

**MAKERERE**



**UNIVERSITY**

**COLLEGE OF HEALTH SCIENCES**

**ASSESSMENT OF THE LEVEL OF ADHERANCE OF PRIVATE MEDICAL CLINICS  
IN UGANDA TO THE STANDARDS OF GOOD PHARMACY PRACTICE**

**BY**

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## **ABSTRACT**

**INTRODUCTION:** Private medical clinics play an important role in the delivery of health services in Uganda and account for 46% of all the health care facilities in Uganda. They are usually the first place where almost half of the Ugandan population obtain their health care services. However, the quality of services offered cannot be ascertained because most are unlicensed and operated by untrained health care workers.

**AIM:** To assess the level of adherence of private medical clinics in Uganda to the standards of good pharmacy practice in regard to dispensing, storage and stock management of medicines.

**METHODS:** A cross sectional survey of private medical clinics in three districts of Uganda was done. It involved observation of dispensing practices, storage practices and stock management practices in 60 randomly selected private medical clinics. The person responsible for dispensing of medicine in each clinic was interviewed using a semi structured questionnaire. In addition, ten patients were asked a few questions regarding their medicine as they left the clinic. The data was entered using Epi data software and analysed using SPSS version 21.

**KEY FINDINGS:** Dispensing in more than 60% of all the clinics was done by inadequately qualified staff (nursing assistants), with very short dispensing time (half a minute), poor medicine labeling (less than 10% of all the medicine packs examined had been labeled with patient name, date, strength and quantity).

The aspects of medicines storage that warrant the most attention were: the absence of a functional system for cold storage in majority of the clinics surveyed (76.7%), absence of a designated area for storage of expired medicines and non adherence to “First Expiry First Out” method of medicine storage in more than half of all the clinics surveyed.

Stock management had the worst scores among all the three areas assessed: none of the clinics surveyed had a manual stock management system (stock card) while only three clinics had a computerized stock management system.

**CONCLUSIONS:** This study has shown that adherence to good pharmacy practice in respect to medicines dispensing, storage and stock management is suboptimal in most of the private medical clinics surveyed.