

Strategic management: a critical element in implementing private medicine retailer programmes in Kenya

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Background

- Prompt treatment with effective anti-malarial therapy key in malaria control in SSA
- Home-Management of Malaria aims to improve prompt & effective anti-malarial drug use outside formal health system such as through Private Medicine Retailers (PMRs)
- PMR interventions to improve treatment of childhood fevers have been tested in small scale settings-
 - Outcomes on retailer knowledge and practices
- Limited evidence on experiences in scaling up interventions at district level

Methods

- Retrospective policy analysis
- Implementation process at district level in three sites:
 - Kisii-NGO; Bungoma-NGO; Kwale-Ministry of health
- Data collected through:
 - Document reviews-reports, work plans, minutes of meetings, memos, financial returns and programme materials
 - 19 IDIs and 26 FGDs across all sites with government and NGO managers, Retailers and community members
- Interpretive analysis using two conceptual frameworks:
 - Scaling up of innovations and theory of diffusion of innovation (Simmons and Shiffman, 2006, Greenhalgh et al 2004).

Key Intervention Components

- In each site technical teams worked with government managers to implement the PMR programme
- Three common programme activities identified across sites:
 - Training of retailers
 - Accreditation
 - Demand creation
- However, there were differences
 - Training – (2-3 day direct training of retailers except Bungoma)
 - Demand creation-(cascade dissemination of information in Bungoma)
 - Monitoring and evaluation (none was undertaken in Kwale)

Critical features of district level implementation

By comparing experiences across sites four critical features that enabled effective implementation were identified

- Technical team with a local base, present over time will cultivate understanding & trust

*“... Because most of the collaboration agencies were based in the US
The distance was a factor because maybe somebody would like to come and do an activity based on his own schedule but coming back to the district, you have no one to liaise with us and the DHMT team. That becomes an issue hence a challenge”*

- Deliberate effort to manage relationships between the technical and district health team

"When some people feel that their relationship with another one is not good it affects the project"

- Stability in district leadership-ensure continuity over time

“It is because most of the DHMT members who were there then were transferred apart from one. The new people who came in had no idea about this so adapting to that was a big issue; there was no continuity after the changes”

- Financial management system that is transparent, efficient disbursement process and flexibility to respond to local needs

“One of the biggest challenges was financial resources because people were not transparent. You see if we are partners and if you want us to have active participation then it is also good that people know what the inputs are”

Implications for policy and practice

- Effective policy implementation requires good relationships among the implementing team
- Communication mechanisms and agreed rules are likely to improve relationships among actors.
- Some local level autonomy in financial decision making is critical for effective implementation