

Background: Pharmaceuticals which are commonly known as — “medicines”, are chemicals which have been specifically engineered to influence physiological systems whether in man, animal, or microbes. Pharmaceutical management represents the whole set of activities aimed at ensuring the timely availability and appropriate use of safe, effective quality medicines and related products and services in any health care setting.

Even though there progressive success in the pharmaceutical supplies in the public health facilities in Uganda, there has been evidence of poor pharmaceutical management among health workers, including irrational use of medicines, high number of medicines per prescription, high number of medicines in stock and poor disposal methodology.

Objectives: The purpose of the study was to establish the management of pharmaceutical supplies in public health facilities, a case of Bombo military referral hospital which entails the following objectives;

Acquisition procedures of pharmaceuticals to health facilities, Pharmaceutical storage methods and conditions, Pharmaceutical dispensing practices, Client knowledge about pharmaceutical usage.

Methodology: This was a descriptive cross-sectional study involving both qualitative and quantitative approaches. The study population constitutes all health departments directly involved in the management of pharmaceuticals in Bombo military referral hospital. Stratified sampling was used to determine the proportion of the respondents to be sampled for each category that is the health workers. There were four strata in total consisting of procurement, store management, prescribing personnel and patients. Simple random sampling was used to sample the respondents in their respective strata. The study used both quantitative and qualitative techniques in data collection. Data was collected through self administered questionnaire from the health workers.

Results: Sixty three point six percent (14) of the respondents admitted there are no devices used to monitor conditions, such as temperature, during transportation of pharmaceuticals to the facility. 90.9% (20) of the study participants agreed the dispatch and transportation of pharmaceutical products is carried out only after receipt of a delivery order. Furthermore on transportation, 86.4%

(19) of the respondents admitted there are dispatch procedures established and documented, taking into account the nature of the materials and pharmaceutical products concerned and any special precautions taken. Seventy five percent of the respondents admitted the store is separate from the dispensary with 62.5% (5) of the study participants admitting medicines are dispensed to users only from the dispensing area. However, on the size of the store, half of the respondents 4 (50.0%) disagreed that it was large enough to keep all supplies. On the other side, 62.5% of the respondents admitted the supplies are systematically classified on the shelves (i.e., by dosage forms or therapeutic class). However, 75.0% of the respondents were against the statement that supplies are arranged on the shelves in alphabetical order by generic name within each category.

All the respondents admitted they always ensure the prescriptions are correct as well as dispensing using envelopes and small bottles with label having patient, medicine, and quantity details. On dosage, each and every respondent admitted checking the dose when placing the medication into the packaging container. On the other side however, 47.1% (8) of the respondents admitted it's not a routine for them to check the route of the drug administration at least three times before giving the medication. Responses sought on respondents' knowledge on pharmaceutical labelling revealed 91.0% of the respondents were against the presence of patient name on the label as shown in table 7 below. The words 'keep out of reach to children' were not news to 72.8% of the respondents well as 65.9% of the respondents to them words such as 'Not to be Taken' or 'For external Use Only' were not news to them on external medicines.

Conclusion: Pharmaceutical management at Bombo hospital is fairly done, relative to the management of essential management policies as set out by the ministry of health. The well handled pharmaceutical management policies were the acquisition procedure, and dispensing practices. The area which needed attention was the storage of the medicines as this was found to having many gaps.

Recommendations: It is recommended that training for NDA staff and relevant staff from the local pharmaceutical manufacturers is done, computerization of the drug management information

system, is implemented to create an easy to use data base for policy/programme and medicine control activities, as well as provide relevant data for manufacturers.