



BUILDING INSTITUTIONAL NETWORKS FOR SUSTAINABILITY

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Introduction

Networking is an important strategy for organisational development. It involves building working relationships with stakeholders capable of enhancing an organisation's capacity to meet its goals and objectives. Networking can be highly beneficial in promoting learning through sharing of ideas and experiences, mobilising resources (human, material and financial) and building institutional profile.

For ADDO provider associations to succeed in empowering the members, they need to build sound networks with different stakeholders in the sector. A stakeholder is any person, group, organisation or system who affects or can be affected by any organisation's actions. Below are basic conditions for successful networking:

- Identify key stakeholders with which to network;
- Understand the stakeholders in terms of their mandate, values, priorities, procedures and institutional capacities;
- Identify specific areas in which to work together with other stakeholders;
- Identify specific roles of the stakeholders in different networking areas;



ADDOs are becoming increasingly important as a channel for delivering various health interventions to the population.

The Key ADDO Stakeholders

The following are some of the stakeholders ADDO provider associations need to network with:

- Regulatory authorities, mainly TFDA and the Pharmacy Council;
- Council authorities especially the health, planning, as well as trade and cooperatives development departments;
- Health insurance schemes such as the National Health Insurance Fund (NHIF) and the Community Health Fund (CHF);
- National health programmes e.g. malaria, reproductive and child health, HIV/ AIDS, TB and leprosy;
- Health care facilities, including referral hospitals and primary health care facilities;
- Development partners including donors and NGOs working in the pharmaceutical sector;
- Distributors/wholesalers of pharmaceutical products;
- Training institutions such as the Vocational Education and Training Authority (VETA);
- Financial institutions;
- Community leaders especially ward and village government officials;
- The media.

Description of the stakeholders

(i) Regulatory Authorities

The key regulatory authorities working with the ADDO Sector are Tanzania Food and Drugs Authority (TFDA) and the Pharmacy Council (PC). Both bodies emerged from the former Pharmacy Board responsible for overseeing all activities of the pharmaceutical sector. While **TFDA** is responsible for licensing and quality assurance issues (i.e. quality and safety of food, drugs, cosmetics and medical devices), the **Pharmacy Council** is responsible for registration of pharmaceutical practitioners and regulation of the professional practice.

Regarding the ADDO programme, TFDA has been a major player with implementation, co-ordination and regulatory roles. It has also been in the forefront in raising the ADDO profile and facilitating its national rollout. On the other hand, the Pharmacy Council is envisaged to play a key role in mainstreaming the dispensers training course into the formal pharmaceutical training curriculum, facilitating registration and development of a career path for the dispensers, and regulating the dispensing practice.

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(ii) District/Municipal/Urban/City Council

The council is the custodian of all development activities in the district. It is where major decisions are made regarding development priorities, implementation process and needs including human, material and financial resources. The district health department is a major stakeholder in implementation of the ADDO Programme. Other relevant departments which ADDO provider associations need to network with are planning, trade and co-operatives development. Apart from providing technical support, a number of councils are already allocating funds for implementation of different ADDO activities.

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(iii) The National Health Insurance Fund

The National Health Insurance Fund (NHIF) is another major player in implementation of the ADDO programme. It mainly accredits the drug shops for use by its members and accordingly pays for the services. It has in the past supported supervision activities to ADDO and continues to sensitise its members about services provided by the drug shops. However, some ADDOs have experienced some difficulties with the fund's reimbursement system especially delays in getting payment for drugs and services already provided to NHIF members. This is an area in which ADDO provider associations could work on together with NHIF to ensure uninterrupted delivery of quality pharmaceutical services to all population groups.

(iv) National Health Programmes

The accredited drug dispensing outlets are increasingly becoming attractive to several national health programmes as a platform for delivery of different health interventions. In 2006 ADDOs in Morogoro Region piloted distribution of subsidized anti-malarial drugs – the Artemisinin-based Combination Therapies (ACTs), lessons from which partly influenced the decision to use ADDOs countrywide, as the main distribution channel for low-priced ACTs supported by the Affordable Medicines Malaria (AMFm). Currently, ADDOs are playing a major role in increasing access to zinc and low osmolarity oral rehydration salt (ORS) for management of diarrhoea, especially, among under-five children. Other national programmes, which have shown interests in ADDOs are Family Planning, HIV/AIDs as well as TB and Leprosy. The growing interest in ADDOs presents ADDO provider associations with an opportunity to widen their network and act as a strategic link to the ADDO providers.

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The growing interest of national health programmes in ADDOs presents ADDO provider associations with a unique opportunity to widen their networks and act as a strategic link to the members and the communities they serve.

(v) *Community Health Fund (CHF)*

This is a voluntary scheme, which enables households to pay for healthcare services when they have funds rather than at the time of illness. Thus, CHF members do not pay user-fee for out-patient services at the dispensary, health centre and even district hospital levels when they go to seek care. The premiums paid by members are decided at the council level and the total revenue collected from members' contributions is matched by a grant from the Central Government for improvement of health services. Experience has shown that most councils use the matching grant, commonly known in Kiswahili as "Tele kwa Tele" to purchase drugs. ADDO provider associations need to explore possibilities of working together with the fund to increase utilisation of ADDOs by CHF members.

(vi) *Healthcare facilities*

Experience has shown that a number of clients attending healthcare facilities especially in rural areas, usually make the first contact with ADDOs. On the other hand, a considerable number of clients buying prescription drugs normally obtain the prescriptions from healthcare facilities. This explains the important relationship between ADDOs and the facilities.

One of the areas in which ADDO provider associations work on with the primary healthcare facilities is referral care for ADDO clients, especially under-five children, who are a highly vulnerable population group

Subsequently, ADDO provider associations need to establish a close working relationship with the healthcare facilities by identifying areas in which they can work together to improve quality of services. One such area is referral care for ADDO clients, especially under-five children who are a highly vulnerable population group.

(vii) Development partners

This group includes local and international NGOs, as well as donors. Among the international and local NGOs, which have been in the forefront in supporting the ADDO programme, are Management Sciences for Health (MSH), Clinton Foundation, Population Services International (PSI), Family Health International (FHI), Academy for Educational Development (AED) through the Point-Of-Use Water Disinfection and Zinc Treatment (POUZN) Project, and Tanzania Marketing and Communications Company Ltd (T-Marc), among others.

The Management Sciences of Health (MSH) has particularly played a major role in development of the programme by pioneering its implementation in Ruvuma Region, supporting its expansion to Morogoro Region, and providing technical assistance to TFDA throughout the national rollout process. The organisation has also championed establishment of the ADDO provider associations by providing leadership in sensitisation and advocacy at all levels, supporting assessment of the associations and facilitating development of various tools for successful establishment and management of the associations.

Among the donors, who have contributed to successful establishment of the ADDO programme, are the Bill and Melinda Gates Foundation; the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM); United States Agency for International Development (USAID); Danish International Development Agency (DANIDA) and Rockefeller Foundation.

(viii) Wholesalers of Pharmaceutical Products

These stakeholders have an extremely important role to play in ensuring access to quality drugs and other pharmaceutical products provided by the ADDOs. The ADDO provider associations need to establish close working relations with the wholesalers, especially on issues touching on quality and availability/access to essential and widely used medicines. A close working relationship with the wholesalers would also make it much easier for the ADDO associations, especially owner associations, to negotiate for favourable terms of trade, more so if the owners were to explore opportunities for joint procurement of supplies.

A close working relationship between ADDO provider associations and pharmaceutical wholesalers would make it easier for the associations to negotiate for favourable terms of trades.

(ix) Vocational Education and Training Authority (VETA)

Vocational Education and Training Authority (VETA) is an autonomous government agency charged with co-ordinating, regulating, financing, providing and promoting vocational education and training in the country. VETA owns and operates 11 regional vocational training and service centres and 10 other vocational training centres.

During the June 2009 assessment of ADDO provider associations in Tanzania, it was learned that some associations do use VETA facilities to conduct meetings. However, the associations could move a step further by working with the agency to provide basic business management skills training, especially to drug shop owners. Such training could be broken down into short units and delivered at different intervals throughout the year. A certain percentage of the fees paid by ADDO owners for the courses could be shared with the respective association for facilitating the process. This would provide the associations with some revenue while building the capacity of its members to manage their dug shops more efficiently.

(x) Financial institutions

Financial institutions have an important role in implementation of the ADDO programme by providing drug shops with banking services, including credit facilities. The institutions, include commercial banks, micro-finance institutions and Self-help Savings and Credit Cooperatives (SACCOs).

In 2008, MSH commissioned a consultant, Mennonite Development Associates (MEDA) to link ADDO owners with financial institutions in their respective areas, and advocate for favourable lending conditions. As a result, some banks softened their lending conditions. This made it possible for several ADDO owners to access loans for development of their businesses. Considering that experience, ADDO provider associations need to take up the networking role seriously and continuously engage financial institutions in order to create a favourable environment for increased access to liquidity.

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(xi) Village Government and Ward Leadership

The village government and ward leadership are the representatives of the central government at the community level. They wield considerable power and influence and can be very instrumental in community sensitisation, mobilisation and advocacy. They also play an import role in conflict resolution among community members, including ADDO providers. In addition, they co-ordinate all development

work at the community level, including extension services. The structures also play a pivotal role in the decentralised district planning framework which begins at the hamlet level. It is imperative, therefore, that ADDO provider associations establish a close working relationship with these structures since the drug shops are community entities.

(xii) The mass media

The role of the media in public information and education cannot be overemphasised. Among the major mass media channels are electronic media (radio, television, and internet), print media (newspapers, magazines, journals, etc) and outdoor media (billboards, posters, road signs, etc). Several studies have shown that radio is by far the mass media channel with the widest reach among the Tanzanian population especially in rural areas. That makes it a suitable channel for use by the ADDO associations.

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The media sector of Tanzania continues to experience rapid growth following liberation of the sector in the early 1990s. This has seen establishment of several privately owned national and regional TV stations, production of several newspapers and magazines, and establishment of several local FM radio stations with varying geographic reach. The concept of community radio is also effectively picking up with some special interest groups including religious institutions, minority communities and even some district councils establishing their own radio stations to inform and educate their audiences about different issues.

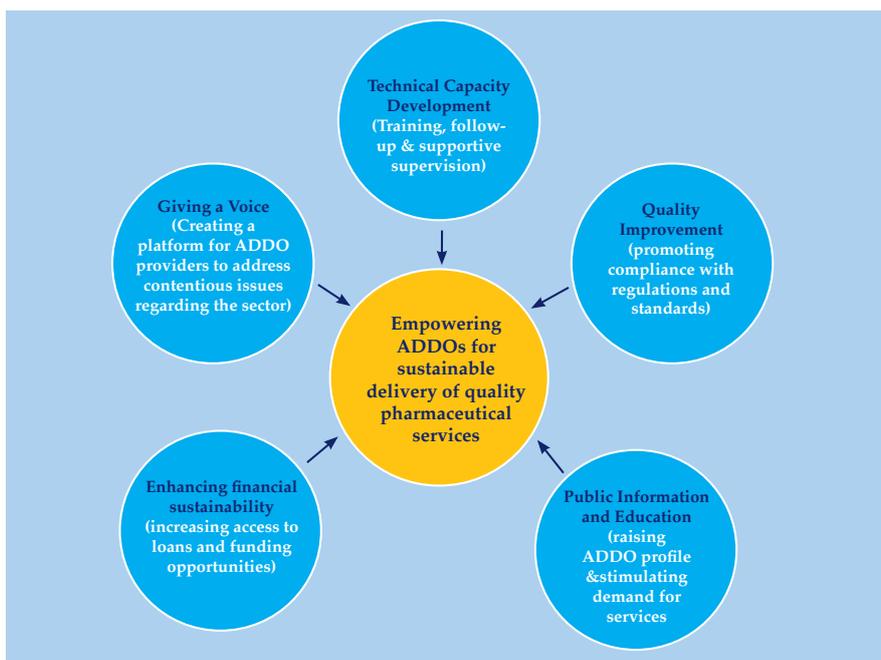
Considering that community radio stations are not commercially driven, ADDO provider associations need to establish a close working relationship with the stations especially those owned by councils and make effective use of them to educate the community about ADDOs, raise the associations profiles and reach their members whenever necessary. However, such networks should not be limited to community radio stations alone. They should be expanded to include other media channels for wider communication and publicity gains.

Key Networking Areas

Going by the description of the stakeholders above, it is evident that there are several institutions and programmes which ADDO provider associations need to network with. This requires clear definition of networking areas in order to effectively engage the stakeholders for optimum gains. The networking areas should be defined in line with the goals and objectives of the associations. The figure below highlights five key areas in which the associations could involve different stakeholders.

ADDO provider associations need to clearly define specific areas in which to work with various stakeholders for optimum networking gains.

Key areas for institutional networking



Potential roles of stakeholders in different networking areas

Having described the key ADDO stakeholders and the potential networking areas, this section highlights how the stakeholders could be classified according to the various networking areas.

Table 1: Empowering ADDOs through institutional networking

Giving a Voice	Capacity Development through Training	Quality Improvement	Enhancing Financial Sustainability	Public Information and Education
<ul style="list-style-type: none"> The Media 	<ul style="list-style-type: none"> Regulatory authorities (TFDA, PC) Training institutions (e.g. VETA) Development partners (international and local NGOs) Councils authorities National health programmes 	<ul style="list-style-type: none"> Regulatory authorities (TFDA, PC) Pharmaceutical wholesalers National health programmes Healthcare facilities (for referral care) National Health Insurance Fund The council especially the health department 	<ul style="list-style-type: none"> Financial institutions Development partners National Health Insurance Fund The Council especial planning, trade and cooperatives development departments Pharmaceutical wholesalers 	<ul style="list-style-type: none"> The Media Development partners especially social marketing organisations (e.g. PSI, AED and T-Marc) Regulatory authorities (TFDA, PC) Community Health Fund National Health Insurance Fund Council authorities National health programmes Village government and ward leadership



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