

A story of replication:

Kajuru LGA builds on PATHS2 DRF Model



Nineteen year old Walter Julius and his two sisters came to the Iburu Primary Health Care (PHC) facility to fetch water from the borehole located about 30 feet away from the PHC building itself. He says "I have been coming here since 2001. Now, we get drugs well. There were drugs before, but not like now."

"I was called by the local government to come and collect drugs from the Local Government Medical Store (LGAMS) in January 2011. I went with the Chairman of the Facility Development Committee. The drugs were drawn from the Essential Drugs List, and were worth approximately N100,000. People were not using the clinic very much before, because there were no drugs. But since the drugs came, more people have been coming. Before, we used to get an average of six people each day. Now, we receive about 10 people each day"...Marian Stevens (Facility in Charge, Iburu PHC)

Iburu PHC is one of the 43 health clinics located within Kajuru Local Government Area (LGA) in Kaduna State. The Partnership for Transforming Health Systems II (PATHS2) support to the LGA in Drug Revolving Fund (DRF) covers six of the PHC facilities and the LGA Medical Store. This support includes the provision of essential drugs and medical supplies worth N1, 005, 440.96 to the PHCs and N444, 364.37 to the Medical Store. The LGA Chairman, faced with the evidence of an increase in the number of patients attending the PHCs since PATHS2 support and subsequent availability of drugs, was moved to approve the release of N10 million for

the purchase of essential drugs and consumables for the remaining 37 functional health clinics, including Iburu. This is equivalent to the sum that PATHS2 provides. An additional N10 million was also released to procure hospital equipment.

Acute shortages of drugs and medical supplies and a poor culture of financial transparency and accountability in public health facilities are endemic in most states in Nigeria. These, and the unethical practices by some health workers of selling drugs on the side to patients, even where facility owned drugs are available, undermine the efforts to improve health care delivery. Working with the government in five states (Enugu, Jigawa, Kaduna, Kano and Lagos) in Nigeria, The UKaid funded Partnership for Transforming Health Systems (PATHS) has provided good quality drugs and health commodities through Drug Revolving Fund in more than 1300 health facilities. More than 500 of these facilities have also been provided medical equipment, with associated significant improvement in availability of medical equipment including Basic Emergency Obstetric Care (BEOC) and Comprehensive Emergency Obstetric Care (CEOC) kits. In addition, 3,602 facility and community representatives have been trained on DRF operations. Of this,

1,143 are from Kaduna State. The DRF support in Kaduna State began in 2007, with 13 PHC and five SHC facilities and the Central Medical Store participating. Since then, the support has been expanded to additional facilities. So far, in Kaduna approximately £4.5 Million has been spent to procure drugs, medical supplies and equipment.

Mohammed Sa'adu, the Head of Department for Health in Kajuru LGA tells the story of how they came to replicate PATHS2 DRF support in non-focal 36 facilities within the LGA...

"When I came here as Head of Department, I initiated to my Hon. Chairman that we need to upgrade our DRF in other PHC facilities to supplement the effort of PATHS2 and the state government on this Sustainable Drug Supply System (SDSS) and fortunately my Hon. Chairman agreed and we put up a submission for N10 million drugs and the drugs were purchased and distributed to the 37 facilities that were not operating SDSS. All the facilities are now enjoying DRF.

I initiated the proposal in May/June 2010. We got the approval of the Council in July 2010, we purchased the drugs within July/August and the DRF began in September 2010. The DRF has been in operation for about a year now, and is functioning well.

The initial stock was given free to the health facilities, witnessed by the





HOD of Health and DRF Coordinator receiving equipment at the LGA store

Chairmen of the Facility Development Committees (FDC). 40% of the drugs and health commodities have been preserved as stock-up level in the Local Government Medical Store (LGAMS) for sale to the health facilities, when they run out of stock. With the proceeds from the sales, the local government procures more drugs from the market to top up its stock level. We told the health facilities management and the FDC to use the 5% mark-up to take care of the facilities. The LGAMS 5% mark-up is used to procure desks, chairs, and benches for the store. We are also in the process of procuring Air-conditioners to keep the store cool and preserve the lifespan of the drugs.

In terms of Drugs, before the DRF, the health clinics were all in shambles – they didn't have drugs. In some facilities, the staff were improvising. By that, I mean that they would go to the chemists to buy drugs, and resell to patients who come to the facilities at whatever rate pleased them. They instituted personal DRFs. Other facilities who do not do this would prescribe drugs and the patients would have to go to chemists that sell drugs of questionable quality, or go very far away just to buy drugs.

Pharm. Patrick Stephen Maigari, Commissioner for Special Duties, Kaduna State and former Chairman of Kajuru LGA graduated from Ahmadu Bello

University, Zaria in 1990. He is currently completing the practical aspect of his course work in Pharmaceutical technology at the University of Jos, Plateau State. He gives some insight into the processes of establishing the DRF.

"First and foremost, I am a Pharmacist by profession. Having found myself in the political arena, I felt there was an opportunity to add value to whatever service one would be able to provide to the populace. Another motivating factor is that I am from a very poor background. I have learnt along the line to see what I can do to impact positively in the lives of people around me. So I came to that seat with a blue print, for the health sector and other sectors. So the DRF scheme was nothing strange. I already had it behind me, and taking into consideration the lack of drugs in most of our health clinics I felt that was an important aspect that would help to curb the issue of out of stock, or people going out to buy sub-standard drugs. The concept of the DRF is to make sure that the patient gets the right quality drugs at the lowest price possible. So what I did was to get some of my senior colleagues to organize a workshop to orient staff on what to do when the drugs come, keeping and organizing the store itself, and the essential drugs to procure and keep for a PHC.

To ensure sustainability, we established management committees of five members each for each facility, comprising of the traditional ruler, the head teacher of a school close to that facility, and three other members of the community to monitor the DRF. A parallel committee of six was also set up at the LGA to monitor the scheme. The Director of Personnel and the LGA Secretary are members of this committee. The biggest hurdle was convincing political colleagues to let the scheme run free of



Pharm. Patrick Stephen Maigari

personal benefits, and LGA management to be patient and provide their support to the process. I am happy that PATHS2 has taken note of this initiative in the rest of the health facilities, as it means that it is working."

The Commissioner intends to use his vantage position to facilitate the replication of the DRF in all health facilities in the 23 LGAs in the state."

PATHS2 has been invited by the Chairman of the local government to facilitate a training of the LGAMS staff and 36 facility heads on DRF procedures and financial and operational management. The LGA will fund the training, and PATHS2 will support by providing the trainer and DRF financial and operational guidelines manuals for reference during the training.

Although still with teething problems, it is gratifying to see the efforts of Kajuru LGA to replicate PATHS2 DRF. With this initiative, access to quality, affordable drugs and medical equipment has been provided to Kajuru population which in itself is a milestone in the fight to reduce maternal and infant mortality within our shores.

ABOUT PATHS2

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those most in need.

Apart from working at the Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.

PATHS2 follows the successful PATHS1, which was implemented from 2002 to 2008.

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