Proposed Linkage Strategy for ADS and VHTs

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INTRODUCTION

Only 49% of Uganda's population accesses medicines through the public sector; the majority get medicines through the private sector. Rural communities are particularly affected due to long distances between homes and the service points[1]. A recent extensive study involving 14,000 households revealed that the sources of care outside the home for sick children in Uganda were public and nongovernmental (NGO) health facilities (17%), private clinic and pharmacies (41%), and private shops (38%)[2].

Currently, these activities are mainly carried out by primary health care facilities (both public and private) and a system of community health workers known as Village Health Teams (VHTs), despite the challenges. The Accredited Drug Shops (ADS) play an important role in community health care by acting as the first and most accessible point for obtaining medicines and services for common conditions, including childhood illnesses. Among the various efforts to ensure sustainability is the need to involve drug shops in community level–based activities and the need to establish collaborative linkages.

In order to understand the different roles and support that can be played by the ADS in health services delivery, Management Science for Health (MSH) through the Sustainable Drug Seller Initiatives (SDSI) undertook a study to understand the community-based health initiatives in the districts of Kamuli, Kamwenge, Kyenjojo, and Mityana, and to identify feasible activities to link community-based health initiatives with ADS and develop an options analysis of potential collaborative efforts, including opportunities and challenges.

Key activities with potential for collaboration and support between the ADS and the VHTs included mentorship and capacity building, support supervision, referrals, and resupply of drugs in the case of stock-outs. ADS also identified community mobilisation, delivery of supplies, and community sensitisation as the activities which the VHTs can support. However, there was a need for a strategy to guide and refine the relationship between the ADS and VHTs at the community level, which culminated in this particular exercise. Through consultation with the MSH/SDSI project team, Kibaale district, the pioneer of ADS work in Uganda, was selected as the site for development of the strategy. A series of activities was planned, including key informant interviews with ADS and VHTs to identify key themes and ideas to be explored in focus group discussions with VHTs and ADS on the proposed strategies for linking the VHTs and the ADS for to improve access to essential drugs in the community. These interviews were followed by district- and national-level interviews.

There was general consensus among the VHTs and ADS on the need for collaboration to improve access to essential medicines as well as overall health care provision within the communities. The key areas identified as potential components in the linkage included patient referral arrangements, including performing rapid diagnostic tests (RDTs) for malaria, community sensitisation and awareness creation on health issues (disease outbreaks, government programmes, family planning utilisation, condoms), mobilisation of demand for medicines (help in advertising drugs available in ADS), and provision of first aid services.

This collaboration is necessary because of frequent stock-outs of drugs at the health centres and gaps in service delivery across communities, in addition to poor community knowledge about the availability of drugs in the ADS. VHTs could help address these gaps, such as by promoting access to medicines at ADS if the VHT has a stock-out and if first aid is needed.

[1] Dauda Waiswa Batega, *Malaria Treatment Literature Review in Uganda*, Commercial Marketing Strategies Project, Department of Sociology, Makerere University, February 2001.
[2] Ministry of Health, Uganda, IMCI Unit, 2010, unpublished document.

STRATEGY OVERVIEW

The VHT structure will be linked to the ADS structure at various levels, from the village level through parish level to sub-county level and covering specific community health–related activities. At the district level, the District Health Team (DHT) member responsible for the VHT will work directly with the Deputy Assistant Drug Inspector (DADI) and Health Inspector to supervise and monitor the activities of the ADS.

This strategy is premised on the existence of the ADS structure, whereby the ADS are members of associations, and will be governed by a memorandum of understand (MOU). All VHTs in a given locality will be given the address details of the ADS in their parish and will be facilitated to visit all of them and register with them. They will be asked to sign an MOU with the ADS. Under this agreement the ADS will continuously provide health information to the VHTs, including the drugs in stock. The VHTs will have referral kits for patients to facilitate record capture at the ADS. Under this strategy the ADS benefit by selling drugs to the patients and clients referred by the VHTs while the VHTs benefit by being supported to do community mobilisation, facilitate access to health information, and within reasonable limits, obtain a discounted price for drugs for their family members.

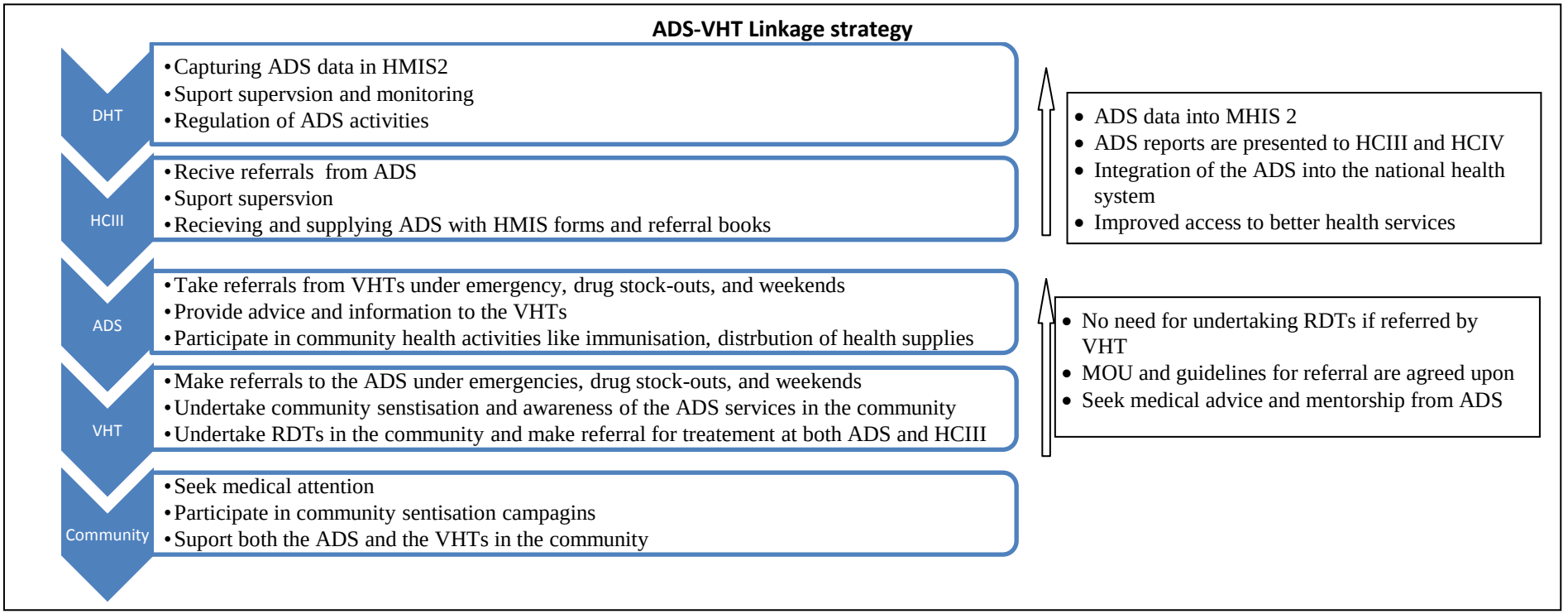
STRATEGY'S KEY COMPONENTS

Patient Referral for Drugs by VHTs: The VHTs will refer patients to the ADS in case of stock-outs at the nearest health centres. ADS will sell drugs to patients with referral cards. These sales should be documented by the ADS attendant and as well as the VHT. Periodically, the VHTs and ADS owners or attendants will meet to review the records. The MOU will require that the first point of referral for treatment is at the nearest health facility, except in the case of drug stock-outs. In cases where a health facility is far, the patient will be told of the possibility of accessing drugs at the ADS at a normal fee. Records kept at the ADS should be inspected by the designee of the DHT. Over time, the health management information system (HMIS) forms should be provided so that the data are reported in the national data system, the DHIS 2. Under this arrangement, the malaria patient, after receiving an RDTs from the VHT, will not be re-tested by the ADS attendant if the patient is possession of the referral kit.

Information Hub for the VHTs: Under the signed MOU an ADS in a given village or parish helps in provision of information to the VHTs, in addition to what the VHT receives from the health facility. The ADS attendant or owner will regularly provide details on the drugs in stock and also provide advice to the VHTs where needed.

Support for Community Mobilisation and Activities: The ADS are expected to support the VHTs in mobilising the communities for health programmes (e.g. child days plus immunisation) and access to free family planning methods at the nearest health centre.

Regulation, Supervision, and Monitoring: The supervision and monitoring of these linkages will be the role of the DADI and DHT member responsible for VHT and his/her designee at the health facility levels. Biannually, all VHTs and ADS owners and attendants in a given county will meet to review progress and the support they are offering each other. These meetings will be facilitated by MSH in the first year of operationalisation of the MOUs.


ADS-VHT Linkage strategy
DHT
•Capturing ADS data in HMIS2
•Suport supervsion and monitoring
•Regulation of ADS activities
HCIII
•Recive referrals from ADS
•Suport supersvion
•Recieving and supplying ADS with HMIS forms and referral books
ADS
•Take referrals from VHTs under emergency, drug stock-outs, and weekends
•Provide advice and information to the VHTs
•Participate in community health activities like immunisation, distrbution of health supplies
VHT
•Make referrals to the ADS under emergencies, drug stock-outs, and weekends
•Undertake community senstisation and awareness of the ADS services in the community
•Undertake RDTs in the community and make referral for treatement at both ADS and HCIII
Community
•Seek medical attention
•Participate in community sentisation campagins
•Suport both the ADS and the VHTs in the community
• ADS data into MHIS 2
• ADS reports are presented to HCIII and HCIV
• Integration of the ADS into the national health system
• Improved access to better health services
• No need for undertaking RDTs if referred by VHT
• MOU and guidelines for referral are agreed upon
• Seek medical advice and mentorship from ADS