

Evaluation of the project “Capacity building and upgrade of the Pharmacy at Cancer Disease Hospital (CDH) to a Centre of excellence in Oncology Pharmacy”

Evaluators:

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Background

Farmasøyter uten grenser/Pharmacists without border, Norway (FUG) is a volunteer organization which aims to improve people’s health by:

- Providing access to quality essential medicines
- Organizing medical distribution networks
- Assuring proper management of essential medicines
- Contributing to rational use of medicines.

FUG has been running an In Service Training project in Zambia with support from Norwegian Church Aid (NCA), Churches Health Association Zambia (CHAZ) and Ministry of Health (MOH) since 2008.

In 2010 **Dr Fundafunda**, who was then an advisor to MOH, suggested collaboration between FUG and MOH to uplift the standard of pharmacy practice in Zambia through supporting the establishment of a centre of excellence at the University Teaching Hospital (UTH). This suggestion was followed up with various meetings within and outside Zambia some of which included partners like MOH, CHAZ, Clinton Health Access, UNDP, USAID and others. This ultimately resulted in a Letter of Understanding (LOU) between MOH and FUG, signed October 28, 2011. The LOU states the strategy for FUG’s work in Zambia which entails providing mentorship and training against jointly identified areas of weakness and offering pharmaceutical expertise to pharmaceutical personnel at health facilities in Zambia.

The FUG capacity building support will be in line with Zambia’s 6th National Health Plan 2011-2015. The support will be carried out in a phased approach and will include

Phase 1: Upgrade of CDH pharmacy to a centre of excellence in oncology pharmacy

Phase 2: Upgrade of UTH pharmacy to a centre of excellence in pharmacy management

Phase 3: Capacity building in pharmacy management at provincial and district levels including training of pharmacy personnel and training of trainers.

Funding for the project was sought from Norad, and funding for phase 1(one year) was approved in 2013. Delays in the implementation necessitated transfer of unused funds to 2014. However, the implementation of phase 1 could not be completed in 2014. This together with uncertainty about future funding made FUG decide to terminate the engagement in the project.

The project plan for Phase 1 stipulates that an evaluation shall be carried out. The evaluation was carried out during January and February 2015.

Objective

The evaluation is intended to provide Norad with pertinent information about the project and give recommendations to FUG regarding any future engagement.

Terms of reference (TOR) (Appendix 1)

The evaluation should focus on establishing what the project managed to achieve, its shortcomings, challenges faced and recommendations for the future.

Methodology

Desk review of various documents and correspondence was carried out from beginning of January 2015. Field visit to Zambia was made by evaluator from Norway between 31.1.15 and 12.2.15. Together with a local pharmaceutical consultant interviews were made with key informants from relevant institutions (Appendix 2). In addition site visits were made to relevant facilities.

Findings

Ministry of Health (MOH)

The evaluator had a meeting with the Deputy Director, clinical care, Mr. **Chikuta Mbewe**. He confirmed the existence of the agreement between MOH and FUG and that MOH had been active in the planning of the project. However, the implementation of the project was delegated to Cancer Disease Hospital(CDH). MOH was of the view that the project was good and that Zambia had benefitted in a number of ways. There were some problems encountered particularly in communication which may have impeded progress. This might have been reduced if there had been a local office to facilitate coordination. MOH felt that FUG should consider future collaboration and pointed to the School of Pharmacy as a possible area of cooperation.

The evaluators also had a meeting with Dr. B. Fundafunda, previously an advisor to MOH and presently Managing Director of Medical Stores Ltd (MSL). Dr. Fundafunda was central in the establishment of the project. He pointed to the original project concept in which a Centre of Excellence was to be set up at UTH pharmacy. The Centre was intended to serve as a training facility for pharmaceutical personnel from all health facilities in Zambia in good pharmaceutical practice. However, during the process of establishing the project FUG suggested to concentrate on building capacity and upgrade the pharmacy at CDH to a centre of excellence in oncology pharmacy.

Although Dr. Fundafunda thought that the UTH concept was the best approach, he was of the opinion that FUG had access to the right expertise for capacity building in oncology pharmacy. The full utilization of such expertise was, however, dependent on the availability of appropriate infrastructure. Although such infrastructure was planned, the construction was delayed.

He felt that the project would have progressed more satisfactorily if the following had been taken into consideration:

- a) There had been a local coordinator.
- b) Duration of visits by FUG pharmacists. (Longer duration would have achieved better results)
- c) Awareness of cultural differences

Dr. Fundafunda felt that FUG was an asset to Zambia and could foresee a role for FUG in future collaboration with MSL within the area of pharmaceutical supply management.

University Teaching Hospital (UTH)

The Principal Pharmacist, **Mr E. Chikatula** confirmed that UTH pharmacy had been targeted for support by FUG to develop a centre of excellence. In line with this UTH allocated space and provided basic facilities for training of pharmaceutical personnel.(Evaluators visited the facilities) Furthermore UTH submitted a draft proposal for the cooperation with FUG but did not get any response. Since then UTH has not been involved in the development of the project. However, UTH feels there should be scope for CDH to impart the knowledge gained from the project to UTH pharmacists.

CDH

The evaluators had a discussion with the Executive Director of CDH, **Dr. K. Lishimpi**. He gave an account of the delays in construction of new facilities which negatively influenced the implementation of the project, particularly the procurement and installation of the Laminar flow unit. However, he was of the opinion that the project had several positive achievements. He felt that the training in Norway had been of great value and that the competence level in handling medicines had increased considerably in the CDH pharmacy as a result of the capacity building done by FUG pharmacists. He confirmed that there had been some problems regarding communication and communication lines which often did not comply with established government (GRZ) communication protocol. He further felt that CDH was not fully informed by FUG about the funds made available to the project through the Norad agreement. This information is important as it facilitates securing local counterpart funds. He further felt that the time perspective for the project was too short.

Dr. Lishimpi was of the view that any future cooperation would have to identify areas suitable for FUG's contribution, for example providing training in the installation of Laminar flow equipment, developing capacity in ward pharmacy support and application of Standard Operating Procedures (SOP) .

The evaluators also had meeting with the Deputy Director, **Dr. Banda** and Chief Pharmacist, **Sharon Munthali**. They outlined a number of positive results from the collaboration with FUG;

- Created awareness of the special needs in oncology pharmacy practice ; including clean (reconstitution) room, protective clothing, safe handling procedures etc.
- Assisting in developing SOPs for safe handling of cytotoxic drugs
- Transfer of knowledge through exchange visits. 3 Zambian pharmacists visited cancer hospitals in Norway.
- Transfer of knowledge has cascaded down to other staff within CDH included nurses, other pharmacy staff and auxillary personnel. Further, training programmes for pharmacy, radiography etc now include a component on the handling of cytotoxic medicines.
- Practical application of some of the procedures e.g. dedicated reconstitution room, use of protective clothing of the right specifications, documentation of processes etc.
- Knowledge gained has been used to design the oncology pharmacy facility in the new hospital extension under construction.

They indicated that some of the concepts learnt could not be implemented until the new pharmacy facility is completed.

They expressed disappointment that the project has come to an end at a time when the new structures are near completion and full use of FUG's expertise could have been possible.

They felt that there were some shortcomings with the project.

- The duration (2 weeks) of the visits by the FUG pharmacists was short.
- The lack of a full time coordinator in Zambia.

Mr. Donald Kalolo, who was one of the pharmacists from CDH to visit Norway, expressed satisfaction with the performance of the project and felt that it had

contributed greatly towards the significant improvements in standards of practice at CDH.

Mr. Pious Hachizo, another CDH pharmacist who also visited Norway, felt that the visit had been an eye-opener regarding dealing with hazardous drugs. He has since been involved in initiative to develop capacity in the handling of hazardous drugs at the provincial level, lately in Northern Province.

All the interviewed pharmacists at CDH appreciated the benefits derived from the collaboration with FUG and saw merit in considering continued cooperation.

Pharmaceutical Society of Zambia (PSZ)

The evaluators had a meeting with **Mr. L. Liyoka** and **Mr. B. Mweetwa**, president and vice-president of PSZ respectively.

PSZ had at some point been involved in discussion about a possible role in the FUG project. Consequent to that PSZ provided for office accommodation and residence for FUG in the PSZ building currently under construction. Drafted a MOU for FUG consideration but had received no response.

PSZ saw a scope for direct collaboration with FUG. One possible area would be PSZ providing facility for local coordination between FUG and Zambian counterparts.

Churches Health Association Zambia (CHAZ)

The Evaluators had a meeting with **Mr. M. Banda**, Acting Executive Director. Although CHAZ had taken part in the initial discussion about the project, they had no role in the implementation of the actual project. For the future he could foresee a possible cooperation at the local (health facility) level where there is a need for strengthening the pharmaceutical supply management capacity.

Royal Norwegian Embassy

Ambassador Arve Ofstad informed that the Embassy, in conformity with normal practice, had given its comment to Norad on the FUG project proposal. However, the Embassy had not had any further follow up of the project.

Discussion

Degree of achievement of objectives.

The aim to upgrade CDH pharmacy to a Centre of Excellence in oncology pharmacy as outlined in the Project Plan Phase 1 (Appendix 3) has not been achieved. However, the project has made substantial progress in upgrading the standards of oncology pharmacy practice at CDH. The following are some of the important achievements:

- The key pharmacy personnel at CDH have had exposure to quality oncology pharmacy practice and some of the concepts learned have been implemented at CDH. These include development of appropriate SOPs, adaptation of safer methods and equipment for handling cytotoxic drugs and ensuring that all persons exposed to such drugs are adequately protected.
- CDH has cascaded down the expertise gained to other staff within CDH and to students of pharmacy and radiography. The process of extending this capacity to provincial hospitals has been initiated.
- The design of the oncology pharmacy facility in the new hospital extension under construction has benefitted from the knowledge gained through the project

The full implementation of the standards as planned for a centre of excellence could not be achieved mainly because the facilities for such a centre have not been completed.

Establishment of the project.

FUG had worked for several years in Zambia and thus gained good knowledge of the country. However, the evaluators have observed some areas that could have been addressed differently. There were some communication problems alluded to by all the parties in this project. The evaluators are of the opinion that some of these problems are due to differences in protocols of communication in Zambia and Norway. CDH management stated that it was not fully aware of the funding details between Norad and FUG. There is a need for all parties to be agreed and clear about funding details and communication channels and any other factors that may have the potential to create misunderstanding from the outset.

Project organization.

The total project plan comprising of phases 1,2, and 3 (upgrade CDH pharmacy, upgrade UTH pharmacy and capacity building at provincial and district levels respectively) is too ambitious considering the size and structure of FUG and the availability of resources. FUG is a small NGO made up of volunteers and has modest resources. However, the evaluators feel that FUG has the capacity and competence to undertake phase 1 of the project.

Coordination and form of cooperation.

Almost all interviewed have identified poor coordination as a key bottleneck in the implementation of the project and suggested that better results would have been obtained if there had been a local coordinator.

Regarding cooperation it may be seen as a mismatch that a small NGO cooperates with a big government and that it will be inefficient. Although the cooperation is formalized with Ministry of Health, the implementation of the project is delegated to a smaller institution which turned out to be beneficial.

MSL has indicated a possible role for an organization like FUG in various aspects of their operations as discussed above. This is a type of cooperation that FUG would be advised to consider.

Reference has been made earlier to the problem of coordination in the implementation of the project. PSZ has expressed interest in collaboration that might help to address such problems.

Carrying out.

The Norad support for the project is only for one year. This is insufficient for a project of this scale and nature (capacity building). Norad is urged to reexamine its policy in this respect and consider giving indication of continued funding of projects with an obvious longer term perspective.

Resources

CDH has expressed satisfaction with the competence levels of the visiting pharmacists and the standards of practice in the Norwegian hospitals visited.

There are still funds unutilized at the end of the project. One of the main reasons being the delay in the completion of the new building at CDH which has resulted in the deferment of the procurement of Laminar flow unit by FUG.

Recommendations

- a.i.1. **FUG** should concentrate on participating in projects where its major contribution will be pharmaceutical expertise and experience rather than funding.
- a.i.2. FUG should consider continued cooperation with CDH or other suitable partners in Zambia like MSL, PSZ or CHAZ to build on the experience already gained.
- a.i.3. Any future cooperation should be based on a formal agreement that is unambiguous on key aspects of the cooperation.
- a.i.4. Effective coordination of joint activities must be a central point in the planning and implementation of the cooperation.
- a.i.5. Norad should reexamine its policy on duration of funding to facilitate long term planning of projects.

Conclusions

It is the evaluators' opinion, based on the findings from the interviews, that the project was by and large successful. However, the project could have achieved more if some of the issues discussed above had been addressed. There is merit

in considering future collaboration with various partners in Zambia in areas where FUG has the necessary expertise.

Appendices:

a.i.5.a.i.1. ToR

a.i.5.a.i.2. People met

Reference document: Project Plan Phase 1