groups drowned from various educational and professional back grounds. This people were identified by MSH-Uganda staff and are considered to be consumers/drug users from KIBAALE district.

Consumers generally understand that class C drug shops are places where they go with small and general illnesses. Some even called them first aid, meaning that they run there for temporary relief, but if the illness persists they need to see medical personnel.

*“I would refer to it as a place where you go to get quick treatment, a starting point in case of sickness”. (Male Participant-FGD in Bwanswa village)*

However, because of constraints related to poverty, people end up seeking more services, thus creating demand for products and services that these shops are not licensed to provide, like injections and IV treatment. Some of the drugs that people mentioned include; fansidar, septrin, magnesium, diclofenac, PPF, action, mebendazole, amoxyl, ibufen, benzercyne, etc

#### **Beliefs, attitudes and practices**

It is widely believed that because the shop operators lack enough capital, these shops are very poorly stocked. However, they are better stocked than the health centers because the employees keep on siphoning the drugs to private drug shops and clinics.

*“One time I went to a nurse’s drug shop and she could not handle my case just because she did not have cotton wool at the moment. (Participant FGD-Kinyarwanda)*

On pricing, class C drug shops are generally perceived to be very expensive. Most consumers tend to think that the high prices are a result of extortion from drug inspectors. Many respondents told of how the inspectors use excessive force in their duties, demanding hefty bribes to be either left alone or have the confiscated drugs returned. If this is not done, the confiscated drugs end up in other people’s drug shops.

Consumers are also aware that class C drug shops are only legally allowed to stock a limited variety of drugs. But they say that the legal products are not of any assistance to their day to day illnesses. As a result, consumers have come to accept the practice of other varieties of drugs being kept back door.

Most consumers believe that attendants in class C drug shops lack the necessary training and education. When asked about the process of getting drugs from class C drug shops, most respondents said that they go to these shops with a pre set mind to get drug x for y amount. In most cases if the dispenser suggests otherwise, the consumer will move to the next shop. This is because consumers believe that these shops are

out to simply make money and would prescribe drugs that can fetch the highest amount.

A few people said they first explain the history of their illnesses, but most said that this exposes them to the greed of the shop owners.

A number of respondents also said that when illnesses seem serious, they go to the class C drug shops only to get temporary relief and buy time waiting to sell property and go to health facilities.

### **What people like about class C drug shops**

- Because these shops are normally in the neighborhoods, they can at times extend credit
- Because they are private, they tend to compete and as a result offer good customer care unlike in the health centers where people are treated badly
- They enable them save transport to bigger towns and health centers
- They can offer temporary relief as they mobilize money to see a doctor
- People can get help even at odd hours

### **Dislikes**

- Some drug shops insist on treating illnesses they know they cannot handle. Consumers said that referrals are almost unheard of. The other reason they cannot refer patients to hospitals is because they will have already administered illegal drugs on you. So when you go to the hospital, at times you end up taking the same drugs already taken.

*“They will never refer you to another health facility; they will keep giving you many types of drugs without proper diagnosis”-Consumer, Nyakatojo*

- These drug shops prescribe drugs without laboratory investigations
- They take instructions from patients instead of the reverse
- Wrong administering of drugs like injections which end up swelling
- Selling expired drugs
- Using unqualified personnel like their children
- Charging very high prices

### **What else consumers wish class C drug shops should do?**

Consumers said they wish these outlets were able to carry out some tests like for malaria so that they can prescribe drugs from an informed background. They also said they would love the attendants to explain the possible causes of the sickness because they believe some of them are preventable. Lastly, they would like the shops to offer immunization services so that they don't have to walk long distances for the same.

*“Yes, if they could also start immunization here it would be good we have never seen people doing immunization here in Bwanswa”...(Consumer, Bwanswa)*



#### 04.1.1 Findings of In-depth Interviews-IDs

The findings of the IDs are summarised below according to the key informants (Local Leaders, Drug shop owners and Attendants) representing the specific objectives for the investigation.

##### 1. Attitudes and perceptions of Class C Drug shops

Class c drug shop owners generally contented that their current business practice is dictated upon by the environment in which they operate. These factors include regulatory requirements by NDA, obtaining supplies of essential drugs for routine replenishment, poor road infrastructure and poverty stricken community (major consumers)! On the other hand local leaders are appreciative of the services of the class c drug shops but also enumerated a number of short comings in their business practices.

“Sometimes they help us and sometimes they are a problem because the owners want profit. Being a rainy season, malaria is high. It could be better when they reduce price on drugs and it becomes easy for us. (Local leader in Igayaza)”

I would call it a place/shop where to rush to in case of a problem, then you get simple medicine like panadol to relive you of pain so that you can be able to go to a better health facility later... (Drug shop owner, Igayaza)

“The Drug shops just help for a short time they treat simple things but when the conditions worsens you go to Hospital... (Local leader in Bwanswa)”

However, because of constraints related to poverty, people end up seeking more services, thus creating demand for products and services that these shops are not licensed to provide, like injections and IV treatment. Some of the drugs that people mentioned include; fansidar, septrin, magnesium, diclofenac, PPF, action, mebendazole, amoxyl, ibufen, benzercyne.

##### 2. Beliefs, attitudes and practices

Drug shop owners said that because of the transport costs involved and the regulatory requirements, they are forced to price their drugs slightly higher.

Owners also said that they are strongly constrained by the class C drug list. As a result, they are forced to sell some products that they keep in the bedrooms.

“They are weak because they don't have enough capital to stock all the required drugs and also the regulation limits them.... (Local leader, Kinyarwanda)”

### 3. What People like about class C drug shops

“Because these shops are normally in the neighbourhoods, they can at times extend credit facility to thier client... (Local leader)”

“Because they are private, they tend to compete and as a result offer good customer care unlike in the health centers where people are crowded... (Local leader, Kinyarwanda)”

“I think when a patient goes to a health centre and doesn't get the drugs on prescription, it's easy for the patient to get the drugs from the class C drug shops. As a professional I give advice to my client, when they come asking for information.....(Drug shop owner, Kinyarwanda)”

### 4. Dislikes

“These drug shops prescribe drugs without carrying out any laboratory investigation...(Local leader, Igayaza)”

“Our shops are only allowed to stock a limited variety of drugs...(Drug shop owner)”

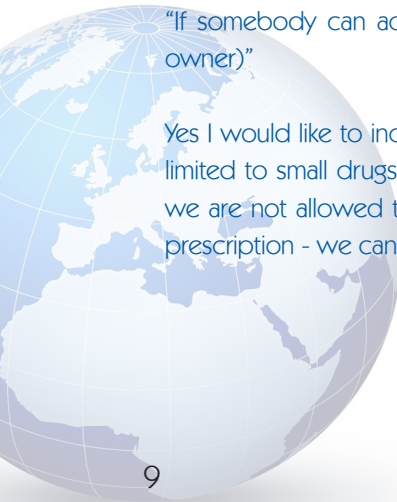
- Wrong administering of drugs like injections which end up swelling
- Selling expired drugs
- Using un qualified personnel
- Charging very high prices

### 5. What else they wish class C drug shops could do?

Drug shop owners advocated for an extended list of drugs to be stocked.

“If somebody can administer the drugs why can't she/he be allowed to stock the drugs.? .. (Drug shop owner)”

Yes I would like to increase the number of drugs we sell in the class C drug shops because what we have is limited to small drugs. For example like in our health centre they prescribe for you drugs like Amonxil which we are not allowed to sell. At least they should allow us to sell anti biotics and other strong pain killers on prescription - we can give to patients....(Drug shop attendant)”





## 0 4.2 Barriers to access for drugs

One major barrier to access to drugs is that class C drug shops stock a limited variety of drugs. This is because of limited capital and regulatory issues.

Besides, drug inspectors become a liability than an asset. Once they have confiscated ones drugs, it takes them time to restock.

One other major barrier is the long distances that most people would have to trek to reach the well stocked drug shops

Another barrier mentioned was that most of the class C drug shop owners or attendants do not open all the time. Some are part time farmers who first go to the gardens before they open the shops.

### **Suggested solutions to the barriers**

- Class c drug shop owners should be availed some form of credit facility to enable them stock adequately
- The drug inspectors should be rotated regularly or replaced so that there can be new ones with a different attitude towards work.
- The requirements for suitability of premises should be slightly lowered so that more people can be able to open class c drug shops
- The list of drugs that are legal for class c drug shops should be revised so that it is responsive to today's health problems
- Government should lower school fees or offer subsidies for nursing schools so that we have more and more qualified medical personnel
- Qualified nurses in government hospitals should be paid well so that they can save and open up class c drug shops



Female focus group discussion(FGD) in Bwanswa parish - Bwanswa sub county



Male focus group discussion(FGD) in Nyakatojo village Mpeefu sub county



### **Causes of irrational use of drugs**

- One major cause that was cited was that attendants are so rude. So they give out drugs without offering any explanation whatsoever.
- The other cause is that some consumers deliberately take over doses because they feel that will give them quick relief.
- At times the attendants offer wrong instructions
- One big cause is that consumers lack money to purchase a complete dose. Or if they buy a full dose and mid way feel better, they keep the remaining drugs for future use.
- Another cause is accepting wrong advice from friends and relatives
- Some people dilute liquid drugs so that they can be able to distribute to a bigger number of children.
- And sometimes, people abandon drugs because the smell is bad
- Another cause that was cited was that at times, class c drug shops do not have pens to write instructions, so they tell you verbally which is difficult to memorize.

### **Suggested solutions to irrational drug use**

- All class C drug shops should have well trained nurses, not only in medical issues but also other fields like customer care and counseling. Qualified personnel should be distributed to all corners of the district.
- Secondly, there should ways of sensitizing the masses on the dangers of incorrect usage of drugs. People need to be continually reminded.
- Asked whether they know about good drug use practices, most respondents said that they are aware of some of the practices like taking a full dose, taking drugs after food, taking drugs with clean and boiled water only, but they are constrained by poverty.

## **0 4.3 Reactions to ADDO concept**

After explaining the ADDO concept, it got a standing ovation with all the respondents. This section represents a summary of the FGDs and IDIs on the ADDO concept;

- They would enable people to access correct drugs and in time, thus saving them the hassle of trekking long distances to get these same services
- They would enable ordinary people who are known to them to provide quality services
- The idea of branding and spaciousness with enough storage was exciting
- Having well trained personnel would eliminate the practice of self prescription and instances of over or under dose. This would boost the consumers' confidence in the shops
- They felt that some drugs previously sold illegally would be openly available
- There was however one reservation – that because of the training, attendants may tend to be proud and expensive.

### **Symbols and associations for the ADDO logo**

Different groups and respondents came up with a wide range of associations. Notable among them were the following;

On colors, the following were suggested;

- Red to symbolize blood and therefore saving life

- White for Visibility
- Yellow for noticeability
- Blue because they associate it with well trained nurses

On symbols and other associations, they suggested the following;

- The lion because its very strong
- A footballer because he depicts a healthy person, kicking disease away and football brings people together
- Doves or pigeons which are symbols of peace and tranquility
- A nurse, because if you put a doctor, the message will be misleading
- Should include the national flag somewhere
- A symbol of the cross to signify a health facility
- The moon because it's a source of light in the dark
- A woman carrying a healthy baby because men tend to distance themselves from child health issues

#### **Suggestions on what should be done to make the program a success:**

1. Respondents suggested that ADDOs should be provided with cold chain facilities and generators since the quality of the drugs in the shops get affected by heat.
2. The sicknesses that need to be taken care of under the ADDO program should include malaria, diarrhoea, cholera, headaches, eye problems, STDs
3. Some of the drugs that should not be left out include; fragile, ARVs, coartem, tetracycline, cough syrups, mosquito nets
4. The program should also have ambulance services incorporated in it
5. For the program to succeed, its leadership should be up to scratch so that the standards set do not deteriorate
6. There was general consensus that the only way this program can be of much help is if the current class c drug list is discarded and a new list that is relevant to today's problems is generated. It would be useless to have ADDOs only providing the products on the existing list.
7. The program should have sensitization teams at the grass roots to keep the fire burning
8. There should be a way through which people can form associations to be able to save money to use in emergency situations
9. The ADDOs should be equipped with kits that can test common illnesses like malaria so as to prescribe correctly
10. One important element they should not forget is to include immunization services
11. There should be a serious and protracted campaign against self prescription. ADDOs should not bow to pressure from patients to administer or sell to them self prescribed drugs
12. The ADDOs should have one or two beds where people who are still weak after medication can rest before they go back home
13. The attendants should be trained to provide, among other things, counseling services because some of our ailments are psychological
14. For any class c drug shop to be accredited, there should be a strict requirement that the attendant must be trained in special fields like midwifery. This is because pregnancy related problems are a major cause of death.





### **Suggested names**

- Kweyamba eby' amagara .
- Eirwariro eririkuyamba abantu (Clinic that helps people)
- Ahari obuyambi bw'emibazi naaha (Drugs to help you)
- Tugume (Firm or Strong)
- Twin'obusingye Health (Peace and Health)
- Feel at Home
- Tuza kukira (Fine Health)
- Bwirukiro (Where to get help)
- Buhumuriro (Where to rest)
- Irwariro ly'abataka (Peoples clinic)
- Muhumuza (Rest Assured)

### **Suggestions on type of launch event**

#### **Day of the week**

The majority of the respondents concurred that Sunday afternoon would be the most appropriate day. This was followed by Thursday afternoon because it's not a market day, so people would be free. A few people though argued that market days would be more appropriate

On the duration, the majority suggested four to six hours for the main event, though other festivities can go on longer.

On venues, the majority suggested government fields like sub county or county headquarters

### **Suggestions on activities to be included in the launch event**

- First, they should be playing religious music in the background
- Then they should include cultural dances like kikiga and ennanga
- They should also show movies that have health related programs
- They should include participatory activities like small competitions or games where people can win prizes
- They should mobilize the people and give them T- shirts so they can match in town with the invited guests

### **Suggestions of artists**

- Tindatiine
- Chameleone
- Sister Charity
- Empaya sharp
- Mesach
- Juliana
- Bebe cool

Of all the suggested artists, Lady Mariam of the Tindatiine fame came out more prominently

### **Suggested Guest list**

- The LC 111 chairman, Siraj Ngabirano
- Area MP, Hon Tinkasiimire Barnabas
- The LC V chairman
- Radio personalities like Mwalimu Musheshe, DJ Coolman, Kasawa Ismai
- Woman MP Hon Kabonesa

### **Preferred mode of communicating the launch event**

- They should use radio Kagadi because it's the most listened to radio station
- Another form of passing on the message faster is announcing in the churches
- They should hire boda bodas to ride around distributing brochures

## **0 4.4 MEDIA USAGE**

### **Sources of information**

The commonest and most reliable source of information is radio. This is because in almost every homestead, there's at least a small radio.

The other source of important information is posters at shops in trading centers and other public places. One could also use LCs to reach the masses. They tell a few people and word spreads. But the danger of this is that by the time word reaches the 5th or 6th person, the meaning has changed totally.

Most listened to radio station

The clear favorite in radio listenership is radio Kagadi. The respondents said it can be received in all parts of the district, is clear and has both educative and entertaining programs

However there are stations listened to like Radio Kyenjojo, Life FM, Hoima FM, Radio West and Liberty radio. But each of these only covers a fraction of the district.

### **Favorite radio programs**

Several programs were mentioned, all of them on Kagadi FM, among them;

- Lunch hour special- talks about dieting in a healthy way
- Musese which is on Sundays , explaining how to chase poverty
- Imuka okore by DJ Kasowa from 6am to 9am
- Ebitekyerezo by'amaka
- One item that is always awaited with keen interest is the special announcements after the news. Even those who are trying to save batteries first wait for the special announcements to end then they switch off their radios.



### **Favorite radio presenters**

DJ Coolman  
Sewante Francis Amooti  
Zimulinda Patrick  
Tads Tumusiime  
Kijongoro  
Kyomuhendo  
Ismail

However, Sewante Francis Amooti emerged a clear favorite across different age groups and genders. The mostly read languages in the district are Runyankore/ Rukiga on one hand and Runyoro/ Rotooro on the other.

### **Suggested experiential activities that can keep the program alive**

- There should be radio programs which are both educative and interesting to keep reminding us about the program
- There should be talk shows and if possible include real life stories of how the ADDO program has changed people's lives
- The process of sensitization should not stop at the launch. The program should train sensitization teams at the grass roots to carry out refresher activities every now and then. One way of doing it is for example on market days. These can be made more interesting by using local comedians and maybe magicians
- Of course radio ads should never cease

## **0 4.5 Conclusions and recommendations**

Level of understanding about the current drug regulation and business practices vary between various audience segments. A comprehensive communication intervention that utilizes internal, public, media and stake holder information avenues should be developed to increase knowledge among all sectors of the population and to correct misinformation/misconceptions about NDA regulation measures.

The fact that consumers are regarded ignorant about their rights and responsibilities means that a public awareness campaign to sensitize the consumers about their rights and responsibilities regarding health care seeking behaviours and services should be put in place by NDA/other stake holders.

The generally low satisfaction with the current services of class c drug shops means it is important to initiate public and stake holders information campaigns to sensitize the population that the ADDOs are a government initiative through NDA supported by MSH aimed at improving access to quality pharmaceutical products and services.

We also observed that considering the geography, settlement patterns and wide distances between the two major towns (Kibale and Kagadi towns), one launch event may not impact on the whole district successfully. We therefore recommend at least two events one in each town respectively.

Improving access to essential medicines is perhaps the most complex challenge for all actors in the public, private and NGO sectors involved in the field of medicines supply. We must therefore all combine our efforts and expertise, and work jointly towards common solutions. We now know that many factors define the level of access, such as financing, prices, distribution systems, appropriate dispensing and use of essential medicines. Our next challenge is pretty precise, to make use of this knowledge strategically to achieve the most results out of the interventions. Our goal will therefore focus on the rationale that “Essential medicines save lives and improve health when they are available, affordable, of assured quality and properly used.”



A Class C drug store in Kagadi Town, Kibaale District



## 05: APPENDIX

### Research study tools

- (i) Questionnaires (FGD guide)

#### INTRODUCTION

- Introduce self, G1 Logistics, MSH and Social Research Process
- Introduce Group Discussion process - interactive, participative, no wrong answers.
- Explain to respondents the need to record the discussion for report writing
- Explain to respondents on confidentiality – their identities will not be revealed to anyone after the discussion. Get their permission to continue with the discussion and have their voices recorded for writing the final report.
- Rules for discussion - one person at a time, no side conversations, no domination
- Request respondents to switch off mobile phones to avoid interruptions

**WARM UP :** Respondents introduce themselves

- Name
- Hobbies

#### **UNDERSTANDING CONSUMER PERCEPTIONS AS REGARDS CLASS C DRUG SHOPS**

- them to the people back home. So how would you describe them...?
- How do they look like?
- What types of products are there?
- Is there anything else you wish they would do that they do not do at the moment?

What, if anything, do you think of them as a source of drugs and medical advice?

What drugs do you usually buy from class C drug shops? **PROBE IF EVER RECEIVED INJECTIONS FROM THEM**

- Who uses them? Why?
- Do you use them? Why? Why not?
- Can you please describe to me in detail the process you go through when you go to a class C drug shop to buy drugs?

Do you trust the class C drug shops?

Do you think they are honest in the way they handle you?

Do you feel that the prices you are charged are fair?

- What do you think of someone who uses them? Why?
- What good things do they bring to your life? Why?
- What bad things do they bring to your life? Why do you say so?

When faced with illness related issues, what source of medical help comes to your mind first?

Are there instances when you go to the class C drug shops and they refer you to a bigger health facility? If yes, how often?

**BARRIERS TO ACCESS & CORRECT USAGE OF DRUGS**

Thank you so much for that. Now I want us to discuss access and usage of drugs. I would like us to share our past experiences in trying to access drugs. Please share with us your experiences about these times... (MODERATOR TO PROBE FOR FULL STORY. GET US MUCH DETAIL AS IS POSSIBLE AND LIST SEPERATELY THE DIFFICULTIES IN ACCESSING DRUGS AND SUCCESS STORIES ON FLIP CHART)

Some of you have told us of how it was easy to access drugs. Are there any other reasons you think make it easy for people access drugs? (MODERATOR ADD TO LIST ABOVE)

Some of you have also told us how it was difficult to access drugs. Are there any other limitations in trying to access drugs? (MODERATOR TO ADD TO LIST ON FLIP CHART)

Of all the limitations that have been mentioned, I would like us to rank them starting from the most common.

Given the reasons you have indicated, what do you think should be done/ should happen so that you or other people do not fail to access drugs in time?

How many here feel that they or some people they know may have incorrectly used drugs before? Please share with us the details.

Was it done knowingly? Why?

What are the other reasons you think cause people to use drugs incorrectly? (MODERATOR TO LIST ON A FLIP CHART ALL THE REASONS FOR INCORRECT DRUG USE)

If the following are not mentioned, please probe....

- Lack of money/enough money
- Unavailability of correct/adequate drugs
- Failure to interpret instructions
- Inadequate/ wrong advice from dispenser
- Poor/ wrong advice from someone
  
- Is there any other reason you would like to add?
- Now, of all these reasons, can we rank them, starting with the biggest reason downwards ?
- Given the reasons you have indicated, what do you think should have been done/ should have happened so that you or other people do not use drugs incorrectly?

Are you aware of good drug usage practices? (PROBE FOR;

- Taking drugs after food
- No alcohol
- Taking full dose





**OPINIONS & RECOMMENDATIONS ON IDEAL STRUCTURE OF ADDOs**

1.2 AT THIS STAGE MODERATOR TO EXPLAIN IN DETAIL THE ADDO CONCEPT. REFER TO CONCEPT CARD DISPLAY AND EXPLAIN PICTURES, THEN ASK

What comes to your mind when you hear the drug shop I have just described?

What things would you associate with such drug shops? (ALLOW SPONTANEOUS RESPONSES, THEN PROBE FOR;

- Images
- Symbols
- Individuals
- Colours
- Animals

What, if anything do you dislike about such a drug shop? Why?

What, if anything do you like about such a drug shop? Why?

For such a program to succeed, please suggest in detail how it should be structured. ( PROBE TO FIND OUT THE TYPES OF DRUGS THAT THEY WOULD LIKE TO BE INCLUDED IN THE PROGRAM OR WHAT TYPES OF ILLNESSES THEY WOULD LIKE THE PROGRAM TO ADDRESS)

What else can be done in your opinion to make these drug shops work well in your community?

Please suggest names for this type of drug shop that we are discussing

MODERATOR TO INTRODUCE THE IDEA OF LAUNCH EVENT

Now tell me, what type of launch event that would leave a lasting impression of the program in people's minds? (ALLOW SPONTANEOUS RESPONSES, THEN PROBE FOR;

- Day of the week
- Location
- Time & Duration
- Activities
- Guest list
- Preferred artists' names and reasons

What are some of the activities do you feel can be carried out in/ with the communities to ensure that the program remains effective and relevant?

What do you of sensitization through schools as a way of ensuring effective information dissemination?

## MEDIA USAGE HABITS AND PREFERENCES

Please tell me what your sources of information are

1.3 PROBE:

- radio
- word of mouth
- news papers
- social gatherings
- religious gatherings
- brochures
- road side ads
- bill boards

Of all the sources mentioned, which one is the most often used? Why? Followed by? And third?

On radio, which station is the most often listened to? Why? Followed by?

What are your favourite radio programs?

What time do you mostly listen to radio?

Who are your favourite radio presenters?

Which one is the most commonly read language in your area?

## THANK RESPONDENTS AND CLOSE DISCUSSION

### (ii) Questionnaires (IDI guide)

#### INTRODUCTION

Introduce self, G1 Logistics, MSH and Social Research Process

- Introduce Group Discussion process - interactive, participative, no wrong answers.
- Explain to respondents the need to record the discussion for report writing
- Explain to respondents on confidentiality – their identities will not be revealed to anyone after the discussion. Get their permission to continue with the discussion and have their voices recorded for writing the final report.
- Rules for discussion - one person at a time, no side conversations, no domination
- Request respondents to switch off mobile phones to avoid interruptions

**WARM UP :** Respondents introduce themselves

- Name
- Hobbies



**CONSUMER PERCEPTIONS AS REGARDS CLASS (C) SHOPS**

CLASS C DRUG SHOPS REFERS TO. REFER TO CONCEPT CARD)

- 1.4 Probe for:
- Availability of drugs
- Quality of drugs
- Pricing of drugs
- Availability of correct advice

Is there anything else you wish they would do that they do not do at the moment?

Can you please describe to me in detail the process a customer goes through when they get to a class C drug shop to buy drugs?

What are some of the drugs that you can remember that people usually buy from class C drug shops?

What do you think of someone who uses class C drug shops as their source of drugs? Why?

What good things do these shops bring to your community? Why?

What bad things do they bring to your community? Why do you say so?

**BARRIERS TO ACCESS & CORRECT USAGE OF DRUGS**

Thank you so much for that. Now I want us to discuss access and usage of drugs.

Are there incidences you know of when people may have tried to get/access drugs in time before but could not?

Can you please share your experiences about these times ... (MODERATOR TO PROBE FOR FULL STORY. GET US MUCH DETAIL AS IS POSSIBLE AND LIST REASONS FOR FAILURE TO ACCESS DRUGS IN NOTE BOOK)

Are there any other reasons you think deny people access to drugs? (MODERATOR ADD TO LIST ABOVE)

Of all the reasons that you have mentioned, can you please rank them starting from the most common, downwards?

Given the reasons you have indicated (REFER TO LIST GENERATED IN NOTE BOOK), what do you think should be done/ should happen so that people do not fail to access drugs in time?

Are there incidences you know of when people may have incorrectly used drugs before? Please share with me the details.

Did they do it knowingly? Why?

What are the reasons you think cause people to use drugs incorrectly? (MODERATOR TO LIST IN A NOTE BOOK ALL THE REASONS FOR INCORRECT DRUG USE)

If the following are not mentioned, please probe....

- Lack of money/enough money
- Unavailability of correct/adequate drugs
- Failure to interpret instructions
- Inadequate/ wrong advice from dispenser
- Poor/ wrong advice from someone

Is there any other reason you would like to add?

Now, of all these reasons, can you please rank them starting with the commonest, downwards?

Given the reasons you have indicated, what do you think should be done/ should happen so that you or other people do not use drugs incorrectly

**OPINIONS &  
RECOMMENDATIONS  
ON IDEAL STRUCTURE OF ADDOS**

1.5 AT THIS STAGE MODERATOR TO EXPLAIN IN DETAIL THE ADDO CONCEPT. REFER TO CONCEPT CARD, THEN ASK

What comes to your mind when you hear the drug shop concept I have just described?

What things would you associate with such drug shops?  
(ALLOW SPONTANEOUS RESPONSES, THEN PROBE FOR;

- Images
- Symbols
- Individuals
- Colours
- Animals

What, if anything do you dislike about such drug shops? Why?

What if anything do you like about such drug shops? Why?

For such a program to succeed, please suggest in detail how it should be structured?  
(PROBE TO FIND OUT THE TYPES OF DRUGS THAT THEY WOULD LIKE TO BE INCLUDED IN THE PROGRAM OR THE TYPES OF ILLNESSES THEY WOULD LIKE THE PROGRAM TO FOCUS ON)

What else can be done in your opinion to make it work well in your community?

Please suggest names for this type of drug shop that we are discussing

From your experience, can you recall any initiative that is similar or related in any way to the one we are discussing? What was it about? In your opinion, was it a success? Why? Or Why not?

What do you think of sensitization through schools as a way of ensuring effective information dissemination?





MODERATOR TO INTRODUCE THE IDEA OF LAUNCH EVENT

Now tell me, what type of launch event would leave a lasting impression of the program in people's minds? (ALLOW SPONTANEOUS RESPONSES, THEN PROBE FOR) :

- Day of the week
- Location
- Time & Duration
- Activities
- Guest list
- Preferred artists' names and reasons

What are some of the activities do you feel can be carried out in/ with the communities to ensure that the program remains effective and relevant?

**MEDIA USAGE HABITS AND PREFERENCES**

Please tell me the most common sources of information in your area

1.6 PROBE:

- radio
- word of mouth
- news papers
- social gatherings
- religious gatherings
- brochures
- road side ads
- bill boards

1.7

Of all the sources mentioned, which one is the most often used? Why? Followed by? And third?

On radio, which station is the most often listened to? Why? Followed by?

What are some of the favourite radio programs?

What time do people mostly listen to radio?

Who are some of the favourite radio presenters?

Which is the most commonly read language?

**THANK RESPONDENTS AND CLOSE DISCUSSION**

## Scope of work for formative Research

### A. Purpose of the Study

Class C drug shops are formally licensed businesses that are intended to sell drugs and other commercial products. The challenge is to change the behavior of consumers, shop owners and drug sellers, local government and community leaders so that quality drugs and services are delivered – without having direct organizational control over stakeholders or actors. To transform Class C shops into Accredited Drug Dispensing Outlets (ADDOs), it is important to approach the program from a marketing perspective and to design the program to change behavior through communications, training, and support. Therefore the goal of these studies is to understand:

- The behaviors and preferences of consumers or clients, shop owners, dispensers, local government and community leaders regarding Class C services.
- Consumer, owner, dispenser, and leader opinions and recommendations for how the ADDO program should function.

### B. Desired Behaviors

Ultimately, if the ADDO program is to succeed each of these stakeholder groups would change their behaviors in particular ways. Based on the problems with the Class C system and the proposed new ADDO system, a series of desired behaviors for the key stakeholder audiences needs to be generated. These “desired behaviors” represent the behavioral objectives that would be achieved through communications, training and support by the ADDO program. The primary focus behaviors are the most important key behaviors sought in the initial stages of the program, while the secondary focus behaviors would become more important as progress is made.

All desired behaviors are summarized by target audience in Table 1 below.

Target Audience	Primary Focus Behaviors	Secondary Focus Behaviors
Consumers	Choose to visit an accredited shop rather than any other class c shop Explain “illness” including symptoms, progression of illness, etc.(rather than demand a specific drug) Listen and act on advice of dispenser (alternatively - referral, purchasing + taking drug appropriately, home care) Purchase full course of drug	***
Owners	Accept and are willing to use standards -Physical attributes -Source/supply of drugs -Qualification/training of dispensers -Ethics (relationship with patients, providers, well being of patient) Make required upgrades in class c shops Support training of dispensers Seek accreditation	Monitor operations in context of standards Ensure standards are maintained (take corrective actions, reinforce practices) Maintain accredited status
Drug Sellers	Provide and maintain service to ADDO standards including: -communicate with clients to assess problem -dispense appropriately -inform, educate clients -refer if needed -maintain ethics (confidentiality, patient well being, relationships with providers, patients, keep up to date)	***



Community Leaders	Disseminate accurate information about ADDOs to villagers (in all useful venues) Mobilize villagers to use ADDOs Inspect ADDOs quarterly	Monitor complaints Help solve quality problems at the local level  Refer to higher authority when necessary
Medical Leaders	Communicate accurate information to district leaders (council, local government officers, DC), health providers, DHMT Persuade district leaders to promote ADDO program Monitor ADDO quality including oversight of drug list/supply	Report problems to appropriate levels Help solve quality problems locally
Political and Civic Leaders	Promote ADDO program with district opinion leaders Support recommendations and decisions of NDA and district authorities (licensing, inspection requirements)	***

### C. Detailed Study Objectives

To design the behavior change communications strategy and associated program activities, detailed information about each target group is required. The specific objectives suggested for use in guiding the design of the study and data collection tools are noted below.

#### Consumers or Clients:

- Understand how consumers choose where they obtain drugs and what underlies these choices.
- Understand how consumers perceive the quality of the drugs and associated services they obtain and what drives these perceptions.
- Understand how consumers interact with drug dispensers and what actions they take for the illness and drugs afterward.
- Understand what expectations consumers have for ADDOs.

#### Class C Drug Shop Owners:

- Understand owner perceptions of the quality of services and products they provide now in the context of the marketplace for drugs.
- Understand the value of services and products to the owner and what could be value-added.
- Understand owner willingness to participate and invest in accreditation requirements and what they believe will be needed to make it work.

#### Class C Drug Sellers:

- Understand how sellers perceive their job in the Class C shops and what owners expect of them.
- Understand sellers' perceptions of what services and drugs consumers expect and the quality of what they are able to provide.
- Understand how sellers interact with consumers and what issues arise.
- Understand seller willingness to improve quality and what they believe will be needed to make it work.

#### Community Leaders:

- Understand issues of drug availability and quality in communities and how leaders and committees have addressed them (if at all)
- Understand leader perceptions of the quality of local Class C products and services and the potential for improving them.
- Understand leader willingness to participate in inspection, reporting and promotion, and what they believe will be needed to make it work.

## D. Methodology

**Qualitative Methods will be used using Focus Group Discussions (FGDs), In-depth interviews (IDIs) in addition to other methods to achieve the above objectives within the timeline below.**

FGDs should be conducted with consumers, Class C drug shop owners, Class C drug shop sellers, and sub-county and village or community leaders. Standard approaches to design, sampling, implementation, and analysis should be used.<sup>1</sup> FGDs should be conducted in locations close to where the participants live, in the local language most commonly used by the target groups in Kibaale, and led by experienced moderators and note takers.

In-depth interviews should be conducted with a political and government leaders who play key roles in local health and social sectors. These interviews should include:

District Health Officer (DHO), Secretary for Health, District Health Educator (DHE), District Health Visitor, District Assistant Drug Inspector (DADI).

The contracted consultant/company is expected to develop the interview and FGD guides.

A concluding workshop should be conducted with NDA, PSU, EADSI, and district leader participation to transform the findings into strategic directions for the ADDO program. The workshop will serve several purposes including developing a common understanding of the observations and findings derived from the FGDs and IDIs, laying the foundation for a marketing approach to changing behaviors, and developing the outlines of a marketing work plan that includes communications, training, and program activities.

Activity	Deadline
Review existing reports and materials	January
Define audiences and desired behaviours	January
Prepare & test materials for FGD's	January
Districts informed by NDA/MOH	January
Train FGD teams	January
Conduct FGDs and IDIs	Jan/Feb 2009
Analysis and report of FGD findings	End of Feb 2009
Conduct workshop	End of March 2009





## **Review of Behavior Change Study Findings**

Kampala, March 25th, 2009

Imperial Royale Hotel

Workshop Objectives

- Understand the goals, purpose, and methods of the behaviour change study that was conducted in Kibale district.
- Develop a common understanding of focus group discussion and in-depth interview findings.
- Understand how the different groups of respondents view Class C drug shops in Kibale district.
- Understand what different groups think about and recommend for the ADDO project implementation.
- Understand these groups and stakeholders as target audiences and interpret their behaviours for developing successful communication tools to enable the local community in Kibale embrace the ADDO project.

**End**



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