

**AN ASSESSMENT OF FACTORS AFFECTING  
IMPLEMENTATION OF PHARMACOVIGILANCE IN  
GOVERNMENT HEALTH FACILITIES IN MAKADARA  
DISTRICT**

**RESEARCHER: ROBERT KARIUKI MBANGUA.**

**BPHARM/09/04762**

**SUPERVISOR: DR. TIRUS WACHIRA**

**INSTITUTION: SCHOOL OF PHARMACY  
MOUNT KENYA UNIVERSITY  
P.O BOX 342-01000  
THIKA.**

*'This research project is submitted in partial fulfillment for  
the award of Bachelor of pharmacy'*

**OCT-NOV 2012**

## **ABSTRACT**

The aim of this study was to assess the implementation of pharmacovigilance in Government health facilities in Makadara district, with the following specific objectives; to find out the reporting rates on pharmacovigilance, to assess the availability of pharmacovigilance reporting tools, to assess health care workers skills on pharmacovigilance ,to assess reasons for non-reporting and establish interventions likely to promote implementation of pharmacovigilance.

The study was conducted at Government health facilities between 1<sup>st</sup> July to 17<sup>th</sup> August 2012. During the study period, data was collected from 44 sampled healthcare workers from selected health facilities. This was by use of developed questionnaires designed for the purpose. The collected data was analysed using SPSS version 11.0 software. As a conclusion, it was found out that, there was adequate awareness of pharmacovigilance (97.7%) ,however, the non – reporting rate was quite high ( 95.5%). Various reasons for non reporting were majorly lack of pharmacovigilance reporting tools and Lack of knowhow, what and where to report having a frequency of 65.9% and 56.1% respectively.

Pharmacovigilance tools were not adequate in the various departments, with ADR reporting forms, ADR severity assessment scale and causality scale recording 45.5% availability each. Poor quality medicine reporting forms availability was at 34.1% while Patient alert cards and criteria for their issuance recorded 15.9% each. Interventions proposed were pharmacovigilance training/ on job training/ CME, availing of pharmacovigilance tools and need to deploy more staff to reduce workload, recording 72.7%, 68.2% and 38.6% respectively. It was proposed by 61.4% of the sample that frequent DHMT supervision would be a solution while 38.6% and 50% proposed that courier services that pick reports from the facilities and staff motivation would be a remedy respectively.

I recommend that, the DHMT should conduct more frequent supportive supervisions, avail enough pharmacovigilance reporting tool in all departments and do an extensive on-job / refresher training on pharmacovigilance. To help the health care workers own the activity, focused group discussions on pharmacovigilance should be encouraged both at the facility level and at the district level.