

Liberia Accredited Medicine Stores (AMS) Marketing Formative Research

Rachel D.G. Chapin, Pharmaceutical Systems Africa Consultant
Mandi Ramshaw, Pharmaceutical Systems Africa Consultant
Lloyd Matowe, Pharmaceutical Systems Africa

September 2012



This report is made possible by the generous support of the Bill & Melinda Gates Foundation.

About SDSI

The Sustainable Drug Seller Initiatives (SDSI) is a program that builds on Management Sciences for Health's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiatives (EADSI) programs. The program's goal is to ensure the maintenance and sustainability of the public-private drug seller initiatives in Tanzania and Uganda and to introduce and roll out the initiative in Liberia.

Management Sciences for Health

Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Phone: 703.524.6575
Fax: 703.524.7898

Pharmaceutical Systems Africa

48 Aldridge Court
Sterling, VA 20165 USA
Phone: 502.298.5515

CONTENTS

ACRONYMS AND ABBREVIATIONS	IV
EXECUTIVE SUMMARY	V
BACKGROUND	1
STUDY AIMS AND OBJECTIVES	2
METHODOLOGY	4
Study Area, Sample Size, and Duration	4
Sampling Methodology.....	4
Data Management Analysis.....	5
Ethical Considerations	5
FINDINGS	6
County-Level Political and Civic Leaders	6
Consumers	8
Medicine Store Owners	11
Community Leaders.....	16
Medicine Store Sellers	19
CONCLUSION AND RECOMMENDATIONS	23
Summary of Findings	23
Recommendations.....	23
ANNEX: INTERVIEW AND FOCAL GROUP DISCUSSION GUIDES FOR AMS REASERCH	25
In-Depth Interview Guide for Political and Civic Leaders	25
In-Depth Interview Guide for Medicine Store Owners.....	28
Focus Group Discussion Guide for Consumers.....	34
In-Depth Interview Guide for Medicine Store Sellers.....	37
In-Depth Interview Guide for Community Leaders	42

ACRONYMS AND ABBREVIATIONS

AMS	Accredited Medicine Store
FGD	focus group discussion
IDI	in-depth interview
LMHRA	Liberia Medicines and Health Products Regulatory Authority
MOHSW	Ministry of Health and Social Welfare [Liberia]
MSH	Management Sciences for Health
SDSI	Sustainable Drug Seller Initiative

EXECUTIVE SUMMARY

Today, Liberia is recovering from the lingering effects of civil war and related economic dislocation, with about 85 percent of the population living below the international poverty line. All sectors of the country are currently undergoing reform. The health sector has made a number of advances in restoring a devastated health system. The Ministry of Health and Social Welfare (MOHSW) in its 10-year 2011–2021 National Health Plan has prioritized improving access to efficacious, high quality, safe, and affordable medicines for all people in Liberia.

In pursuing this health agenda, Pharmaceutical Systems Africa, in partnership with Management Sciences for Health (MSH), the MOHSW, and key national drug authorities, has embarked on improving the pharmaceutical system. The MOHSW, through the Division of Pharmacy, appealed to MSH's Strengthening Pharmaceutical Systems Program for technical assistance aimed at improving the quality of pharmaceutical services at the community level. This appeal led to the decision to adopt the Accredited Drug Dispensing Outlets program as the Accredited Medicine Store (AMS) program in Liberia.

To initiate the AMS program, the key implementers and stakeholders have undertaken a number of activities; mapping more than 600 medicine stores, carrying out a baseline evaluation, and training more than 420 medicine store dispensers are principal among these. To move the process further, a formative study was conducted in Montserrado County August 1–21, 2012. The objective of this research was to determine the behaviors and preferences of target groups regarding medicine store services and to gather their opinions and recommendations on how the AMS program should function in Liberia. The study also captured recommendations for the implementation of the AMS program.

The study identified behavior-specific determinants related to perceptions, choices, and drivers of these choices, as well as communication preferences related to the dispensing and consumption of medicines. The study findings reveal that political, civil, and community leaders, in addition to consumers, owners, and sellers, harbor growing concerns about the availability and quality of medicines dispensed and consumed at the community level—

- All respondents expressed concerns about the presence of substandard medicines on the market, as well as unrestricted, unqualified, and unauthorized dispensing of pharmaceutical products and services.
- Most community leaders were specifically concerned about medicines being dispensed in buckets and in poorly ventilated medicine stores, as well as about the legality of the sellers.
- Despite consumers' perceptions of the poor quality of medicines being sold by unqualified and unauthorized medicine sellers (black bucket/black bag and medicine stores), these are the primary places the consumers access medicines. Their preferences are motivated by ease of access, quick service, affordability, trust, confidentiality, and cordiality.
- The establishment of a drug regulatory body—the Liberia Medicines and Health Products Regulatory Authority (LMHRA)—and a quality assurance laboratory to ensure that medicines of good quality are bought and monitored; the development of national treatment guidelines; the deployment of inspectors to the field to ensure compliance; and the implementation of the AMS program are steps political and civil leaders are taking to address concerns about the dispensing and consumption of medicines by households.

- Owners and sellers expressed willingness to participate and work with the AMS program. They perceived the AMS program as a way to improve the quality of medicines and services as well as community health, and to empower owners and sellers professionally.

BACKGROUND

The Republic of Liberia, a country in West Africa, borders Sierra Leone on the west, Guinea on the north, and Côte d'Ivoire on the east. Liberia covers an area of 111,369 square kilometers (43,000 square miles) and is home to about 3.7 million people. A military coup overthrew the Americo-Liberian leadership in 1980, marking the beginning of political and economic instability and two successive civil wars that left approximately 250,000 people dead and devastated the country's economy. A 2003 peace deal led to democratic elections in 2005.

Today, Liberia is recovering from the lingering effects of the civil war and related economic dislocation, with about 85 percent of the population living below the international poverty line. All sectors of the country are currently being reformed. The health sector has made a number of advances in restoring a devastated health system. The Ministry of Health and Social Welfare in its 10-year 2011–2021 National Health Plan has prioritized improving access to efficacious, high quality, safe, and affordable medicines for all people in Liberia.

In pursuing this health agenda, Pharmaceutical Systems Africa, in partnership with Management Sciences for Health, the MOHSW, and key national drug authorities, has embarked on improving the pharmaceutical system. MSH, with funding from the Bill & Melinda Gates Foundation, developed the Sustainable Drug Seller Initiative (SDSI), building on MSH's Strategies for Enhancing Access to Medicines and East African Drug Seller Initiative programs. Those 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 success of SDSI in Tanzania and Uganda provides the rationale for piloting a similar initiative, the Accredited Medicine Store program, in Liberia.

The AMS program not only provides the framework for improved access to quality essential medicines, basic health care referrals, and services, but also complements the MOHSW's national strategy to improve the health and social welfare of all people in Liberia through two packages of services: the gender-sensitive Essential Package of Health Services and the Essential Package of Social Services. The core strategy of these two packages is to implement affordable, sustainable, high-impact interventions meant to reduce disease burden and improve health conditions of the Liberian population, which the AMS program sets out to do.

STUDY AIMS AND OBJECTIVES

Medicine stores are formally licensed businesses that sell pharmaceuticals and other commercial products. The aim of this study is to understand the behavior of consumers, store owners, medicine sellers, and community leaders so the quality of medicines and services can be improved. Through this understanding, appropriate interventions can be designed to transform medicine stores into AMSs and to change behaviors through communication, training, and support.

The main goal of this study is to determine the behaviors and preferences of the target groups—consumers, community leaders, medicine store owners and medicine sellers, and civic and political leaders—regarding medicine store services and to collect their opinions and recommendations for the adoption of the AMS program in Liberia. Information derived from these target groups will be used to develop and launch a marketing and communication strategy specifically designed for adoption of the AMS program in Liberia.



Target groups were identified to ensure the data collected were relevant to the study so its goal could be achieved. Based on the goal, aims, and objectives, interview and discussion guides were developed and used for each group. Following is a summary of the study aims categorized by group (see annex).

Consumers:

- Understand how consumers choose where they obtain medicines and what underlies these choices
- Understand how consumers perceive the quality of the medicines and associated services they obtain and what drives these perceptions
- Understand how consumers interact with medicine dispensers and what actions and medicines they take for the illness afterward
- Understand what expectations consumers have for the AMS program

Medicine Store Owners:

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

Medicine Store Sellers:

- Understand how sellers perceive their job in the medicine stores and what owners expect of them

- Understand sellers' perceptions of the service and medicine consumers expect and the quality of what sellers' 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 medicine availability and quality in communities, and how leaders and committees have addressed them, if at all
- Understand leaders' perceptions of the quality of local medicine store products and services and the potential for improving them
- Understand leaders' willingness to participate in inspection, reporting, and promotion, and what they believe will be needed to make it work

County-Level Political and Civic Leaders:

- Understand issues of medicine availability and quality in communities and what is needed to improve them
- Understand leaders' perceptions of the quality of medicine store products and services and the potential for changing to the AMS program
- Understand leaders' willingness to support a changed licensing and inspection system and what would be needed to make it work

METHODOLOGY

The approaches applied in this qualitative research were primarily explorative participatory methods: in-depth interviews (IDIs) and focus group discussions (FGDs). The subjects of the study are divided into groups: primary subjects (medicine store owners, sellers, and consumers) and secondary subjects (political and community leaders). Both IDI and FGD methods were used to collect data from the primary and secondary audiences, using standardized guides. A total of 12 FGDs and IDIs were conducted in six communities. FGDs were used specifically for consumers, whereas IDIs were used for medicine store owners, sellers, and political and community leaders. In particular, medicine store sellers were studied using a cohort approach, because during the evaluation all medicine store sellers in Montserrado County were attending the training conducted by SDSI to prepare them for converting to the AMS program. The cohort was prompted to maintain the objectivity of the study results. Guides were developed for each group to define clear behaviors, opportunities, abilities, and motivation of the subjects. The study instruments developed were pretested and modified. A literature review was also carried out for additional input to this study.

Study Area, Sample Size, and Duration

The AMS program is being piloted in Montserrado County. The formative research was conducted in preselected communities in and around Montserrado County. For the purpose of this exercise, the county was broken into three zones—

1. Central Monrovia
 - Two communities were selected: West Point and Soniwhen.
2. Outside Central Monrovia
 - Six communities were selected: Old Road, Clara Town, St. Paul, Bridge, Logan Time, and Point Four.
3. Rural Montserrado
 - Two communities were selected: Baby Ma Junction-VOA and JahTondo Town-VOA.

Sampling Methodology

Communities were chosen based on the presence of a nearby medicine store. To select the medicine store, the study team carried out exploratory work in the preselected zones. The major criteria for the selection of a medicine store were functionality and length of establishment.

In identifying the consumers for the FGDs, community entry method was used. The *community entry method* is a qualitative research approach that entails consulting with community leaders, getting permission to consult with the community, and using escorts where necessary. Discussants were invited from randomly selected households, with not more than one discussant being taken from the same household. Conditions considered for inclusion in the FGD sessions were age, sex, and length of residency (a minimum of six months and maximum of 10 years was required). These criteria were used to ensure the homogeneity of the discussants within each focus group. The discussion sessions were held within easy walking distance from the selected medicine store, and groups were limited to between 6 and 12 persons.

Twelve FGDs were organized with consumers; 24 IDIs were carried out with medicine store owners and sellers, and 8 with community leaders—principally, youth leaders, block chairpersons, and town chiefs. Another 5 IDIs were held with political leaders comprising members from the MOHSW, the Pharmacy Board of Liberia, the National Drug Service, and the Liberia Medicines and Health Products Regulatory Authority (LMHRA).

Four research teams were used, each composed of three members conducting the FGDs and IDIs. The study preparation and data collection were completed over a period of 10 days. Using a guide, FGDs and IDIs were documented primarily by a note taker and assisted by a moderator and an observer. To ensure that the gathered information was as detailed as possible, each FGD session was recorded using portable audio tapes, where permitted.

Data Management Analysis

The transcription was done from field notes and supplemented by audio tapes in all cases. The accuracy of the transcription was ensured by cross-referencing against a sample of 10 percent of the audio tapes. Codes were developed to identify important and common concepts related to the main themes of the study. Data analysis was based on a thematic approach, in which the collected information was manually organized into meaningful categories based on patterns, similarities, differences, or contradictions. Finally, some quotations that best expressed the study subjects' perceptions were identified and included in the findings.

Ethical Considerations

All participants were asked for voluntary, informed consent to participate in the research project and for permission to use the audio tape. Researchers were trained to ensure safe and confidential handling and storage of the data and information collected.

FINDINGS

The study identified behavior-specific determinants related to perceptions, choices, and drivers of those choices, as well as communication preferences for the dispensing and consumption of medicines. Findings revealed that political, civic, and community leaders, in addition to consumers, owners, and sellers harbored growing concerns about the availability and quality of medicines dispensed and consumed at the community level.

County-Level Political and Civic Leaders

Issues of medicine availability and quality in communities and what is needed to improve them

Generally, political leaders expressed concerns over the presence of substandard medicines on the market, dispensing of medicines by unqualified individuals, poor prescription patterns, and failure of dispensers to educate consumers on medicine side effects. One leader stated that the market is awash with *fake drugs* and *poor quality drugs*.

A number of efforts have been made to improve the quality of pharmaceuticals and related services, including the establishment of a drug regulatory body and a quality assurance laboratory to ensure that good quality medicines are bought and monitored; the development of a medicine list; the deployment of inspectors in the field to ensure compliance; and training of shop owners. In addition, more recently MSH, working with the LMHRA, has brought in an intervention to accredit medicine stores based on improved outlets, trained dispensers, and an increased list of medicines that can be stocked.

Issues of the quality of products and services provided by medicine stores and the potential for changing to AMS

Most leaders reported unqualified dispensers and poor storage of pharmaceuticals at medicine stores as a cause for concern. Some also noted that medicine stores were the front-line service making pharmaceuticals available to consumers. Most political leaders strongly perceived the qualification of dispensers and their registration with the Pharmacy Board of Liberia as a means to reform medicine stores.

Leader willingness to support a changed licensing and inspection system and the support needed to make it work

All the political leaders interviewed were aware of the AMS program, and almost all civic leaders interviewed cited their involvement in the AMS program. Some have been involved from the embryonic stage to implementation. Only one leader said his entity was not involved with the AMS program, but rather he personally was involved as a professional.

Most of the discussants reported that their institutions would be involved in the AMS program through various activities, including research, training, supervision, registration of all imported medicines, testing for side effects, quality assurance, and monitoring and evaluation of medicine stores.

Leaders believed that the first place people access medications is in medicine stores. By initiating the AMS program, the entire system will be improved because dispensers would be able to provide quality services that would help reduce health facility workload and thus the overall disease burden.

There was no consensus about which institution should manage the AMS program. One respondent stated that the LMHRA and the Pharmacy Board of Liberia should take the lead because they are responsible for all pharmaceutical and health products that are entering Liberia. Another said no one institution should take the lead, but rather all concerned institutions, including the MOHSW, should share responsibility.

Concerning the sustainability and replication of the AMS program, civic leaders made several suggestions, including starting a program that provides micro loans to medicine store owners; improving infrastructure, such as buildings; and charging fees for the dispenser training courses.

Communication preferences

To make the AMS program recognizable, a few of the political leaders said that a special mark or emblem should be developed to differentiate the medicine stores participating in the AMS program from others. Additional suggestions included the use of uniforms or white coats by dispensers and shop owners and the use of sign boards displayed outside the stores. Many colors were recommended for AMSs, such as red, green, or white. The slogan: “AMS: Quality dispenser and quality infrastructure” was suggested by one of the political leaders. A public awareness and media campaign was also recommended during the interviews.

Consumers



Focus group discussion with women in VOA

How consumers choose where they obtain medicines and what underlies these choices

The medicine store was the most commonly mentioned place where discussants choose to access medicines. ASA (acetylsalicylic acid), paracetamol, Septrim, amoxicillin, malaria medicine, amodiaquine, and penicillin are medicines consumers usually purchase from medicine stores. This source was closely followed by clinics and “black bucket” sources. Other places mentioned were an herbalist, a pharmacy, and a hospital.

Many reasons were cited for preference and nonpreference in each context of preferred place. Quick service, easy access to medications and services, and lower cost were reasons commonly mentioned by consumers for preferring a medicine store. Additional reasons stated by a few of the respondents were good quality of medicines and services, trust, confidentiality, and cordiality. Reasons for nonpreference were untrained dispensers and poor quality of medicine storage.

A few respondents said pharmacies are preferred because of safe storage of medicines and trained staff. However, consumers also mentioned not preferring some pharmacies because of poor medicines but then trying to find an alternative pharmacy in these instances.

Commenting on the preference for clinic and hospital, most consumers said they preferred these health facilities because clinics and hospitals examined and diagnosed consumer problems. Slow service, long protocol, and unavailability of pharmaceuticals at the mentioned health facilities were reasons stated for nonpreference.

Some discussants preferred visiting herbalists for particular illnesses.

Prevailing health conditions determine the frequency with which consumers access medicine stores (e.g., for minor emergencies and basic first aid). A few respondents stated that they go regularly to medicine stores for blood pressure checks and to pick up prescriptions issued by health facilities. The most commonly reported situations prompting the purchase of medicines from medicine stores were filling prescriptions obtained at a health facility, insufficient money to pay for medical services, minor illnesses, and clinics not being open over weekends and holidays. Other reasons that were less mentioned included emergencies and lack of access to health and pharmaceutical services. Another key reason stated was if the seller or owner of the medicine store had worked or was working with a recognized health facility.

How consumers perceived the quality of the medicines and associated services they obtained and what drives these perceptions

Consumers reported many quality issues with the medicines available to them at the community level. These quality issues were primarily associated with black bucket and medicine stores because of poor storage and counterfeit and expired medicines. Respondents largely knew medicines should be stored in a cool and dry place to maintain their potency, rather than, as reported by most consumers, in hot temperatures and exposed to direct sunlight and moisture. A few discussants reported that fake medicines sold on the market were smuggled in from neighboring countries such as the Republic of Guinea. Another medicine quality issue reported by the majority of consumers was untrained individuals (e.g., street sellers and medicine store sellers or owners) selling medicines in the community.

Other problems of quality of service most commonly reported about medicine store owners and dispensers were providing treatment based only on symptoms, not asking enough about the symptoms before recommending medicines, giving medications without checking and testing the them, not discussing medicine allergies and possible side effects, shelving and dispensing expired medicines, and being cordial only when customers have enough money to purchase medicines.

However, most discussants also reported that some medicine stores provided good quality services: they had experienced dispensers, provided first aid services, stocked good quality medicines, and recommended the correct medicines.

How consumers interact with medicine dispensers and what actions they take afterward for the illness and medicines

The majority of the respondents said they usually walked into a medicine store to purchase a particular medicine to take at home. Most discussants also said that at times they explain a particular symptom to the seller and they are served based on the symptom explained.

In exploring how consumers are served by dispensers at medicine stores, on the one hand, a majority of the consumers said that dispensers commonly give medications and provide treatment based on the conditions explained without making any further inquiries. On the other hand, the consumers reported that some dispensers do tell them how to take their medicines and even examine, diagnose, and treat their conditions.

The consumers most frequently said that they take medication as prescribed and complete their dose. However, some respondents admitted to not completing their course of medication. Instead, they continue treatment until they feel better, keeping the remaining medication to treat potential recurring symptoms or to pass on to others.

In their own words...

"Sometimes they just give medication without asking."

"If you go to drugs store, in a particular state of illness before the drugs store, people will inquire about what happen to you."

What expectations consumers have for the AMS program

Generally, a majority of the consumers were unaware of the AMS program. In these cases, moderators introduced respondents to the program and continued the interview.

Consumers perceived the AMS program as an initiative that will improve the health of the community by training sellers and owners to provide quality services.

Most consumers expect AMS to remove street sellers (black buckets), counterfeit, and expired medicines from the market and their communities. Moreover, the AMS program should facilitate medicines being sold at affordable prices.

Consumers also suggested that the government and other stakeholders should make a collaborative effort for the sustainability and maintenance of the program in the community.

Communication preferences

The majority of the consumers named radio as their primary source of information, closely followed by community outreach or sensitization and health education at clinics. Less mentioned were cell phones, newspapers, leaflets, and town criers. However, consumers would prefer to receive the information through outreach and community theater/edutainment (drama performance) and to have such consumer awareness exercises led by health workers. Few said that they would prefer health messages to be aired on radio in simple Liberian English.

Consumers identified the following as images or symbols that can be used to represent AMS—

- Snake going down into a cup
- Man treating a patient
- Doctor treating a patient
- Sign board with AMS placed on the building

Some suggested mottos or slogans were—

- “AMS saves lives”
- “AMS LIB saves lives”
- “Saves lives”

Some possible colors for AMS were—

- Green and white
- White, blue, and red
- Yellow and white

Additionally, some consumers said certificates should be issued to medicine stores participating in the AMS program and that dispensers should be uniformed.

In their own words...

“It will give us good health for we and our children.”

“It will educate the people...selling medicines in the drug store.”

“The benefit of this AMS program is that when it comes to this community it will help us to get treatment, good drugs; people to render good services to the people da we will be satisfy.”

“As for me, we will like for the people to come into the community, break it down for us, and explain in a simple way for us to understand.”

Medicine Store Owners



In-depth interview with a medicine store owner

Owner perceptions of the quality of services and products they provide

Medicine store owners named medicine stores and street sellers as places community members most often purchase medicines. Their most common customers are mothers of infants and community dwellers. Other customers include adults and illiterate people who come to seek care from medicine stores. The owners reported that the number of customers they receive varies daily, associated with their location and quality of services provided. Their sales peak at 10 a.m. and 6 p.m.

Owners cited many reasons they think customers prefer their shops to others, including cordiality, medicine potency, confidentiality, and discounts provided to consumers. For the most part, owners thought highly about the services they render. However, a few owners recognized that the services they currently provide to consumers are not of the highest standards. Furthermore, they associated lower quality services with stores that do not have electricity or the ability to keep their medicines cool, which alters their potency.

Among the medicines they dispense and sell, owners included some essential medicines, including amodiaquine, aspirin, co-trimoxazole, paracetamol, and painkillers (Paingo, Osteo, or Pain Relief), as well as oral rehydration solution (ORS), gentamycin, and other antibiotics.

Owners said that customers often come in to request a particular medicine. When this happens, before selling it to the customer, owners tell them the price and then make inquiries about who will be taking the medicine and why. Owners also commonly stated that sometimes customers explained their conditions to sellers for advice on what to purchase. Most owners claimed that they explain to consumers how medicines should be taken or used when dispensing.

Medicine that is purchased with a prescription is dispensed to the customers with instructions on how to take it. However, owners admitted that most medicines are dispensed without prescriptions and that they inquired about certain categories of medicine only (ASA, chloroquine tablets), either because of medicine contraindications or because the medicine is not on the essential medicines list.

The majority of the owners said they consult a medicine book and medical dictionary to address questions related to medicine indications or use. Other means of reference mentioned by a few

owners were consulting a pharmacist or wholesaler on the use of medicines, specifically when new medicines are introduced.

The amount of time owners spend with a customer depended on the type of interaction they had, such as the condition the customer was presenting or the type of medication they required. Respondents reported they spent anywhere from 2 seconds to 30 minutes with a customer.

The majority of the owners reported making small purchases rather than purchasing in bulk from local wholesalers and retail pharmacies (e.g., Lucky, Abeer, and Sonia). Other sources commonly listed were pharmaceuticals imported by the MOHSW (National Drug Service and black market) and American medicines from people who bring barrels into the country.

Owners benefit from purchasing medicines and products from a wholesale pharmacy for two reasons. Good prices for medicines and good quality of medicines help generate more profit and higher customer satisfaction. Additionally, a few said purchasing from wholesalers is beneficial because they are officially recognized by the government.

However, owners face a number of challenges, including competition from pharmacies selling at the same retail prices as medicine stores, wholesalers requiring cash payments and refusing credit, exclusive rights given to importers to import certain medicines, and unstable or inflated prices.

All owners reported storing medicines on shelves. A few reported labeling their shelves by medicine names; others arrange medicines by category on the shelves while another arranged medicines alphabetically by name and type (tablets followed by syrups).

The majority of the owners explained their dispensing practices: for instance, the use of pan and spoon, packaging of loose tablets in plastic dispensing bags, dispensing of medicines on strips, and so on. They reported labeling plastic dispensing bags with the name and strength of the medicine, expiry date, and instructions for use.

One owner said he dispensed according to the guidelines given by the Pharmacy Board of Liberia.

Knowledge about the AMS program

The majority of the medicine store owners knew something about the AMS program. Many were aware that it is geared toward improving their shops, their capacity, and the quality of medicines and services they provide to the community. Only a few said they had heard about the program but did not know its purpose.

In their own words...

"They are of worth to my customers, because it can cure them, it solve their problem, because when you come down with certain problem you come to me for medicine I ask what sickness and give you medication to cure it, it can cure them."

The value of services and products to the owner and what value could be added

Most shop owners believed their services to be valuable to their customers. A few said educating customers on the use of medicine is an essential service they render to their customers. Listening to their customers and creating a cordial atmosphere was another valuable service reported by the majority of the owners, because this results in their patients returning to their shops not to complain but rather to thank them for their services. In addition, customers properly served always purchased from their shops and were relieved of their illnesses by the medicines they purchased.

Even though owners perceived their services as good based on the quality of medicines and customer service provided, a few acknowledged that their shops require better infrastructure and financial management. They also cited a need for improved knowledge and skills to manage their shops and dispense health care services more effectively.

Owner willingness to participate and invest in accreditation requirements and what they believe will be needed to make it work

In their own words...

"Help me be a good dispenser"

"It will help me have more skills."

"Help promote my business more and more"

"Rendering health services to people will give to our people great opportunity."

"Improve community health"

"What used to happen in drug store will not happen!"

"You will see people go for workshon teaches new idea "

Generally, the owners expressed willingness for their shops to be part of the AMS program. They anticipate that the AMS program would improve their knowledge and skills to better administer medicines and improve the health of the community. Most owners also believed that the program would help them provide better guidance to sellers in their shops. One respondent, however, said he does not want to be part of the AMS program, preferring to continue on his own, because he believes he has sufficient capacity and dislikes partnerships.

Although most owners could not perceive any reasons preventing them from joining the AMS program, they had apprehensions about adhering to the rules and regulations governing the program, maintaining consistency in medicine prices, and avoiding business failure after their shops become AMSs. Despite their concerns, most of the owners perceived a greater

advantage in becoming part of the AMS program.

Regarding potential difficulties owners anticipated after their shops become part of the AMS program, a few of the owners worried about rising prices, getting customers to change their perceptions and accept the prescriptions given to them by dispensers, the government failing to

In their own words...

"Like I said, knowledge is power! I will have more brought from the training."

"Most especially to check for and treat malaria in drug store because it is the most common thing people go to hospital"

"At least you will learn more than what you know."

"It will improve, help medicine store to be a good medicine store".

"To improve on my preview experience and know how to improve on my treatment process"

implement the AMS program from the grassroots to change behaviors and practices, and the removal of street sellers to create further demand for use of medicine stores. Only a minority of the discussants, however, expressed uncertainties about outcomes after their shops convert to AMSs.

Owners perceived training as a means of increasing their knowledge and skills, likewise improving their services and building their customer base. The majority of the owners reported that they will need more training to improve their skills in medicine business, treatment process, and quality community service delivery. One owner, however, said he will be part of the training only if the process is approved by the parliament of Liberia.

Most owners believed that converting their shops to AMSs would definitely affect sales, prices, and

consumers. They also expected that the improved quality of their products and services would increase customers despite possible price increases. Quality, some owners noted, will outweigh cost, and consumers will adapt to the new system. A further added value of the program mentioned by some will be the increases in sales, morale, and local pride from having an advertised AMS in the community.

The use of a prescription prior to dispensing was expected by some owners to help track medicines administered to consumers in case of adverse reactions or side effects. However, a few owners worried they would lose customers if they were required to purchase a full course of prescribed medicine. A small number anticipated consumer complaints about the new system, while one said it will not affect his business because he would not be part of the AMS program.

Most respondents believed that the key drivers of customer preference of an AMS shop over a non-AMS shop would be the quality of services and medicines provided. However, a few owners did highlight the question of medicine affordability as a difficulty consumers might face. Nevertheless, a small number of owners felt sure that despite increased consumer costs, if they are properly informed of the benefits, they will ultimately prefer AMSs.

In their own words...

"If your shop converts AMS, it just depends on the prices; it will be a help and it will encourage my customers to come in more."

That said, a few owners believed that a consistent flow of customers will be maintained only as long as the cost of medicine remains affordable. The owners explained that if prices become unaffordable, consumers will be forced to buy medicines from bucket or street sellers. One owner suggested that poverty may be a driving force for customers choosing a non-AMS over an AMS.

Financial management

All owners reported recording daily sales of items purchased by consumers in a logbook. A few owners said they also usually record items they purchased. A few of the owners said they have a book to record medicines received and total medicines sold, whereas the majority reported they had only the daily sales books.

Some owners reported calculating profit and loss on a daily basis, while one owner stated he assessed his income and profit annually.

Owners' financial management knowledge and skills were relatively weak. Most owners admitted that they had not had financial management training but relied instead on their own knowledge. One owner said she is being helped by her spouse, while another said he had been trained a long time ago.

Owners generally felt that financial management training would add significant value to their business. Most reported that training in financial management would improve their understanding of business and allow them to check and balance their book and better capture their expenditures against their income. One owner said she will no longer have to ask anyone to manage her business but rather will be empowered to manage it herself.

In their own words...

"We will acquire essential knowledge and skills required for store owner."

"This will improve our income."

In terms of identifying and disposing of expired medicines, owners most commonly reported checking for expiration on their counters or shelves. A few stated that they practice the first-expired, first-out (FEFO) method. Several respondents reported disposing of expired medicines either in the dump site or in garbage bins; others drop the price of medicines nearing expiration as a means to minimize expiries. One respondent reported disposing of expired medicines by burning them.

A minority of owners recognized that they were incurring losses by analyzing the records in their daily sales books and carrying out physical counts on the counters or shelves. One respondent reported that he uses a computer program to assess profit margin, while another owner said losses are recognized through annual inventory.

The majority of shop owners reported that consumers demand credit frequently. Although a few owners said they do not offer medicines and services on credit, the majority said they do. The decision to grant credit depended on the owner's relationship to the customer and whether or not that customer was a regular buyer. To collect outstanding debts, owners said they use various methods, such as home follow-up, reminding their customers, and making customers pay when they come to purchase.

The greater proportion of owners reported that they are renting their premises. Only a few said they own the buildings where they operate their stores.

Communication preferences

Most respondents mentioned both radio and community sensitization as their sources of health information. Print and electronic media, such as TV, posters, and leaflets, were cited less, as were workshops. The most preferred channels of communication among owners were training and health education, and outreach or community mobilization through community health workers; TV, radio, newspapers, leaflets, and the clinic were other preferences cited.

Medicine store owners made the following suggestions on how AMSs should be identified.

Motto or slogan:

- "Your health is our concern"
- "New health services to the people"
- "Improve health services for the people"

Color, image, and symbol:

- Cream and white
- Green and white plastic sign board
- White on sign board with cross
- Navy blue on building
- Draw doctor with sick person
- Clean and white
- Sign board with AMS written on it
- Green
- AMS name (snake in the cup or cross)

Concluding, a respondent said identification (ID) cards should be provided for health personnel in the medicine store.

Community Leaders



In-depth Interview with a community leader

Issues of medicine availability and quality in communities and how leaders and committees have addressed them (if at all)

The primary concern of community leaders was the quality of medicines being dispensed to communities. Many respondents mentioned poor medicine storage and the presence of expired medicines on the market; others noted the lack of qualification of medicine sellers. Most community leaders highlighted concerns about medicines being dispensed from buckets and in poorly ventilated medicine stores, focusing on the dubious legality of the sellers.

Despite these pressing concerns over the quality of medicines being dispensed to communities, most of the community leaders showed no appetite for directly responding to the situation. Few of the leaders, as reported, had initiated any action to address these issues, with many insisting they lacked the authority to act. Of the respondents who reported having taken action, the most common strategies included policing street medicine sellers and building awareness in their communities about the danger of purchasing medicines from the streets.

Indeed, community sensitization was perceived to be the most appropriate action community leaders could take to warn community members against buying medicines from stores or street sellers that provide poor quality of medicines and services. Another, though less mentioned, intervention was to ban black bucket boys from selling in their community. One community leader recommended that a workshop be organized to enlighten medicine sellers (street and medicine store).

Community leaders were in general agreement that a government-funded program for training, standardization, and certification of medicine stores and sellers was an appropriate means of addressing the concerns about the dispensing of medicines by medicine stores. Some also foresaw a

In their own words...

"It will be harmful to the people what they sell in the bucket and it will be harmful to the community."

"But my main concern is these guys selling in the black bucket."

"My concern is the medicine is not treated properly."

"The way they buy, because most of the time the drugs are expired."

"They are not licensed or accredited to sell drugs or PA, nothing like that. They just take drugs and start selling."

In their own words...

"I have not done anything like awareness-building."

"We don't have power over drugs."

"We encourage them, that manner is not proper."

"Sensitize the community members that they should not buy from the people selling in the street."

"We need to stop these black bucket boys from selling here; they can sell bad medicals to our people."

potential role for nongovernmental organizations in delivering such a program. Sensitization meetings with community stakeholders and members through town hall meetings and "edutainment," specifically drama, were additional activities frequently mentioned by discussants.

A few of the leaders noted that if high taxes must be paid by medicine store owners, it will affect the cost of medicines and services, negatively affecting affordability among impoverished community members. This will compound the existing financial incentive for these consumers to purchase from black bucket street sellers.

Leaders' perceptions of the quality of local medicine store products and services and the potential for improving them

Major issues frequently mentioned by community leaders were the legality of medicine sellers, unqualified sellers, poor medicine quality, the selling of insufficient quantity of prescribed medicines, the presence of counterfeit and expired medicines on the market, and the absence of a regulatory system to monitor the quality of medicines and services being dispensed to communities.

Some community leaders described opportunities to modify services as being dependent on the willingness of store owners and sellers to be trained and to accept the program. Only a few community leaders said their community is willing to identify medicine stores that are up to standard.

Leaders' willingness to participate in inspection, reporting, and promotion, and what they believe will be needed to make it work

Of all the community leaders interviewed, only one was aware of the AMS program, having heard about it on the radio. He reported believing that the AMS program will improve the quality of medicine stores.

Few community leaders believed that illegally operated stores would close if other medicine stores are converted to AMSs. One respondent did note that it will ensure the monitoring of medicine stores. Another smaller group of discussants mentioned that sellers will dispense and consumers will complete the correct course of treatment. Other leaders suggested that the program will improve the quality of services at medicine stores.

When asked about the level of support they would provide to the AMS program, the majority of community leaders responded that they would mobilize community members in favor of the AMS program. Most of the leaders also reported that they would carry out community sensitization in their respective communities. Some respondents said they will ban the illicit medicine trade in their communities. One community leader

In their own words...

"When they see AMS on your store, they will know the store is good. And when you get AMS, you can operate your medicine store. That good idea will help you about human life to protect life. Protect diseases, looking healthy. It will be a fine thing for the community resident if our drugs store change to AMS. They will improve drugs system checking on them, providing training for them. Standard for the people in the community to have good medicine. Power to monitor the drugs store."

said he would encourage his community to identify volunteers to be trained to disseminate information on AMS services and would even provide a hall for the event. Another leader said even if a medicine store were to have financial problems in meeting the AMS program criteria, he would rally financial support from his community for that medicine store.

To successfully roll out the AMS program, leaders suggested activities including mass community meetings, forums, and workshops in vernacular to inform communities; block-to-block education; ensuring medicine stores join AMS; and enforcing rules and regulations on medicine quality to stop illicit medicine trade.

The two most commonly cited strategies for promoting the sustainability of AMS were community involvement and solicitation of more funds by government to support AMS implementation. A few mentioned the recruitment and training of paid volunteers to educate community members and monitor performance.

Communication preferences

Among community leaders, radio, followed closely by community outreach, was the most frequently named source of health information. Many also acquired health information from clinics and the print media.

These preferences more or less mirrored the leaders' preferred means of acquiring health information, with most citing community outreach as their favored source of information, followed by radio and workshops. Flyers, banners, and clinics were also named as other sources of health information.

Most informants stressed that messages should be aired across a variety of community radio stations. Vernaculars and simple Liberian English were commonly proposed languages for information dissemination about the AMS program at community levels.

Suggested ways of recognizing AMS

Motto or slogan:

- "Health is all about life"
- "AMS, health for the people"
- "Say AMS"
- "Painted ASM"

Color:

- Color should be on both sign board and building
- Yellow and red
- Blue and white
- Red, white, and blue
- Yellow or green
- White

Image, logo, or symbol

- Most discussants proposed an AMS ID card and working uniform for sellers
- AMS should be written on sign board in a cross like the Red Cross
- Medical doctor drawn on sign board giving someone medicine
- Sign board with AMS written on it and attached on the external wall of the shop

Medicine Store Sellers



Medicine store seller serving a child customer

At the time of data collection, most of the sellers were attending the AMS workshop in central Monrovia. To ensure wide coverage and cover a broad spectrum of views, medicine sellers were put into two categories for interview purposes, those who were attending the training and those who were in the community tending to medicine stores.

How sellers perceive their job in the medicine stores and what owners expect of them

Respondents' perceptions differed widely, with some sellers in both the field and training sites viewing their job merely as a means of survival and others, predominantly from the training group, seeing their job as the beginning of a career leading to a higher medical profession. Some sellers in both categories believed their job as a dispenser was to be a provider of essential health services, saving human lives on a daily basis.

Sellers in both categories described their role as equal parts caretaker, prescriber, counselor, and caregiver. At the same time, some sellers believed that they were expected only to sell medicines and render services such as diagnosing, prescribing, and administration of medicines.

In both groups, the sellers reported they dispensed medicines based on appropriateness and not on demand from their customers. A few sellers also stated that they inquired about the source of a medical prescription before dispensing.

In their own words...

"Yes the job is manageable; we trying to make life out of it."

"My job is alright because we are the one saving life."

"When someone come sick, you talk to them good so that they will come next time."

"I just sell."

"Give right prescription, right administration."

"When they come for medicine, I ask them 'What's your problem?' to know if the medicine is for it or not."

Decision making when faced with a lack of knowledge or information varied between the two groups. At the training site, the sellers generally referred patients when in doubt about a diagnosis; some said they consulted medical reference books. In the community, sellers frequently reported that in these cases, they requested assistance from their bosses, whereas others said they just do not sell medicine they are not knowledgeable about. The reason for these differences seems to be that most of the main dispensers at medicine stores attended the training while the second-rated dispensers covered for them during their absence. A hybrid of themes coming from both exercises is likely to be the more representative position, given that on average one is likely to find the first-line dispenser or the second choice attending at a medicine store, depending on the time of the day.

Sellers' perceptions of what services and medicines consumers expect and the quality of what they are able to provide

In their own words...

"They can explain their problem, and I manage it. If I'm not able, I refer them to the hospital."

"I give them information; some have to do with prevention."

"They come and say they want paracetamol. I try to ask what you want do with it, trying to get into it; some get angry and leave."

"Customers will surely want good drug from my shop."

"Like most customers, their belief I want paracetamol they feel that 10 paracetamol is only the treatment that they are supposed to receive."

In terms of services and medicines provided to their customers, sellers in the community reported rendering care and treatment as well as health education services. At the training site, sellers cited administering treatment, referrals, and counseling services to their customers. In both groups, sellers reported antimalarials, antipyretics, and analgesics as medicines commonly dispensed to their clients.

The different groups reported a clear divergence in customer reactions to their services. Sellers at the training site often described consumers as "always in a rush" and "accustomed to medicine brands," generally refusing to accept other brands of medication if offered. In contrast, sellers in the field described consumers as being appreciative of their services for the most part. They did point out that customers sometimes get angry and leave the shop if inquiries are made about the need or purpose of their requested medicine.

The majority of sellers believe that consumers prefer quality products, medicines, and services. Consumers also have very specific preferences regarding the dispensing of medicines. Respondents at the training site explained that most customers want their medicines to be placed in dispensing plastic bags and labeled with name, strength, quantity, expiration, and instructions on how to take it. In the community, sellers

reported that customers want their prescriptions to be underfilled in most cases, because this is cheaper and they lack understanding of the benefits of a complete course of medication.

How sellers interact with consumers and what issues arise

Overall, sellers' interactions with their customers are characterized by cordiality and inquiries before service. Specifically, sellers at the training also reported carrying out triage and further examination or investigation before dispensing.

Sellers in both categories stated that the time spent with each of their customers depended on the type of medication required and clinical condition presented. When asked the average time they spent with a customer, sellers across both groups most frequently reported 5, 10, and 15 minutes.

Experiences with customers varied between the two groups.

Most sellers at the training site described their customers as impatient and not wanting to adhere to "first come, first served." Customers also often complained when medicines were prescribed that were different to what the customer desired. In the community, sellers explained that consumers sometimes reject alteration of what is requested and also report medicine inefficacy.

Sellers' willingness to improve quality and what they believe will be needed to make it work

All sellers had heard about the AMS program. A seller in the community reported he had heard on community radio station "like FM" that a workshop was being held by MSH. However, knowledge about AMS among sellers in the field was only superficial. They knew that some of their colleagues had been given the opportunity to be trained and to receive loans. Among sellers at the training, knowledge about AMS was mixed. A few reported that they did not understand the aim of the training they were attending, whereas others knew that the program is for improving the quality of medicines and services being dispensed to consumers, as well as business promotion.

All sellers foresaw themselves being empowered in a number of ways if their shops became part of the AMS program. At the individual level, they predicted improvements in their dispensing and financial management skills. Moreover, they believed their businesses would be strengthened financially and the quality of their services upgraded. Other advantages mentioned by sellers in the community were increased respect and confidence from the community. Sellers at the training site expected recognition of their businesses by the Pharmacy Board of Liberia.

In their own words...

"Some of our friends get opportunity to go in training; they give credit to do their business."

"My benefit will be great, because people will get to know us, respect us, so we will uplift our services."

"I will join this to be about to allow my people to live in good health."

In their own words...

"Yes, when customer comes to my shop I speak to them and ask how you need help from me?"

"Let me say it depend on the medicine the patient want and the patient condition."

"If they come and see other customers, they will not want to wait."

On the basis of these expected benefits, all intended to join the AMS program as a means of empowering themselves and improving the health of their communities. Some concerns still persisted, however. One seller in the field noted that the failure to ban street sellers was a reason against joining the AMS program; another seller at the training believed the lack of small loans in the program was another compelling reason not to take part in the program.

Although most sellers did not see foresee any major difficulties in becoming a part of the AMS program, they did predict a number of challenges arising after their shops had become part

of the AMS program. Both categories of sellers anticipated problems with the application of new skills and the adaptation of customers to those new skills. Sellers in both groups were concerned about a reduction in customers and sales following the conversion of their store to an AMS. This was largely because of the increase in prices that might result from changes in dispensing, specifically dispensing an adequate dose of an antibiotic, for example.

Another challenge perceived by sellers at the training site was their ability to apply correctly the new skills they were acquiring at the workshop. Nevertheless, a majority of the sellers perceived trainings as a good tool for the AMS program because they improve knowledge and skills on dispensing.

Financial management

Capturing daily sales is a common financial management practice among sellers. The majority of sellers have not gone through any form of training, and only a few said they had benefited from financial management training.

Sellers at the training reported carrying out monthly checks and marking an X on medicines as a means of identifying expiration. Among all sellers, discarding expired medicines at the dump site is the most commonly practiced method.

The majority of the sellers reported that their customers demand credit. Furthermore, they said collection of these debts is challenging because consumers are not committed to full and timely payments.

In their own words...

"Many pay credit little by little."

Communication preferences

Sellers in both groups repeatedly mentioned community outreach as the most frequently used source of health information, with only a few citing the radio as a useful channel.

For most of the sellers, community campaigns using drama were deemed the preferred channel of communication for all audiences.

Slogan:

- "Quality health store"
- "We are the best"

Imaging:

- AMS printed on signboard
- Draw the AMS medicine store

Color:

- Green and white

CONCLUSION AND RECOMMENDATIONS

Summary of Findings

In spite of the variation in study areas and subjects, little dissimilarity in findings occurred. Poor quality of medicines and services related to dispensing are concerns raised by discussants across all levels, including policy makers, service providers, and community members. This finding suggests the concerns and perceptions about quality of medicines and services are crosscutting, which demonstrates the need to respond appropriately to the current poor quality of medicines and services. The proposed AMS program was also widely commended as a good way to alleviate these problems.

Cost and affordability, easier access, quick service, and medicine availability are the principal determinants of consumer preference for medicines stores. Likewise, the determinants of preference for the poorest quality of medicines and services, the “black bucket,” are also cost, affordability, and easier access, meaning consumers equally access both services.

Another observation that came out very prominently is the need to remove counterfeit and poor quality medicines and illicit medicine sellers from markets in Liberia. At all levels this is perceived as a hindrance to the implementation of the AMS program.

Community involvement and availability of sustained funding were key suggestions coming from study respondents.

Most respondents believed that community sensitization through edutainment was the most effective means of communicating health information and prompting behavioral change in Liberia. Clearly, all discussants perceived that the AMS program has to adopt an identity that allows it to stand out and demonstrate its uniqueness.

These findings are envisaged as informing the development of a comprehensive and strategic marketing and communication plan for effective behavior change to create the necessary impact to meet the stated goals and objectives of the AMS program.

Recommendations

It is important for the success of the AMS program that the study subjects’ receptiveness be harnessed. Improvement of the quality of medicines and services dispensed by medicine stores requires the involvement and support of informed players (consumers, owners, sellers, and community leaders).

As national data indicate, many Liberians live on below a dollar per day; therefore, it is important that the AMS program use strategies to ensure that prices are affordable and consistent among all AMSs.

Maintaining the quality of AMSs is essential to achieving its objectives. As such, two key issues deserve attention—

- Transparency in the accreditation process is vital to gaining public trust and ensuring use of AMSs.

- A robust monitoring regime for the AMS program to ensure adherence to established standards is important and should encompass both professional inspectors and local volunteers and stakeholders.

ANNEX: INTERVIEW AND FOCAL GROUP DISCUSSION GUIDES FOR AMS REASERCH

ACCREDITED MEDICINE STORES (AMS) MARKETING: FORMATIVE RESEARCH

AUGUST 1-21, 2012

In-Depth Interview Guide for Political and Civic Leaders

Hello, my name is _____ from _____. We are interviewing political and civic leaders in the area of health.

INFORMED CONSENT [*Read Out*]

We are working with the Ministry of Health to conduct a survey on people's health in Liberia. If you agree to be in this survey, you will be asked questions that will be used to improve access to health care. The survey will take about 30 minutes to 1 hour. All of the information you provide will be kept private.

Would you like to participate in the survey? [*Have the person sign on the appropriate line.*]

Yes: _____ No: _____

Name of Interviewer: _____ Date of Interview: ____/____/____

Session I: Profile of Discussant

1. Name: _____
2. Age: _____
3. Sex: _____
4. Education level attained: _____
5. Organization: _____
6. Position: _____
7. Years in this field: _____

Session II: Issues of Medicine Availability and Quality in Communities

8. What are the concerns with the dispensing and consumption of medicines by households?
[Probe: quality and availability]

9. What actions have been or are being carried out to address these concerns?

Session III: Leader Perceptions of the Quality of Local Medicine Store Products and Services

10. What do you think about medicines and services that are being provided in your community by drug stores? [Probe: quality]

11. What do you think needs to be done to ensure the improvement of services being provided by community drug stores?

Session IV: Leader Willingness to Support Change

12. Do you know about the Accredited Medicine Stores (AMS) program in Liberia? Yes / No
[Circle the response. If the answer is 'No', probe to find out more about the person (e.g., did the person just start in the job). Then end the interview, because the person will not be able to answer any more questions.]

13. To what extent is your office/organization involved in the process of initiating the AMS program?

14. What roles have other members of this office/organization played in the planning and implementation process of AMS program in Liberia?

15. What can you say about the County Health Team involvement in the planning and rollout of the AMS program in Montserrado?

16. How do you think this program contributes to the improvement of the health-care delivery system of Liberia, specifically the Essential Package of Health Services?

17. Which institution do you propose to take lead of the AMS program after PSA (Pharmaceutical Systems Africa) exits? Why?

18. What are your suggestions for the sustainability and replication of the AMS program across the country? [Probe for quality maintenance and sustainability of AMS]

Session V: Communication Preference

19. What would make AMS most recognizable in Liberia? [Probe: motto/slogan, images, and color]

**ACCREDITED MEDICINE STORES (AMS) MARKETING:
FORMATIVE RESEARCH**

AUGUST 1-21, 2012

In-Depth Interview Guide for Medicine Store Owners

Hello, my name is _____ from _____. We are interviewing medicine store owners and sellers.

INFORMED CONSENT [Read Out]

We are working with the Ministry of Health to conduct a survey on people's health in Liberia. If you agree to be in this survey, you will be asked questions that will be used to improve access to health care. The survey will take about 30 minutes to 1 hour. All of the information you provide will be kept private.

Would you like to participate in the survey? [*Have the person sign on the appropriate line.*]

Yes: _____ **No:** _____

Name of Interviewer: _____ **Date of Interview:** ___/___/___

Name of Community: _____

Session I: Profile of Discussant

1. Name: _____
2. Age: _____
3. Sex: _____
4. Qualification/education level: _____
5. Name of medicine store: _____
6. Location of store: _____
7. Accreditation status: _____

Session II: Owner Perceptions of the Quality of Services and Products

8. Where do community members purchase their medication? [*Probe: medicine store bucket/table drug sellers*]

9. Who are your major customers?

10. How often do customers get medicines from your shop?

11. Why do you think customers prefer your shop?

12. What do you think about the services you currently provide? [*Probe: quality*]

13. What kinds of medicine do your customers often buy? [*List drugs identified*]

[Only ask questions 14–17 if the owner also sells in the medicine store.]

14. How often do customers ask for specific medicines versus explaining their conditions to you before you prescribe a specific medicine?

15. What do you do when a customer asks for a particular medicine?

16. How do you get drug information when you are stuck?

17. What is the average time spent with a customer?

[Continue the interview with all discussants.]

18. How do you procure the medicines/products you sell? *[Probe for sources where medicines are procured]*

19. What are the benefits of buying from a registered, wholesale pharmacy?

20. What are the hindrances of buying from a registered, wholesale pharmacy?

21. How do you store the medicines you procure?

22. How do you dispense your medicines? *[Probe for packaging and label]*

Session III: Knowledge about AMS

23. Have you heard about the Accredited Medicine Stores (AMS) program in Liberia? Yes / No
[Circle the response. If the answer is 'No', explain the concept of AMS and skip to Session IV.]

24. What do you know about the AMS program in Liberia?

Session IV: Value of Services and Products to the Owner

25. Why do you think the services and products you are providing are of worth to your customers?
[Probe for benefits/advantages/disadvantages]

26. What do you think can be done about the services and products you are providing?

Session V: Owner Willingness

27. What do you think about your medicine store becoming a part of the AMS program?

[Probe for advantages/disadvantages/benefits]

28. Why would you or would you not join the AMS Program?

29. What difficulties do you foresee if your medicine store becomes part of the AMS program?

30. What do you think about going through AMS training?

31. If you attend the AMS dispensers training, what additional skills/job aids do you think will be necessary for you to improve your knowledge and skills to provide quality service?

32. If your shop is converted to AMS, what impact will it have on the number of customers who get medicines from your shop?

33. Why do you think more or less customers will get their medicines from a medicine store if it becomes an AMS?

34. The ASM program requires a complete course of medicines to be sold; how do you think this will affect your sales, customers, and prices?

35. What do you perceive as the benefit to customers if they buy medicines from an AMS versus a non-AMS store?

36. What difficulties do you perceive customers will face in buying medicines from an AMS versus non-AMS store?

Session VI: Financial Management

37. How do you capture your business transactions? [Probe: daily sales, profits, and business worth/ standing]

38. What training did you undergo to help you carry out financial management practices and procedures?

39. If you were to be trained on financial management, what value would it add to your business standing?

40. How do you capture information about medicine supplies received and total medicines sold?

41. How do you capture expired and disposed of medicines?

42. How do you know if you have lost medicines from your business?

43. Do your customers sometimes demand medicine on credit? Yes / No

44. How do you make sure customers pay for the medicines they take on credit?

45. Who owns the premises where you operate?

Session VII: Communication Preference

46. How do you get health messages? *[Probe: specific sources/channels]*

47. How do you prefer to get health messages? *[Probe: specific sources/channels]*

48. What would make AMS most recognizable in Liberia? *[Probe: motto/slogan, images, and color]*

ACCREDITED MEDICINE STORES (AMS) MARKETING: FORMATIVE RESEARCH

AUGUST 1-21, 2012

Focus Group Discussion Guide for Consumers

Hello, my name is _____ from _____. We are interviewing people who buy medicine from the medicine store.

INFORMED CONSENT [*Read Out*]

We are working with the Ministry of Health to conduct a survey on people's health in Liberia. If you agree to be in this survey, you will be asked questions that will be used to improve access to health care. The survey will take about 30 minutes to 1 hour. All of the information you provide will be kept private.

Would you like to participate in the survey? [*Have the person sign on the appropriate line.*]

Yes: _____

No: _____

Name of Moderator: _____

Date of Interview: ____ / ____ / ____

Name of Note-taker: _____

Name of Observer: _____

Name of Community: _____

Session I: Profile of Discussant

1. Name: _____
2. Age: _____
3. Sex: _____
4. Education level attained: _____
5. Occupation: _____
6. Length of residency: _____
7. Marital status: _____

Session II: Consumers' Choices

8. Where do you get medicines?

9. **Why do you prefer this place over other places?** *[Probe: quality of services and drugs]*

10. **How often do you get medicine from the medicine store?**

11. **In what situation do you get medicine from the medicine store?**

12. **What do you think are the benefits of getting medicine from where you preferred?**

13. **What medicine(s) have you bought from the medicine store in the past four weeks?**

Session III: Consumers Perceptions of the Quality of the Medicines and Services

14. **What can you say about medicines that are sold in this community?** *[Probe: quality]*

15. **What do you think about medicines and services that are being dispensed in this community by medicine stores?** *[Probe: quality of medicines, services obtained, and drives]*

16. **What do you do when you get medicine from the medicine store?**

17. **How are you served by the dispenser at the medicine store?**

18. What do you do after you have been served by the dispenser at the medicine store?

Session V: Consumer Expectations of AMS

19. Have you heard about the Accredited Medicine Stores (AMS) program in Liberia? Yes / No
[Circle the response. If the answer is 'No', explain the concept of AMS to respondents and continue the next question.]

20. What is your view on the AMS program in this community?

21. What do you think the AMS program will bring to this community?

22. What are your suggestions for such a program (AMS) to continue in this community?

Session VI: Communication Preference

23. How do you get health messages in this community? [Probe: specific sources/channels]

24. How do you prefer to get health messages in this community? [Probe: specific sources/channels]

25. What would make AMS most recognizable in Liberia? [Probe: motto/slogan, images, and color]

**ACCREDITED MEDICINE STORES (AMS) MARKETING:
FORMATIVE RESEARCH**

AUGUST 1-21, 2012

In-Depth Interview Guide for Medicine Store Sellers

Hello, my name is _____ from _____. We are interviewing medicine store owners and sellers.

INFORMED CONSENT [Read Out]

We are working with the Ministry of Health to conduct a survey on people's health in Liberia. If you agree to be in this survey, you will be asked questions that will be used to improve access to health care. The survey will take about 30 minutes to 1 hour. All of the information you provide will be kept private.

Would you like to participate in the survey? [*Have the person sign on the appropriate line.*]

Yes: _____ **No:** _____

Name of Interviewer: _____ **Date of Interview:** ___/___/___

Name of Community: _____

Session I: Profile of Discussant

1. Name: _____
2. Age: _____
3. Sex: _____
4. Qualification/education level: _____
5. Name of medicine store: _____
6. Location of shop: _____
7. Accreditation status: _____

Session II: Seller Perceptions about Their Job in Medicine Stores

8. What do you think about your job in this medicine store?
9. What is your role in this medicine store as a dispenser?
10. What is expected of you as a dispenser?
11. What do you do when a customer asks for a particular medicine?
12. How do you get medicine information when you are stuck?

Session III: Seller Perceptions about Consumers' Expectations

13. What services and medicines do you provide your customers?
14. Please describe how customers react to your services and medicines?
15. What services or products do you think customers prefer from your shop?

Session IV: Seller Interactions with Customers

16. How do you serve your consumer?
17. What do you do when a customer comes to your shop?

18. What is the average time spent with a customer?

19. What are some experiences you have had with your customers?

Session V: Seller Willingness to Improve Quality of Services

20. Have you heard about the Accredited Medicine Stores (AMS) program in Liberia? Yes / No
[Circle the response. If the answer is 'No', explain the concept of AMS and skip to question 22.]

21. What do you know about AMS program?

22. What do you think about this medicine store becoming a part of the AMS program?
[Probe: advantages/disadvantages/benefits]

23. Why would you or would you not join the AMS program?

24. What difficulties do you foresee if this medicine store becomes part of the AMS program?

25. What do you think about going through AMS training?

26. If you attend the AMS dispensers training, what additional skills/job aids do you think will be necessary for you to improve your knowledge and skills to provide quality service?

27. If your shop is converted to AMS, what impact will it have on the number of customers who get medicines from your shop?

28. Why do you think more or less customers will get their medicines from a medicine shop, if it becomes an AMS?

29. The AMS program requires a complete course of medicines to be sold; how do you think this will affect your sales, customers, and prices?
30. What do you perceive as the benefit to customers if they buy medicines from an AMS versus a non-AMS?
31. What difficulties do you perceive customers will face in buying medicines from an AMS versus non-AMS?

Session VI: Financial Management

32. How do you capture your business transactions? [*Probe: daily sales*]
33. How do you think improved record keeping on business transactions could help this shop?
34. How do you capture expired and disposed of medicines?
35. What training did you undergo to help you carry out financial management practices and procedures?
36. If you were to be trained on financial management, what value would it add to your business standing?
37. How do you capture information about medicine supplies received and total medicines sold?
38. Do your customers sometimes demand medicine on credit? Yes / No
39. How do you make sure customers pay for the medicines they take on credit?

Session VII: Communication Preference

40. How do you get health messages? [*Probe: specific sources/channels*]

41. How do you prefer to get health messages? [*Probe: specific sources/channels*]

42. What would make AMS most recognizable in Liberia? [*Probe: motto/slogan, images, and color*]

ACCREDITED MEDICINE STORES (AMS) MARKETING: FORMATIVE RESEARCH

AUGUST 1-21, 2012

In-Depth Interview Guide for Community Leaders

Hello, my name is _____ from _____. We are interviewing community leaders.

INFORMED CONSENT [Read Out]

We are working with the Ministry of Health to conduct a survey on people's health in Liberia. If you agree to be in this survey, you will be asked questions that will be used to improve access to health care. The survey will take about 30 minutes to 1 hour. All of the information you provide will be kept private.

Would you like to participate in the survey? [*Have the person sign on the appropriate line.*]

Yes: _____

No: _____

Name of Interviewer: _____

Date of Interview: ____ / ____ / ____

Name of Community: _____

Session I: Profile of Discussant

1. Name: _____
2. Age: _____
3. Sex: _____
4. Education level attained: _____
5. Occupation: _____
6. Position: _____
7. Years in this position: _____
8. Length of residency: _____
9. Marital status: _____

Session II: Issues of Medicine Availability and Quality in Communities

10. What are the concerns with the dispensing and consumption of medicines by households?
[Probe: quality and availability]
11. As a community leader, what actions have been or are being carried out concerning medicines and services being provided to community members?
12. How do you think you can be involved with actions concerning the dispensing of medicines in your community?
13. What do you think will help address the concerns you or your community members have when it comes to the dispensing of medicines by medicine stores?

Session III: Leader Perceptions of the Quality of Local Medicine Store Products and Services

14. What do you think about medicines and services that are being provided in your community by medicine stores? *[Probe: quality]*
15. Describe the chances the community has to modify services being provided by medicine stores?

Session IV: Leader Willingness to Participate in Inspection, Reporting and Promotion

16. Have you heard about the Accredited Medicine Stores (AMS) program in Liberia? Yes / No
[Circle the response. If the answer is 'No', explain the concept of AMS and skip to question 18.]
17. What do you know about the AMS program in Liberia?
18. What do you think about changing medicine stores to AMS?

19. To what extent are or could the community leaders be involved with this process?
20. What role are other community members playing (or could be playing) in the planning and implementation process of the AMS in this community?
21. How do you think the AMS program could be successfully rolled out in this community?
22. What are your suggestions for the sustainability of the AMS program in your community?

Session V: Communication Preference

23. How do you get health messages in this community? [*Probe: specific sources/channels*]
24. How do you prefer to get health messages in this community? [*Probe: specific sources/channels*]
25. What would make AMS most recognizable in Liberia? [*Probe: motto/slogan, images, and color*]