

Using Associations to Assure Sustainability in Private Sector Drug Seller Initiatives in Tanzania

Final Report

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ACRONYMS

ADDO	accredited drug dispensing outlet
FGD	focus group discussion
KIDDOA	Kilosa Drug Dispensing Owners Association
MBIDOA	Mbinga Drug Owners Association
MIHV	Minnesota International Health Volunteers
MSH	Management Sciences for Health
NHIF	National Health Insurance Fund
PMV	patent medicine vendor (Nigeria)
RUDOOA	Ruvuma Drug Owners Outlet Association
SACCO	savings and credit cooperative society
SEAM	Strategies for Enhancing Access to Medicines (Program)
TFDA	Tanzania Food and Drugs Authority
TSH	Tanzanian shillings
USD	U.S. dollar

EXECUTIVE SUMMARY

In June 2009, Management Sciences for Health (MSH) commissioned a team of consultants (MediaNet) to assess accredited drug dispensing outlet (ADDO) owner and dispenser associations in eight selected districts in Tanzania. The main objective of the assessment was to gather information that would help establish and sustain ADDO provider associations under a broader agenda of increasing access to quality pharmaceutical products and services.

The assessment districts came from four ADDO implementing regions, Morogoro, Mtwara, Rukwa, and Ruvuma. The districts included Kilosa, Masasi, Morogoro Rural, Mbinga, Namtumbo, Songea Urban, Sumbawanga, and Ulanga. The main criterion for selecting the districts was the progress of the ADDO program implementation and the status of ADDO providers associations. We collected data through personal interviews with relevant district stakeholders and through separate focus group discussions (FGDs) with ADDO owners and dispensers. We also conducted interviews at the national level with regulatory authorities and microfinance institution representatives.

The assessment captured the perceptions of stakeholders regarding the associations, including what issues ADDO owners and dispensers would like associations to address, types of associations preferred by the ADDO providers, implementation status of the associations, constraints and challenges experienced in establishing the associations, and opportunities for scaling up different activities of the associations.

The findings showed that all ADDO stakeholders have a very positive perception of the association concept, with the majority able to clearly articulate the associations' potential benefits. For example, ADDO owners expect the associations to—

- Give them a strong unified voice on matters relating to their businesses
- Help them access loans to improve their businesses
- Enable them to have joint procurement of drugs and other pharmaceutical products and enjoy the economies of scale resulting from bulk purchases
- Provide them with a platform to engage with various authorities such as the Tanzania Food and Drugs Authority (TFDA), Tanzania Revenue Authority, and local government authorities
- Create a forum for them to share experiences and resolve conflicts among members
- Enable them to pool resources to start their own savings and credit cooperative societies (SACCOs) and advance loans to members
- Provide them with a mechanism for self-regulation to minimize noncompliance with pharmaceutical sector regulations and standards

Likewise, dispensers mentioned that the associations will—

- Provide them with a platform to deliberate on issues of interest
- Give them a common voice to air grievances to owners

- Help them demand better salaries and work conditions, including standard working hours, overtime payment, and annual leave
- Provide them with a forum to exchange ideas and experiences in line with their training and enable them to improve their skills and promote self-compliance to regulations
- Enable them to pool resources and invest in other income-generating activities toward a goal of individual development and self-improvement.

Regarding the type of associations preferred by the ADDO owners and dispensers, both groups favored separate associations for each group; however, in all the districts, both the owners and dispensers agreed on the need for an umbrella entity (not a separate association) to help them harmonize and collaborate on their mutual interests. Both groups should have equal representation in the entity to give them an equal voice in decision-making processes.

Although the ADDO providers seem to understand the importance of the associations and have clear ideas on how they want them to operate, the process of establishing the associations has generally been slow in most districts. The assessment revealed that only the Ruvuma Drug Owners Outlet Association (RUDOAA) in Songea Urban Council is formally registered. Mbinga Drug Owners Association (MBIDOA) in Mbinga district has fulfilled the major requirements for registration, including drafting a constitution, but it is not yet formally registered. In Morogoro region, Ulanga District Dispensers Association (the only existing dispensers' association in the study area), Kilosa Drug Dispensing Owners Association (KIDDOA) and Morogoro Rural ADDO Owners' Association, are all at different stages of drafting a constitution, which is mandatory requirement for registration. In Masasi, Namtumbo, and Sumbawanga districts, ADDO owners and dispensers have yet to form associations.

Study participants attributed the slow pace of association formation to a number of constraints and challenges including—

- Lack of commitment among members of the associations
- Limited knowledge of and complicated registration procedures
- Inadequate follow-up by different stakeholders
- Lack of basic facilities for formal operation such as official contacts and office space
- Lack of planning
- Geographic barriers
- Inadequate networking with relevant authorities
- Poor working relations between owners and dispensers in some areas
- Weak leadership in the associations
- Financial constraints

Despite the constraints and challenges, the assessment identified a number of opportunities and best practices from different areas, which could help accelerate the process of establishing the associations. The opportunities include the positive perception of a wide range of stakeholders regarding ADDO provider associations, the availability of supportive partners at different levels, and experiences and best practices in different areas. Among the best practices noted was the Ulanga ADDO Dispensers Association's initiative to explore financing opportunities including fund-raising and investment in an income-generating project; efforts by MBIDOA to address the chronic problem of the dispenser shortage by helping its members source dispensers; the close collaboration between RUDOOA and Songea Urban Council, which has won the association representation on the Council Health Committee; and efforts by RUDOOA to help its members access liquidity from financial institutions by acting as their guarantor.

On September 7, 2009, MSH and TFDA convened a meeting for ADDO stakeholders. The specific objectives of the stakeholders meeting were to—

- Disseminate the findings from research on the ADDO provider associations, conducted in Morogoro, Mtwara, Rukwa, and Ruvuma regions
- Discuss options and recommendations from the analysis and build consensus on a strategy to establish and sustain support for the associations
- Agree on next steps

Individual presentations shared findings from the situation and options analysis of the ADDO provider associations and provided the meeting's objectives and guidelines for group discussion. Participants split into groups that focused on specific issues related to meeting objectives. Plenary sessions helped build consensus on issues and recommendations emerging from the group work and provided a forum for deciding on the next steps.

After the findings from the situation analysis were disseminated, the focus of the meeting shifted to discussing the resulting options and recommendations, with the objective to reach consensus on the way forward.

The option recommendations from the assessment were classified by the following three strategic categories—

- Fostering establishment of associations
 - TFDA should integrate basic training on associations as part of the training course for ADDO owners and dispensers.
 - TFDA and council authorities should promote the benefits of associations during supportive supervision and inspection activities.
 - MSH should provide leadership in developing a package of implementation tools.
 - The relevant council departments should provide the necessary technical support to establish and manage the associations.
- Strengthening operations by improving organization and governance

- The associations should form an umbrella organization to oversee association functions and harmonize their interests towards the common good.
- Members of every association should carefully vet their leaders and hold them accountable for responsibilities.
- ADDO owners and dispensers should structure their associations to allow for adequate representation at lower levels, while ensuring that concerns are communicated up to higher levels.
- Associations should establish incentives to ensure that every ADDO owner and dispenser will become a member.
- Enhancing sustainability of the associations
 - Association members should explore business-strengthening options.
 - Association leaders should use strategies to engage members in the long term.
 - TFDA and MSH should help establish at least two successful ADDO provider associations to serve as a learning model and resource for other associations.

After the stakeholder workshop, MSH moved forward with the development of a tool kit to facilitate the expansion of ADDO associations. The tool kit was finalized through a consultative stakeholder workshop. It includes seven operational and management tools, which are available in English and Kiswahili—

- Roles, responsibilities, and benefits of ADDO provider associations
- How to form and register an ADDO provider association
- Basic components of a model constitution for ADDO provider associations
- How to plan and manage activities for ADDO provider associations
- How to mobilize financial resources for ADDO provider associations
- Institutional networking and coordination mechanisms for ADDO provider associations
- How to document, monitor, and evaluate activities

In addition, the final tool kit includes additional promotional and orientation materials—

- Advocacy guide for the national, regional and district level stakeholders
- Promotional banners
- Presentation slides for provider association orientation
- A video (DVD) produced by a local consultant, MediaNet, that ADDO providers can view to become oriented with the association concept

MSH presented the tool kit at a dissemination meeting for 46 stakeholders in October 2010.

BACKGROUND

The ADDO Program

In collaboration with the TFDA, MSH's Strategies for Enhancing Access to Medicines (SEAM) Program¹ launched the country's successful ADDO program in 2003. The goal was to improve access to affordable, quality medicines and pharmaceutical services in retail drug outlets in rural and periurban areas where few or no registered pharmacies exist. To achieve this goal, the SEAM Program took a holistic approach that combined changing the behavior and expectations of individuals and groups that use, own, regulate, or work in retail drug shops. For shop owners and dispensing staff, this was achieved by combining training, incentives, monitoring/supervision, and regulatory enforcement with efforts to affect client demand for and expectations of quality products and services. Results of a pilot in the Ruvuma region showed improvements in access to quality medicines and pharmaceutical services in the ADDO pilot districts. At the end of the program, the TFDA had accredited over 150 shops in Ruvuma. A year later, the Ministry of Health and Social Welfare approved a plan to roll out the ADDO concept to mainland Tanzania. With resources from Global Fund Round 7, the government of Tanzania is rolling the ADDO program out to six additional regions, with a goal of having nationwide coverage by 2010.

Drug Seller Associations in Sub-Saharan Africa

Retail drug outlets are popular sources of medicines in many developing countries, especially in the more rural areas, but relatively few studies have looked at the role they play in delivering health care services. And although evidence shows that some drug shop owners and drug sellers have formed professional associations in a few countries, such associations are limited (Goodman et al., 2007a). One exception is Nigeria, where a network of patent medicine vendor (PMV) associations exists from the ward level up. The Nigerian Association of Patent and Proprietary Medicine Dealers, founded in 1951, oversees the network. Ghana also has a central organizational body—the Ghana National Chemical Sellers Association. Based on our review, however, the available literature indicates little more than the fact that associations exist, and does not include much information on associations' purpose or function.

The studies that have been published on drug sellers generally describe interventions to improve their practices through training and education.² Generally, when drug seller associations have been mentioned as playing a role in these interventions, it has been in a context of helping organize, facilitate, and promote special training for their members, for example in Nigeria (Greer et al., 2004; Oshiname and Brieger, 1992) and Ghana (Puni cited in Brieger et al., 2005). However, Okeke et al. (2006) reported that a PMV association in Nigeria offers drug sellers "...the opportunity to fraternize together and helps in protecting the members from undue harassment from government agents and community members, as well as maintaining discipline within the association. However, the association does not provide any extra training materials and prescription guidelines to the members."

¹ Funded by the Bill & Melinda Gates Foundation.

² A few papers summarize private sector drug seller interventions including Brieger et al. 2005 and Goodman et al., 2007b.

In Uganda, the Minnesota International Health Volunteers (MIHV) trained community-based providers, including drug vendors, in Uganda's Ssembabule district, to improve prevention and treatment of childhood malaria (MIHV and CORE, 2004). According to the study authors, the participating drug vendors established an association on their own initiative to provide supportive supervision to district drug vendors and a mechanism for self-regulation. To quote from the MIHV report—

The Drug Vendor's Association forms an important bridge between drug vendors at the community level and the National Drug Authority. MIHV facilitated the association's quarterly and annual general meetings, arranged study tours, promoted safe malaria drug/bed net sales, conducted refresher trainings for members, and tracked drug vendor records. Using government standards, the association began working with the District Health Team to register and govern the activities of drug vendors in the District. Association representatives joined MIHV and health unit staff to conduct drug vendor monitoring visits. The association was also active in holding meetings for its 100 members and making recommendations to the District Health Team regarding additional training needs. By working closely with district and clinic staff, and communicating professional norms to its members, the association plays a critical sustainability and quality assurance role.

The Future Health Systems consortium is currently looking at the role of Nigerian PMVs in treating malaria. In 2007, they published a paper that included interviews with 113 households, 110 PMVs, 55 PMV association officers, and government officials and community leaders in three states (Oladepo et al., 2007). According to the household survey, PMVs were the major source of malaria treatment in the study areas (39 percent overall). Overall, respondents thought PMV associations could potentially play important roles in providing information, influencing member behavior, and procuring products.

Other select findings include—

- The local and national mechanism for regulating, inspecting, and licensing PMVs is unclear, which has resulted in delays in issuing PMV licenses.
- PMV associations exist at the ward, local government area, state, and national levels; most ward level associations had over 100 members.
- PMV association officers said that associations defend members' interests, help with problems, and increase knowledge. Most do not help members find sources to buy their drug stock, but a few do.
- Ward association officials said they have the power to fine members for poor practices, such as selling substandard products or antibiotics, refusing to pay dues, failing to refer patients when appropriate, missing association meetings, or operating without a license. Officials reported that this system was an effective deterrent as well as a source of association revenue.

- Officials said that the biggest problems members face include harassment by regulators, financial constraints, and difficulty finding sources of good quality products.
- Inspectors from the national drug regulatory agency or licensing authorities rarely visit, but apparently, police visits can often result in bribes.
- A quarter of the PMVs interviewed said that association self-regulation should be used to reduce the sale of substandard drugs.
- Some PMV officials reported visiting shops to remove expired products from shelves; all three state associations have formed task forces to address the sale of counterfeit drugs by members.
- Over 90 percent of PMVs thought the community should be involved in drug quality monitoring.

The researchers have followed up on this study to fill identified gaps regarding PMV associations, including their role in self-regulation. A draft report was due in July 2009.³

Role of Savings and Credit Cooperative Societies in Tanzania

In East Africa, many communities, especially those in more rural areas, use SACCOs for their financial services because of the scarcity of commercial banks. SACCOs (known as credit unions in North America) have a long history of offering members, many of whom work in the informal economy, a convenient place to save their money and access loans. SACCOs differ from other financial institutions in that their account-holding members own, govern, and manage the SACCO, and members share some common bond of either working for the same employer; belonging to the same labor union, social fraternity, or professional association; or living in the same community. Members save their money together in the SACCO and make loans to each other at reasonable rates of interest. Tanzania has about 1,400 registered SACCOs (Bibby 2006a).

Several years ago, Tanzania's government recognized that SACCOs were not meeting their full potential with SACCO members accounting for less than one percent of the total population (Bibby 2006b). As a result, the government launched a financial cooperative reform and modernization program, which included the assembly of a special presidential committee dedicated to reviving cooperatives in 2000, new legislation in 2003, and a strategic plan, *The Cooperative Reform and Modernisation Program 2005–2015*, and other guidelines to help promote the financial cooperative sector.⁴ The program promotes strengthening the governance of co-ops by supervising new board elections and empowering their members through interventions designed to improve management and leadership and strategic planning.

ADDO owner and dispenser associations have the potential to form their own SACCOs or partner with existing SACCOs in their geographic areas. The potential for ADDO associations to contribute to their members' financial stability is unexplored.

³ Personal communication with Professor Oladimeji Oladepo, June 27, 2009.

⁴ For example, Tanzanian Federation of Cooperatives in Collaboration with the Cooperative Development Department. 2006.

ADDO PROVIDER STUDY OBJECTIVES AND METHODOLOGY

The goal of this project, *Using Associations to Assure Sustainability in Private Sector Drug Seller Initiatives*, was to determine how ADDO owner and dispensers associations can help ensure that drug sellers continuously provide quality medicines and pharmaceutical services through the private sector in Tanzania and how the ADDO program can remain sustainable without continued donor support. Grass-roots associations of private sector business owners and service providers can provide useful platforms to address a number of these challenges, including—

- Negotiating proposed changes in regulations, taxes, and tariffs
- Addressing finance-related issues such as availability of microloans and timely reimbursement by insurance carriers
- Ensuring availability of quality medicines at affordable prices through pooled procurement
- Developing collective approaches to marketing and consumer awareness
- Offering continuing business and dispensing education
- Providing group monitoring to help ensure ethical business practices
- Providing group monitoring and supervision to help ensure the quality of dispensing and referral practices

To accomplish our goal, we systematically documented and analyzed the formation (or, in some cases, non-formation) of ADDO associations in the four regions of Tanzania where ADDOs have been implemented the longest: Ruvuma, Morogoro, Mtwara, and Rukwa. So far, the ADDO program in Tanzania has seen the establishment of ADDO associations in a limited number of districts. Through a series of key informant interviews (detailed below), the project will identify the determinants of both successful and unsuccessful ADDO associations and why some districts have not pursued the concept at all. As part of this work, we explored what owners' and dispensers' perceive as the value and purpose of associations and whether they think a combined association representing interests of both owners and dispensers or separate associations for owners and dispensers would be optimal to meet their needs.

Specific objectives of the key informant interviews and analysis were to—

- Document experiences of the districts which have already established ADDO provider associations with a view of sharing lessons learned and best practices with other districts which have yet to establish similar associations or are at preliminary stages of implementation
- Document the constraints and challenges faced by the districts that have already initiated the process of establishing the providers' associations but are moving slowly and to identify opportunities which could be used to accelerate the process in the “intermediate” districts

- Carry out a situational analysis in different districts that are yet to initiate the process of forming ADDO providers associations to identify opportunities and obstacles to establishing associations
- Identify opportunities at the institutional level to support the establishment, effective functioning, and sustainability of ADDO provider associations

We developed data collection tools to help establish—

- Requirements to establish an association
- Challenges and barriers that limit and opportunities that promote the establishment of associations
- Perceived benefits of ADDO provider associations
- Why some districts have succeeded in establishing ADDO provider associations while others have not
- The impact of ADDO provider associations that have been established in some districts

Study Design

We collected data in target districts and from key local and national stakeholders through—

- In-depth structured interviews that included randomly selected ADDO providers (dispensers and owners) and selected local and national stakeholders
- Structured focus group discussions (FGDs) of ADDO providers and relevant stakeholders, including microfinancing institutions

The assessment involved key decision-makers at the national level and various actors at the district and community levels. At the district level, the following individuals participated in the study: District Commissioner, District Council Chairperson, District Administrative Secretary, District Executive Director, District Medical Officer, District Pharmacist, District Cooperatives Officer, senior officials of ADDO providers associations, and representatives of microfinance institutions and SACCOs working at the district level. At the community level, ADDO owners and dispensers participated in the study.

Study Area

We conducted the assessment in four regions already implementing the ADDO program: Ruvuma, Morogoro, Mtwara, and Rukwa. MSH supported the rollout of ADDOs in Ruvuma and Morogoro, while the Government of Tanzania through TFDA supported program implementation in Mtwara and Rukwa.

In the MSH-supported regions, we selected six districts to assess (three from each region). The districts included Morogoro Rural, Ulanga, and Kilosa (in Morogoro region) and Mbinga, Songea Urban, and Namtumbo (in Ruvuma region). In the government-supported regions, we assessed Masasi and Sumbawanga districts in Mtwara and Rukwa regions, respectively.



The main criterion for selecting the districts was the maturity of the ADDO program, including formation of ADDO providers’ (meaning either owners or dispensers) associations. Before the assessment, we believed that two of the eight selected districts, Mbinga and Songea Urban, were at an advanced stage in establishing associations, Ulanga and Kilosa had initiated the process, and the remaining four (Namtumbo, Morogoro Rural, Masasi, and Sumbawanga Rural) had yet to form associations. However, the assessment showed that Morogoro Rural had also started formation of an owners’ association.

The study also targeted relevant national-level institutions with the potential of affecting the successful formation, function, and sustainability of ADDO providers’ associations. The institutions included the Office of the Registrar of Societies (in the Ministry of Home Affairs), TFDA, Pharmacy Council, National Health Insurance Fund (NHIF), and microfinance institutions, especially those with a wide reach in reach in the country.

Sample Size and Sampling Procedure

The study included 292 people interviewed individually or as part of FGDs. Study participants represented the district and national levels. Table 1 shows the sample scheme for the district level. At the national level, we interviewed representatives from TFDA, NHIF, and the Registrar of Societies (Ministry of Home Affairs).

Table 1: Interview Sample Sizes at the District Level

Target Groups	Number of Interviews/FGDs
District Commissioners	5
District Pharmacists	7
District Medical Officers	5
District Cooperative Officers	6
District Council Chairperson	2
District/Municipal Council Executive Director	4
District Trade Officer	3
National Health Insurance Fund Coordinator	1
ADDO association officials (Chairperson, Treasurer, Secretary)	8
Representatives of microfinance institutions	8
Representatives of SACCOs	6
ADDO owners	110 as part of 8 FGDs
ADDO dispensers	124 as part of 8 FGDs

To identify the ADDO owners and dispensers to participate in the study, we used a multistage sampling approach to get the desired sample size. In each district, we randomly selected three urban wards and three rural wards. From each urban and rural ward, we planned to sample two ADDO owners and two dispensers for the assessment (96 of each); however, in some areas more dispensers and owners turned up for the activity than expected, and because some travelled long distance to participate in the activity, we included them in the assessment.

Data Collection

We collected data through FGDs and personal interviews using standardized interview/discussion guides. At the district level, we conducted 35 interviews and 16 FGDs. Interviews at the national level were conducted in English, while at the district level, we collected data in Kiswahili. Compilation of the data was concurrent with the fieldwork, resulting in this report.

KEY STUDY FINDINGS

The key findings from the assessment focus on the following areas—

- Stakeholders' perception about ADDO provider associations
- Specific issues ADDO owners and dispensers would like address through the associations
- Types of associations preferred by ADDO owners and dispensers
- Implementation status of the associations
- Constraints and challenges faced in establishing the associations
- Roles and responsibilities of different actors in forming and managing associations
- Ideas for promoting institutionalization and sustainability of the associations

Stakeholders' Perceptions about ADDO Provider Associations

During the assessment, interviewers asked different stakeholders to share their views about the idea of establishing the ADDO provider associations. All the stakeholders welcomed the idea, citing various reasons as to why they think associations are important. ADDO owners and dispensers saw a number of potential benefits in having a well-established and functional association.

According to the owners, the associations will—

- Give them a strong voice to speak together on matters relating to their businesses
- Help them access loans for businesses improvement
- Help them pool procurement of drugs and other pharmaceutical products to take advantage of economies of scale resulting from bulk purchases
- Provide them with a platform to engage with various authorities such as TFDA, Tanzania Revenue Authority, and the local government authorities on matters affecting their businesses
- Provide them with a forum for sharing business experiences
- Enable them to pool resources to start their own SACCO and advance loans to members

- Provide them with a mechanism for self-regulation so as to minimize some members' noncompliance with the set regulations and standards
- Provide them with a forum for conflict resolution among members

Dispensers mentioned that the associations will—

- Provide them with a platform to deliberate on issues of interest
- Give them a common voice to air their grievances to owners
- Help them demand better salaries and work conditions, including standard working hours, overtime payments, and annual leave
- Provide them with a forum to exchange ideas and experiences in line with their training and improve their skills and the quality of services they provide to the population
- Create a mechanism for self-regulation and ensure that members abide by the set regulations and standards for service delivery
- Enable them to pool resources and invest in other income-generating activities toward their individual development
- Give them access to resources from financial institutions by using the association as a guarantor, with their joint savings as evidence of capital
- Enable them to form a SACCO and advance loans to members

Senior district officials including administrative officers (District Commissioners, District Executive Directors, District Administrative Secretaries, and Council Chairpersons) and technical personnel (District Medical Officers, District Pharmacists, District NHIF Coordinator, and District Cooperatives Officers), also supported the idea of forming the associations, noting that the associations will—

- Empower the members economically by increasing their access to liquidity
- Provide members with a platform to voice various issues of interest
- Make it easier to reach both owners and dispensers who are geographically scattered
- Help promote the concept of using self-regulation to improve quality
- Facilitate the involvement of ADDO providers, especially association leaders, in supportive supervision activities and addressing problems
- Provide ADDO providers an opportunity for involvement in relevant decision-making organs in the council/district; for example, in Songea Urban Council, the RUDOOA is represented on the Municipal Council Health Committee, which is a crucial planning and co-ordination mechanism for all health activities and interventions.

Microfinance institution representatives observed that the associations would make it easier to reach the memberships, who are potential customers. Therefore, the associations could help

increase their customer base, which would eventually translate in more deposits, more loans, and more profits.

“The associations will definitely be of great benefit to the ADDO providers. They could act as guarantors to the members to obtain loans from financing institutions and put them at a position of advantage in accessing other related services, such as training on credit management by the financial institutions. The associations could also evolve to become SACCOs and provide small loans to members. As a financial institution, we think the association will make it easier for us to reach many potential customers and minimize our marketing and credit management costs.”

—Branch Manager, National Microfinance Bank

Other institutions such as NHIF and the Office of Registrar of Societies also welcomed the idea of associations, noting that it would make it easier to sensitize the groups on various policy and regulatory issues.

The TFDA ADDO coordinator expressed similar optimism, especially regarding the potential for working with associations on various system challenges, including the dispenser shortage, drug register distribution, and regulatory noncompliance.

Key Observation

Stakeholders across the board accept the idea of establishing ADDO provider associations.

Specific Issues Raised by ADDO Owners and Dispensers

Both the owners and dispensers raised a number of specific issues that they thought could be addressed through the associations.

Owners' Issues

The owners' issues included—

- Widespread shortages of trained dispensers in the districts have forced some owners to close their shops as per the existing regulations. They attributed this shortage to dispensers migrating because of marriage, search for better employment opportunities, career changes, and increased numbers of shops, among other factors.
- Dispensers are increasing demands related to salaries and working conditions because they realize that they are in high demand and that owners need them to operate their shops.

“Some of the these dispensers have become really big-headed after undergoing training and even try to hold us hostage simply because they know we cannot do without them.”

—FGD Participant, Morogoro Rural

Apparently some of the owners also take advantage of the situation by tempting dispensers away from their competitors with promises of better pay, which eventually they do not honor. Given the situation, the owners thought that having an association would help them address such issues and even enable them to come up with a common set of requirements for employing dispensers. Others suggested that a rule should be introduced allowing owners to keep dispensers' certificates in their custody until dispensers complete their contracts.

- Some shops are operating illegally in some areas, allegedly with the knowledge of some district officials (Morogoro Rural and Kilosa districts). Owners reported that the illegal shops would always be the first to close on inspection days and would then continue with normal operations thereafter. The owners in the affected areas mentioned that once their association becomes functional they would use it as a mouthpiece to alert district authorities to such issues.
- For NHIF-accredited shops, owners complained that the drug list is too limited and does not fulfill the needs of NHIF members who are their customers. They also complained that NHIF reimbursed them at unfavorable prices for the drugs sold to its members. The owners plan to use the association to negotiate with TFDA on the extent of the drug list and demand better pricing from NHIF based on the prevailing market.
- The NHIF system of reimbursement is another vexing problem that the owners would want their association to address. The current system is such that the minimum amount for reimbursement through a single claim is 100,000 Tanzanian shillings (TSH) or about 77 U.S. dollars (USD). For small shops with low turnover, collecting this amount takes time, and ties up much-needed capital. The owners also find the cost of following up NHIF payments too high. Currently, NHIF zonal offices handle payments, but they are scattered around the country. For example, an owner in Ulanga district has to travel for 8 to 10 hours to collect payment from Dodoma. The cost of transport alone is about USD 40 by road, and because of the distance, this owner has to spend at least a night out and incur additional costs of meals and accommodation. The owners would want their association to discuss with NHIF the possibility of having joint reimbursement through their association. The owners would also use the association to press for further decentralization of NHIF reimbursement services to minimize the cost of follow up.
- Over-taxation by the Tanzania Revenue Authority is another issue. A number of owners reported that after improving the physical condition of their premises (which is a precondition for accreditation by TFDA); some tax assessors demanded higher taxes based on the physical look of their shops. Apparently, some owners renovated the premises with loans from banks.

“Whenever some of these TRA people look at our shops, all that they see is money, which they think we are trying to hide from them, yet some of us are still paying back loans with huge interest as a result of the renovations.”

—FGD Participant, Kilosa

- The owners raised the issue of unfavorable lending policies of some financial institutions. Some reported applying for loans from a local bank with a significantly wide country network and being turned down simply because the bank does not offer loans to

customers who reside outside a 20 km radius from the lending branch. They felt that associations could help negotiate with the financial institutions on such policies.

- Lack of a reliable system to distribute drug registers is another problem that owners would like their association to take up with TFDA. The owners usually buy the registers from the district pharmacist but a number of them reported that lately, availability of the registers has been a problem, even at the district level, which has forced some of them to travel all the way to TFDA offices in Dar es Salaam to look for the registers. The drug register is a prerequisite for accredited drug shops to operate.
- Owners reported on delays in issuing accreditation certificates; for example, some reported receiving the certificates for the financial year 2008/2009 in June 2009, which is the expiration month, yet they are supposed to be displaying the certificates in their shops as a matter of procedure. In some areas, owners had not even received the certificates by the time of this study (June 2009) after paying for them in June the previous year. Moreover, they reported that the certificates had a lot of errors on the names and location of the shops. They have received no explanations regarding the reasons for the delay. Such issues, they thought, could be better addressed through the association rather than them trying to follow up individually.
- Owners expressed displeasure with what they termed as harassment and use of inappropriate language by some of TFDA inspectors whenever they visit the shops. Many feared that forwarding such complaints to TFDA individually might expose them to unnecessary victimization, but that no clear mechanisms exist for them to channel such feedback to the relevant authorities. Therefore, the owners concluded that only their associations would provide them with the best forum to discuss such issues and get the relevant actors to take the necessary corrective measures.

Key Observation

The 10 issues that the ADDO owners would like their associations to address reflect significant gaps in the regulatory system and other institutional arrangements, which affect their businesses and undermine their ability to comply with the operational standards. The views also affirm the potential of the associations to create a forum for constructive engagement between the owners and other institutions to address system challenges.

Dispensers' Issues

The dispensers also raised a set of issues that they thought could be better addressed through an association. A description of the issues follows—

- The dispensers complained of poor remuneration by the owners. In most areas, the dispensers' earnings ranged from TSH 30,000 and 100,000 a month, with most reporting earnings between TSH 60,000 and 80,000 (USD 46 to 62) a month. This is far below the government's set minimum wage of TSH 100,000 a month. To make matters worse, owners pay some dispensers in installments when sales for a particular month are slow. Many dispensers find this unfair and would like to advocate through an association for

better pay and for assurance that the owners will abide by the government's minimum wage.

- Poor working conditions, especially long working hours and lack of annual leave, concern the dispensers. Most reported working from 8 am to 8 pm, while others work to 10 pm without overtime pay. Most of the dispensers attributed this situation to loopholes in their contracts, many of which were signed out of desperation for employment and the need to qualify for the dispensers' training. A signed employment contract is a prerequisite for the ADDO dispensers' training. The dispensers, therefore, thought that having a strong association would enable them to address such issues with one strong voice.
- They feel that a lack of assistants in the drug shops leads to over-dependence on them. Some reported that the owners make them work throughout the week, including Saturdays and Sundays. This denies them the opportunity to spend time with their families and to socialize. They therefore want to use the association to advocate for a change.

"Some of the owners would not want to hear that we closed shop even for a single day. All they think about is their money. I fear that some of us will soon get old before finding suitors and therefore husbands and children."

—Dispenser in Morogoro Rural

- Lack of refresher training and continuing education programs constrain the dispensers' ability to update their knowledge and skills and enhance their career prospects. Subsequently, the dispensers felt that that having an active association would enable them to advocate for career development and self-improvement opportunities.
- Lack of freedom to express their opinions to the owners about certain regulatory procedures in which owners are not in compliance.

Key Observation

Unlike the owners, the dispensers' issues have less to do with systems support and more to do with labor rights that could be addressed through consistent advocacy efforts. Therefore, an association that brings the dispensers together to speak on the issues would be a useful mechanism.

Type of Association Preferred by the Owners and Dispensers

One of the most contentious issues during the group discussions with ADDO owners and dispensers was the type of association they prefer. The discussion focused on whether there should be one district association combining owners and the dispensers, or two separate district associations, one for the owners and another for the dispensers.

Those who supported the idea of one district association mentioned the need for the dispensers and owners to tone down their differences and work together for mutual benefit. Some of the

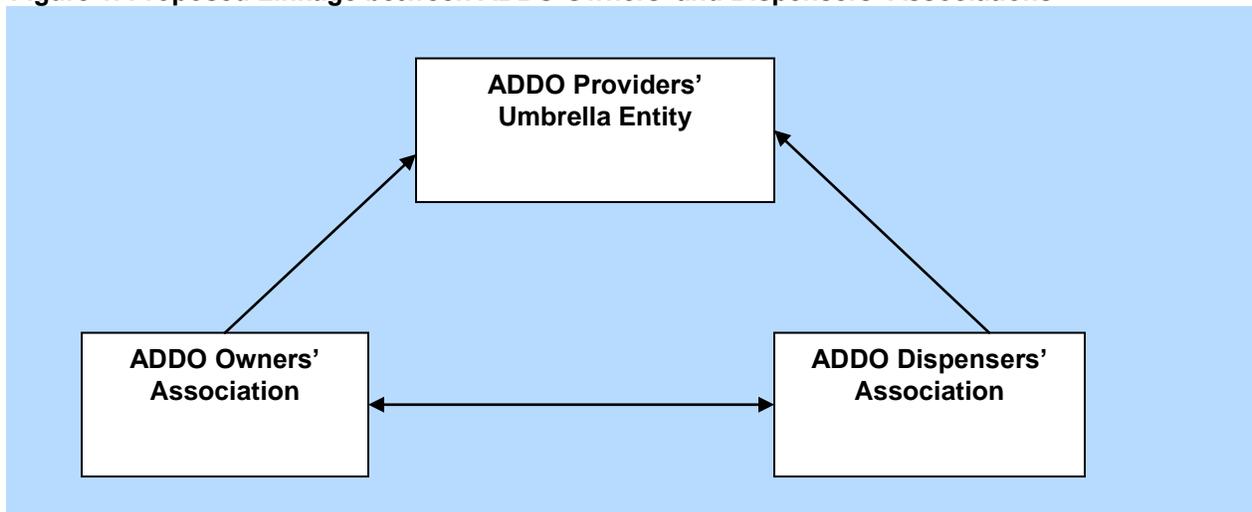
owners who supported this position also thought that if the dispensers formed their own association, they might become a strong entity—including financially solid—and end up establishing their own shops, forcing the owners out of business.

Those who advocated for two separate associations cited the different interests of the owners and the dispensers, noting that getting one association to effectively address the interests of both groups would be challenging. The owners supporting this second position emphatically stated that because the owners were the dispensers’ bosses, it would be hard for both groups to have equal standing in one association, which was a view overwhelmingly shared by the dispensers. Moreover, the owners favoring separation countered the fears about dispensers opening their own shops by pointing out that the current shortage of dispensers is a temporary problem that the owners can easily overcome in collaboration with TFDA. They also argued that the strong dispensers who establish their own shops would be recruited into the owners’ association, which would only serve to strengthen the owners’ group.

In seven out of the eight assessment districts, both the owners and dispensers agreed that each group should have its own separate association.

In seven out of the eight assessment districts, both the owners and dispensers came to a consensus in the FGDs that there should be two separate associations. In Namtumbo district, the owners favored one combined association, while the dispensers favored a separate association from the owners. However, in all the districts, both the owners and dispensers agreed on the need of having one umbrella entity (not an association) to enable them to harmonize their interests and leverage the actions of both associations for mutual benefit. The majority agreed that both associations should have equal representation in the umbrella entity, so that their voices can be equally heard (Figure 1).

Figure 1. Proposed Linkage between ADDO Owners’ and Dispensers’ Associations



Key Observation

Although majority of the ADDO owners and dispensers want separate associations to champion their individual interests, they remain conscious of the fact that they need to collaborate with each other to maximize their mutual benefit and to help the communities they serve. This collaboration could be formalized through the creation of an umbrella entity to harmonize their interests.

TFDA Issues

Although the authority currently does not have a working relationship with the existing associations, it sees considerable potential in working with associations to address various regulatory and quality assurance issues. In particular, the TFDA wants to use associations to improve communication with ADDO owners and dispensers on various regulatory issues. A lack of a clear communication channel with the ADDO providers has contributed to some gaps in the regulatory system, such as delays in issuing accreditation certificates.

“We have received a number of phone calls from various owners regarding the delay in issuing accreditation certificates and offered the necessary explanations to the individual callers. However, the majority of the owners have not been reached on this due to lack of proper channels for communication. If we had vibrant associations in place, it would have been much easier to communicate such issues to the ADDO owners through their respective associations.”

—TFDA Representative

The TFDA would also like to work with providers associations to increase access to implementation tools such as drug registers, whose availability was mentioned by most ADDO providers as a major problem. TFDA would be very open to the idea of distributing registers through the provider associations once the associations are well established and have reliable contact points.

In line with the ADDO program’s decentralization agenda, owners’ training is now conducted by professionals in the districts, and TFDA has trained 74 trainers of trainers in 37 district councils countrywide to train ADDO owners on business management skills and to work with owners to address business operational issues. Those trained as district trainers are mainly District Trade Officers and District Cooperative Officers. The formation of the ADDO provider associations would make the work of the trade and cooperative officers easier, especially in coordinating with ADDO providers on capacity development initiatives.

The TFDA has also started advocating to the district councils through the Council Food and Drug Committees to include activities such as capacity development and coordination of ADDOs in council plans and resource allocation. The TDFDA feels that this should be done in line with a commitment to increase access to medicines and ensure sustainability of quality pharmaceutical services to the population. The TFDA also has an arrangement with the district councils to retain 40% of the total revenue they collect on behalf of the authority from regulatory fees paid by different traders in the districts, and therefore feels that part of the money should be used to implement ADDO activities, including building capacity of the ADDO provider associations.

Apart from working together with the ADDO provider associations to address capacity development needs of the owners, TFDA also sees an opportunity to work with associations to address the chronic problem of dispenser shortages. A plan has already been made to train more dispensers through a cost-sharing arrangement; a number of ADDO owners in the implementing regions have been sensitized to this plan and many have indicated a willingness to meet part of the cost of the dispenser training. While TFDA has committed itself to meeting facilitation costs for the course, the ADDO providers are expected to meet the cost of transportation, accommodation, and meals for the dispensers. With formation of the associations, it should be easier to mobilize the ADDO providers to contribute.

The issue of quality assurance through self-regulation is another important priority that TFDA would like to address through the associations.

“Our interest is self-compliance. The owners and dispensers associations should get to a point whereby they promote self-compliance among their members.”

—TFDA Representative

The TFDA also sees the associations as a potential avenue to get feedback from the ADDO providers regarding their working relationships with other stakeholders in the pharmaceutical sector. The working relationship between ADDO owners and NHIF, in particular, emerged as an area of interest to TFDA because of complaints regarding the NHIF reimbursement mechanism.

“With establishment of the associations, it would be easier for us to get feedback from the NHIF-accredited ADDOs on the difficulties they are experiencing with the scheme so that we can all work together to address some of the challenges experienced.”

—TFDA Representative

NHIF Issues

The NHIF Chief Pharmacist noted that the institution does not currently have a working relationship with the ADDO provider associations but would like to work with them to promote self-compliance, improve the reimbursement mechanism, improve recordkeeping, and advocate for a favorable business environment.

The NHIF Chief Pharmacist observed that some ADDOs have not been following the set regulations, including prescribing drugs to NHIF members that they are not authorized to stock and including the sales in their claims to NHIF. This has often resulted in delays in processing the claims and complaints from the owners, especially when claims are rejected. Therefore, NHIF would like to use the ADDO provider associations as a forum to advocate for self-compliance.

“As a government department, we have an obligation to uphold and reinforce the existing regulations. We also have a role to play in ensuring that the ADDOs stick to the regulations. The ADDO associations will offer us a good opportunity to advocate for self-compliance among the ADDOs.”

—NHIF Representative

The NHIF welcomed the idea of pooled reimbursement through the associations, especially for ADDO operators whose turnover is small and who have difficulty reaching the TSH 100,000 target for reimbursement by NHIF in a single claim. However, such an arrangement requires a high level of discipline on the part of the associations' leadership in remitting reimbursement to individual members. NHIF already has such an arrangement with lower level government facilities whose payments are channeled through the district medical office; however, in some districts, officials tend to hold on to the money for a long time while others even divert the funds to other activities, thereby causing unwarranted delays in remitting payments to the health facilities.

The NHIF would also like to work with the associations to improve the business environment for the ADDOs by collectively addressing issues such as pricing of drugs and expanding the NHIF drug list.

“We have been in the forefront in advocating to the TFDA to review the drugs lists. We are also open to working together with the associations to harmonize the prices we offer to the drug shops for their claims to NHIF. We understand the importance of their services to our members and the rest of the population and we would like them to continue providing the services.”

—NHIF Representative

Negative publicity about NHIF in some regions is another area of concern that the institution would like to address through ADDO providers associations. During the ADDO owners training in one of the implementing regions, some trainers discouraged the owners from joining the NHIF scheme, which has adversely affected NHIF activities in the region. The NHIF would, therefore, like to work closely with the associations to improve its image and working relations with ADDO owners in all the implementing regions.

The Chief Pharmacist also indicated that NHIF would be interested in supporting capacity-development efforts to the ADDO through their associations, especially on recordkeeping, which has been a major problem.

Implementation Status of the Provider Associations

The implementation status of the ADDO provider associations varies by district. This report highlights the status of the associations according to three categories: (1) established, (2) intermediate, and (3) preliminary. Established associations have active memberships and are formally registered, so therefore have a constitution that guides their operations. Intermediate associations have active and organized memberships, have a constitution in place, and have initiated but not finished the registration process. Preliminary associations have organized memberships and are in the process of developing a constitution, but have yet to initiate the registration process.

Status of Established Associations

Prior to this study, we thought that the two provider associations for Songea Urban and Mbinga districts fell into the established category. However, our assessment determined that only Songea Urban's owner association, **Ruvuma Drug Owners Outlet Association (RUDO OA)**, is formally registered. RUDO OA was formed in 2000 and registered in 2003.

At the time of formation, the association had only 15 members but membership has since increased to 35 active members. The conditions for membership are as follows—

- Be an ADDO owner
- Possess of a valid business license for the ADDO
- Have the ADDO registered by TFDA
- Be of sound mind
- Pay an entry (registration) fee of TSH 5,000 and a monthly subscription fee of TSH 1,000

In terms of organization and management, the association has elected officials to serve in different positions. The current officials were elected in 2007. Decisions are largely made through consensus by way of meetings involving the officials and the membership. Since its formation, the association has convened 48 organizing committee meetings and 11 general meetings for members for different purposes. The assessment team confirmed availability of minutes from the some of the meetings.

Status of the Intermediate Associations

Out of the eight assessment districts, only Mbinga district has an association in the intermediate stage. The association, known as **Mbinga Drug Owners' Association (MBIDOA)**, was formed in December 2004. It has not been formally registered, although the association has finalized its constitution and fulfilled all requirements for registration.

Upon formation, 53 ADDO owners joined the association, and all have remained active to date. As a district, Mbinga has 56 accredited drug shops; therefore, assuming that each owner has only one shop, we can assume that MBIDOA has successfully recruited 95 percent of ADDO owners in the district and maintained all of them in its membership register since 2004.

To be a member of MBIDOA, one has to—

- Be an ADDO owner
- Be a Tanzanian citizen
- Have a shop located in Mbinga district
- Have a valid business license
- Be registered by TFDA
- Pay an entry fee of TSH 5,000 and an annual subscription fee of TSH 12,000. Thereafter, the member may pay the annual subscription in monthly installments of TSH 1,000.

The association has elected officials that are tasked with managing its activities on behalf of the members. The current officials were elected in August 2008. Interviewees reported that the leaders meet often to deliberate on various issues and convene general meetings for members

whenever necessary. Since formation of the association, 18 organizing committee meetings and 9 general meetings for members have been conducted.

Status of the Preliminary Stage Associations

This category includes the following associations—

- Kilosa Drug Dispensing Owners' Association (KIDDOA)
- *Umoja wa Wamiliki wa Maduka ya Dawa Muhimu wa Wilaya ya Morogoro Vijini* (translated as Morogoro Rural ADDO Owners Association)
- *Umoja wa Wauzaji wa Dawa Muhimu Wilaya ya Ulanga* (translated as Ulanga District ADDO Dispensers' Association)

These three associations have organized memberships and are in the process of developing a constitution, although the process is at different stages. KIDDOA's constitution has passed through the second review stage, with minor amendments from members. The constitution will be ratified during the next general meeting, which association officials planned to convene in early July 2009. The Ulanga District ADDO Dispensers' Association has produced its first draft constitution and circulated it to all members for input, while the Morogoro Rural Owners' Association has produced its first draft, but had not yet circulated it to members for review.

Kilosa Drug Dispensing Owners Association (KIDDOA)

This association was formed in October 2006 through a resolution passed by 49 ADDO owners drawn from throughout the district at a meeting held in Mikumi (one of the district's divisional headquarters). The meeting attendees also picked interim officials to guide the members toward formally establishing the association. Currently, the association has 50 active members. To be member, one has to—

- Be a Tanzanian aged 18 years or older
- Be an owner of an accredited shop located in the district
- Pay a registration fee of TSH 10,000 and a monthly subscription fee of TSH 3,000

In March 2007, the members put in place the first team of elected officials to lead the process of registering and managing the association. In the same year, officials convened two organizing committee meetings to deliberate on the issue of registration, most recently in October 2007. The officials initiated the process of drafting a constitution, but it has dragged on since late 2007. In February 2009, the association's leadership wrote to the District Commissioner seeking his assistance to get the association registered, but since the constitution was not final, they were unable to proceed with the registration process.

Morogoro Rural ADDO Owners' Association

The Morogoro Rural ADDO Owners' Association was formed in November 2007, when 80 owners from different parts of the district were recruited as members. Currently, the association

has 36 active members, which is a significant decline in 18 months (current records indicate that Morogoro Rural has 68 owners). Conditions for membership are as follows—

- Be an owner of an accredited shop
- Be a resident of Morogoro Rural district
- Pay membership registration fee of TSH 5,000 and a monthly subscription of fee of TSH 1,000

Interim officials that have been in office since its formation run the association. The officials have so far convened two organizing committee meetings and one general meeting for members. The assessment team could not get minutes from the meetings; however, the secretary general assured the team that the minutes had been prepared. The officials also promised to call another general meeting for members in July 2009 to discuss the draft constitution and the next steps toward formal registration of the association.

Ulanga District ADDO Dispensers' Association

This is the only dispensers' association in the entire study area. The association was formed in July 2007 with the following three major objectives—

- Empower its members economically
- Improve the technical capacity of the members through continuous professional development
- Advocate for and protect the rights of members

Eleven dispensers, residents of Malinyi division, founded the association. By early 2008, the association had attracted 15 other dispensers in the division, thereby pushing membership to 36 people (current records indicate that 55 ADDOs are registered in the district). However, only 20 members currently participate in association activities and regularly pay subscription fees. Interviewees attributed the drop in the number of active members to restrictive conditions imposed on some dispensers by owners, including not allowing them to attend meetings.

To be a member of the dispensers' association, one has to—

- Be a trained dispenser
- Be a resident of Ulanga district
- Be a Tanzanian citizen
- Pay a membership registration fee of TSH 5,000 and a monthly subscription fee of TSH 1,000

The association still has interim officials who were elected in July 2007, but it plans to conduct an election when its constitution is finalized. The interim officials have convened five meetings

for the members in the past in two years. Interviewees reported that minutes from the meetings had been prepared, although the assessment team could not access them during the visit.

The assessment team observed that members' contributions comprise the major source of funds for the dispensers' association's activities. The association has also made considerable attempts to raise funds through other income-generating projects. For example, in early 2008, it organized two separate fundraising activities, raising a total of TSH 71,000 (TSH 46,000 from the first activity and TSH 25,000 from the second). Only registered members participated in the fundraising meetings. The money was to finance a tomato-growing project that they initiated in April 2008. Unfortunately, the dispensers did not harvest any tomatoes from the project due to bad weather. Hailstones destroyed the crop at a critical stage, and this discouraged the members from instigating such projects.

Despite the challenges, the commitment of the dispensers to have a functional association is commendable. Their dream project is to open a big wholesale pharmacy to serve the entire district.

Situation in the Districts without Associations

In three of the eight study districts (Masasi, Namtumbo, and Sumbawanga) neither the owners nor the dispensers have formed any associations; however, in all the districts, owners have been sensitized about the importance of associations, and this study emphasized the need to reinforce the message to owners and to sensitize the dispensers.

Constraints and Challenges

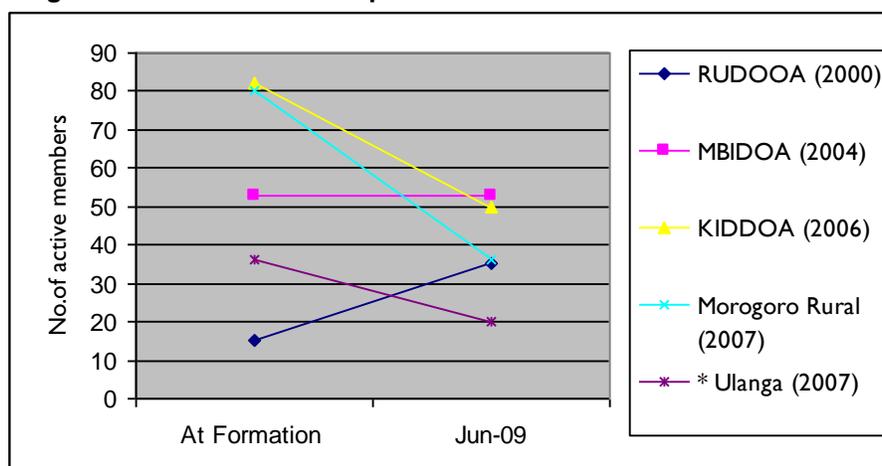
A number of ADDO owners and dispensers reported various constraints and challenges in their efforts to establish associations.

Lack of Commitment among Members

The interviews and FGDs highlighted a lack of sustained commitment among members of the associations as a major constraint. Interviewees felt that a large part of the problem was due to inadequate sensitization of ADDO owners and dispensers about the benefits of the associations. Although owners and dispensers were introduced to the concept of associations during training, they did not receive any follow up on the importance of the associations or how to go about establishing one.

The number of committed members of RUDOOA, which is the only established association in the study area, is much higher now than when it was formed. In MBIDOA, which is an intermediate stage association, the number of committed members is the same as it was at formation. However, in the preliminary stage associations (KIDDOA, Morogoro Rural Owners Association, and Ulanga District Dispensers Association) the number of active members is declining (Figure 2).

Figure 2: Active Membership Trends in ADDO Provider Associations



Key Observation

The number of active members has been declining in the preliminary stage associations, which has led to decreased income from members' contributions and the eventual loss of momentum; however, the trend indicates that as associations stabilize, members become more conscious of the benefits and maintain their commitment. Therefore, effective sensitization of ADDO owners and dispensers on the benefits of the associations could help increase and sustain active association membership.

Limited Knowledge of Registration Procedures

Most ADDO owners, dispensers, and even some senior district officials, including cooperative officers, are not familiar with the registration procedures for associations, which resulted in confusion and delays in registration in some areas. For example, in Morogoro Rural district, officials of the ADDO owners' association told the assessment team that they were considering registering their association as a nongovernmental association, which came from misinformation from a senior district official. In Mbinga, they were incorrectly advised to register their association with the Ministry of Agriculture, Food and Co-operative Societies instead of the Ministry of Home Affairs. The Principle State Attorney in charge of registration of societies reported that senior district officials' limited knowledge of association registration procedures is a common problem countrywide.

Registration Requirements

- ✓ Two bound copies of the association's constitution
- ✓ Applications form for registration (Form SA 1) filled out in duplicate
- ✓ Statement of particulars to support the application for registration (Form SA 2; filled out in duplicate)
- ✓ Application fee of TSH 10,000
- ✓ Registration fee of TSH 100,0000
- ✓ Annual fee of TSH 40,000
- ✓ Minutes of the meeting approving the constitution in duplicate
- ✓ List of not less than 10 founding members and their signatures in duplicate
- ✓ Supporting document/letter from respective authority
- ✓ Application letter addressed to the Registrar of Societies, Ministry of Home Affairs, P. O. Box 9223, Dar es Salaam

Poor Stakeholder Follow-up

Owners and dispensers mentioned that lack of follow-up by various stakeholders contributed to the current state of the associations. While the owners were grateful to TFDA, MSH, and Mennonite Economic Development Associates for having introduced the idea of associations to them during the owners' training, they noted that none of the three stakeholders had followed up to check how they were progressing. One FGD participant in Kilosa compared this to a mother who tries to help her child learn to walk, but before the child can make the first step, she is left on her own to walk and run. In some districts, members also felt that their respective district officials had not done enough to support them in their effort to establish an association, while the district official blamed poor communication from TFDA. Likewise, members of the associations, especially in the intermediate and preliminary stage districts, also blamed themselves for not having done enough to follow-up on specific tasks they had assigned their leaders to establish an association.

Lack of Formal Operational Infrastructure

None of the associations, including RUDOOA and MBIDOA, which are in the established and intermediate stages respectively, have office headquarters. Some associations do not have official telephone numbers, but instead rely on leaders' cell phone numbers. This situation makes it difficult to coordinate association activities and also reduces the associations' credibility. This problem is partly caused by the associations' limited financial capacities, but also by the associations' lack of commitment in addressing the issue.

Lack of Planning

None of the associations, including those in the established and intermediate stages, had any work plans to guide activities. The lack of planning slowed any progress because many important activities, including developing a constitution, registering the associations, opening a bank account, fundraising, and others, did not have specific timeframes for accomplishment, which reduced accountability; in addition, self-evaluation becomes a major problem.

Geographic Barriers

In most areas, the owners and dispensers reported difficulties in coordinating association activities because of the size and terrain of their districts combined with poor transportation and communication networks. This combination makes it difficult for officials and members of the associations to meet and carry out activities.

Inadequate Networking with Authorities

In some districts such as Songea, Mbinga, and Ulanga, senior district officials were not well informed about the associations' activities because of inadequate networking with district authorities. As a result, the associations miss out on the opportunity to use the influence of local leaders to advance their agendas.

Difficult Registration Process

Experience from RUDOOA and MBIDOA has shown that the process of registering associations is extremely slow and expensive. Associations have to send all applications to the Office of the Registrar of Societies based in Dar es Salaam. In most cases, applicants prefer to deliver the applications by hand to the Registrar's office because fees need to be paid once the application is accepted. This also gives the applicants an opportunity to get clarification on unmet requirements and respond to any queries from the registering authority. However, the process can be expensive, especially to applicants who have to travel long distances to Dar es Salaam. In addition to paying a standard application fee of TSH 10,000 and registration fee of TSH 100,000, the applicants from up-country incur additional transportation and accommodation costs. Moreover, the registration process is slow due to the registration unit's limited capacity, and the follow-up process can also be costly.

The Registrar of Societies said that until 2006, he had only one legal assistant and two records managers to handle nationwide applications. In 2007, the unit increased the number of legal officers and record managers to four each. It takes two to four weeks to register a single organization, because in addition to the Registrar, the Principle Secretary for the Home Affairs Ministry, who has other responsibilities, signs the certificate. The registration unit, therefore, finds it difficult to get registration certificates signed quickly. It takes the Principle Secretary about three to four weeks to sign a set of certificates, while the unit receives an average of six to ten applications per day.

Financial Constraints

Financial constraint was widely mentioned by study participants as a major challenge to association functioning. So far, the associations rely mainly on contributions from members to finance various activities: an entry/registration fee and monthly subscription fee. All associations except KIDDOA had an entry fee of TSH 5,000 and a monthly subscription fee of TSH 1,000. KIDDOA's entry fee is TSH 10,000 and monthly subscription fee is TSH 3,000.

Table 2 shows that if all active members in the associations fully paid their annual subscription fees, KIDDOA would collect USD 1,343, while the dispensers' association in Ulanga would have only USD 179 per year. In the case of KIDDOA, the amount would hardly be enough to finance one annual meeting for all the active members, especially if the association wanted to hire a venue for the meeting and provide transport, meals, and accommodation to the participants. In the case of the dispenser's association in Ulanga, the USD 179 would not be enough to send even one representative to Dar es Salaam to process registration of the association and pay the required fees.

Table 2. Income from members' contributions

Name of Association	Number of Active Members	Monthly Subscription Fee (TSH)	Annual Subscription Fee (TSH)	Annual Collection from Active Members
RUDOOA	35	1,000	12,000	420,000
MBIDOA	53	1,000	12,000	636,000
KIDDOA	50	3,000	36,000	1,800,000
Morogoro Rural Owners Association	36	1,000	12,000	432,000
Ulanga District Dispensers Association	20	1,000	12,000	240,000

1 USD = TSH 1,340

Key Observation

The current contributions alone are not enough to meet the basic costs of running the associations, especially if the associations had equipped offices, which would facilitate formal operations. Identifying sustainable financing mechanisms for the associations is crucial if they are to take off.

Poor Relations between Dispensers and Owners

Most dispensers mentioned poor working conditions and relations with ADDO owners as major barriers to their efforts to establish vital associations. The majority of the dispensers works late throughout the week, and therefore finds it difficult to find time for social activities, including organizing for the associations. In Ulanga district, where dispensers have made a significant

attempt to establish an association, association officials mentioned how difficult it is to get members to attend meetings because the owners do not allow any time off.

Weak Leadership

Weak leadership was identified as another constraint to the successful establishment of the associations. In most places, leaders had been in office for at least 18 months and most did not have much progress to show. A number took a long time to convene meetings, and follow-up on important processes, such as drafting a constitution and registering the associations, was ineffective.

POTENTIAL CATALYSTS FOR SCALING-UP

Despite the many challenges experienced in forming the ADDO provider associations, a well-functioning association has the potential to provide significant benefits to members, and opportunities exist that could accelerate the implementation of different association activities.

Possible Benefits

The interviews with stakeholders (described on page 11) highlighted a number of perceived benefits of owners and dispensers forming professional organizations, including providing a forum where members' interests are expressed and represented; creating a mechanism to negotiate with other parties, such as financial institutions and the government; and helping members resolve conflicts among themselves, including labor issues. In addition to the benefits mentioned by the stakeholders, other benefits that an association could offer include—

- Peer-to-peer monitoring and guidance
- Continuing education for owners and dispensers
- Ideas for marketing and customer relations
- Distribution of public health information and materials

As follows, results of the study showed that several positive components already exist that could facilitate association formation and scale-up.

Positive Stakeholder Perception and Support

One of the key findings of the study was that various stakeholders have a positive perception of the potential of the ADDO providers associations to improve the quality of pharmaceutical services, while empowering individual members in different ways. This positive perception presents the associations with an opportunity to mobilize stakeholder support (both technical and financial) and advocate for their agenda.

In addition, several individuals and institutions have demonstrated their willingness and ability to support the associations—

- All senior district officials who participated in the study expressed their willingness to support association formation by engaging in advocacy on the importance of the associations, ensuring close follow-up of association activities, consulting with the associations on various issues affecting the pharmaceutical sector, and linking up the associations with other organizations that could help them both technically and financially.
- TFDA and NHIF are ready to work with the associations on system challenges to help improve the quality of pharmaceutical services and the conditions of individual association members.
- Several microfinance institutions, including the National Bank of Commerce, Blue Financial Services, Small Entrepreneurs Loan Facility, and Mbinga Community Bank said they were ready to inform the associations about their financial services, support training on basic financial management, and give associations access to loans. Most of the institutions are already offering loans to ADDO owners.

“We do understand the importance of these associations and what we have realized is lacking is adequate sensitization among members regarding the importance of the associations. In our next planning cycle, we are going to include sensitization of ADDO owners and dispensers about the associations, in our comprehensive council health plan.”

—District Pharmacist, Kilosa

“We are more than ready to support the ADDO associations where they need our help. The District Pharmacist and myself have, in the past, even called a meeting for the ADDO owners to find out where they could be stuck, but the response was very poor as only three owners showed up for the meeting. We are still determined to help them form and register their association. We’ll also utilize whatever opportunity at our disposal to sensitize them about the importance of the associations.”

—Cooperative Officer, Ulanga

“I am in contact with a number of financial institutions which could be of help to the ADDO associations... I will link them up with the institutions as soon as they get themselves organized.”

—District Commissioner, Sumbawanga

Availability of Lessons Learned

The fact that the ADDO provider associations are at different stages of implementation provides an opportunity for the associations to learn from each other. In Morogoro region, KIDDOA, Morogoro Rural Owners Association, and Ulanga District Dispensers’ Association each obtained a copy of the Mbinga Drug Owners Association constitution and used it as model to draft their own constitutions. ADDO owners and dispensers in other districts that have not formed associations can learn from MBIDOA and RUDOOA, which is the country’s only formally registered ADDO provider association.

Best Practices

Best practices in this context are those approaches or actions that proved useful in advancing the course of the ADDO provider associations in different areas—

- In Kilosa district, the former District Commissioner played a major role in sensitizing and mobilizing the ADDO owners to form an association. Most owners who participated in the assessment attributed their progress to his positive influence.
- Also in Kilosa, the National Microfinance Finance Bank in Kilombero softened some of its lending conditions to enable ADDO owners in the district to access loans. The bank’s policy is to offer loans only to customers residing within 20 km radius of the lending branch; however, the Kilombero branch offered loans to ADDO owners with shops as far as 60 km from the branch and also accepted temporary structures used as drug shops as collateral in providing loans to the owners. In Ulanga district, the National Microfinance Finance Bank branch in Mahenge also offered loans to ADDO owners based as far as 120 km from the branch. Although these steps by National Microfinance Finance Bank in Kilombero and Ulanga did not directly benefit ADDO provider associations in the target areas, they clearly indicate goodwill to the ADDOs, which the associations need to take advantage of.

“I am an ADDO owner myself and understand the importance of the services rendered by the drug shops to the populations. My institution appreciates this reality too....We have tried to support ADDO owners in this area as much as we can to obtain loans from our bank. We would be interested in supporting the associations in whatever way possible, including sensitizing them about our products, procedures, and how they could benefit from them. We would also be interested in supporting training on basic financial management, including record keeping and compliance to lending conditions....This, we believe will make them better customers at the end of the day.”

—NMB Bank Commercial Manager, Kilosa

- Other associations can learn from the efforts by Ulanga District Dispensers’ Association to raise funds through income-generating projects to support their young association. The Ulanga District Dispensers’ Association tried raising funds by investing in income-generating projects, which can be other potential sources of funds at the local level. Although the association’s tomato production project did not succeed due to poor weather conditions, the project strongly illustrated that associations can explore different sources of income to finance their activities.
- In Mbinga and Songea Urban districts, both RUDOOA and MBIDOA are already helping their members find dispensers whenever they experience shortages. Both associations also indicated their willingness to work with TFDA to address the shortage problem.
- In Songea Urban, RUDOOA has been helping its members obtain loans from financial institutions by acting as their guarantor. The association currently has a representative in the Municipal Council Health Committee, which indicates good collaboration with the council authorities. This has gone a long way to strengthen the members financially and improve their services.

- The tendency of the associations to learn from each other is also encouraging. All the associations in Morogoro region have used the MBIDOA constitution as model in drafting their own constitutions. The associations got copies of the MBIDOA constitution through the MSH office in Dar es Salaam.

A list of issues and recommendations that were drafted based on the results of the analysis follow. These issues became the basis for discussion at a stakeholder meeting in September 2009.

Fostering Establishment of ADDO Associations

How can sensitization and advocacy for the association concept be enhanced?

- TFDA, MSH, NHIF, district authorities, officials of the associations, and other relevant stakeholders can sensitize ADDO providers about the benefits of having an active association as part of their contacts with ADDO providers (e.g., during training, orientation, supervision). An informational brochure might be useful to hand out to owners and dispensers.
- Sensitization and advocacy could become part of the supportive supervision and inspection activities, but also needs to be institutionalized as part of the ADDO rollout model.
- Once associations are established at some level, association leadership should introduce their associations to key district officials and seek assistance on issues, so officials are aware of associations' existence and activities. Mechanisms for making such links could include inviting officials to association meetings or electing an association member to be a government liaison.

What tools will help associations become established and sustainable?

- In addition to making sensitization and advocacy part of the ADDO scale-up process, the production of an association tool-kit and guidance document could educate target groups about the importance of the associations and what steps they need to take to get started. Components could include—
 - Description of the role and benefits of the association
 - Regulations that govern association management
 - Examples of income-generating activities
 - List of activities that the association could consider based on member needs and priorities
 - Procedures to register the association
 - Suggested mechanisms to coordinate with and get information from other stakeholders, such as district authorities, TFDA, Tax Revenue Authority, and other associations
 - Examples of an association constitution
 - Strategies for partnering with microfinance institutions

- Association leaders should work with their members to develop implementation plans and assign responsibility for output and results.
- Model associations should be established in two districts to serve as learning centers for other associations. The fact that some of the associations are already making attempts to learn from each other is an indication that such an initiative would accelerate the establishment of associations in different areas and help them to operate as required.

What kinds of technical assistance will help associations?

- Responsible stakeholders, including TFDA and district authorities, need to take the necessary steps to ensure that the associations get the necessary follow-up support that they need to both launch and maintain operations. Support could include, for example, technical assistance in how to negotiate pharmaceutical pooled procurement with major suppliers or how to take advantage of microfinance services.
- In addition to information in a tool kit on registration procedures, association officials can work closely with their members and relevant authorities on learning and meeting the basic registration requirements, such as how to draft a constitution and get references from the authorities.
- Leaders of the associations could receive basic training on leadership and management.

Organization and Governance

Should ADDO owners and dispensers have separate or combined associations?

- Based on study results, most owners and dispensers feel like they would benefit most from having individual associations; however, a neutral mechanism could be developed to bring the two groups together periodically to discuss issues of mutual interest. The neutral mechanism could be seated in the district cooperative office or TFDA or could be unconnected to local government and comprised completely of owner and dispenser member representatives.

How will associations choose members to fulfill leadership positions?

- Associations need to define how they will select their leadership and what the terms and responsibilities of the leadership positions will be; for example, qualifications of the candidates, terms and length of service, and restrictions on service (i.e., term limits).
- The mechanism for defining roles and responsibilities should be transparent.

Should ADDO association membership be mandatory?

- In some countries the law requires professionals to be members of their professional association. Currently in Tanzania, pharmacists are not required to be members of the Pharmaceutical Society of Tanzania. If ADDO providers were required to be members, what

would define membership? Payment of dues only or attendance at meetings? Who would enforce membership and what would be the consequences?

How will association organization assure adequate representation and coordination at all levels?

- Associations need to be organized in a way that allows adequate representation at lower levels (e.g., district or ward), while ensuring that concerns are communicated up to district, regional, or national levels, as appropriate. An association representing a district may find it difficult to coordinate geographically dispersed members; a district association could delegate responsibilities and different implementation activities. For example, an elected ward representative could collect members' subscription fees at that level. The same representatives could also convey important messages from the district level to members and vice-versa.
- Both owner and dispenser associations need to determine the best strategy to assure coordination at all levels. For example, will the first level of association represent a district or a smaller geographic cluster? Global positioning system mapping could be used to help determine geographic clusters of shops that could form a catchment for association memberships that would facilitate meetings and coordination. Is there a need for higher organizational levels, such as regional or national associations? How could they be developed and coordinated?
- The temptation is to create a multi-tiered organizational structure; however, the simplest structure will be the easiest to carry out and sustain in the long run. A simple organizational structure is also more cost-effective. The key is to establish linkages among levels without establishing a complex structure.

What are the best mechanisms for association oversight and guidance?

- Association oversight could be incorporated into the current district government structure or be a self-oversight mechanism that is part of the associations' operational structure. District officials who were part of the study expressed a willingness to support ADDO associations, but it is unclear how they could carry this out.
- Guidance could come from other, more established ADDO associations, or a new association could be paired up with a mentor association (not necessarily related to ADDOs) in the area.
- Any oversight and guidance mechanism should be simple, low cost, and transparent.
- To decrease weak leadership, association members should be sensitized to the need to hold leaders accountable for tasks and responsibilities. Candidates should also be carefully vetted before appointment to positions of responsibility, to assure their personal abilities and commitment to provide the desired leadership.

Financing and Sustainability

How can ADDO associations assure financial sustainability?

- Associations should consider increasing their monthly member contributions from the current TSH 1,000 to around TSH 5,000 per month to establish a strong financial base because funding institutions will always ask for the level of savings or deposits.
- The associations will need to explore various financing opportunities available, instead of limiting their income to member contributions. For example, the owners could have an “association” ADDO, whose profits are put back into the association.
- The associations could also take advantage of the positive stakeholder perceptions to rally support in mobilizing financial resources to carry out association activities.
- Associations could offer fee-based services for its members, such as marketing and business training and tools, continuing education, insurance coverage, and financial services or opportunities for saving money through the creation of cooperatives (e.g., SACCOs).
- Other sources of revenue could include fees provided by the government or by health care institutions for accrediting or licensing activities, registration fees for meetings and conventions, and revenues generated by business-related activities (e.g., pooled procurement fees, microfinancing fees) or affiliations with service providers (e.g., insurance companies).

What is the best strategy to scale-up ADDO associations?

- Scale-up can be carried out in several different ways. For example, technical assistance can go toward developing one association in each region that would serve as a “learning center” for other associations in the region.
- Another option is to provide technical assistance to multiple associations at different phases of development and to help at least one association get started from scratch. The experience from that technical assistance could go into developing a tool kit and association guidance document for scale-up.
- Finally, an alternative strategy would be to develop the tool kit and make it available in all districts at the same time. This would require a team of association facilitators to provide scale-up assistance or a training-of-trainers workshop for government officials (regional/district/ward) to carry out that function.

How can associations keep members engaged for the long term?

- The key to keeping members engaged is to assure that the association provides benefits and that members take advantage of those benefits, which requires both effective implementation of activities and effective communication.
- In addition to periodic meetings, communication could come in the form of member newsletters or a “telephone tree,” where members call other members to spread information.

STAKEHOLDER MEETING PARTICIPANTS AND FORMAT

On September 7, 2009, MSH and TFDA convened a meeting for ADDO stakeholders. The specific objectives of the stakeholders meeting were to—

- Disseminate the findings from research on the ADDO provider associations, conducted in Morogoro, Mtwara, Rukwa, and Ruvuma regions
- Discuss options and recommendations from the analysis and build consensus on a strategy to establish and sustain support for the associations
- Agree on next steps

Stakeholders at the meeting included—

- ADDO owners and dispensers from different districts implementing the program
- Senior program staff from MSH and TFDA
- Representatives from the Ministry of Health and Social Welfare, including the National Health Insurance Fund and the Pharmacy Council
- Representatives from development partner organizations including the World Health Organization and the Clinton HIV/AIDS Initiative in Tanzania
- Representatives from collaborating nongovernmental organizations such as the Tanzania Marketing and Communications for AIDS, Reproductive Health, Child Survival and Infectious Diseases project (T-MARC), PSI-Tanzania, and Point-of-Use Water Disinfection and Zinc Treatment project (POUZN)
- Selected regional and council officials including regional medical officers, council directors, district medical officers, district pharmacists, and district cooperative officers
- Representatives from health training institutions and microfinance institutions

Individual presentations shared findings from the situation and options analysis of the ADDO provider associations and provided the meeting's objectives and guidelines for group discussion. Participants split into groups that that focused on specific issues related to meeting objectives. Plenary sessions helped build consensus on issues and recommendations emerging from the group work and provided a forum for deciding on the next steps.

STAKEHOLDER RECOMMENDATIONS

After the findings from the situation analysis were disseminated, the focus of the meeting shifted to discussing the resulting options and recommendations, with the objective to reach consensus on the way forward.

The option recommendations from the assessment were classified by the following three strategic categories—

- Fostering establishment of associations
- Strengthening operations by improving organization and governance
- Enhancing sustainability of the associations

Fostering Establishment

In discussing establishment of the associations, meeting participants looked at the roles of the national- and district-level stakeholders in providing the support needed to establish associations; the need for a set of implementation tools, the need for systematic sensitization and advocacy to the ADDO providers on the benefits of associations, and integration of the association concept into the training course for dispensers and owners. Subsequently, the stakeholders agreed on the following recommendations—

- In view of the limited technical capacity available for establishing ADDO provider associations, TFDA should integrate basic training on how to establish and manage the associations as part of the training course for ADDO owners and dispensers.
- Considering that some ADDO providers do not understand or fully appreciate the need for professional associations, TFDA and council authorities should continuously promote the benefits of associations by incorporating advocacy into the routine supportive supervision and inspection activities at the national and districts levels.
- Because no package of tools exists to facilitate the establishment of the ADDO provider associations, MSH should provide leadership in developing a package of implementation tools, including a prototype constitution, a prototype strategic plan, a comprehensive sensitization and advocacy kit, and documentation and reporting tools.
- Following the observation that lack of follow-up and technical guidance by council authorities to ADDO providers contributes to the slow pace of establishing ADDO provider associations in some areas, the relevant council departments should provide ADDO owners and dispensers with the necessary technical support, including legal advice, references for registration, and guidelines on how to establish and manage the associations.

Strengthening Operations

In this strategic area, the meeting participants discussed the organization and governance of the associations such as membership, leadership, organizational structures, coordination and networking, and future relationships and interaction between ADDO owner and dispenser associations. After lengthy discussions, the group reached consensus on the following recommendations—

- Because ADDO owners and dispensers prefer to have separate associations that champion their separate interests, the associations should form an umbrella organization, preferably at the regional level, to oversee association functions and harmonize their interests towards the common good. The composition of the organization should include representatives from the owner and dispenser associations in the region and relevant

technical experts from different council departments (e.g., cooperatives officer, legal officer, trade officer, and district pharmacist) to provide technical expert guidance, while promoting information- and experience-sharing among associations.

- Following the observation that weak association leadership is a barrier to successful establishment and management, members of every association should carefully vet their leaders and hold them to account on responsibilities given to them in line with the individual constitutions of the associations and other conventional procedures and regulations for management of associations;
- In view of the geographic barriers that inhibit smooth coordination of ADDO association activities in some areas, ADDO owners and dispensers should structure their associations in such a way that allows for adequate representation at lower levels, while ensuring that concerns are communicated up to the district, regional, or national levels, as appropriate.
- ADDO provider associations play a significant role in the wider strategy promoting self-compliance and sustainability of ADDOs. Although membership in associations should be voluntary, associations should establish relevant incentives and conditions to ensure that every ADDO owner and dispenser will become a member of an association.

Enhancing Sustainability

Meeting participants understood that ADDO provider associations cannot be sustainable unless ADDOs are healthy businesses. In addition, long-term engagement of members is critical for the associations' survival, especially for their contribution of ideas and financial resources. Participants felt that providing an opportunity for associations to learn from each other and from successful model associations will ensure that associations benefit from best practices and lessons learned. It was in this context that the participants came to consensus on the following recommendations—

- In view of the direct relationship between the commercial viability of ADDOs and sustainability of the provider associations, association members should explore business-strengthening options, such as pooled/bulk procurement of pharmaceutical supplies to benefit from economies of scale; formation of SACCOs to increase access to financial benefits; expansion of income sources; and improved linkages with financial institutions to access loans.
- To maintain active association membership and ensure sustainability, association leaders should use strategies to engage members in the long term, such as providing regular feedback through meetings, continuously promoting the benefits of associations, and showing unwavering commitment and accountability on resources and various association activities.
- To promote learning from practical experiences, TFDA and MSH should help establish at least two successful ADDO provider associations (preferably one owners' and one dispensers') to serve as a learning model and resource for other associations and to demonstrate how both associations can work together for a common good.

CREATING AN ADDO ASSOCIATION TOOL KIT

After the stakeholder workshop, MSH moved forward with the development of a tool kit to facilitate the expansion of ADDO associations. Local Tanzanian staff and sub-contractors drafted the kit. MSH sponsored a two-day tool review workshop in early October 2010 including a select group of individuals who participated in the previous work (including ADDO owners and district officials who have previously been involved in establishing an ADDO association and ADDO owners and district officials who have not been involved in establishing such an association).

The stakeholders broke into working groups and assessed the tools' content flow, use of language, and design and layout. The groups identified any information gaps and made recommendations on revisions. The second day of the workshop, the participants focused solely on the contents of the model constitution.

Components of the tool kit include the following seven tools—

- **Roles, responsibilities, and benefits of ADDO provider associations**
 - Highlights the major implementation challenges in the national roll-out of the ADDO program
 - Provides rationale for establishing provider associations
 - Suggest types of associations based on feedback from ADDO providers
 - Explains roles, benefits, and responsibilities of the association
- **How to form and register an ADDO provider association**
 - Highlights how to mobilize members to form an association
 - Describes the process of electing association leaders
 - Discusses the process of preparing a constitution
 - Describes the process and mandatory requirements for registration of the associations
- **Basic components of a model constitution for ADDO provider associations**
 - Offers ideas to ADDO providers on how to develop their own constitution by illustrating the key elements
- **How to plan and manage activities for ADDO provider associations**
 - Discusses why, how, and what to plan for
 - Principles of effective management
 - How to organize and recruit staff
 - How to provide leadership
 - How to monitor performance
- **How to mobilize financial resources for ADDO provider associations**
 - Highlights potential financing opportunities, including government financial assistance to economic groups, loans from financial institutions, grants from national and international development organizations, fund-raising events, and establishment of income generating activities, among others
- **Institutional networking and coordination mechanisms for ADDO provider associations**
 - Describes institutional networking
 - Identifies and describes major ADDO stakeholders

- Identifies networking areas and potential roles of the stakeholders in each networking area
- **How to document, monitor, and evaluate activities**
 - Highlights the process of documentation and its benefits
 - Identifies essential documentation tools
 - Defines monitoring and mentions types of monitoring
 - Underlines requirements for effective monitoring, methods, and players
 - Defines evaluation and its key aspects
 - Explains why to conduct an evaluation
 - Highlights conditions for good evaluation

In addition, the final tool kit includes additional promotional and orientation materials—

- Advocacy guide for the national, regional and district level stakeholders
- Promotional banners
- Presentation slides for provider association orientation
- A video (DVD) produced by a local consultant, MediaNet, that ADDO providers can view to become oriented with the association concept

The tools are available in both English and Kiswahili, except for the DVD, which is only in Kiswahili.

TOOL KIT DISSEMINATION MEETING

To finish the drug seller association activity, MSH organized and held a workshop targeting ADDO project partners to present the association tool kit on October 28, 2010. The objectives were to present the ADDO providers association tools, explain the tool development process, and receive feedback from participants on the possible way forward in relation to establishment and management of the associations using the newly developed tools. Each participant received a kit containing all the tools for review during the meeting and to share with colleagues after the meeting.

Forty-six participants attended the meeting from districts that have ADDO associations at different stages of formation. Other participants represented organizations that work with the ADDO program, including Population Services International, AED Point-of-use Water Disinfection and Zinc Treatment (POUZN), Clinton Foundation, Health Focus, and the Johns Hopkins University– COMMIT project. Participants from the TFDA, Pharmacy Council, National Health Insurance Fund, and Ministry of Agriculture and Cooperatives represented the government.

Appendix B includes the presentation materials from the dissemination workshop.

- Representatives of the associations promised to hold a meeting in their respective districts to share the new information and tools.
- The district representatives (i.e., Pharmacist and Cooperative Officer) will orient their district teams on the initiative and will liaise with the association representatives on how to move forward.

Closing comments from the Pharmacy Council's Assistant Registrar, Ministry of Agriculture and Cooperatives representative, and the TFDA Director General all emphasized a willingness to work together with districts to assure the establishment and sustainability of ADDO provider associations.

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FINANCIAL SUMMARY

INTERVIEW GUIDE FOR MICROFINANCE INSTITUTIONS/SACCOs

Background Information

Name of the Institution:

Name & Title of the Interviewee:

Name of the Interviewer:

Date: / /

1. Are you aware of the formation of ADDO providers associations? **Yes/No**

If yes, what is the link between the associations and your institution?

.....
.....
.....

2. What is your general opinion regarding establishment of the ADDO providers associations?

.....
.....
.....

3. Are there possibilities of your institution working together with the ADDO provider associations to advance the interests of members especially in improving their businesses? **Yes/No**

If yes, please explain.....

.....

4. What financial services do you offer to your markets, and how can the ADDO provider associations benefit from them?

.....
.....

5. Are there any conditions that are supposed to be complied with, for an association to transact with your institution? **Yes /No**

If yes, what are the conditions?

.....
.....
.....

6. What opportunities do you see in working together with the ADDO provider associations?

.....
.....
.....

7. What challenges do you foresee in working together with the ADDO provider associations?

.....
.....

8. What role can your institution play in building the capacity of the ADDO provider associations to function effectively?

.....
.....

9. What benefits are likely to accrue to ADDO provider associations by working with your institution?

.....
.....
.....



DATA COLLECTION TOOL FOR THE LEADERSHIP OF ADDO PROVIDERS' ASSOCIATIONS

A. Identification of the Association and Interviewees

Name of the Association: -----

Address of the Association:

Postal Address: -----

Telephone Contact: -----

Email Address: -----

Interviewees:

Name: ----- Position: ----- []

(Indicate how long the interviewee has held the position in the association [])

B. Status of the Association

1. When was the association formed? -----

2. How many members did you have at the time of formation? -----

3. How many members do you have now? -----

4. How many are currently involved actively in the activities of the association? -----

5. What made you form the association? (Please mention the motivating factors) -----

6. Were there any barriers/challenges you experienced in forming the association? Yes/No-----

If yes, what were the barriers/challenges?

7. How did you go about them? -----

8. Does your association have a constitution? Yes/No: -----
(If yes, please ask for a copy of the constitution)

9. Is your association formally registered as per the Associations Act? Yes/No-----

If yes, when was it formally registered? -----

C. Membership Requirements

10. Who is eligible for membership in your association? -----

11. How much does it cost to be a member in the association? -----

12. Is there any membership maintenance fee? Yes/No-----

If Yes, how much is it? ----- How regularly is it supposed to be paid?

----- *(Probe monthly, quarterly, annually, etc).*

>>

D. Management of the Association

13. What leadership structure do you have in the association? -----

(Probe for chairman, secretary, treasurer and their assistants as well as special committees if any)

14. How is the association leadership determined (elections/appointment)? -----

(If by elections please probe, how regularly they are conducted, who calls and who monitors them. If by appointment find out the appointment criteria)

15. When did the current leadership assume office? -----

16. How are decisions made in the association? -----

(Probe for consensus, use of existing protocol and membership resolutions)

17. Does the association's leadership periodically hold any meetings and how often?

18. When last did the leadership meet? -----

19. Do you take minutes at such meetings Yes/No:-----
(If yes, ask for a copy of the minutes)

20. Does the association hold members meetings? Yes/No -----

If yes, how often are the meetings held? -----

21. When last was such a meeting held? -----

22. Do you have any minutes or reports from such meetings? Yes/No -----
(If yes, please ask for a copy of the minutes/reports)

>>

E. Human Resources

23. Do you employ any staff to work for the association? Yes/No-----

If yes, how many? -----

24. Do you have volunteers working for the association? Yes/No -----

If yes, how do you motivate them? -----

F. Planning Processes

25. Do you have a strategic plan? Yes/No? -----
(If yes, please ask for a copy of the plan)

26. Please state your association's mission. -----

27. What is your goal? -----

28. What are your objectives? -----

29. Do you have any activity/action plans? Yes/No -----

If yes, how regularly do you produce the plans? -----
(Probe monthly, quarterly, annually)

30. How do you develop your plans and who is involved in such processes ?

(Probe consultant, finance committee, planning committee, the association's

leadership, members, others [specify]),

31. To what extent are the association's members involved in planning processes? -----

G. Fundraising

32. What are the sources of funding for the association? -----

(Probe members' contributions; loans from commercial banks, microfinance institutions, SACCO; grants from donors; commercial activities; other [specify])

33. Have you ever conducted any fundraising activities? Yes/No -----

If yes, please describe the activities -----

34. How successful were the activities and how was the money used? -----

35. What challenges do face in raising funds? -----

H. Financial Management

36. How liquid is your association? -----

37. Do you have a bank account? Yes/No -----

If no, please explain why -----

If yes, who is authorised to operate the account -----

38. Do prepare any budgets for the association's activities? Yes/No -----

If yes, how regularly? -----

39. Who approves your expenses? -----

40. Does your association borrow money from financial institutions? Yes/No-----

If yes, please mention the institution and the amounts borrowed

Name of Financial Institution	Amount Borrowed	Date (Month and Year)	Purpose of the Loan	Repaid (Yes/No)

41. Do you prepare any financial statements for the association? Yes/No -----

If yes, how regularly do you produce the statements/reports?-----(*Ask for a copy of a financial report, if any*)

42. Are the financial reports shared with the association's membership? Yes/No -----

If yes, please explain how -----

43. Do you have an accounting system in place for the association? Yes/No-----

If no, please explain why -----

44. Do have a qualified accountant to manage you accounting system? Yes/No -----

If no, are there any plans for getting one? -----

>>

I. Evaluating Performance

45. Do you ever evaluate the performance of your organisation in general and planned activities in particular? Yes/No -----

If yes, how regularly? -----

[Probe monthly, quarterly, bi-annually, annually, other (specify)]

46. How do you conduct the evaluations? -----

47. Who participates in the evaluations?-----

48. Do have any evaluation reports? Yes/No-----
(If yes, please ask for a copy of an evaluation report)

J. Membership Services and Benefits

49. What services and benefits do you provide to your members?

Potential Prompts (tick where appropriate)

- *Pooled procurement of pharmaceutical products and other commodities sold []*
- *Pooled procurement of signage, uniforms and other requirements for accreditation []*
- *Pooled reimbursement for NHIF accredited members []*
- *Continuing business education for owners []*
- *Continuing training programmes for dispensers []*
- *Provision of small loans to members []*
- *Linking up members to MFIs and SACCOs for small loans []*
- *Provision of insurance cover []*

- *Marketing support []*
 - *Support for public health education initiatives []*
 - *Marketing support []*
 - *Support and/or representation during owner disputes with local, regulatory, and tax authorities? []*
50. *Supervisory and mentoring support []* that membership services/benefits would the association like to give **in future?**
-

- *Pooled procurement of pharmaceutical products and other commodities sold []*
 - *Pooled procurement of signage, uniforms and other requirements for accreditation []*
 - *Pooled reimbursement for NHIF accredited members []*
 - *Continuing business education for owners []*
 - *Continuing training programmes for dispensers []*
 - *Provision of small loans to members []*
 - *Linking up members to MFIs and SACCOs for small loans []*
 - *Provision of insurance cover []*
 - *Marketing support []*
 - *Support for public health education initiatives []*
 - *Marketing support []*
 - *Support and/or representation during owner disputes with local, regulatory, and tax authorities? []*
 - *Supervisory and mentoring support []*
-

51. Name three most important priorities for the association starting with the most important one.

- Priority No.1: -----

- Priority No.2 -----

- Priority No.3 -----

K. Additional Questions

52. In overall what challenges do you face as an association and how do you intend to address them? -----

53. What else would you like to share with us about your association and its experiences to-date? -----

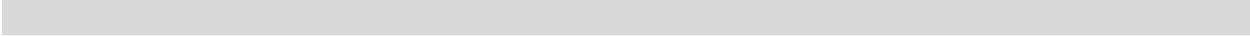
54. Has the association established any links with other ADDO associations? Yes/No ---
If so, what kind of links?-----

55. Would regional and national ADDO associations facilitate the work being done by the district association? Yes/No -----
Please explain your answer

56. What support are you getting from the relevant government departments and other organisations towards realisation of your objectives? -----

57. What support would like to get from specific government departments and organisations to be able to fulfil your agenda -----

THANK YOU FOR YOUR TIME



DISCUSSION GUIDE FOR ADDO OWNERS AND DISPENSERS IN INTERMEDIATE DISTRICTS

1. What do you think of the idea of forming ADDO providers associations?
 2. What do you think of the idea of having one association for ADDO dispensers and owners as opposed to separate associations for both groups?
 3. What efforts have you made to form an association?
 4. What problems have you encountered in your efforts to form an association?
 5. What are the possible causes of the problems and what efforts are you making to address them?
 6. What opportunities and benefits do you foresee in working together as an association?
 7. What challenges do you foresee in working together as an association?
 8. What support have you received so far from relevant governments and other organisations in your effort to form an association?
 9. What support would you require from the relevant government departments and other organisations in your efforts to form an association?
 10. What are your suggestions as part of the way forward in your efforts to form and operationalise the association?
-

INTERVIEW GUIDE FOR THE DISTRICT COOPERATIVES OFFICER

Name of Interviewee:

District:

Region:.....

Date:.....

1. Are you aware of the ADDO programme currently implemented in your district? What is your opinion regarding the programme?
2. Are you aware of any efforts by ADDO owners and dispensers in your district to form a district association? What is your opinion about that?
3. What do think of the idea of establishing one district association for owners and dispensers, as opposed to establishing separate associations for both groups?
4. What possible role can your office play in supporting the owners and dispensers to form a district ADDO providers' association?
5. What benefits do you think the ADDO owners and dispensers are likely to get by working together as an association?
6. How far have ADDO owners and dispensers in your district reached in their efforts to form an association?
7. Are you aware of any difficulties they may be experiencing in forming an association? Yes/No. If yes, please explain the difficulties.
8. What are some of the potential sources of funding for the association and how can they utilize them?
9. What suggestions do have regarding how best to accelerate formation of the association in your district and make it operational?
10. Are there any exemplary associations in your district, from which the ADDO Providers Association can learn? If yes, please mention the associations and the factors behind their success.

**QUESTIONNAIRES FOR THE DISTRICT COMMISSIOMER, COUNCIL
CHAIRPERSON AND DISTRICT EXECUTIVE DIRECTOR**

Name of Interviewee:

District:

Region.....

Date.....

11. Are you aware of the ADDO programme currently implemented in your district? What is your opinion regarding the programme?
12. Are you aware of any efforts by ADDO owners and dispensers in your district to form a district association? What is your opinion about that?
13. What do think of the idea of establishing one district association for owners and dispensers, as opposed to establishing separate associations for both groups?
14. What possible role can your office play in supporting the owners and dispensers to form a district ADDO providers' association?
15. What benefits do you think the ADDO owners and dispensers are likely to get by working together as an association?
16. How far have ADDO owners and dispensers in your district reached in their efforts to form an association?
17. Are you aware of any difficulties they may be experiencing in forming an association?
Yes/No. If yes, please explain the difficulties.
18. What role can the district cooperatives department play in helping the ADDO owners and dispensers to form an association
19. What are some of the potential sources of funding for the association and how can they utilize them?
20. What suggestions do have regarding how best to accelerate formation of the association in your district and make it operational?

**INTERVIEW GUIDE FOR DMO & DISTRICT PHARMACIST IN DISTRICTS
WITHOUT ADDO ASSOCIATIONS**

Name of District: -----

Region: -----

Name of the DMO: -----

Name of the District Pharmacist: -----

Date of Interview: -----

1. How many ADDO do you have in your district?
2. How many ADDO dispensers do you have in the district?
3. How many owners and dispensers have been trained by the ADDO programme?
4. How many ADDOs in your district are NHIF accredited?
5. What's your opinion about the idea of forming an ADDO providers' association in your district? Do you think it's likely to contribute to improvement of quality of pharmaceutical services? (Please explain how)
6. What do think of the idea of establishing one association for owners and dispensers, as opposed to establishing separate associations for both groups?
7. How is the relationship between ADDO owners and dispensers in your district, do you think they can coexist well in an association?
8. What benefits do you think the ADDO owners and dispensers are likely to get by working together as an association?
9. How far have ADDO owners and dispensers in your district reached in their efforts to form an association?
10. Are you aware of any difficulties they may be experiencing in forming an association?
Yes/No. If yes, please explain the difficulties.
11. What support are you giving to the dispensers and owners to enable them form an association?
12. What weaknesses have you noted among the owners and dispensers regarding formation of an association and how can those weaknesses be addressed?

13. What role can the district cooperatives department play in helping the ADDO owners and dispensers to form an association
14. What are some of the potential sources of funding for the association and how can they utilize them?
15. What suggestions do you have regarding how best to accelerate formation of the association in your district and make it operational?

Appendix B. ADDO Association Tool Kit Dissemination Meeting Presentations



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



**DISSEMINATION OF
ADDO PROVIDER
ASSOCIATION TOOLS**



28TH OCTOBER 2010

LANDMARK HOTEL – DAR ES SALAAM



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



OBJECTIVES OF THE MEETING

- ❖ To share the ADDO provider association tools including background to the process leading to development of the materials;
- ❖ To explain how the tools were developed;
- ❖ To discuss how the tools can be put into effective use at different stages of establishment and management of the associations.



Main Objective

To disseminate the ADDO provider associations to stakeholders and to discuss the way forward.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



BACKGROUND

- ❖ The idea of APA began way back in **2003**, when the first association (RUDOORA) was registered.
- ❖ In **2004**, the second association (MBIDOOA) was formed.
- ❖ By November **2007**, a total of 5 APA had been formed countrywide, and several ADDO providers in all the regions implementing the ADDO programme sensitised about the associations.
- ❖ In June **2009**, MSH commissioned a study to assess the status of the associations including those which were at the initial stages of formation. Seven districts participated in the study (Songea Urban, Mbinga, Namtumbo, Sumbawanga, Morogoro Rural, Kilosa, Ulanga and Masasi).



Why Associations?

To give ADDO providers a voice, empower them economically and promote self-regulation towards sustainable delivery of quality medicines and services.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



- ❖ Limited knowledge about roles and benefits of associations
- ❖ Limited knowledge about registration procedures
- ❖ Inadequate follow-up/support by relevant authorities/stakeholders
- ❖ Lack of basic facilities for formal operation (e.g. Office, equipment)
- ❖ Weak leadership
- ❖ Financial constraints (associations mainly depend on members' contributions)
- ❖ Difficult co-ordination due to geographic barriers
- ❖ Inadequate networking with council authorities
- ❖ Poor dispenser-owner working relations

FINDINGS OF THE ASSESSMENT



Key Observation

The June 2009 assessment of ADDO provider associations showed limited capacity for effective management of the associations .



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



- ❖ More sensitisation and advocacy to ADDO providers to form/join associations
- ❖ Close follow-up /technical support by relevant stakeholders (TFDA, MSH, council authorities) towards successful establishment and management of the associations
- ❖ Development of a practical toolkit to facilitate successful establishment and management of the associations
- ❖ Establishment of model associations (preferably 1 dispensers' and 1 owners') to serve as learning grounds

RECOMMENDATIONS



Priority

The Sept. 2009 stakeholders' review meeting (held in Morogoro) emphasised the need for a practical toolkit to facilitate establishment and management of the associations.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



DEVELOPMENT OF THE TOOLS

- ❖ In August 2010, MSH commissioned Medianet Ltd to provide technical support in developing the tools
- ❖ The process involved conceptualisation, content generation, translation, graphics & design, audio-visual production
- ❖ Pre-testing and a workshop to review the tools (Morogoro, 11th – 12th October 2010)
- ❖ Incorporation of stakeholders' comments and production of the final products

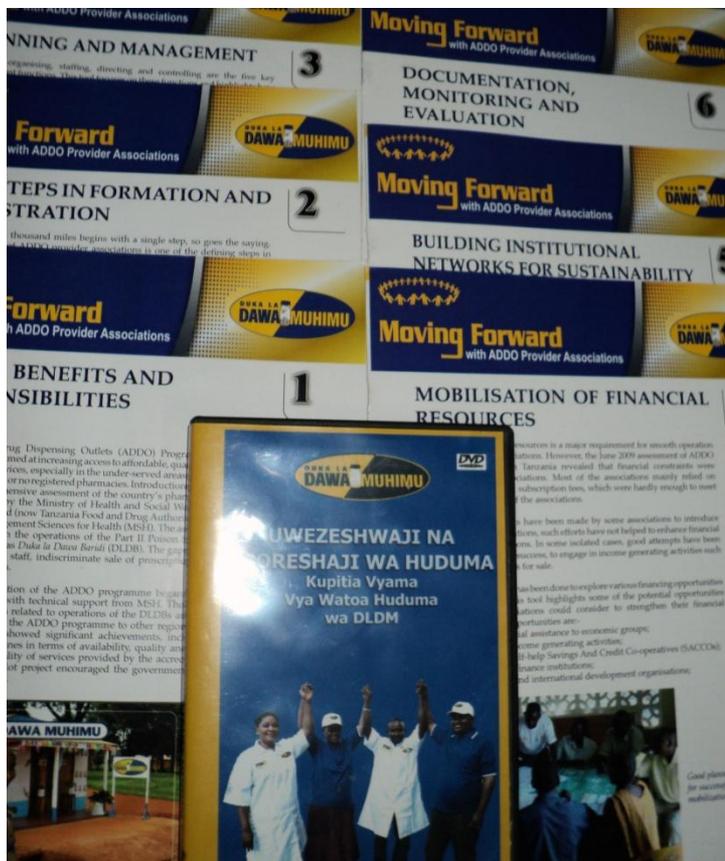


The Process

Conceptualisation, content development, translation, graphics & design, audio-visual production, review workshop and incorporation of stakeholders' comments.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



FOCUS OF THE TOOLS

- ❖ Formation and registration of the associations (roles, benefits, responsibilities, and key steps in formation and registration)
- ❖ Effective management (planning, organising, staffing, directing and controlling)
- ❖ Advocacy (how to advocate for the associations, frequently asked questions)



Focus

Advocacy, formation, registration and effective management



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



CONCLUSION

Establishment of ADDO provider associations is the answer to the growing need for self-regulation and empowerment of the drug shop owners and dispensers, towards sustainable delivery of quality medicines and services to the population.

THE FUTURE IS ADDO



Prepared by:

Dr. Romauld Mbwasi and Mr. Ogango K'omolo
for the Management Sciences for Health (MSH).



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



**ADDO PROVIDER
ASSOCIATION TOOLS**



28TH OCTOBER 2010

LANDMARK HOTEL – DAR ES SALAAM

MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Uwezeshwaji na Uboreshaji wa Huduma
Kupitia Vyama vya Watoa Huduma wa DLDM

DUKA LA DAWA MUHIMU

MAJUKUMU, FAIDA NA WAJIBU

1

Utangulizi

Mpango wa Maduka ya Dawa Muhimu ni mpango kabambe wa taifa wa kuboresha upatikanaji wa dawa muhimu kwa bei nafuu, ubora na huduma ya dawa haza zehemu za vijijini ambazo hasina kabisa au sina maduka machache sana ya dawa. Uanzishwaji wa mpango huu ulitanguliwa na tathmini ya sekta ya famazia nchini mwaka 2001 na Wizara ya Afya na Ustawi wa Jamii kupitia Bodi ya Dawa (ambayo baada ya sheria ya mamlaka 2003 jukumu hilo lilichukuliwa na Mamlaka ya Chakula na Dawa Tanzania) ikipata msaada wa kitaalamu kutoka Shirika la Management Sciences for Health (MSH). Tathmini hii ilionyesha upungufu wa aina mbalimbali katika utendaji na uendeshaji wa shughuli za maduka ya dawa baridi (DLDB). Upungufu uliigotokea ni pamoja na: kutokuwepo watoa dawa wenye elimu ya kutosha juu ya utaji wa dawa, utaji wa dawa nyeti bila vyeti vya daktari na mazingira yasiyofaa kwa uhunaji na unaji wa dawa.

Majaribio ya utekelezaji wa mpango wa DLDM ulianza mwaka 2002, katika Mkoa wa Ruvuma chini ya usimamizi wa Mamlaka ya Chakula na Dawa ya Tanzania (TFDA) ikipata msaada wa kitaalamu kutoka MSH. Madhumuni ya mpango huu wa majaribio yalikuwa ni kukikabili changamoto zilizoitokeza wakati wa tathmini kuhusu utendaji na uendeshaji wa DLDB na kujifunza katika majaribio hayo na kuona uwezekano wa kupanua zaidi mpango huu katika mikoa mingine. Baada ya majaribio ya miaka mitatu na baada ya kufanyika tathmini ya ndani na kisha nje, ilionekana wazi kuwa mpango umefanikiwa kuboresha upatikanaji na ubora wa dawa na huduma kwa ujumla. Mafamiliko hayo yalishawishi serikali kupanua utekelezaji wa mpango huu nchi nzima.



Mafamiliko ya mpango wa DLDM katika mikoa ya mwanenyezi yalitishawishi serikali kupanua mpango huu nchi nzima.

1

Roles and Benefits

- ❖ Highlights three fundamental challenges of national roll-out phase of ADDO programme
- ❖ Provides rationale for establishing the associations
- ❖ Suggest types of associations based on the views of ADDO providers
- ❖ Explains the roles, benefits and responsibilities



Key Message

Establishment of ADDO provider associations is a viable option for promoting self-regulation and empowering the providers towards sustainable delivery of quality pharmaceutical services.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Uwezeshwaji na Uboreshaji wa Huduma
Kupitia Vyama vya Watoa Huduma wa DLDM

**HATUA MUHIMU ZA KUENZISHA
NA KUSAJILI CHAMA** **2**

Wahenga husema safari ndefu huanza kwa hatua moja. Kuanzishwa kwa vyama vya watoa huduma wa DLDM ni hatua muhimu katika safari ndefu ya kuhakikisha Watazanania wanaoishi vijijini na pembeazoni mwa miji wanapata huduma bora za dawa, ambayo ndiyo lengo kuu la mpango wa DLDM.

Hata hivyo, uanzishwaji wa vyama hivyo unahitaji uelewa mkubwa kuhusu majukumu, wajibu na faida za chama; taratibu na masharti ya kusajili chama na pia undeshwaji bora wa chama. Kitini hiki kinaeleza hatua muhimu za kuanzisha na kusajili chama. Hatua hizo ni pamoja na:-

- Mkutano wa kwanza wa wanachama waanzilishi;
- Kuwahamasisha na kuwaandikisha wanachama;
- Uchaguzi wa viongozi wa muda /mpito;
- Kutayarisha kaifiba ya chama;
- Kukusanya fedha kwa ajili ya usajili;
- Kupeleka maombi ya kusajiliwa;
- Kufungua akaunti benki.

Mkutano wa awali wa wanachama waanzilishi

Wawazo lolote zuri lazima lianzishwe na mtu mmoja ambaye anasimiri kabisa na ana nia kubwa ya kufanya wazo hilo lifanikiwe. Kwa hivyo, mtu yeyote kati ya watoa huduma ya dawa wa DLDM ambaye anatambua faida ya kuwa na chama, anaweza kutisha mkutano na wenzake wachache wenye mawazo na nia kama yake, ili kuweka msingi wa kuanzisha chama. Mazungumzo kabika kikao hiki cha kwanza yanaweza kuwa juu ya mambo yafuatayo:

- Majukumu na faida za chama ili kila mshiriki aweze kuelewa umuhimu wa kuwa na chama kama hicho;

Mtoa huduma yeyote wa DLDM anayetambua faida za dhati za kuanzisha chama, anaweza kutisha mkutano na wenzake wenye mawazo kama yake kuweka msingi wa chama.



1

Key Steps in Formation and Registration

- ❖ Highlights how to mobilise members towards formation association
- ❖ Choosing /electing association's leaders
- ❖ Preparation of a constitution
- ❖ Raising funds for registration
- ❖ Application and process for registration



Key Message

Registration is the only means to acquiring legal identity



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Model Constitution

- ❖ The objective is to provide ADDO providers with a reference document to help them develop their own constitution
- ❖ The model highlights all the key elements which need to be considered when writing a constitution



Key Message

Constitution is a mandatory requirement for registration of the association



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Uwezeshwaji na Uboreshaji wa Huduma
Kupitia Vyama vya Watoa Huduma wa DLDM

KUPANGA NA USIMAMIZI

3

Kupanga, kupangilia, kuajiri, kuongoza na kudhibiti ni shughuli tano muhimu za usimamizi. Kifini hiki kinaeleza juu ya shughuli hizi na kuonesha jinsi vyama vya watoa huduma wa DLDM vinavyoweza kutumia vyema fursa zao za kujieleza.

Kupanga

Kupanga ni kuweka mwelekeo na mfumo wa utekelezaji wa shughuli mbalimbali. Mpango unaweka daraja kati ya mpangilio wa sasa na siku zijazo na kuweka mhiririko makini ambao taasisi itaufuata ili kufikia malengo yake.

Ili vyama vya watoa huduma wa DLDM vifanikiwe, vinahitaji mipango iliyotayarishwa kwa umakini wa hali ya juu ambao utaongoza utekelezaji wa shughuli zinazowakabili sasa na kwa hapo baadaye.

Kwa nini vyama vinahitaji kupanga?

Vyama hivi vinahitaji kupanga ili-

- Kuwa na ufahamu juu ya mwelekeo wa wanakotaka kuwepo;
- Kujua namna ya kufika kule wanakotaka kuwepo;
- Kujua nini wanatakiwa kufanya ili kufikia wanakotaka kuwepo;
- Kujitweka malengo na namna ya kuyafikia;



Kupanga ni kuweka mwelekeo na kutengeneza muundo wa namna ya utekelezaji wa shughuli mbalimbali na kuhakikisha kuwa muundo unafuata lengo lililowekwa.

1

Planning and Management

Discusses the following:

- ❖ Why, how and what to plan for
- ❖ Principles of effective management
- ❖ How to organise and staff
- ❖ How to provide leadership (directing)
- ❖ How to monitor performance (controlling)



Key Message

Effective management requires good plans, organisational structure, people, leadership and performance monitoring.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Uwezeshaji na Uboreshaji wa Huduma
Kupitia Vyama vya Watoa Huduma wa DLDM

UPATIKANAJI WA FEDHA

4

Kuwepo kwa rasilimali fedha ni moja ya nyenzo muhimu katika kufanikisha uandeshaji na utendaji wa vyama vya watoa huduma wa maduka ya dawa muhimu (DLDM).

Hata hivyo, tathmini ya vyama vya watoa huduma wa DLDM Juni 2009 ilioneshwa kuwa vyama vyote vilikuwa katika hali ngumu ya kifedha. Vyama vilionekana kutegemea zaidi mapato kutokana na ada za viingilio vya chama na zile za mwaka. Hata hivyo, kiasi cha fedha kinachokusanywa kutokana na ada hizo hakiwezi kukidhi mahitaji ya kifedha ya vyama hivyo.

Ingawa baadhi ya vyama vimejanibu kuongeza mapato yao kwa kupandisha ada za kila mwezi, hatua hizo hazijaweza kuinua kipato cha vyama hivyo. Mambo mengine mazuri yaliyofanywa na baadhi ya vyama hivyo ni kuanzisha miradi ya kiuchumi kama uzalishaji wa mbogamboga, ijapokuwa nalo halikuwa na mafanikio ya kuridhisha katika kuongeza mapato ya vyama hivyo kwa sababu zilizokuwa nje ya uwezo wao.

Hata hivyo, vyama havijatumia vema fursa mbalimbali zilizoipo za kujiongeza mapato kwa ajili ya shughuli za uandeshaji wa vyama hivyo. Kwa vile rasilimali fedha ni moja ya nguzo muhimu sana ya kufanya mipango ya vyama iendeleo, ni muhimu kuwa na watu wenye uwezo wa kutoa katika Kamati ya Utendaji watakaokuwa mstari wa mbele kuhakikisha kwamba vyanzo vya fedha vitatumika vema ili kuongeza mapato. Baadhi ya vyanzo hivyo vinaweza kama ifuatizo:-

- Misaada ya kifedha kutoka serikalini kwa vikundi vya kiuchumi;
- Uanzishaji wa shughuli za kiuchumi zitakaoingiza mapato kwa vyama;
- Kuanzisha vikundi vya ushirika wa akiba na mikopo (SACCOs);
- Kuchukua mikopo kutoka katika taasisi za fedha zinazotoa mikopo;

*Kicava na mpatanzo mizari
Kuchasaidia sera katika
utafelidiji wa misaada wa
kifedha.*

1

Resource Mobilization

Highlights potential financing opportunities:

- ❖ Government financial assistance to economic groups
- ❖ Loans from financial institutions
- ❖ Grants from national and international development organisations
- ❖ Fund raising events
- ❖ Establishment of income generating activities, etc.



Key Message

During sensitisation and advocacy for establishment of the associations



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Uwezeshaji na Uboreshaji wa Huduma
Kupitia Vyama vya Watoa Huduma wa DLDM

KUJENGA NA KUIMARISHA UHUSIANO NA WADAU WA DLDM

5

Utangulizi

Ushirikiano na wadau wa DLDM ni muhimu sana kwa maendeleo ya chama. Kujenga uhusiano kunaweza kuongeza uwezo wa chama ili kuimarisha uwezo wake kufikia malengo na matarajio yake. Ushirikiano na wadau pia unaweza kuongeza uelewa na ufanisi kwa njia ya kubadilishana ujuzi na uzoefu, kupata msaada wa nguvu kazi, vitendea kazi na hata fedha za kusaidia shughuli za chama.

Ili vyama vya watoa huduma wa DLDM vifanikiwe kuwawezesha wanachama wake kiuchumi, vinahitaji kujenga uhusiano mzuri na wadau mbalimbali katika sekta hii. Ili hili liweze kufikiwa, vyama vinahitaji-

- Kuainisha wadau muhimu wa kushirikiana nao;
- Kuwaelewa wadau hao kuhusu uwezo wao kitaasisi, mwelekeo wao, vipaumbele vyao vya maendeleo na taratibu zao hasa katika kutoa msaada;
- Kuainisha maeneo ya kushirikian au kufanya kazi pamoja;
- Kuainisha shughuli maalumu au wajibu wa wadau hao.



Limsihimu wa duka la dawo muhimu sioaendelea kuonekana kama njia mbadala ya kufikisha huduma mbalimbali za afya kwa jamii.

1

Building Institutional Networks for Sustainability

- ❖ Describes institutional networking
- ❖ Identifies key ADDO stakeholders
- ❖ Provides some description of the stakeholders
- ❖ Identifies key networking areas and potential roles of the stakeholders in each networking area.



Key Message

Institutional networking is an important strategy for organisational development



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Uwezeshwaji na Uboreshaji wa Huduma
Kupitia Vyama vya Watoa Huduma wa DLDM

**UTUNZAJI WA NYARAKA,
UFUATILIAJI NA TATHMINI**

6

Utunzaji wa nyaraka

Utunzaji wa nyaraka ni moja ya shughuli muhimu za kuweka kumbukumbu na ina faida kubwa sana kwa chama au taasisi. Hii ni pamoja na kukusanya taarifa na kuziweka pamoja kuhusu mambo mbalimbali ya chama.

Baadhi ya nyaraka ambazo vyama vya watoa huduma wa DLDM vinatakiwa kutunza ni:

- Taarifa za kina za kila mwanachama;
- Historia ya uongozi;
- Taarifa za kina za wadau muhimu;
- Taarifa za vikao na mikutano ya kamati na vikundi mbalimbali vya chama;
- Watu au wadau muhimu waliotembelea chama;
- Taarifa za shughuli mbalimbali zikionesha mafanikio, somo ambalo chama kimejiifunza na changamoto ambazo chama kinapata katika kutekeleza mipango yake;
- Taarifa za ufuatiliaji na tathmini;
- Taarifa za kifedha ikiwa pamoja na mahesabu yaliyokaguliwa.



Utunzaji wa nyaraka unafanya utawala wa taasisi pamoja na taarifa kama ushahidi ili kuziweka kumbukumbu za chama.

1

Documentation, Monitoring and Evaluation

- ❖ Defines documentation and its benefits
- ❖ Identifies essential documentation tools
- ❖ Defines monitoring and mentions types
- ❖ Underlines key requirements for effective monitoring, methods and who monitors
- ❖ Defines evaluation and its key aspects
- ❖ Explains why conduct evaluation and highlights conditions for good evaluation

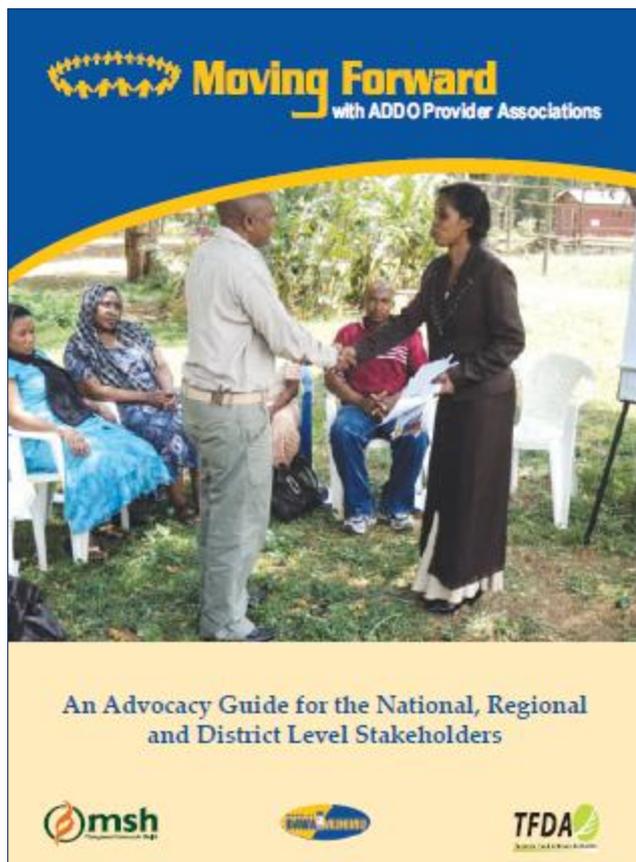


Key Message

During sensitisation and advocacy for establishment of the associations



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Advocacy and Mobilization

- ❖ Describes the target users of the advocacy guide at the national, regional and districts level
- ❖ Provides brief background information on the ADDO provides
- ❖ Provides guidance on how to conduct advocacy
- ❖ Answers some frequently asked questions



Key Message

Effective advocacy requires good plan, a sound understanding of the target audiences, good knowledge of the subject matter, and relevant working tools.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



PowerPoint Presentation for Advocacy

- ❖ Highlights a brief history of the ADDO programme including implementation challenges
- ❖ Rationale for APA
- ❖ Roles, benefits and responsibilities of associations
- ❖ Formation and registration
- ❖ Effective management

MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS

INTRODUCTION

Aim → Advocating for successful establishment and effective management of ADDO provider associations.

msh Management Sciences for Health

TFDA Tanzania Food & Drugs Authority

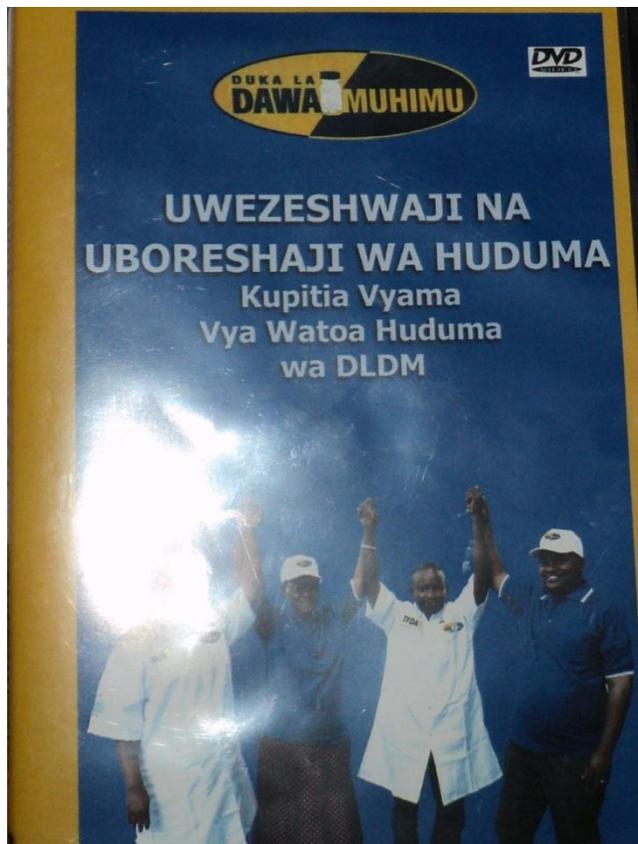
Key Message

Stakeholders at the national, regional and district levels have an obligation to support ADDO providers to establish and effectively manage their associations.





MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Audio-visual Tool

- ❖ Shares brief history of the ADDO programme and highlights the need for associations
- ❖ Shares experiences of established associations
- ❖ A corporative officer provides a class regarding roles, benefits & responsibilities of the association, registration and effective management .



Key Message

Sound understanding of the roles, benefits and responsibilities of ADDO Provider Associations is essential for effective establishment of the associations.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Advocacy Banners

- ❖ Address all major topical issues regarding the associations
- ❖ Carry powerful messages for the ADDO providers
- ❖ Can be used during advocacy and training activities to summarise lessons

JE MNA CHAMA?



Majukumu na Faida

- Kuwapa sauti watoa huduma wa DLDM
- Kuwawezesha wanachama kiuchumi
- Kuimarisha ufuataji wa sheria kwa hiari ili kuboresha utoaji wa huduma
- Kuboresha uhusiano wa kikazi kati ya watoa huduma wa DLDM
- Kujenga na kuimarisha uhusiano na wadau wa DLDM
- Kuimarisha uendeleu wa mpango wa DLDM

VYAMA VYA WATOA HUDUMA WA DLDM NI NJIA BORA YA KUWAWEZESHA WANACHAMA NA KUBORESHA UTOAJI WA HUDUMA

JE CHAMA CHENU KINAENDESHA VIZURI?



Shughuli za Usimamizi



USIMAMZI WENYE TUA UNAHITAJI MIPANGO MIZURI, MUUNDO WA UTAMALA, BASILIMALI WATU, BOHGOZI BORA NA UFUATILAJI WA UFANISI



Key Message

ADDO provider associations offer a unique opportunity to empower the providers and enhance sustainability of the ADDO Programme.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



CONCLUSION

Establishment of ADDO provider associations is the answer to the growing need for self-regulation and empowerment of the drug shop owners and dispensers, towards sustainable delivery of quality medicines and services to the population.

THE FUTURE IS ADDO



Prepared by:

Dr. Romauld Mbwasi and Mr. Ogango K'omolo
for the Management Sciences for Health (MSH).

APPENDIX C. ADDO PROVIDER ASSOCIATION TOOL KIT



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



Operational and Management Tools

- Roles, responsibilities, and benefits of ADDO provider associations
- How to form and register an ADDO provider association
- How to plan and manage activities for ADDO provider associations
- How to mobilize financial resources for ADDO provider associations
- Institutional networking and coordination mechanisms for ADDO provider associations
- How to document, monitor, and evaluate activities
- Basic components of a model constitution for ADDO provider associations

Advocacy and Orientation Materials

- Advocacy guide for the national, regional and district level stakeholders
- Promotional banners
- Presentation slides for provider association orientation
- Tool folder



ROLES, BENEFITS AND RESPONSIBILITIES

1

Introduction

The Accredited Drug Dispensing Outlets (ADDO) Programme is a major national initiative aimed at increasing access to affordable, quality medicines and pharmaceutical services, especially in the under-served areas (mainly rural and peri-urban) with few or no registered pharmacies. Introduction of the programme followed a comprehensive assessment of the country's pharmaceutical sector, conducted in 2001 by the Ministry of Health and Social Welfare through the then Pharmacy Board (now Tanzania Food and Drugs Authority), with technical support from Management Sciences for Health (MSH). The assessment showed a number of gaps in the operations of the Part II Poison Shops, commonly known in Kiswahili as *Duka la Dawa Baridi* (DLDB). The gap, included lack of qualified dispensing staff, indiscriminate sale of prescription medicines and poor storage facilities.

In 2002, implementation of the ADDO programme began on a pilot basis in Ruvuma Region, with technical support from MSH. The objective was to address the problems related to operations of the DLDBs and learn from the process in scaling up the ADDO programme to other regions. An evaluation of the pilot project showed significant achievements, including improved access to basic medicines in terms of availability, quality and affordability, as well as improved quality of services provided by the accredited drug shops. The success of the pilot project encouraged the government to scale up the programme nationally.



Success of the ADDO programme in the pilot region of Ruvuma encouraged the government to scale it up nationally.

By June 2009, nine regions had achieved full coverage of the programme and four others were at initial stages of the implementation. The rapid roll-out followed introduction of a decentralised approach in scaling up the ADDO programme with a target of achieving national coverage by January 2010.

However, mere scaling up of the programme offers no guarantee for success without establishing effective mechanisms for sustainable delivery of quality pharmaceutical services to the population. The following fundamental questions confront the programme with regard to its sustainability in the long term:

- (i) How best can ADDO providers (owner and dispensers) be empowered to play a more proactive role in ensuring delivery of quality of pharmaceutical services through self-regulation and compliance with standards?
- (ii) Considering the rapidly increasing number of drug-shop owners and dispensers being enrolled into the ADDO programme, what mechanisms are available for dialogue and consensus building on various contentious issues regarding the sector?
- (iii) How best can regulatory authorities, and other stakeholders work together with the ADDO providers as organised groups of primary stakeholders to ensure sustainability of the programme?

Establishment of ADDO provider associations is considered a viable option for promoting self-regulation, and empowerment of ADDO providers towards sustainable delivery of quality pharmaceutical services to the population.

Rationale

In June 2009, Management Sciences for Health (MSH) in collaboration with Tanzania Food and Drugs Authority (TFDA) commissioned an assessment of ADDO provider associations in the initial ADDO programme regions of Ruvuma, Rukwa, Mtwara, and Morogoro. The assessment showed that ADDO owners and dispensers had different reasons for forming the associations.

Among the issues, ADDO owners said they would like to address through the associations were: widespread shortage of trained dispensers forcing some of the owners to close down their shops, increasing demands of dispensers in terms of salary and working conditions, illegal operation of some shops allegedly with the knowledge of some district officials, operational problems with the National Health Insurance Fund (NHIF), over taxation by Tanzania Revenue Authority (TRA), limited access to liquidity as a result of unfavourable

Establishment of ADDO provider associations is a viable option for promoting self-regulation, self-empowerment and constructive engagement among the key stakeholders towards sustainable delivery of quality pharmaceutical services to the population.

While the issues ADDO owners would like to address through associations mainly reflect systems challenges, dispensers' issues mainly touch on their labour rights and capacity development needs.

lending conditions by some financial institutions, lack of reliable system of distributing drug registers by TFDA, delays in issuing accreditation certificates, and undue harassment, and use of inappropriate language by some ADDO inspectors.

Unlike the ADDO owners, dispensers' issues had more to do with their labour rights and capacity development needs, than systems challenges. They included poor remuneration by ADDO owners, poor working conditions worsened by long working hours without annual leave, lack of assistants in the shops as per regulation, lack of refresher training and continuing education programmes for skills development, and lack of freedom to express their opinions to owners even when certain regulatory procedures are at stake.

In view of the above observations, the need for a sustainable mechanism for addressing both the ADDO owners and dispensers' issues cannot be overemphasised. The ADDO provider associations offer a unique opportunity to address systems challenges, and capacity development needs of the primary stakeholders towards sustainable delivery of quality pharmaceutical services.

Types of Associations

Considering the divergent views of ADDO owners and dispensers regarding the issues, they would like to address through associations, the June 2009 assessment showed that both groups prefer separate associations. This position was supported by the fact that since the dispenser is an employee of the shop owner, a joint association would not give them an equal voice in addressing their respective needs. However, both groups underscored the need for the dispenser and the owner associations to work closely together for a common good.

Roles of the Associations

The primary role of the associations is to create a mechanism for ADDO providers to work together towards sustainable delivery of quality pharmaceutical services to the population and economic empowerment of the providers.

Specific roles of the associations are as follows:

- (i) To provide a forum for ADDO owners and dispensers to speak with one voice on various issues concerning the sector;
- (ii) To facilitate exchange of ideas and experiences among members;

ADDO provider associations offer a unique opportunity to address systems challenges and capacity development needs of ADDO providers towards sustainable delivery of quality pharmaceutical services.

Even though ADDO owners and dispensers prefer separate associations to address their varied needs, both groups agree on the need for a close working relationship between the associations.



ADDO provider associations offer a unique forum for the members to share ideas and experiences.

- (iii) To promote self-compliance with regulations and standards;
- (iv) To consolidate and co-ordinate group effort towards achievement of shared objectives;
- (v) To enable members to pool together resources and invest in income generating activities;
- (vi) To provide a forum for constructive engagement with various stakeholders, including regulatory authorities such as TFDA, the Pharmacy Council, TRA, local government authorities, financial institutions and donors, among others;
- (vii) To advocate for various needs and rights of members;
- (viii) To provide a forum for conflict resolution among ADDO providers;
- (ix) To link members to financing opportunities and act as the guarantor in accessing loans from micro-finance institutions;
- (x) To represent members in decision-making processes at various levels, especially on issues concerning the ADDO sector.

The primary role of the associations is to create a mechanism for ADDO providers to work together towards sustainable delivery of quality pharmaceutical services to the population and economic empowerment of the providers.

The Benefits

A well-established and fully functional ADDO provider association has the potential of:

- Championing the needs of members by making their voices heard;
- Promoting understanding and good working relations among drug shop owners and dispensers;
- Empowering the members economically;
- Promoting self-regulation and compliance with standards;
- Strengthening institutional networking and collaboration towards quality improvement and development of the sector;

- Enhancing sustainability of the ADDO programme in the long term.

(i) Making the voices of ADDO providers heard

The ADDO provider associations can be of great benefit to members by providing a forum through which they can collectively voice their needs and concerns.

For those ADDO dispensers, who feel aggrieved by poor working conditions, low salary and even lack of freedom to express their opinions to ADDO owners regarding certain regulatory issues, the dispensers' association provides a unique opportunity to voice such concerns in a way that cannot be ignored by the responsible people. The association would also be very helpful in advocating for other needs of the dispensers, such as refresher training and continuing education opportunities for skills development.

Likewise, ADDO owners' association provides the members with a powerful mouthpiece through which they can voice their concerns about different systems challenges which constrain the growth of their businesses and undermine their potential for self-improvement.

(ii) Promoting understanding and good working relations between ADDO owners and dispensers

Good working relations between ADDO owners and dispensers is essential for smooth operation of the drug shops. Both need each other to fulfil their economic needs and ensure delivery of quality pharmaceutical services to the communities they serve. The ADDO provider associations can be very instrumental in promoting good working relations between both groups, by providing mechanisms for addressing operational problems affecting both groups and building consensus on various contentious issues. Among the owner-dispenser issues, which could be addressed through the associations, are working conditions, remuneration and conduct of dispenser, as well as compliance with regulations, considering that some owners tend to overrule decisions made by their dispensers on certain regulatory issues. This would help to improve quality of services provided by the ADDOs, and contribute to growth and development of the sector.

(iii) Economic Empowerment

An ADDO provider association can empower its members economically by:

- Enabling them to pool together resources for investment in income-generating activities;

ADDO provider associations have the potential of championing the needs of members, promoting good working relations, improving quality of services through self-regulation, strengthening institutional networking and enhancing sustainability of the ADDO programme in the long term.

Good working relations between ADDO owners and dispensers is essential for smooth operation of the drug shops.



ADDO providers' association creates an opportunity for joint procurement of drugs and other products stocked by the drug shops, thereby reducing their operational costs and increasing profit margins through economies of scale.

- Negotiating with financial institutions to offer favourable lending conditions to the members;
- Linking them to financial institutions and acting as a guarantor in accessing liquidity;
- Creating an opportunity to Savings and Credit Cooperatives (SACCOs), which could be better placed to respond to financial needs of members;
- Creating an opportunity for joint procurement of drugs and other products stocked by the drug shops, thereby reducing their operational costs and increasing profit margins through economies of scale;
- Advocating for expansion of the drugs list and other authorised products in response to the changing health needs of the population;
- Advocating for favourable taxation policies and procedures, considering the immense social benefit of the ADDO enterprise.

(iv) Promoting self-regulation and compliance with set standards

The ADDO provider associations can improve compliance with regulations and standards by:

- Advocating to members to adhere to set regulations and standards for the benefit of the communities they serve and the ADDO sector in general;
- Taking disciplinary action against ADDOs whose business practices are not in line with regulations by reporting them to the relevant authorities;
- Putting to task council officials and inspectors who collude with the ADDOs and condone unethical practices, which compromise quality of services, and reputation of the sector;
- Collaborating with the council health management team in conducting routine supportive supervision to ADDOs.

ADDO provider associations have an important role to play in promoting self-compliance with regulations and standards.

Some councils have already expressed their willingness to involve the associations in such supervision activities;

- Working together with regulatory authorities to bring regulatory tools closer to the members. For example, instead of TFDA distributing drug registers through the district councils, ADDO associations could be used instead. The same could apply to dispenser coats and other essential working tools;
- Working together with the regulatory authorities to address systems challenges, such as the shortage of dispensers and lack of refresher training and continuing education opportunities for the dispensers. For example, the associations could mobilise the members to meet part of, or all training costs and help in organising such trainings.

ADDO provider associations have the potential of linking members to various institutions and other stakeholders for both technical and financial support.

(v) Strengthening Institutional Networking and Collaboration

ADDO provider associations offer a good opportunity to link members to the following institutions:

- Regulatory authorities in addressing systems challenges that directly affect operations of the ADDOs;
- Financial institutions in addressing financial needs of members;
- Training institutions for the necessary technical support in training drug shop owners and their dispensers;
- Councils authorities to ensure integration of ADDO issues in the council plans;
- Donors and other development partners for the necessary technical and financial support to the associations;
- Tanzania Revenue Authority (TRA) in addressing taxation issues;
- Complimentary schemes such as the National Health Insurance Fund (NHIF) in addressing operational problems, including reimbursement procedures to ADDOs accredited by the fund.



Some councils have already indicated their willingness to involve ADDO associations in routine supportive supervision to the drug shops.

(vi) *Enhancing sustainability of the ADDO in the long term*

By championing the needs of ADDO owners and dispensers, promoting good working relations among the stakeholders, promoting self-regulation and compliance with standards, strengthening institutional linkages and empowering the owners and dispensers economically; ADDO provider associations have immense potential of ensuring sustainable delivery of quality pharmaceutical services to the population, which is the primary objective of the ADDO Programme.

Responsibilities

Apart from championing and safeguarding the interest of members, the associations have the responsibility of:

- Ensuring delivery of quality pharmaceutical services to the population by promoting the concept of self-compliance with regulations and standards;
- Safeguarding the health of consumers by promoting safe medicines use, and buying of medicines from legitimate providers only;
- Protecting consumers from unethical practices, such as collusion and price fixing by errant ADDO providers;
- Protecting the ADDO sector from any form of conflict of interest that may compromise with regulations and standards;
- Building and upholding credibility of the sector by promoting transparency and accountability among ADDO providers.



ADDO provider associations have the responsibility of safeguarding the health of consumers by promoting safe medicines use and buying of medicines from legitimate providers only.



*This tool is produced by Management Sciences for Health (MSH) in collaboration with Tanzania Food and Drugs Authority (TFDA).
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KEY STEPS IN FORMATION AND REGISTRATION

2

A journey of a thousand miles begins with a single step, so goes the saying. Establishment of ADDO provider associations is one of the defining steps in the long journey towards a Tanzania in which all population groups, including those in rural and peri-urban areas enjoy equitable access to affordable quality medicines and pharmaceutical services – which is the goal of the ADDO Programme.

However, successful establishment of the associations requires a sound understanding of the role and benefits of the associations and the key steps in their formation, registration and management. This tool focuses on the key steps in the formation and registration of the associations. The steps include:

- (i) Initial meeting of founder members;
- (ii) Mobilisation and recruitment of potential members;
- (iii) Election of interim officials;
- (iv) Preparation of a constitution for the association;
- (v) Mobilisation of funds for registration;
- (vi) Application for registration;
- (vii) Opening a bank account

Initial meeting of founder members

Any noble idea, whose time has come, must begin with an individual with a strong conviction and desire to make it a reality. Thus, any ADDO provider, who understands the benefits of having an association, and feels strongly about the need to establish one can initiate a meeting with his colleagues with similar



Any ADDO provider, who understands the benefits of having an association, and feels strongly about the need to establish one, can initiate a meeting with his colleagues with similar interests to lay the ground for formation of an association.

interests to lay the ground for formation of an association. Discussions at such a meeting should focus on:

- Role and benefits of ADDO provider associations in order to bring everybody to a common understanding of the importance of having an association;
- How to mobilise and recruit members with potential of contributing to successful formation of the association. One of the mandatory conditions for registration is that the association must have at least 10 registered founder members;
- Possible name for the association;
- Aim and objectives of the association;
- Immediate plan of action;
- Date and agenda for the next meeting, which should include election of interim officials and development of a broader action plan towards formal registration of the association.

Mobilisation and recruitment of potential members

A strong membership base is the foundation on which any successful association will be built. It is imperative, therefore, to mobilise and recruit potential members who can contribute to successful establishment of ADDO provider associations. Such individuals (ADDO owners or dispensers) may be reached through the following means:

- Phone calls or text messages to alert them about the intentions to form an association;
- Physical visits to drug shops where they work to share the idea with them and solicit their participation;
- Writing and delivery of letters through post or by hand;
- Use of e-mails where possible;
- Placement of notices at strategic locations frequented by the ADDO providers e.g. wholesale shops where they purchase their products;
- Use of mass media channels (e.g. newspapers, radio and TV) if affordable.

Any communication being sent out through either of the above-mentioned means should:-

- Clearly explain the idea of forming an association;
- Explain why ADDO providers need to join the association;
- Mention the names and contacts of key people steering the formation process;
- State the date and agenda for the next meeting to which prospective members are invited.

A strong membership base is the foundation on which successful ADDO provider associations will be built.

The process of mobilising and recruiting members is one that requires different resources, including **people, time** and **money**. Financial resources will be required in a situation whereby one has to pay for transportation in moving from one location to another, buy airtime for phone calls or text messages, pay for e-mail services, spend on typesetting and printing/ photocopying of notices to place at strategic locations, or pay for airtime/ space in the mass media channels. These are costs, which the founding members need to be conscious about right from the onset, and must have a clear idea on how to meet them.

The process of mobilising and recruiting members requires time, human and financial resources.

Regarding human resource, some of the people who could be instrumental in the process of sensitising and mobilising ADDO providers to form associations, are:

- ADDO providers themselves (owners and dispensers alike) through word of mouth and/or any other means within their reach;
- Council officials such as the District Commissioner, District Chairperson, District Medical Officer, District Pharmacist, District Co-operatives Officers, among others. Experience has shown that these officials can be very helpful in mobilising the ADDO providers, given their influence, level of understanding and their frequent visits to different parts of the district on official duty;
- Local government officials at the ward and village levels (ward councillor, village chairperson and village executive officers);
- Wholesalers of pharmaceutical products, given their frequent interactions with ADDO providers;
- Media personnel, whose assistance could be sought in sensitising potential members through different programmes including talk shows and free coverage in the press.

Election of interim officials

Good leadership is essential for successful establishment of ADDO provider associations. When electing interim officials, members need to be clear about the following:

- **Leadership structure** based on the functional needs of the association;
- **Mandate of the leaders** i.e. how long they are supposed to be in the office and the major tasks they are expected to accomplish within a set timeframe, after which an election may be called to get a new team of leaders in line with the association's constitution. The interim officials should be tasked with:
 - Recruitment of members all over the district;
 - Establishment of co-ordination structures for easy communication and networking at all levels;

When electing officials ADDO providers need to be clear about the leadership structure, mandate of the leaders, method of election, the presiding officer and qualities of the leaders they want.

- Planning and convening meetings as necessary;
- Record keeping as a way of building institutional memory;
- Overseeing preparation of a constitution for the association;
- Mobilisation of financial resources for successful formation and registration of the association;
- Undertaking registration of the association;
- Opening a bank account for the association.
- **Method of election:** The secret ballot system is recommended since it does not expose voters to any form of intimidation by the contestants.
- **Presiding officer:** District co-operative officers are highly recommended for this role, given their responsibilities to support the establishment of associations or co-operatives. Their involvement would also provide useful representation of the council level in such an important exercise.
- **Qualities of leaders** to steer establishment of the association. A good leader should be:
 - One who is capable of seeing what is good and beneficial to all in the long term (a visionary);
 - One who keeps focus on the set goals and objectives, and works consistently towards their realisation;
 - One who is honest and trustworthy such that when he or she calls out on people, they can follow him;
 - One who is proactive i.e. capable of taking initiative to ensure that a particular course moves forward as intended;
 - One who is organised and capable of working in an orderly manner;
 - One whose thoughts are logical and analytical, and looks at every situation critically before arriving at any decision, and constantly thinks positively through different situations;
 - One who can motivate his team to work towards shared objectives and lead to success;
 - One who tolerates and accepts divergent views, and is capable of negotiation;
 - One who upholds shared values and principles and gives people direction and a voice;
 - One who is accountable i.e. capable of taking responsibility for his actions, whether good or bad.

The secret ballot system of voting is highly recommended when electing association officials since it does not expose voters to any form of intimidation by the contestants.

A good leader should be visionary, trustworthy, inspiring, self-motivated, result-driven, organised, accountable and accommodative of divergent views.

It should be noted that the above list is by no means exhaustive of qualities of a good leader. Therefore, ADDO providers may consider any other acceptable qualities when choosing their leaders.

Preparation of a constitution

A constitution is an important legal tool with a set of rules which govern decisions and activities of an organisation and defines how members should work together towards achievement of shared objectives. The following are the key elements of a constitution for an association:

- Name, objectives (aims) and purpose of the association;
- Powers of the association and the constitution, including its effects, consistency with relevant Acts and procedures for amending the constitution;
- Membership, including description of minimum number of members, types of membership, application and approval procedures, membership fees, rights of members, as well as termination of membership;
- The management committee, including its roles and powers, composition, tenure of office, as well as duties of different committee members;
- Meetings (procedures for both management committee and general meetings)
- Financial management, including details of financial year schedule, management of funds and bank accounts, as well as preparation of accounts and audits;
- Handling of grievances and disputes; and
- Dissolution of the association.

The process of developing a constitution should be highly participatory in order for it to gain meaningful ownership among members.

- A meeting should be called to discuss the modalities for developing the constitution. The easiest approach would be to seek services of a legal officer to draft the constitution;
- Upon receipt of the draft constitution from the legal officer, the interim officials of the association should circulate the draft to all members and give them enough time to read and understand the document;
- A general meeting should be called to discuss the draft constitution and suggest areas which need amendment;
- Recommendations from the meeting to review the constitution should then be forwarded to the legal officer for incorporation in the document;
- Once done, the legal officer should send back the revised document to the association officials to confirm inclusion of all the proposed amendments as per the minutes of the previous meeting.
- If satisfied with the changes, the leaders should call another meeting for members to go through the revised constitution and officially adopt it through a joint resolution.

A constitution is an important legal tool with a set of rules which govern the decisions and activities of an organisation, and defines how members should work together towards realisation of shared objectives.

The process of developing a constitution should be highly participatory in order for it to gain meaningful ownership among members.

Note: The minutes of the meeting adopting the constitution should be well written and properly kept, since they form part of the mandatory requirements for registration of the association.

Mobilisation of funds for registration

The registration of association is an important process, which requires financial resources. Considering that the process is centralised at the Ministry of Home Affairs in Dar es Salaam, applicants from up-country need to budget for transportation and accommodation of the person to present their application to the registrar of societies. This is in addition to a mandatory application fee of Tsh.10,000, registration fee of Tsh.100,000 and annual fee of Tsh. 40,000. Subsequently, associations need to find a way of raising the money needed to meet the registration costs. The money could be raised through members contributions and/or support from well-wishers.

In addition to accommodation and travel expenses to and from Dar es Salaam, associations need to raise not less than Tsh. 150,000 in order to meet the mandatory registration fees.

Application for registration

Before sending an application to the registrar of societies, applicants need to ensure that they have all the necessary requirements in order to avoid being turned back by the office of the registrar. The following are the mandatory requirements for registration:

Registration Requirements

- Two bound copies of the association's constitution
- Application form for registration (Form SA 1) duly filled in duplicate
- Statement of particulars to support the application for registration (Form SA 2; duly filled in duplicate)
- Application fee of Tsh.10,000
- Registration fee of Tsh.100,000
- Annual fee of Tsh.40,000
- Minutes of the meeting approving the constitution in duplicate
- List of not less than 10 founder members and their signatures in duplicate
- Supporting document/letter from relevant authority e.g. parent ministry, regional commissioner or district commissioner.
- Application letter addressed to the Registrar of Societies, Ministry of Home Affairs, P.O. Box 9223, Dar es Salaam

In **Form SA1**, the applicants need to state the name of the association, location (where it is situated), postal address and its objectives (aims). Applicants will be provided with this form at the office of the registrar of societies.

In **Form SA 2** (Statement of Particulars), applicants need to state the following:

- Whether the association is a branch affiliated to or connected with any other organisation or group either within or outside Tanzania. If so, full details of such bodies have to be disclosed;
- Whether membership in the association is restricted to anybody and if so what class or classes of people;
- The present number of members in the association;
- When the association was formed;
- Whether the association has any interest in land. If so, details regarding the area(s) the association is interested in should be stated by mentioning the registration number of the land;
- Titles of office bearers of the association (if any), including names of the current officials and their tenure of office.

Before sending an application to the registrar of societies, applicants need to ensure that they have all the necessary requirements in order to avoid being turned back by the office of the registrar.

Form SA 2 will also be provided to applicants by the office of the registrar of societies.

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HOME AFFAIRS

FORM SA. 1



**The Societies (Application for Registration) Rules, 1954
(Rule 4 (1))**

APPLICATION FOR REGISTRATION

Application is hereby/ made for the registration under the Societies Ordinance of

::

.....

(Hereinafter called 'the Society')

1. The Office of the society is situated at.....
2. The postal address of the society.....
3. The objects of the society are.....
4. We annex here to marked 'A' two true copies of the constitution and rules of the Society.
5. We annex here to marked 'B' a form of statement of particulars which we have Completed to the best of our knowledge, information and belief.

Signature.....Designation.....

Signature.....Designation.....

:: State name of Society.

Sample of Form SA 1



The Societies (Application for Registration) Rules, 1954
(Rule 4 (1))

STATEMENT OF PARTICULARS TO SUPPORT AN APPLICATION FOR
REGISTRATION

All the following questions must be answered before an application will be considered

Name of society

1. Is the society a branch, affiliated to or connected with any other organization or group either within or without Tanzania. If so, give full particulars of such other bodies.
2. Is membership of the society restricted to any and if so to what class or classes of person.
3. What is the present number of members of the society.
4. When was the society formed?
5. In what district or districts of Tanzania does the society carry on its activities?
6. Has the society any interest in land? if so, give details, where possible by reference to registration
7. What are the titles of the office – bearers (if any) of the society and who are present holders? For what term do they hold Office?

Signature..... Designation.....

Signature Designation.....

Sample of Form SA 2

Opening a bank account

As soon as an association gets its registration certificate, it is highly recommended that it opens a bank account. The account will enable the association to:

- Ensure the safety of its financial resources;
- Avoid mishandling of the money since there will be a procedure for withdrawing cash from the account;
- Build a useful relationship with the bank of choice for future commercial benefit;
- Directly receive financial support from well-wishers and other stakeholders who may wish to channel funds through the account.



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PLANNING AND MANAGEMENT

Planning, organising, staffing, directing and controlling are the five key management functions. This tool focuses on these functions and highlights how ADDO provider associations can go about them to realise their full potential.

Planning

Planning is all about setting direction, and creating a system for implementation of different activities, and ensuring that the system follows the set direction. A plan bridges between an organisation's present and future status. Thus, it provides a logical framework within which an organisation can develop and fulfil its purpose.

For ADDO provider associations to succeed, they need well thought out plans to guide their activities, both in the short and long terms.

Why should associations plan?

ADDO provider associations need to plan in order to:

- Have a sense of direction regarding where they want to be;
- Determine how to get to where they want to be;
- Determine what they need to do in order to get to where they want to be;
- Determine what resources (human, material and financial) they need to be able to get to where they want to be;



Planning is all about setting direction, and creating a system for implementation of different activities, and ensuring that the system follows the set direction.

- Determine how they are progressing towards the intended destination;
- Determine what decisions or next steps to take in order to accelerate the momentum towards the destination;
- Determine appropriate response to changes in both internal and external environments, which affect their progress towards the intended destination by avoiding mistakes and maximising on opportunities.

What should associations plan for?

The following are some of the things ADDO provider associations need to plan for:

- Day-to-day management of different activities of the associations;
- Implementation of both short and long-term development projects;
- Materials needs, including office space, furniture, equipment (e.g. computer, printer, telephone line, internet facility, etc) and stationery (e.g. printing paper, files, registers, note pads, pens, etc);
- Human resources needs and related costs, including salaries and allowances;
- Other recurrent costs, including rent, transport and communication overheads.

How can associations plan?

Experience has shown that the best way to plan is to plan backwards. Thus, when developing plans, ADDO provider associations need to take note of the follow 10 steps:

- **Step 1:** Clearly describe the desired or intended state of the association in terms of its fundamental objective and/or strategic direction i.e. a long-term view of what the association would like to be (**vision**).
- **Step 2:** Define the fundamental purpose of the association by clearly stating why it exists, and what it does to achieve its objectives. This could be summed up in a single **mission** statement.
- **Step 3:** Identify shared beliefs and values (**guiding principles**) to direct the association throughout its endeavours e.g. self-reliance, transparency, accountability, gender equality and equity in empowering members.
- **Step 4:** Analyse the situation in which the association exists by assessing its strengths, weaknesses, opportunities and threats (**SWOT analysis**) to be able to determine how best to move forward.
- **Step 5:** Establish the **goal** of the association based on the situation analysis and the overall mission of the association.

The best way to plan is to plan backwards by starting with the envisioned outcome of successful implementation of the plan.

The goals should emphasise the strengths of the association and its ability to maximise on the existing opportunities and overcome its weaknesses and threats.

- **Step 6:** Identify major **objectives** to be met in line with the goal of the association. Thus, the objectives should be timely and indicative of progress toward the set goal;
- **Step 7:** Identifying **strategies** or methods to be employed in order to realise the goal and set objectives. The choice of strategies should be informed by their practicability, efficiency and affordability.
- **Step 8:** Identify key priorities in line with the identified strategies for meeting the goals and objectives of the association i.e. **strategic objectives**.
- **Step 9:** Develop a **plan of action** based on the identified strategies. The plans should indicate specific activities for each strategic objective, timeline for implementation, resource needs for each activity, and the responsible person for implementation.
- **Step 10:** Develop a **monitoring and evaluation plan** to help determine whether the association is making progress towards its goal or not. The monitoring and evaluation plan should describe expected outputs from each implementation activity, indicators for measuring output delivery (including targets), means of verification (including data source, data collection method, frequency of collection and the responsible person), resource needs for the monitoring and evaluation process, and general assumptions regarding delivery of the planned outputs.

Steps 1 to 8 constitute the strategic planning process, which is inevitable for any organisation hoping to make an impact.



Monitoring and evaluation can be helpful in determining whether an organisation is making progress towards its goal or not.

Steps 1 to 8 above constitute strategic planning, which is an inevitable process for any organisation hoping to make an impact. This process can be summarised in a simple framework – the **Strategic Framework**.

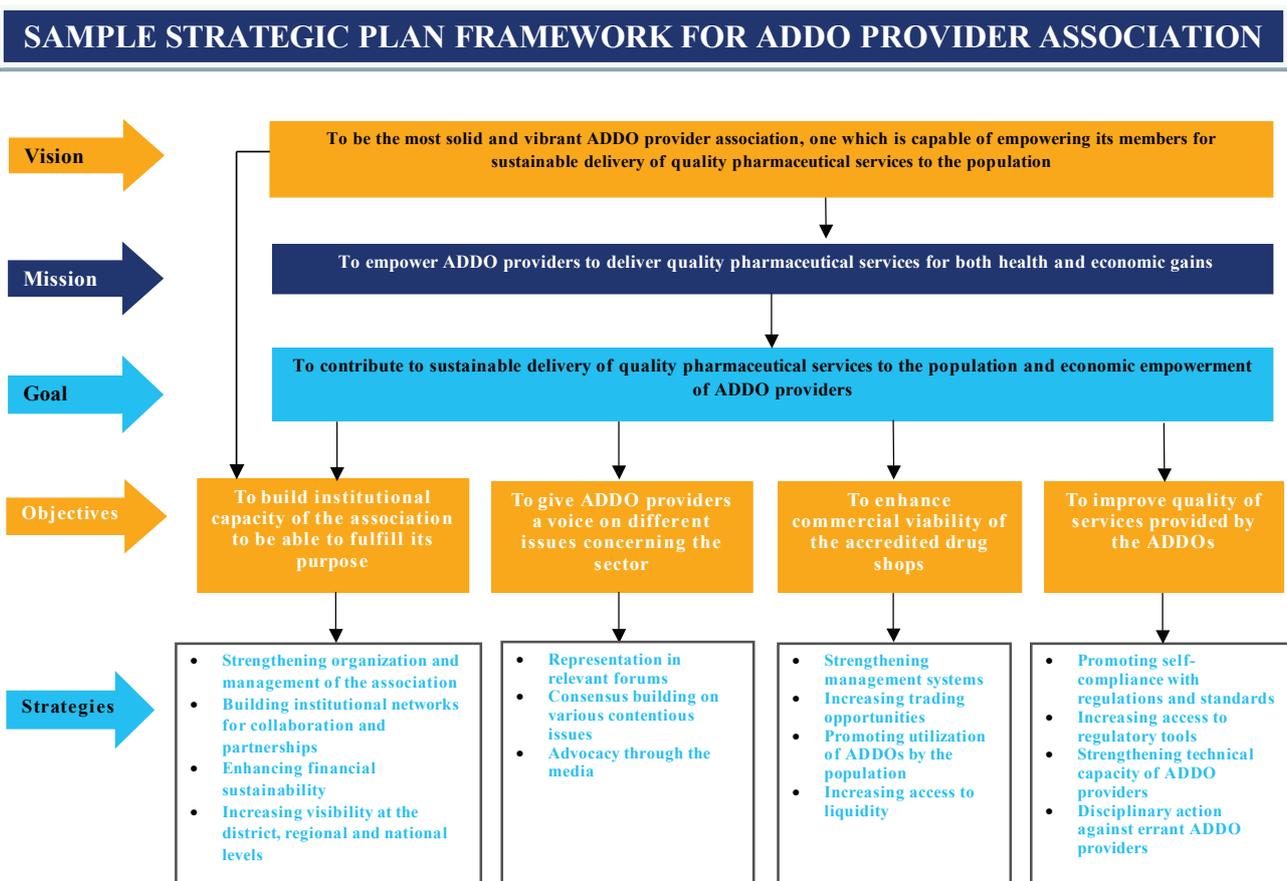
Step 9 mainly involves development of an action plan, which is largely dependent on the strategic framework. The process can also be summarised in a single framework – the **Implementation Framework**.

Step 10 should lead to development of a **Monitoring and Evaluation Framework**, which is highly dependent on the implementation framework.

These three frameworks are key planning tools, which ADDO provider associations need to be armed with in order to systematically implement their activities and realise their individual goals and objectives.

The strategic framework, action plan, and the monitoring and evaluation framework are key planning tools which ADDO provider associations need to be armed with.

Sample Strategic Framework



Sample Implementation Framework

Strategy 1: Strengthening Organisation and Management of the Association				
Strategic Objectives	Activities	Time Frame	Resource Needs	Responsible
1.1. To develop the association's organisational structure	1.1.1 Elect Executive Committee members	Feb 2011	Human, Financial	All members
	1.1.2 Appoint ward level co-ordinators	April 2011	Human	Executive Committee
	1.1.3 Recruit members all over the district	Continuous	Human, Financial	EC, Ward Co-ordinators
1.2 To Establish a fully functional secretariat	1.2.1 Rent an office space	June 2011	Financial	Executive Committee
	1.2.2 Appoint a volunteer co-ordinator	June 2011	Human	Executive Committee
	1.2.3 Hire a fulltime secretary	June 2011	Financial	Executive Committee
	1.2.4 Buy office tables and chairs	June 2011	Financial	Executive Committee
	1.2.5 Buy cell phones for official use by the secretariat	June 2011	Financial	Executive Committee
	1.2.6 Buy a computer	August 2011	Financial	Executive Committee

Note: For the financial resources, you need to indicate the amount needed. This will require budgeting for every activity.

Sample Monitoring and Evaluation Framework

Expected Output	Indicator		Means of Verification				Resource Needs	Assumptions
	Description	Target	Data Source	Data Collection Method	Frequency	Responsible		
<i>Strategic Objective 1.1: To develop the association's organization structure</i>								
<i>Output 1.1.1</i> Executive Committee	No. of Executive Committee members	5 (Chairman, Vice chairman, secretary, Organising secretary, treasurer)	Association reports	Review of reports	Once (during mid-term review of implementation of the strategic plan)	Executive Committee	Human, Financial	The association constitution does not change
<i>Output 1.1.2</i> Ward coordinators appointed	No. of ward coordinators appointed	6 (one coordinator from each ward)	Association reports	Review of reports	Once (during mid-term review of implementation of the strategic plan)	Executive Committee	Human, Financial	Number of wards remain the same
<i>Output 1.1.3</i> New members recruited all over the district	No. of members recruited	50 members	Membership register	Review of membership register	Annually	Executive Committee	Human, Financial	Potential members exist all over the district

Note: For the financial resources, you need to indicate the amount needed. This will require budgeting for every process.

Principles for successful planning

The following are important guiding principles for successful planning and implementation of a plan:

(i) Involve the right people in the planning process

When planning, it is important to get inputs from everyone who will be involved in the implementation process. It is also important to get individuals with relevant skills and experience to guide in the process. Active participation of all key stakeholders is crucial for ownership of the process and sustainable implementation of the plan.

(ii) Write down the plan

When planning, it is important to put down in writing all important details, for the following reasons:

- Writing down the plan helps to capture various ideas and details shared in the course of the planning;
- A written plan enables the implementers to know what to do at a given point in time;
- A written plan helps to track progress of the implementation process;
- Writing down of the plan makes it easier to share the plan with various stakeholders who may be interested in supporting its implementation in one way or another.

When writing down the plan, it is important to:

- Have a small group of people (preferably the executive committee members and ward co-ordinators) to write down the draft plan. The team may be assisted by an external facilitator to guide the process.
- The draft plan should be circulated to all members of the association and other relevant stakeholders for inputs;
- Additional ideas or comments from the stakeholders should be incorporated in the draft towards production of the final plan;
- The final document should be well formatted for use by different stakeholders.

(iii) Goals and objectives should be SMART

When developing the goals and objectives of the association, those involved in the planning process should ensure that the goals and objectives are **Specific, Measurable, Acceptable, Realistic and Time-bound (SMART)**.

When planning, it is important to get inputs from everyone, who will be involved in the implementation process.

(iv) Build in accountability

Plans should specify who is responsible for achieving each result, including goals and objectives. Dates should be set for completion of each result. Responsible parties should regularly review status of the plan. Be sure to have key officials of the association to sign the plan to show that they agree with, and support its contents.

For the sake of accountability, plans should specify who should be responsible for achieving each result, including goals and objectives.

(v) Note deviations from the plan and re-plan accordingly

Considering that implementation environment is subject to change, a deviation from the plan may be unavoidable. Therefore, it is important to take note of deviations in the plan, and make the necessary adjustments.

(vi) Evaluate the planning process and the plan

During the planning process, regularly collect feedback from participants. Do they agree with the planning process? If not, what don't they like and how better could it be done,?

During regular reviews of implementation of the plan, assess if goals are being achieved or not. If not, were the goals realistic? Do responsible parties have the resources necessary to achieve the goals and objectives? Should goals be changed? Should more priority be placed on achieving the goals? What needs to be done?

Organising

Organising is the process of establishing the internal structure of an organisation. It mainly focuses on division, co-ordination and control of tasks, as well as flow of information within the organisation. It is an essential process in ensuring optimum use of resources required to enable successful implementation of different activities of an organisation.

Organising mainly involves division, co-ordination and control of tasks and flow of information within the organisation.

During the June 2009 assessment of ADDO provider associations, it was learned a number of the associations lacked sound organisational structures, management systems and the necessary leadership required to enable them to realise their potential. This section pays a close attention to these basic requirements for a well functioning organisation.

ADDO provider associations need sound organisational structures to be able to function well. The structures could be based on the following functional needs of the association:

- Overall co-ordination of different implementation activities;
- Representation at all levels i.e. giving a voice to ADDO providers;
- Technical capacity development through training, follow-up and supportive supervision;
- Improvement of quality of pharmaceutical services through promotion of self-compliance with regulations and standards;
- Economic empowerment by increasing ADDO providers access to loans and funding opportunities;
- Publicity, public information and education to raise the ADDO profile and stimulate demand for services;
- Institutional networking to leverage resources and optimise outputs delivery.

Subsequently, the ADDO providers may establish the following organisational structures, depending on their varying institutional needs:

- (i) **Executive Committee (EC)** consisting of the association chairperson, secretary general, organising secretary, treasurer, and their deputies, as well as ward coordinators (1 per ward). The role of the EC should include overall co-ordination of all activities of the association, representation of the association at different forums; and institutional networking at all levels; handling of public complaints regarding services of the ADDOs; and disciplinary action against errant ADDO providers.
- (ii) **Publicity Sub-Committee** charged with the responsibility of raising the association's profile through different publicity and public relations activities; marketing the benefits of the association and mobilising potential members to join the association; and educating the public about various health issues, including the concept of safe medicines use and buying of medicines from authorised providers only.
- (iii) **Quality Improvement Sub-Committee** responsible for all regulatory issues, including promotion of self-compliance; capacity development to ADDO providers through training, follow up and supportive supervision; and monitoring and reporting of unethical practices, such as collusion and price fixing by errant ADDO providers, as well as conflict of interest by actors in the regulatory system who compromise regulations and standards for selfish individual gains.
- (iv) **Finance Sub-Committee** responsible for resource mobilisation, linking of ADDO providers to financing

ADDO provider associations need sound organisational structures, which are based on functional needs of the associations.



opportunities, and overall financial oversight for the association;

- (v) *Secretariat* responsible for providing administrative support to the Executive Committee and the sub-committees.

Note: ADDO providers are not bound to the above three sub-committees. The associations are at liberty to create more sub-committees depending on the need. However, all the sub-committees should be answerable to the Secretariat, which is in turn answerable to the Executive Committee (EC).

Staffing

After an organisation's structural design is in place, it needs people with the right skills, knowledge, and abilities to fill in that structure. People are an organisation's most important resource. They have a crucial role to play in ensuring its success.

Staffing is the process of identifying qualified people to fill in positions in an organisation. It involves recruitment, hiring, training, appraising and compensating individuals with specific roles to play in the day-to-day running of an organisation. In the case of ADDO provider associations, staffing may include all paid and unpaid positions. Because of the importance of hiring and maintaining a committed and competent staff, effective human resource management is crucial to the success of all organisations.

Subsequently, ADDO provider associations need to establish their human resource needs based on their functional and structural needs. The associations particularly need to establish and agree on the following:

- The number of people they need in the Executive Committee, Secretariat and the various sub-committees;
- The calibre (qualifications) of people needed in the various positions within the organisation;

Staffing involves recruitment, hiring, training, appraising and compensating individuals with specific roles to play in the day-to-day management of an organisation.

- The procedure for identifying and hiring qualified individuals to fill different positions in the association, especially for the secretariat charged with the day-to-day management of different activities of the association;
- The procedure for appraising/evaluating individuals with specific roles to play in the day-to-day management of the association;
- Compensation of individuals involved in the day-to-day management of associations;
- The procedure for firing and replacing staff in the association;
- Modalities of mobilising, recruiting, motivating and retaining volunteers in the association.

Directing

In management terms, directing can be defined as the process of guiding, inspiring, overseeing and instructing people towards accomplishment of organisational goals. It is a continuous process throughout the life of an organisation and helps to convert plans into performance. It is widely considered as the life spark of an organisation.

Directing is the process of guiding, inspiring, overseeing and instructing people towards accomplishment of organisational goals.

In order to successfully guide, instruct, control and inspire people towards realisations of organisational goals, ADDO provider associations need to develop sound policies, procedures and operating manuals.

Policy is a statement of agreed intent that clearly sets out an organisation's views with respect to a particular matter. It is a set of principles or rules that provide a definite direction for an organisation and assist in defining what must be done.

Procedure is a clear step-by-step method for implementing an organisation's policy or responsibility. Procedures describe a logical sequence of activities or processes that are to be followed to complete a task or function in a correct and consistent manner. Procedures can be produced in the form of flowcharts, checklists or written steps.

Policies and procedures can help leaders, staff and members of ADDO provider associations to work within the association's mission and legal framework. Policies and procedures define the organisation's culture/behaviour; guide business practice; safeguard the values of the organisation; and protect the rights of members, employees, volunteers and other stakeholders.

For every policy developed, it is important to create supporting procedures. Both should be written down and well communicated within the organisation in order to avoid confusion and conflict.

Subsequently, ADDO provider associations need to develop **operating manuals** based on the agreed policies and procedures. These manuals may focus on different functional needs such as:

- Human resource management;
- Financial management;
- Use of working tools, including office equipment and vehicles (if available);
- Institutional networking, collaboration and partnerships;
- Publicity, public information and education;
- Promotion of self-regulation and compliance.

Controlling/Performance Monitoring

Controlling is a management function, which involves verifying whether activities of an organisation are in conformity with the plans adopted, instructions issued and policies established. It is a form of monitoring (performance monitoring), which involves the following four key steps:

- Establishing performance standards based on the organisation's objectives;
- Measuring and reporting actual performance;
- Comparing the actual performance with the set standards; and
- Taking corrective and preventive action as necessary.

The following are some of the advantages of controlling:

- Controlling ensures that there is effective and efficient utilisation of organisational resources so as to achieve the planned goals;
- Controlling measures the deviation of actual performance from the standard performance;
- Controlling discovers the causes of such deviations and helps in taking corrective actions;



Controlling requires that those in charge verify whether activities of the organisation are in conformity with the plans adopted, instructions issued and policies established.

Subsequently, ADDO provider associations need to establish performance standards for every important task. The standard should come from the approved plans. Once established, the associations should ensure that the standards are not lowered for whatever reason. For example, if the association planned to establish a fully functional secretariat within the first six months of formal registration, it should be able to:

- Clearly describe what it considers as a “fully functional secretariat” e.g. has sufficient office space, adequate staff and the necessary equipment including furniture, computer, telephone line and email facilities, among others;
- Report the outputs realised by the end of the period;
- Compare the delivered outputs with the set standards to see if there are any deviations from the original plan;
- Establish causes of deviation (if any) and take the necessary corrective measures.

It should be noted that controlling is a continuous process in the life of any organisation. It leads to identification of new problems which in turn need to be addressed through establishment of performance standards and measuring of performance.

Summary of the Management Functions



The best way to drive ADDO provider associations to success is to effectively plan, organise, lead, direct and control management processes.



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MOBILISATION OF FINANCIAL RESOURCES

4

Availability of financial resources is a major requirement for smooth operation of ADDO provider associations. However, the June 2009 assessment of ADDO provider associations in Tanzania revealed that financial constraints were experienced by all associations. Most of the associations mainly relied on membership and annual subscription fees, which were hardly enough to meet basic operational costs of the associations.

Although some attempts have been made by some associations to introduce higher monthly contributions, such efforts have not helped to enhance financial capacity of the associations. In some isolated cases, good attempts have been made though with little success, to engage in income-generating activities such as growing of vegetables for sale.

Nevertheless, very little has been done to explore various financing opportunities for the associations. This tool highlights some of the potential opportunities ADDO provider associations could consider to strengthen their financial capacity. Among the opportunities are:-

- Government financial assistance to economic groups;
- Establishment of income generating activities;
- Establishment of self-help Savings And Credit Co-operatives (SACCOs);
- Loans from micro-finance institutions;
- Grants from local and international development organisations;



Good planning is essential for successful resource mobilization

- Fund-raising events;
- Production and sale of the association's promotional materials.

Exploring financing opportunities within the government system

There could be a number of financing opportunities within the government system which ADDO provider associations could explore to strengthen their financial capacity. Most of the opportunities can be accessed through the councils following introduction of the government's policy of decentralisation by devolution. Subsequently, ADDO provider associations need to establish a close working relationship with council authorities in order to benefit from the various financing opportunities within the councils. However, for the associations to be taken seriously, they need to come up with sound plans describing their goals, objectives, activities, as well as resource needs, and ensure that their priorities are included in the council plans. This is the only way to benefit from the Central Government grants channelled every year through councils for different development activities, including delivery of social services.

Other potential funding opportunities within the government system include the President Jakaya Kikwete Economic Empowerment Fund, the Tanzania Social Action Trust Fund (TASAF) and the Entrepreneurship Fund available at the council level for various economic groups.

In view of such opportunities, it is imperative for every association to come up with a clear strategy on how to mobilise financial resources from the council and other existing government sources. The following steps may help to cultivate good relationship with council authorities and open doors for the necessary financial support.

- (i) Establish a finance committee responsible for resource mobilisation and financial oversight. The committee should maintain a close working relation with relevant council authorities, especially the planning department, in order to gain easy access to information regarding funding opportunities which the association could tap.
- (ii) Write down the association's profile and disseminate it to key decision makers in the council. The profile should highlight the association's vision, mission, goal, objectives, activities, resource needs, as well as its roles, benefits and responsibilities. The profile should also highlight the association's management systems including financial management.
- (iii) Develop a comprehensive plan of action for the association, including budgetary needs. Involve relevant council authorities by sharing the plan with

For an association to be taken serious by the government and potential donors, it has to prepare and present a detailed plan of action for the desired support. Many a time, groups present their cases without clear objectives or plans, and fail to be taken seriously.

them and seeking their technical assistance where necessary.

- (iv) During annual general meetings of the association or any other important function, invite council officials as observers. For example, the Council Chairperson or Council Executive Director may be invited as the guest of honour during the association's annual general meeting or any other important event. This would go a long way to strengthen relations with such authorities and make it easier to solicit their support whenever needed.
- (v) Share with the council authorities your annual reports and audited accounts to demonstrate that you are a transparent and accountable organisation with a sense of purpose. This would help to build trust and encourage the council or any other stakeholder to support the association.

Establishment of income generating activities

(i) Agricultural activities

Agriculture is the backbone of the Tanzanian economy. It accounts for about half of the national income, three quarters of merchandise exports, is source of food and provides employment opportunities to about 80 percent of Tanzanians. Nearly all economic activities in rural areas are based the agricultural sector.

In September 2009, the government launched the *Kilimo Kwanza* (Agriculture First) Strategy to facilitate agricultural transformation in the country with emphasis on pro-poor



With a good business plan and support from the council, the association can purchase farm machinery such as tractors and power tillers which could be hired out for income.

growth. The strategy comprises a holistic set of policy instruments and strategic interventions towards addressing the various sectoral challenges and taking advantage of the numerous opportunities to modernise and commercialise agriculture in Tanzania.

Implementation of the *Kilimo Kwanza* strategy is expected to open doors to various opportunities including increased access to loans and subsidies for improved agricultural production. Such opportunities could be tapped by ADDO provider associations by investing in agricultural activities as way of generating income. However, this will require good plans and capital resources especially land. With a good business plan and support from local authorities, the association can secure land for agricultural development and loans to purchase farm machinery. Such machinery could be made available for hire by other farmers, for additional income. The council agricultural officer should be consulted on such ventures. He/she should be in the position to help the association technically, and guide members through the necessary steps and where the funding sources are.

(ii) ADDO restricted wholesale (ARW)

Establishment of a district-based ADDO Restricted Wholesale (ARW) for ADDO owners or retail outlets for dispensers, are some of the most probable ventures which ADDO provider associations could undertake with less difficulties. The process of establishing an ARW should begin with getting approval from members of the association at an annual general meeting or a special meeting. The management should have adequate information regarding the project and fully enlighten other members of the association about its potential benefits. The management may as well invite an expert on such issues to explain the necessary details about the venture before a decision can be made to implement the project.



Establishment of a wholesale unit within the district will reduce waiting time for out of stock products as retail outlets would easily reach the district and buy the few items that they need to replenish their stock.

The advantages of undertaking this venture include:

- Reduced time of out of stock products in ADDOs since the retail outlets would be able to easily access the district-based ARW to buy items out of stock, even if they are just a few products;
- The ARW will make it easier to bundle needs (demand) of the retail outlets and carry out bulk purchase from regional/national wholesalers, leading better profit margins from the resultant economies of scale;
- Active members of the association could be offered discounted prices when purchasing products from the ARW. This would be a good incentive to ADDO providers, who have not yet joined the association or are not active enough, to participate more actively in the activities of the association;
- Profits earned from activities of the ARW could be shared between the association and its members. For example, 30% of the net profit could be retained by the association, and the remaining 70% proportionately divided among members based on the level of individual investment in the ARW. This would go a long way to strengthen financial capacity of the association while empowering the members economically;
- Many districts do not have pharmaceutical wholesaling outlets. By investing in the ARW, ADDO provider associations will be making a major contribution to the growth and development of Tanzania's pharmaceutical sector;
- The venture presents the associations with a unique opportunity to discuss with TFDA possibilities of expanding the drug list for the ARW and reducing requirement for ARW supervision. For example, a well trained ADDO dispenser could be allowed to work as a wholesaler in the ARW with distant supervision from the council pharmacist.
- The ARW could also serve as the sole distributor of the ADDO drugs register, dispenser coats, among other regulatory tools. The revenue earned from the sale of these items would help to strengthen the association financially and enhance compliance with regulations and standards.

The process towards establishment of ARW should begin with getting approval from the members of the association at an annual general meeting or special meeting.

Establishment of SACCOs

Access to loans from commercial banks has been a major challenge to many ADDO providers. Lending conditions are often tied with collateral which most ADDO providers do not have. Given this situation, ADDO provider associations need to look for other ways to support the members to access liquidity for development of their businesses. Establishment of a Self-help Savings and Credit Cooperative (SACCOs) could be a viable alternative to commercial banks, and has several advantages.

- SACCOs encourage savings and thrift especially for small entrepreneurs;
- SACCOs make loans more easily available as they are not tied to collaterals, as is the case with commercial banks;
- The profits accrued from the SACCOs belong to the members and the association.

ADDO provider associations have the potential for establishing sustainable SACCOs. The process requires collective input and involvement of all members of the association. To facilitate this, leaders of the association need to collect and fully share relevant information about SACCOs with all their members. Whenever possible, district cooperative officer should be invited to provide first-hand information about SACCOs, government policies and the establishment procedures. Well informed members will be a great asset to the entire establishment process and effective management of the SACCO.

Loans from micro-finance institutions

Though some ADDO providers have experienced difficulties accessing loans from commercial banks and some microfinance institutions, experience has shown that a close working relationship with the institutions can help to improve lending conditions to the providers.

In 2008, the Management Sciences of Health (MSH) commissioned a consultant, Mennonite Development Associates (MEDA) to help link ADDO owners in Morogoro and Ruvuma regions with financial institutions and advocate for favourable lending conditions. Among the banks reached were the National Microfinance Bank (NMB), the National Bank of Commerce (NBC) and CRDB Bank. All these banks have wide national networks covering both urban and rural areas. As a result of the exercise, some of the banks softened their lending conditions to ADDO owners. For example, as a matter of policy, most banks do not offer loans to customers residing outside 20km radius from the lending branch. However, a number of branches of NMB agreed to offer loans to ADDO owners with shops located as far as 60 to 100km away from the lending branches. In some cases, some of the banks even accepted non-permanent structures put up for the drug shops, as collateral in giving loans to the ADDO providers. A considerable number of the providers continue to get loans from the banks with majority repaying the loans on schedule. The experience is an important lesson to ADDO provider associations that by working closely with micro-finance institutions, they can increase their members' access to liquidity. The association can also act as a guarantor to its members seeking loans from the financial institutions. Members who

SACCOs encourage savings and thrift especially for small entrepreneurs, make access to loans much easier since they are not tied to collaterals as is the case with commercial banks, and the profits accrued belong to members and the association.

get loans through the association's guarantee could be asked to pay a small fee to the association for the service. This could be another source of funds to the association. In such a case, the management of the association would need to develop and present to the lending institution, a plan which clearly states the measures it would take to ensure that every member, who gets a loan through such an arrangement, repays the loan on schedule.

It is important to note that many financial institutions which are not banks but have options of providing loans to individuals or groups, very much like to provide loans through groups which are well established because there is more security in such a group than an individual. The association may also borrow money from the financial institutions for implementation of any of its projects so long as the lending institution is convinced about the feasibility of the project. ADDO provider associations have that potential and can be very attractive customers to financial institutions especially banks.

Many financial institutions which are not banks but have the option of providing loans generally prefer to provide loans to groups since such loans are relatively more secured than loans to individuals.

Grants from national and international development organizations

There are many international non-governmental organisations that would be willing to provide financial support to ADDO provider associations. In order to get support from such organisations, associations need to:-

- Have a clear sense of purpose and direction, which can be easily understood and supported by the potential donors. This should be captured in the association's profile;
- Gather basic information about the potential donors in order to understand their institutional capacities, values, development priorities and areas of interest. This would make it easier to tell specific areas/things a particular donor might be interested in supporting;
- Have concrete plans indicating how the association intends to meet its goals and objectives. The plans should include properly worked out budgets for different items. This might be of great help to donors interested in offering support for a particular budgetary item;
- Demonstrate the credibility and potential of the association by showing what it has achieved and / or capable of achieving in its areas of work. This requires good documentation of achievements (success stories), as well as transparency and accountability in management of different activities of the associations;
- Provide information on how the requested support will benefit the associations and the communities it serves.

Fund-raising events

ADDO provider associations can also organise fund-raising events to which influential people within and from outside the district are invited as distinguished guests. Some of the influential people who could be invited to such events are political leaders (e.g. ministers, members of parliament, ward councillors, etc), senior government officials (e.g. regional commissioner, district commissioner, district executive director, district chairperson), and established business people, among others. During such events, members of the association should be encouraged to contribute according to their individual abilities without being limited to a certain amount as is the case with membership fees. This would enable those in a position to contribute more to the association to do so.

Production and sale of promotional materials

Production and sale of the association's promotional materials is another potential way of generating income. Such materials may include but not limited to T-shirts, caps, *khangas*, pens and calendars. For example, each member would be encouraged to buy and keep the association's calendar in his/her shop and at home. The calendars could also be sold to ADDO clients. On special events of the associations such as annual general meetings and fund-raising functions, each member could be asked to dress in the association's T-shirt, cap or *khangas* (for women) bought from the association. This approach would help to raise the association's profile while generating income from the sale of promotional materials.



On special events of the associations such as annual general meetings and fund-raising functions, members should be encouraged to put on the association's uniforms.



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BUILDING INSTITUTIONAL NETWORKS FOR SUSTAINABILITY

5

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.

While TFDA is responsible for licensing and quality assurance issues, the Pharmacy Council is responsible for registration of pharmaceutical practitioners and regulation of the professional practice

(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.

Apart from providing technical support, a number of councils are already allocating funds for implementation of different ADDO activities.

(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.

DAWA MSETO YA MALARIA



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.

ADDO provider associations need to establish a close working relationship with financial institutions in order to create a favourable environment for increased access to liquidity.

(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.

Radio is by far the mass media channel with the widest reach among the Tanzanian population especially in rural areas.

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.

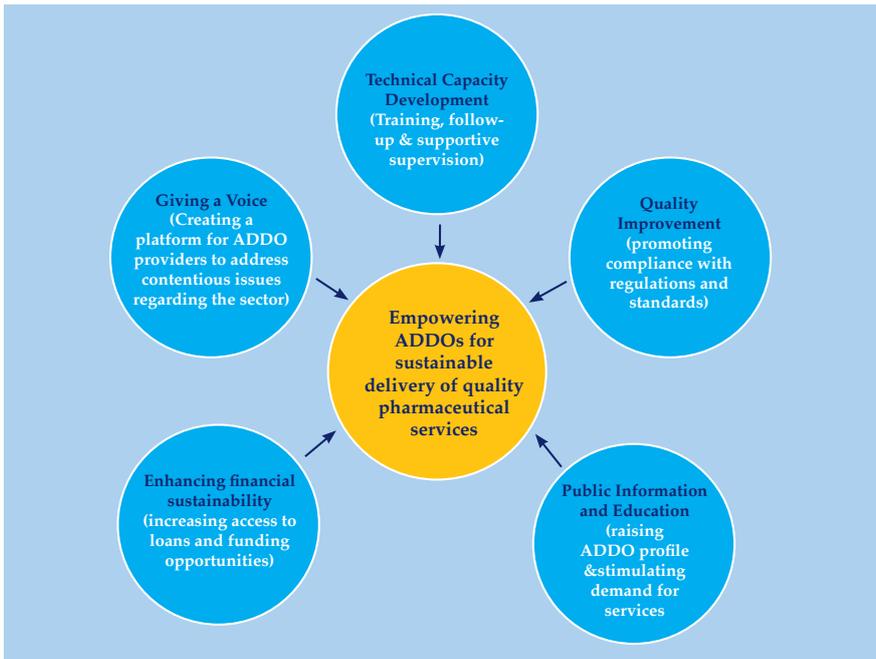
Considering that community radio stations are not commercially driven, ADDO provider associations need to establish a close working relationship with the stations especially those owned by councils and make effective use of them to educate the community about ADDOs, raise the associations profiles and 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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DOCUMENTATION, MONITORING AND EVALUATION

Documentation

Documentation is an important record keeping process with invaluable benefits to development of an organisation. It involves gathering of information and accumulating evidence on different aspects and activities of an organisation.

Among the records, which ADDO provider associations need to keep, are:

- Membership details;
- Leadership history;
- Stakeholders' details;
- Proceedings of meetings of different organs of the association;
- Important visits to the association by different stakeholders;
- Activity reports highlighting achievements, lessons and best practices, as well as constraints and challenges experienced in implementation of different activities;
- Monitoring and evaluation reports;
- Financial reports, including audited accounts.



Documentation involves information gathering and accumulation of evidence towards development of institutional memory.

Benefits of documentation

- Documentation helps to build institutional memory
- Documentation contributes to knowledge development through accumulation of evidence;
- Documentation facilitates sharing of experiences and lessons among different stakeholders;
- Documentation promotes learning and replication of best practices on a wider scale;
- Documentation facilitates planning, monitoring and evaluation processes.

Documentation tools

The table below highlights basic documentation tools ADDO provider associations need to develop and use.

Tool	Description (Key Contents)
Membership Register	Full name of every member of the association, physical address, postal address, telephone contact and email address (if available)
Leadership Register	Full name of each official, leadership position, date of election and term in office.
Stakeholders' Register	Name of each stakeholder (organisation), contact person (s), postal address, telephone contact and email address.
Visitors' Book	Date of the visit, name of the visitor, contact organisation, full contact address, purpose of the visit, and general comments. This tool can be a handy shopping list for potential stakeholders and service providers.
Minutes of Meetings	Date of the meeting, place and time; attendance (names of those present, absent with apology, absent without apology); agenda of the meeting, deliberations by each agenda and resolutions (if any); matters arising from the previous meeting; any other businesses; date of the next meeting; and certification of the minutes by the Chairman and Secretary of the meeting.
Monthly, Quarterly and Annual Activity Reports	Should include achievements made (outputs/outcomes realised); lessons learnt; best practices observed; constraints and challenges experienced; and solutions found for different constraints and challenges (if any).
Monitoring and Evaluation Tools	May include information checklists for different routine monitoring processes and indicators for measuring delivery of planned outputs.
Inventory of Assets	Type, name, quantity and financial value of assets owned by the association.
Financial Reports	Should include: <ul style="list-style-type: none"> • Income received from different sources such as members' contributions (broken down by month, quarter and fiscal year); loans from financial institutions, grants from different development partners, earning from income generating activities and any other source of funds. • Expenditures made in different areas (on a monthly, quarterly and annual basis) • Fully audited accounts (financial statements and auditor's opinion on the accounts) produced at the end of each fiscal year.

Monitoring

Monitoring is the regular observation and recording of activities taking place in an organisation, project or programme. It is a process of routinely gathering information on all aspects of the organisation. To monitor is to check how the organisation's activities are progressing toward achieving its objectives. It is sometimes referred to as process evaluation because it focuses on the implementation process.

Monitoring also involves giving feedback about the progress of the organisation to different stakeholders. The reporting enables the gathered information to be used in making decisions for improving performance.

Types of monitoring

There are two types of monitoring namely Performance Monitoring and Impact Monitoring.

- **Performance Monitoring** refers to the ongoing process of collecting and analysing data to measure the performance of an organisation, project or activity, against expected results. It is a routine management function also referred to as "Controlling".
- **Impact Monitoring** is a means for relating an organisation's activities to its overall purpose on a continuous basis, modifying programmes/activities in response to changing circumstances, identifying need for further information search and verifying the assumption that activities will contribute to achieving the stated objectives.



Monitoring is the regular observation and recording of activities taking place in an organisation, project or programme.

Performance monitoring involves collecting and analysing data to measure the performance of an organisation, its projects and activities, against the expected results.



Among the things to monitor at the administrative level are staff performance, use of office equipment, including vehicles, and availability and quality of office supplies.

Things to monitor

If ADDO provider associations were to implement any project or programme, the things to monitor at the project/ programme level would include budgets, implementation activities, implementation processes and impact. With regard to implementation activities and processes, the specific things to monitor are project inputs, outputs, progress according to the set objectives and management style/ approach.

At the management and administration level, the things to monitor are staff/personnel (performance, absenteeism, etc), use of office equipment and tools (vehicles, computers, telephone, internet services, etc), and office supplies, including stationery (stocks, costs and quality), among others.

At the financial management level, ADDO provider associations need to monitor budgets and expenditures, staff salaries and cash flow (i.e. monitoring actual expenditure patterns against planned budgets and implementation schedules).

Why monitor?

Monitoring can be conducted for a number of reasons such as:

- Analysing the situation in the organisation and its project;
- Determining whether the organisation's resources are well utilised in different planned activities/ projects ;
- Identifying problems facing different implementation activities and finding solutions;
- Ensuring that all activities are carried out properly by the right people and in time;
- Using lessons from different processes to improve performance;

Monitoring can help to analyse the situation in the organisation, determine whether the organisation's resources are well utilised, identify problems facing implementation of different activities, ensure that all activities are carried out efficiently by the right people, and use the lessons to improve performance.

- Determining whether the way the activities/projects were planned is the most appropriate way of solving the problem at hand.

Requirements for effective monitoring

Effective monitoring requires adequate planning; baseline data; indicators of performance and results; and a practical implementation mechanism that includes actions such as field visits, stakeholder meetings, documentation of project activities and regular reporting.

Who does monitoring?

Monitoring can be done by the ADDO provider association officials, interested members, the secretariat staff, donors, other relevant and interested agencies, and partner organisations.

Methods of monitoring

Monitoring can be done through supportive supervision, spot checks/observations, interviews, discussions, meetings, use of checklists, and review of reports and records.

Conditions for monitoring

The following are some of the basic conditions for good monitoring:

- Good records;
- Competent personnel;
- Availability of tools for collecting information;
- Good planning with clearly defined objective;
- Established baseline information with good indicators.

Monitoring can be done through supportive supervision, spot checks/observations, interviews, discussions, meetings, use of checklists, and review of reports and records.



Availability of good records is one of the basic conditions for effective monitoring.

Evaluation

Evaluation is a process of judging the value of what an organisation, project or programme has achieved particularly in relation to its planned activities, goal and objectives. It is the judgement, which makes it different from monitoring which has more to do with observation and reporting of observation.

At the project/programme level, evaluation involves a systematic and objective assessment of ongoing or completed projects or programmes in terms of their design, implementation and results. In addition, evaluation deals with strategic issues such as project/programme relevance, effectiveness, efficiency, impact and sustainability.

Thus, evaluation measures the timeliness of a programme's activities, the outcomes and impact of a programme's activities, how closely a programme kept to its budget, and how well the programme was implemented. For example, an ADDO provider association may want to know how its ADDO Restricted Wholesale (ARW) project has contributed to increased access to quality medicines in the district and financial sustainability of the association.

Key aspects of evaluation

There are four aspects of evaluation namely efficiency, impact, sustainability and relevance. By providing information on each of these aspects, one can be able to judge the overall performance of a programme or project in terms of:-

- **Efficiency:** Have resources been used in the best possible way? Why? Or why not?
- **Impact:** To what extent has the programme or project contributed towards its longer term goals? Why? Or why not? Have there been any unanticipated positive or negative consequences of the project? Why did they arise?
- **Sustainability:** Will there be continued positive impacts as a result of the programme or project once it has finished?
- **Relevancy:** Was/is the programme or project a good idea given the situation to improve? Was the logic of the intervention correct? Why or why not?

Why conduct evaluation?

The following are some of the reasons why ADDO provider associations need to carry out evaluation:

- To provide information regarding the performance of the association, its projects or programmes;

At the project or programme level, evaluation involves a systematic and objective assessment of on-going or completed projects or programmes in terms of their design, implementation and results.

- To verify if planned activities, projects or programmes are implemented as per the original plan;
- To identify strengths and weakness of the association, its projects or programmes in order to improve future planning, delivery of services and decision-making;
- To determine in a systematic and objective manner, the relevance, effectiveness and efficiency of different activities, projects or programmes implemented by the association;
- To enable the association to rethink their projects in terms of goal, objectives and means of achieving them;
- To generate detailed information about various project implementation processes and results. Such information can be used for public relations, fund-raising, promoting different services in the community and identifying possibilities for project replication;
- To identify constraints or bottlenecks that hinder implementation of different activities of projects. Solutions to the constraints can then be identified and implemented accordingly;
- To document implementation experiences including achievements, lessons, best practices, constraints and challenges; and to use the information for re-planning and learning;
- Mid-term evaluations may serve as means of validating the results of the initial assessments obtained from project monitoring activities;
- If conducted after termination of a project or programme, evaluation can help to determine the extent to which the interventions are successful in terms of their impact and sustainability of the results.

The four key aspects of evaluation are efficiency, impact, sustainability and relevance.



Evaluation can enable ADDO provider associations to rethink their projects in terms of the goals, objectives, and means of achieving them.

Conditions for evaluation

The following are some of the basic conditions for a good evaluation:

- Baseline data and appropriate indicators for measuring performance and results must be established;
- Evaluation goals and objectives should be determined by project management and staff;
- Availability of an external evaluation expert to lead the evaluation process. This would increase objectivity of the evaluation, considering that strengths and weaknesses of the project/programme being evaluated may not be interpreted fairly when data and results are analysed by the implementers;
- In case the association does not have the technical expertise to carry out an evaluation, and cannot afford to outsource help, or prefers to carry out the evaluation using its own resources, it is recommended to engage an experienced evaluation expert to advice on development of an evaluation plan, selection of evaluation methods, analysis of data and reporting of results.



In conducting evaluation, engagement of an external evaluation expert is highly recommended, in order to ensure objectivity and credibility of the exercise.



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ADDO PROVIDERS ASSOCIATION MODEL CONSTITUTION



ADDO PROVIDERS ASSOCIATION MODEL CONSTITUTION

Contents

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Article 1: Name, Objects and Purpose of the Association

Section 1.1 Name of Association

1.1.1 The name of the incorporated association shall be known as -----
-----ADDO Providers Association.

1.1.2 The address of the association shall be-----

1.1.3 The registration number of the association is-----

Section 1.2 Objects and Purpose

The objectives and purpose of the association are as follows:-

- (a) To give the ADDO providers a voice on various issues concerning the sector;
- (b) To empower the members economically;
- (c) To promote self-regulation and compliance to standards ;
- (d) To promote good working relations among ADDO providers for mutual benefits;
- (e) To build institutional networks for collaboration and partnership with other stakeholders towards development of the sector;
- (f) To promote safe medicines use by the population and buying of medicines from legitimate providers only;
- (g) To enjoy the fellowship of like-minded individuals in the sector.

Article 2: Membership

Section 2.1 Minimum Number of Members

The association must have at least 10 (ten) members to be registered.

Section 2.2 Charter Members

Charter members, either full or associate, shall be those persons attending the first meeting of the association, who have presented their membership application at the meeting.

Section 2.3 Full Membership

Full membership is open to those licensed as ADDO owners or dispensers.

Section 2.4 Associate Membership

Associate membership shall be granted to individuals, associations or organisations that share the aspirations of the ADDO providers association.

Section 2.5 Application for Membership

To apply to become a member of the association, a person must:-

- (a) Submit a written application for membership to the Executive Committee in a form approved by the Committee; and signed by the applicant and two members referred to in Section 2.5(b) below;
- (b) be proposed by one member and seconded.

Section 2.6 Approval of Application for Membership

2.6.1 The Executive Committee must consider any application made at the next available Executive Committee meeting and must accept or reject the application at that meeting.

2.6.2 If an application is rejected, the applicant may appeal against the decision by giving a written notice to the Executive Committee within 14 days after being informed of the rejection.

2.6.3 If an applicant gives a notice of an appeal against the rejection of his or her application, the Executive Committee must reconsider the appeal at the next Executive Committee meeting upon receipt of the appeal.

2.6.4 If, after reconsidering the appeal, and the Executive Committee reaffirms its decision to reject the application, the decision is final.

Section 2.7 Entrance Fee

2.7.1 If an application for membership is approved by the Executive Committee, the applicant becomes a member on payment of the entrance fee.

2.7.2 The entrance fee is either:-

- (a) A *pro rata* annual fee based on the remaining part of the financial year; or
- (b) An amount determined from time to time by resolution at a general meeting.

Section 2.8 Annual Membership Fee

2.8.1 The annual membership fee is the amount determined from time to time by resolution at a general meeting.

2.8.2 There shall be a different rate for annual fee for associate members determined from time to time by resolution at a general meeting.

2.8.3 Each member must pay the annual membership fee to the treasurer by the first day of each financial year or another date determined by the Executive Committee.

2.8.4 A member, whose annual membership fee is not paid within 3 months after the due date, ceases to be a member unless the Executive Committee determines otherwise.

Article 3: Rights of Members

Section 3.1 Basic Rights

3.1.1 Subject to Section 3.2 (3.2.2), a member may exercise his or her membership rights when his or her name is entered in the membership register.

3.1.2 The rights of a member:-

- (a) Cannot be transferred another person; and
- (b) Cease to exist with termination of membership whether by death, resignation or non-payment of membership fee.

Section 3.2 Voting

3.2.1 Subject to subsection (3.2.2), each member has one vote at every general meeting of the association.

3.2.2 A member is not eligible to vote until 10 working days after his or her application has been accepted.

Section 3.3 Notice of Meetings and Special Resolutions

- (a) The Secretary shall provide notice of meeting and special resolutions to all members as shall be directed by the Executive Committee;
- (b) The Secretary must give notice to all members of the general meetings and special resolutions in the manner and time determined by the Executive Committee.

Section 3.4 Access to Information on Association

The following must be available for inspection by members.

- (a) A copy of the Constitution;
- (b) Minutes of general meetings;
- (c) Annual and financial reports.

Section 3.5 Raising Grievances and Complaints

3.5.1 A member may raise a grievance or complaint about a committee member, the Executive Committee or another member of the association.

3.5.2 The grievance or complaint must be dealt in line with the procedures set out in Article 12.

Section 3.6 Associate Members

An associate member:-

- (a) Must not vote but may have other rights as determined by the Executive Committee or by resolution at a general meeting;
- (b) Shall participate in general or extraordinary meetings of the association;
- (c) Shall participate in special meetings but only when invited by the Executive Committee or by resolutions at a general meeting;
- (d) Shall participate in the association's social, public or fund-raising activities as may from time to time be organised by the association.

Article 4: Termination, Death, Suspension and Expulsion

Section 4.1 Termination of Membership

Membership of the association may be terminated by:-

- (a) A notice of resignation addressed and posted to the Executive Committee or given personally to the Secretary or another committee member;
- (b) Non-payment of the annual membership fee within the time allowed under section 2.8; or
- (c) Expulsion in accordance with the provision of the constitution;
- (d) No longer being involved in ADDO business, either willingly or by a directive from a regulatory authority.

Section 4.2 Death or Disappearance of a Member

If a member dies, or his or her whereabouts is not known, the Executive Committee shall terminate his or her membership.

Section 4.3 Suspension or expulsion of Members

4.3.1 If the Executive Committee considers that a member should be suspended or expelled because his or her conduct is detrimental to the interests of the Association, the Executive Committee must give a written notice of the proposed suspension or expulsion to the member.

4.3.2 The notice must be:-

- (a) In writing and include the time, date and place of the Executive committee meeting at which the suspension or expulsion will be decided; and details of the conduct; and
- (b) Given to the member not less than 30 days before the date of the Executive Committee meeting referred to in Section 4.3.2(a) above.

4.3.3 At the meeting, the Executive Committee must give the member reasonable time to be heard or to make a presentation. The presentation through:-

- (a) A written explanation by the member;
- (b) Representation by a lawyer chosen by the member;
- (c) Submission of documents of evidence or eye-witness to support his or her case.

4.3.4 The Executive Committee may suspend or expel or decline to suspend or expel the member from the association, and must give the member a written notice of the decision and the reason for it.

4.3.5 Subject to section 4.4, the decision to suspend or expel a member takes effect 14 days after the day on which a written notice of the decision is given to the member.

Section 4.4 Appeals Against Suspension or Expulsion

4.4.1 A member who is suspended or expelled under section 4.3 may appeal against that suspension or expulsion by giving a written notice to the Secretary within 14 days upon receipt of the Committee's decision.

4.4.2 The appeal must be considered at a general meeting of the association and the member must be given reasonable time to be heard at the meeting or to make a presentations in writing prior to the general meeting for circulation to members.

4.4.3 The members present at the general meeting must, by resolution, either confirm or set aside the decision of the Executive Committee to suspend or expel the member.

4.4.4 The member is not suspended or does not cease to be a member until the decision of the Executive Committee to suspend or expel the member is confirmed by a resolution of the general meeting.

Article 5: Powers of Association and the Constitution

Section 5.1

In order to achieve its objectives and purpose, the association has the powers conferred to it by respective sections of the constitution.

Section 5.2

Subject to this constitution, the association may do all things necessary or convenient for carrying out its objectives or purpose, and in particular, may:-

5.2.1 Acquire, hold and dispose of real or personal property.

5.2.2 Open and operate accounts with financial institutions.

5.2.3 Invest in any security in which the association's financial resources may lawfully be invested.

5.2.4 Raise and or borrow money on terms and conditions it considers appropriate.

5.2.5 Secure repayment of the money raised or borrowed, or payment of a debt or liability.

5.2.6 Appoint agents to transact business on its behalf.

5.2.7 Enter into any other contract it considers necessary or desirable.

Section 5.3 Effect of Constitution

This Constitution binds every member and the association to the same extent as if every member and the association had signed and sealed this constitution and agreed to be bound by it.

Section 5.4. Inconsistency Between Constitution and the Governing Act

If there is any inconsistency between this constitution and the Act governing associations, the Act shall prevail.

Section 5.5. Amending the Constitution

5.4.1 The association may amend this constitution by a special resolution but not otherwise.

5.4.2 If the constitution is amended, the association shall follow the new constitution as soon as it is approved by the general or special meeting.

5.4.3 If the constitution is amended, the Secretary shall ensure that the amendments are consistent with the Governing Act.

Article 6: Executive Committee

Section 6.1 Roles and Powers

6.1.1 The business of the association must be managed by or under the direction of an executive committee.

6.1.2 The Executive Committee may exercise all the powers of the association except those matters that this constitution requires to be determined through a general meeting.

6.1.3 The Executive Committee may appoint and remove staff.

6.1.4 The Executive Committee may establish one or more subcommittees consisting of the members of the association it considers appropriate.

Section 6.2 Composition of the Executive Committee

6.2.1 The Executive Committee shall consist of:-

- (a) A Chairperson
- (b) A Vice-Chairperson;
- (c) A Secretary;
- (d) A Treasurer; and
- (e) Any other member as shall be determined by the general meeting.

Section 6.3 Delegation

6.3.1 The Executive Committee may delegate to a subcommittee or senior staff any of its powers and functions other than:-

- (a) This power of delegation; or
- (b) A duty imposed on the Executive Committee by this constitution.

6.3.2 The delegation must be in writing and may be subject to conditions and limitations the Executive Committee considers appropriate.

6.3.3 The Executive Committee may, in writing, revoke the delegation, either wholly or in part.

Article 7: Tenure of Office

Section 7.1 Eligibility of Executive Committee Members

7.1.1 An Executive Committee member must be 18 years old or above.

7.1.2 A Executive Committee member must also meet the criteria established and agreed upon by members.

7.1.3 A member shall be elected to the Executive Committee at an annual general meeting or appointed under section 7.8.

Section 7.2 Nominations for Election to the Executive Committee

7.2.1 A member is not eligible for election to the Executive Committee unless the Secretary receives a written nomination for that member by another member not less than 7 days before the date of the next annual general meeting.

7.2.2 The nomination must be signed by:-

- (a) The nominator and a seconder; and
- (b) The nominee to declare his or her willingness to stand for election.

7.2.3 A person, who is eligible for election or re-election under this clause, may:-

- (a) Propose or second himself or herself for election or re-election; and
- (b) Vote for himself or herself.

Section 7.3 Retirement of Executive Committee Members

7.3.1 An Executive Committee member holds office for three full years from the date of the annual general meeting on which he or she was elected, unless the member vacates office under Section 7.6 or is removed under Section 7.7.

7.3.2 In the event that any position in the Executive Committee becomes vacant, the position shall be filled through an election at an appropriate general meeting.

7.3.3 The Chairperson of the outgoing Executive Committee must preside over the annual general meeting until a new member is elected as Chairperson.

7.3.4 Members may serve consecutive terms in the Executive Committee as long as they are voted in by the members at a general meeting.

Section 7.4 Election by Default

7.4.1 If the number of persons nominated for election to the Executive Committee under section 7.2 does not exceed the number of vacancies to be filled, the Chairperson must declare the persons to have been duly elected as members of the Committee at the annual general meeting.

7.4.2 If vacancies remain in the Executive Committee after the declaration under subsection 7.4.1, additional nominations of committee members may be accepted from the floor of the annual general meeting.

7.4.3 If the nominations from the floor do not exceed the number of remaining vacancies, the Chairperson must declare those persons to have been duly elected as members of the Executive Committee.

7.4.4 If the nominations from the floor are less than the number of remaining vacancies, the unfilled vacancies are taken to be casual vacancies and must be filled by the new Executive Committee in accordance with section 7.8.

Section 7.5 Election by Ballot

7.5.1 If the number of nominees exceeds the number of vacancies in the Executive Committee, the vacancies shall be filled through a ballot;

7.5.2 The ballot must be cast in a manner determined from time to time by resolution at a general meeting.

7.5.3 The members chosen by ballot must be declared by the Chairperson to be duly elected as members of the Executive Committee.

Section 7.6 Vacating Office

The office of an Executive Committee member becomes vacant if:-

- (a) The member
 - (i) is disqualified from being a committee member under the constitution;
 - (ii) resigns by giving a written notice to the Executive Committee;
 - (iii) dies or is rendered permanently incapable of performing duties of his or her office due to mental or physical ill-health;
 - (iv) ceases to be a resident of the area in which the association is registered to operate; or
 - (v) ceases to be a member of the association;
- (b) The member is absent for more than
 - (i) three consecutive Executive Committee meetings; or

- (ii) three Executive Committee meetings in the same year without an apology, and the Committee resolves to declare the office vacant; or
- (c) in any of the circumstances provided for by the constitution.

Section 7.7 Removal of Executive Committee Member

7.7.1 The association, through a special general meeting of members through a simple majority vote, may remove any committee member before the member's term of office ends.

7.7.2 If a vacancy arises through removal under Section 7,7.1, an election must be held to fill the vacancy. The election of the new office bearer shall be filled through a simple majority vote.

Section 7.8 Filling Casual Vacancy on Committee

7.8.1 In case of a vacancy in the Executive Committee after the application of Section 7.4 or if a particular office in the Committee becomes vacant under Section 7.6, the Executive Committee may appoint any member of the association to fill that vacancy and later report to the general meeting.

7.8.2 However, if the office of public officer becomes vacant, a person must be appointed by the committee and reported later to the general meeting

Article 8: Duties of Executive Committee Members

Section 8.1 Collective Responsibility

8.1.1 As soon as one becomes a member of the Executive Committee, he or she must be familiar with this constitution and regulations governing activities of the association.

8.1.2 The Executive Committee is collectively responsible for ensuring that the entire membership of the association complies with this constitution.

Section 8.2 Chairperson and Vice-Chairperson

8.2.1 Subject to sections 8.2.2 and 8.2.3, the Chairperson shall preside over all general and Executive Committee meetings.

8.2.2 If the Chairperson is absent from a meeting, the Vice-Chairperson shall preside at the meeting.

8.2.3 If the Chairperson and the Vice-Chairperson are both absent, the person presiding over that meeting must be:-

- (a) A member elected by other present members, if it is a general meeting; or
- (b) An Executive Committee member elected by other present committee members, if it is an Executive Committee meeting.

Section 8.3 Secretary

The Secretary shall:-

- (a) Be responsible for all correspondence of the association;
- (b) Ensure minutes of all general meetings, as well as proceedings of all Executive Committee meetings are correctly recorded and safely kept;
- (c) Maintain the register of members of the association;
- (d) Keep custody of all books, documents, records and registers of the association, other than those required by Section 8.4 to be kept by the Treasurer; unless members resolve otherwise at a general meeting;
- (e) Perform any other duties as directed by this constitution.

Section 8.4 Treasurer

8.4.1 The Treasurer shall:-

- (a) Receive funds paid to or received by the association and issue receipts for those funds in the name of the association;
- (b) Deposit received funds into the account of the association within 5 working days upon receiving the funds.
- (c) Make any payments authorised by the Executive Committee or by a general meeting of the association; and
- (d) Ensure cheques are signed by him or her and the Chairperson or his deputy. The treasurer's and the chairperson's shall be of group A, and therefore mandatory signatures. That of the vice-chair shall be of group B. For a cheque to be approved, two signatures are mandatory. They can both be of group A or one from A and another from B;
- (f) Prepare financial reports and submit them to the Executive Committee and the general meeting and making sure that accounts are properly audited;
- (g) Ensure the accounting records of the association are kept in accordance with accounting requirements;
- (h) Keep custody of all books of accounts and documents of financial nature records unless members resolve otherwise at a general meeting;
- (i) Perform any other duties as directed by this constitution.

Article 9: Executive Committee Meetings

Section 9.1 Frequency and Calling of Meetings

9.1.1 The Executive Committee shall meet at least four times every year to discuss the business of the association. Even though such meetings are exclusive, the committee may invite a member for a special reason. Such a person so invited shall have no voting rights in the meetings.

9.1.2 The Chairperson shall conduct a special meeting of the Executive Committee on condition that at least half of the committee members are present.

9.1.3 A special meeting may be convened to deal with an appeal under Section 4.4 of this constitution.

Section 9.2 Voting and Decision-making

9.2.1 Each committee member present at the meeting has a deliberative vote.

9.2.2 A question arising at any Executive Committee meeting must be decided by majority vote.

9.2.3 If there is no majority vote:-

- (a) There shall be further discussion to reach a consensus;
- (b) If no consensus is reached, the matter shall be taken to the general meeting;
and
- (c) If the matter is urgent, a special general meeting shall be convened to decide on the matter through a simple majority vote.

Section 9.3 Quorum

For the Executive Committee meeting, one-half of the committee members constitutes a quorum.

Section 9.4 Procedure and Order of Business

9.4.1 The procedure to be followed at a committee meeting must be determined from time to time by the Executive Committee.

9.4.2 The order of business at the general or special meetings shall be determined by the members present at the meeting.

9.4.3 No other issue shall be discussed at a special meeting other than the agenda of the meeting.

Section 9.5 Disclosure of Interest

9.5.1 Any Executive committee member, who has direct or indirect pecuniary interest in a contract or proposed contract with the association, must disclose the nature and extent of the interest to the Committee.

9.5.2 The Secretary must record the disclosure in the minutes of the meeting.

9.5.3 The Chairperson must ensure a committee member who has direct or indirect pecuniary interest in a contract, or proposed contract, does not vote on the decision.

Article 10: General Meetings

Section 10.1 Convening General Meetings

10.1.1 The Association must hold its first annual general meeting within 18 months of formation.

10.1.2 The Association must hold all subsequent annual general meetings within 5 months after the end of the association's financial year.

10.1.3 The Executive Committee:-

- (a) Shall convene a special general meeting as necessary;
- (b) Shall convene a special general meeting, with 30 days after the Secretary has received a written notice in line with Section 4.4 of this constitution to deal with the appeal to which the notice relates; and
- (c) Shall, within 30 days upon receipt of a request as per Section 10.2.1, convene a special general meeting for the purpose specified in the request.

Section 10.2 Special General Meetings

10.2.1 Half the number of members constituting a quorum for a general meeting. Members may make a written request to the Executive Committee for a special general meeting.

10.2.2 The request must state the purpose of the special general meeting, and be signed by the members making the request.

10.2.3 If the Executive Committee fails to convene a special general meeting within the time allowed:

- (a) For Section 4.4, the appeal against the decision of the Executive Committee is upheld; and
- (b) For clause 10.2.1, the members who made the request may convene a special general meeting as if they were the Executive Committee.

10.2.4 If a special general meeting is convened under Section 10.2.3 (b) the association must meet any reasonable expenses of convening and holding the special general meeting.

10.2.5 The Secretary must give all members a notice of not less than 21 days for a special general meeting.

10.2.6 The notice must specify:-

- (a) When and where the meeting is to be held; and
- (b) The particulars of and the order in which the meeting shall be conducted.

Section 10.3 Annual General Meeting

10.3.1 The Secretary must give all members a notice of not less than 30 days for an annual general meeting as provided in this constitution.

10.3.2 The notice must specify:-

- (a) When and where the meeting is to be held; and
- (b) The particulars of and the order in which the meeting shall be conducted.

10.3.3 The order of business for each annual general meeting shall be as follows:

- (a) Discussion of accounts and reports of the Execution Committee;
- (b) Election of new Executive Committee members;
- (c) Any other business of interest to the annual general meeting.

Section 10.4 Special Resolutions

10.4.1 A special resolution may be moved at any general meeting of the association.

10.4.2 The Secretary must give all members a written notice of not less than 21 days for a meeting at which a special resolution is to be proposed.

10.4.3 The written notice must include the proposed resolution and the intended purpose.

Section 10.5 Notice of Meetings

10.5.1 The Secretary must give a written notice to members: –

- (a) Personally by hand; or
- (b) Through the member's postal address documented in the members register.

10.5.2 If a written notice is sent by post as per Section 10.5.1(b) above, sending of the notice is taken to have been properly effected if the notice is addressed and posted to the member by ordinary pre-paid mail.

Section 10.6 Quorum at General Meetings

At any annual general meeting, the number or the proportion of members present should not be less than 50% of the total number of registered members. This includes written proxies.

Section 10.7 Lack of Quorum

10.7.1 If quorum for a general meeting is not met within one hour after the specified time in the written notice:-

- (a) For an annual general meeting or special general meeting, the meeting stands adjourned until the following week same day, time and place;
- (b) For a meeting convened to hear an appeal of a member in accordance with Section 4.4, the members present in person or by proxy may proceed with hearing the appeal for which the meeting is convened; or
- (c) For a meeting convened under written of a group of members for a special general meeting, the meeting lapses.

10.7.2 If quorum is not met within 1 hour after the time allocated as per Section 10.5.1(a) for resumption of an adjourned general meeting a quorum is not, the members who are present in person or by proxy may proceed with the business of that general meeting as if there is a quorum.

10.7.3 The Chairperson may, with the consent of members, shall adjourn the general meeting to another date, time and place, if the quorum for the meeting is not met.

10.7.4 The general meeting shall not change the agenda of the adjourned meeting in its subsequent meeting to address the unfinished business.

10.7.5 If a general meeting is adjourned for a period of 30 days or more, the Secretary must give a written notice to members for the subsequent meeting, as if it a fresh general meeting.

Section 10.8 Voting

10.8.1 Subject to Section 3.2.2, each member present in person or by proxy at a general meeting is entitled to a deliberative vote.

10.8.2 At the general meeting:-

- (a) An ordinary resolution (a resolution related to routine business of the association) put to the vote is decided by majority vote made in person or by proxy; and

(b) A special resolution (resolution related to major issues such as change of the constitution or an economic venture) put to vote is considered passed, if three-quarters of the members who are present in person, vote in favour of the resolution.

10.8.3 A poll may be called by the Chairperson or by three or more members present in person or by proxy.

10.8.4 If called, the poll must be conducted immediately in a manner agreed upon by the members present.

Section 10.9 Proxies

A member may appoint in writing, another member as his or her proxy at a general meeting. However, the proxy shall not have voting right at the meeting, but the decision of the meeting shall be binding on the member represented by the proxy.

Article 11: Financial Management

Section 11.1 Financial year

The financial year of the association shall be December 31 of each year.

Section 11.2 Funds and accounts

11.2.1 The association must open an account with a financial institution through which all its financial transactions shall be made.

11.2.2 The Executive Committee shall approve any expenditure, which is within the budget approved by the general meeting.

11.2.3 All cheques, drafts, bills of exchange, promissory notes and other negotiable instruments must be signed in accordance with Section 8.4.1(d & e);

11.2.4 All funds of the association must be deposited in the association's bank account not later than five working days upon receipt of the funds;

11.2.5 With approval of the Executive Committee, the Treasurer may keep some petty cash for routine expenditures of the association. However, such petty cash shall only be accessed through the association's bank account and not otherwise. All records of the routine transactions must be properly kept.

Section 11.3 Auditing of Accounts

The Executive Committee shall ensure compliance with all financial regulations and procedures of the association relating to:-

- (a) Keeping of all books of accounts;
- (b) Preparation and presentation of financial statements of the association, to the general meeting;
- (c) Auditing of the association's accounts.

Article 12: Disputes and Grievances

Section 12.1 Procedures for resolving disputes and grievances

12.1.1 This clause applies to disputes between:-

- (a) A member and another member; or
- (b) A member and the Executive Committee.

12.1.2 Within 14 days after the dispute comes to the attention of the parties to the dispute, they must meet and discuss the matter, and if possible, resolve the dispute.

12.1.3 If the parties are unable to resolve the dispute at a meeting, or if either of the parties fails to attend the meeting, then the parties must, within 10 days of the meeting, hold another meeting in the presence of a mediator.

12.1.4 The mediator must be:-

- (a) A person chosen by agreement between the parties; or
- (b) In the absence of an agreement,
 - (i) for a dispute between a member and another member – a person appointed by the Executive Committee;
 - (ii) for a dispute between a member and the Executive Committee – a person appointed by the relevant council authority.

12.1.5 A member of the association can be a mediator.

12.1.6 The mediator shall not be a party to the dispute.

12.1.7 The parties to the dispute, shall, in good faith, try to resolve the dispute by mediation.

12.1.8 The mediator, in resolving the dispute, shall:–

- (a) Give the parties in dispute, equal opportunity to be heard;
- (b) Consider any written presentation made by the parties; and
- (c) Ensure natural justice is accorded to the parties in dispute throughout the mediation process.

12.1.9 The mediator must not determine the dispute.

12.1.10 If the mediation process does not resolve the dispute, the parties may seek legal redress in a court of law.

Article 13: Miscellaneous

Section 13.1 Common Seal

13.1.1 The common seal of the Association must not be used without the express authority of the Executive Committee and every use of that common seal must be recorded by the Secretary.

13.1.2 The Secretary shall be responsible for affixing of the common seal in accordance with Section 13.1.1.

13.1.3 The common seal of the association must be kept in safe custody of the Secretary or any other member of the Executive Committee appointed by the Committee.

Section 13.2 Distribution of Surplus Assets upon Winding Up

13.2.1 Any surplus assets left after settling all debts and liabilities of the association must not be distributed to members upon dissolution of the association.

13.2.2 The surplus assets shall be transferred to another association incorporated to take over the business of the dissolved association. The incorporated association shall:–

- (a) Have similar objects and purpose as the dissolved association;
- (b) Not distribute the profits of the association to individual members;
- (c) Be determined by resolution of the members.



Produced by Management Sciences for Health (MSH) in collaboration with Tanzania Food and Drugs Authority (TFDA).

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MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



INTRODUCTION



Aim →

Advocating for successful establishment and effective management of ADDO provider associations.



MOVING FORWARD WITH ADDO PROVIDER ASSOCIATIONS



OBJECTIVES OF THE ADDO PROGRAMME

- ✓ To improve all aspects of the drug shops (physical premises, stock, consumer choices, interactions with dispensers and recommended treatment).
- ✓ To strengthen capacity of drug shop owners and dispensers through training, follow-up and supportive supervision.
- ✓ To strengthen the regulatory system (accreditation, licensing, inspection, monitoring and evaluation).



Goal

Increased access to affordable quality medicines and services in the under-served areas, mainly rural and peri-urban.



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IMPLEMENTATION PROCESS

- ✓ Began in Ruvuma Region in **2002** as pilot project by MSH with support from Bill & Melinda Gates Foundation.
- ✓ In **2004** evaluation of the pilot project showed significant achievements (increased access to affordable quality medicines and improved services by ADDOs).
- ✓ In **2005** rolled out by TFDA to Rukwa and Mtwara regions with support from the Central Government.
- ✓ In **2006** expanded to Morogoro region by MSH with support from USAID.
- ✓ By **June 2009**, 9 regions had achieved full coverage and additional 4 at the initial stages of implementation.



New Model

The rapid coverage since 2009 followed introduction of a decentralised approach in scaling up the programme.



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IMPLEMENTATION CHALLENGES

- ✓ How best to promote the concept of self-regulation and compliance with standards, given the rapidly increasing number of ADDOs countrywide.
- ✓ Lack of mechanisms for dialogue and consensus building between ADDO providers and other major stakeholders, on contentious issues regarding the sector.
- ✓ How best to enhance commercial viability of the drug shops and ensure sustainable delivery of quality medicines and services to the population.



Option

Establishment of ADDO provider associations is a viable option for promoting self-regulation and empowering the providers towards sustainable delivery of quality pharmaceutical services.



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ROLES AND BENEFITS



- ✓ Giving a voice to ADDO providers
- ✓ Empowering members economically
- ✓ Promoting self-regulation towards delivering quality services
- ✓ Improving working relations among the providers
- ✓ Building institutional networks for collaboration and partnerships
- ✓ Enhancing sustainability of the ADDO programme.

Key Message

ADDO provider associations offer a unique opportunity to empower the providers and enhance sustainability of the ADDO Programme.



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RESPONSIBILITIES



- ✓ Promoting compliance with regulations and standards
- ✓ Promoting safe medicines use and buying of medicines from legitimate providers only
- ✓ Protecting consumers from unethical practices such as price fixing by errant ADDO providers
- ✓ Protecting the sector from any form of conflict on interest that may compromise compliance to regulations and standards
- ✓ Promoting transparency and accountability in the sector.

Key Message

ADDO provider associations have an immense potential to contribute to sustainable delivery of quality medicines and services to the population.



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- ✓ Two bound copies of the association's constitution
- ✓ Minutes of the meeting approving the constitution
- ✓ Application form (Form SA1) duly filled in duplicate
- ✓ Statement of particulars to support the application (Form SA2 duly filled in duplicate)
- ✓ Supporting letter from the relevant authority
- ✓ Application fee of Tsh.10,000
- ✓ Registration fee of Tsh.100,000
- ✓ Annual fee of Tsh.40,000
- ✓ List of at least 10 founder members and their signatures in duplicate
- ✓ Application letter addressed to the **Registrar of Societies, Ministry of Home Affairs, P.O. Box 9223 Dar es Salaam.**

REGISTRATION



Key Message

Registration is the only means to acquiring legal identity.



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MANAGING THE ASSOCIATIONS



Management Functions



Key Message

Effective management requires good plans, organisational structure, people, leadership and performance monitoring.



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- ✓ Describe your vision
- ✓ Define the association's purpose
- ✓ Identify the guiding principles
- ✓ Analyse the situation (SWOT analysis)
- ✓ Establish your goals
- ✓ Identify objectives
- ✓ Come up with strategies
- ✓ Prioritise activities
- ✓ Develop an action plan
- ✓ Create a monitoring and evaluation plan

PLANNING STEPS



Key Message

Your plans are the bridge between your present and future status.



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ORGANISING



- ✓ Establish relevant internal structures
- ✓ Clearly define roles and responsibilities
- ✓ Describe co-ordination mechanisms
- ✓ Describe reporting system for easy flow of information

Key Message

A good organisational structure facilitates division, co-ordination and control of tasks.



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STAFFING

- ✓ Decide the number of people needed
- ✓ Describe the qualifications
- ✓ Agree on recruitment procedures
- ✓ Establish acceptable remuneration
- ✓ Define termination conditions



Key Message

An organisation's most important resource is its people.



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Conditions for Good Leadership

- ✓ Develop relevant policies in line with your mission, goal and objectives
- ✓ Create supporting the procedures for every policy
- ✓ Write down procedures in terms of operating manuals
- ✓ Clearly communicate the policies and procedures with the organisation
- ✓ Ensure everyone works within the organisation's mission and policy framework

LEADERSHIP



Key Message

Good leadership helps to convert policies and plans into performance.



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PERFORMANCE MONITORING

- ✓ Establish performance standards
- ✓ Measure and report actual performance
- ✓ Compare actual performance with the set standards to establish deviations
- ✓ Take corrective and preventive actions as necessary



Key Message

Performance monitoring enables your activities to be in conformity with your plans and policies.



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CONCLUSION

Establishment of ADDO provider associations is the answer to the growing need for self-regulation and empowerment of the drug shop owners and dispensers, towards sustainable delivery of quality medicines and services to the population.

THE FUTURE IS ADDO



Prepared by:

Dr. Romauld Mbwasi and Mr. Ogango K'omolo
for the Management Sciences for Health (MSH).



Moving Forward

with ADDO Provider Associations



An Advocacy Guide for the National, Regional and District Level Stakeholders



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Moving Forward with ADDO Provider Associations

**An Advocacy Guide for the National, Regional
and District Level Stakeholders**

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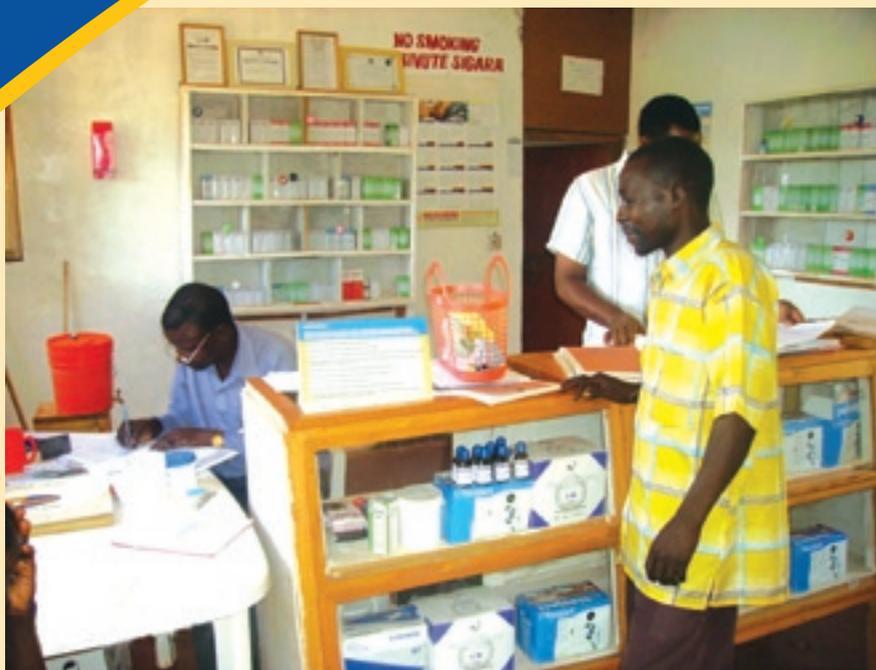
About the Guide

The ADDO Provider Associations Advocacy Guide is a hand tool meant to facilitate awareness-raising to ADDO providers on the importance of the associations. The tool provides a brief background to the idea of establishing the associations and highlights why, how and when to advocate for ADDO providers to form and effectively manage the associations.

The main target users of the guide are council officials including the District Commissioner, Council Executive Director, Council Chairperson, Council Medical Officer, Council Pharmacist, Council Cooperative Officer, Trade Officer, Community Development Officer and Council Agricultural Officer, among others. The tool can also be used by national and regional level officials to advocate for formation and effective management of ADDO provider associations.

The tool is divided into three parts. The first part discusses why it is important to have the associations. Part Two describes how to advocate to ADDO providers to establish and effectively manage the associations and Part Three highlights when to advocate to the providers regarding the associations.

1. Background and Context



The ADDO Programme focuses on improving all aspects of the DLDB enterprise including physical premises, stock maintained by the drug shops, consumer choices, interactions with dispensers and recommended treatment. It also focuses on transforming and strengthening the entire system in which DLDBs are embedded including licensing, supply chain, training of dispensers and drug shop owners, inspection and supportive supervision.

1.1 Introduction

Tanzania is one of the countries faced with the challenge of inadequate access to affordable efficacious medicines of acceptable quality and safety, especially in peri-urban and rural areas with few or no registered pharmacies. For a long time, the country's pharmaceutical sector has been characterised by existence of a large network of privately-owned retail drug outlets – Duka la Dawa Baridi (DLDB).

Even though DLDs are authorised to sell non-prescription medicines only, experience has shown that majority of them do sell prescription medicines whose quality cannot be assured. Other problems with DLDB include difficulty in finding reliable and legal sources of medicine and other healthcare commodities to sell; lack of adequate facilities for proper storage of medicines; lack of basic pharmaceutical skills among dispensers and business management skills among shop owners; high prices charged to consumers; and inadequate regulation and supervision to the drug shops. Moreover, the very fact that the list of medicines DLDBs are authorised to sell does not include prescription medicines denies the population access to those essential medicines.

In 2002, the Government of Tanzania in collaboration with the Management Sciences for Health (MSH) introduced the Accredited Drug Dispensing Outlets Programme (ADDO) to help address each of these problems. The goal of the ADDO programme is to improve access to affordable quality medicines and pharmaceutical services in all the under-served areas.

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Success of the ADDO programme in the pilot region of Ruvuma encouraged the government to scale it up nationally.

interactions with dispensers and recommended treatment. It also focuses on transforming and strengthening the entire system in which DLDBs are embedded including licensing, supply chain, training of dispensers and drug shop owners, inspection and supportive supervision.

Implementation of the programme began on a pilot basis in Ruvuma Region with an objective addressing the problems related to operations of DLDBs and providing lessons for national scaling-up of the programme. An evaluation of the pilot process conducted in November 2004 showed tremendous successes including improved access to basic medicines in terms of geographical availability, quality and affordability; and improved quality of services provided by the accredited drug shops. The successes encouraged the government and development partners to roll-out the programme to other regions.

By June 2009, nine regions had achieved full coverage of the programme and four others were at initial stages of implementation. The rapid roll-out followed introduction of a decentralised approach in scaling-up the ADDO programme, with a target of achieving national coverage by January 2010.

However, mere scaling up of the programme offers no guarantee for success without establishing effective mechanisms for sustainable delivery of quality pharmaceutical services by the accredited drug shops. The following fundamental questions confront the ADDO programme with regard to its sustainability in the long term:

- How best can ADDO owners and dispensers be empowered to play a more proactive role in ensuring delivery of quality pharmaceutical services through self-regulation and compliance with standards?
- Considering the rapidly increasing number of drug shop owners and dispensers being enrolled in the programme, what mechanisms are available for dialogue and consensus building on various contentious issues regarding the sector?
- How best can regulatory authorities and other stakeholders work together with the ADDO providers as organised groups of primary stakeholders to ensure sustainability of the programme?

Establishment of ADDO provider associations is considered a viable option for promoting self-regulation and empowerment of ADDO providers towards sustainable delivery of quality pharmaceutical services to the population.

1.2 Rationale

In June 2009, Management Sciences for Health, in collaboration with Tanzania Food and Drugs Authority (TFDA) commissioned an assessment of ADDO provider associations in the initial ADDO programme areas in Ruvuma, Rukwa, Mtwara and Morogoro Regions. The assessment showed that ADDO owners and dispensers had different reasons for forming the associations.

Among the issues ADDO owners said they would like to address through the associations were: widespread shortage of trained dispensers forcing some of the owners to close down their shops, increasing demands of dispensers in terms of salary and working conditions, illegal operation of some shops allegedly with the knowledge of some district officials, operational problems with the National Health Insurance Fund (NHIF) especially its reimbursement system to shops accredited by the Fund, over taxation by Tanzania Revenue Authority (TRA), limited access to liquidity as a result of unfavourable lending conditions by some financial institutions, lack of reliable system of distributing drug registers by TFDA, delays in issuing accreditation certificates, and undue harassment and use of inappropriate language by some ADDO inspectors. In a nutshell, the issues reflected significant gaps in the regulatory system and other institutional arrangements which directly affect operation of the ADDOs and undermine their ability to comply with the set regulations and standards.

Unlike the ADDO owners, dispensers' issues had more to do with their labour rights and capacity development needs than systems challenges. They included poor remuneration by the ADDO owners, poor working conditions exuberated by long working hours without annual leave, lack of assistants in the shops as per regulation, lack of refresher training and continuing education programmes for skills development, and lack of freedom to express the opinions to owners even when certain regulatory procedures are at stake.

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In view of the above observations, the need for a sustainable mechanism for addressing both the ADDO owners and dispensers issues cannot be overemphasised. The ADDO provider associations offer a unique opportunity to address systems challenges and capacity development needs of the primary stakeholders towards sustainable delivery of quality pharmaceutical services.

1.3 Types of associations

Considering the divergent views of ADDO owners and dispensers regarding the issues they would like to address through associations, the June 2009 assessment showed that both groups prefer separate associations. This position is supported by the fact that since the dispensers are employees of the ADDO owners, a joint association would give them an equal voice in addressing their respective needs. However both groups underscored the need for the dispenser and owner associations to work closely together for a common good.

2. How to Advocate for ADDO Provider Associations



Successful advocacy for establishment of ADDO provider associations requires good planning; availability and use of relevant advocacy tools, sound understanding of the target audience; sufficient knowledge of the roles, benefits, responsibilities and effective management of the associations; and clear understanding of complimentary processes such as resource mobilisation, institutional networking, documentation, monitoring and evaluation.

In order to successfully advocate for establishment and effective management of ADDO provider associations, you need to:-

- (i) Have an advocacy plan;
- (ii) Know your target audience;
- (iii) Arm yourself with relevant information regarding the roles, benefits and responsibilities of the associations;
- (iv) Know all the procedures and requirements registration of the associations;
- (v) Understand the basic characteristics of a well functioning (well managed)association;
- (vi) Be familiar with other complimentary processes to effective management and sustainability of the associations such as resource mobilisation, institutional networking, documentation, monitoring and evaluation;
- (vii) Arm yourself with the necessary advocacy tools;
- (viii) Ensure that your target audience clearly understand your messages;
- (ix) Identify opportunities for advocacy.

2.1 Create an advocacy plan

Good planning is essential for successful advocacy activities. In you advocacy plans, you need to clearly describe:

- Your target audience and their basic information needs;
- How to reach the audience;
- Key messages to deliver to the audience
- How to deliver the messages e.g. through meeting, dialogue and special presentations;
- When to conduct the advocacy; and
- Key resources (human, material and financial) you need to successfully conduct the advocacy.

2.2 Understand your target audience

There are different calibres of ADDO providers:

- There are those who have no idea at all about the importance of the associations;
- Those who have heard about the associations and understand the importance but have not made any steps to form an association;
- Those who initiated the process of forming an association but are stuck with the initial procedures such as development of a constitution and

- formal registration of the association;
- Those who formed and registered an association but lack active membership;
 - Those with a registered association and active membership but lack effective organisation structure, management systems and the financial sustainability.

Sound understanding of the target would be extremely useful in establishing the information of the providers. It also helps to identify the entry point for any advocacy process.

2.3 Explain roles, benefits and responsibilities of associations

A sound understanding of the roles, benefits and responsibilities of ADDO provider associations is a MUST for anybody advocating for formation of the associations. Below is a brief description of the roles, benefits and responsibilities of the associations.

(a) Roles of the Associations

The primary role of the associations is to create a mechanism for ADDO providers to work together towards sustainable delivery of quality pharmaceutical services to the population and economic empowerment of the providers.

Specific roles of the associations are as follows:

- (i) To provide a forum for ADDO owners and dispensers to speak with one voice on various issues concerning the sector;
- (ii) To facilitate exchange of ideas and experiences among members;
- (iii) To promote self-compliance with regulations and standards;
- (iv) To consolidate and co-ordinate group effort towards achievement of shared objectives;
- (v) To enable members to pool together resources and invest in income generating activities;

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- (vi) To provide a forum for constructive engagement with various stakeholders including regulatory authorities such as TFDA, the Pharmacy Council, TRA, local government authorities, financial institutions and donors, among others;
- (vii) To advocate for various needs and rights of members;
- (viii) To provide a forum for conflict resolution among ADDO providers;
- (ix) To link members to financing opportunities and act as their guarantor in accessing loans from micro-finance institutions;
- (x) To represent members in decision-making processes at various levels, especially on issues concerning the ADDO sector.

(b) Benefits

A well established and fully functional ADDO provider association has the potential of:

- (i) Championing the needs of members by making their voices heard;
- (ii) Promoting understanding and good working relations among drug shop owners and dispensers;
- (iii) Empowering the members economically;
- (iv) Promoting self-regulation and compliance with standards;
- (v) Strengthening institutional networking and collaboration towards quality improvement and development of the sector;
- (vi) Enhancing sustainability of the ADDO programme in the long term.

(c) Responsibilities

Apart from championing and safeguarding the interest of members, the associations have the responsibility of:

- (i) Ensuring delivery of quality pharmaceutical services to the population by promoting the concept of self-compliance with regulations and standards;
- (ii) Safeguarding the health of consumers by promoting safe medicines use and buying of medicines from legitimate providers only;
- (iii) Protecting consumers from unethical practices such as collusion and price fixing by errant ADDO providers;
- (iv) Protecting the ADDO sector from any form of conflict of interest that may compromise with regulations and standards;
- (v) Building and upholding credibility of the sector by promoting transparency and accountability among ADDO providers.

2.4 Describe registration requirements and procedures

Experience has shown that a number of ADDO provider associations get stuck at the stage of registration of the association, mainly because they are not well informed about the registration process. Thus, it is an area where the ADDO providers will need reliable help through sharing of relevant information and facilitation of the registration process.

The following are the mandatory requirements for registration:

- (i) Two bound copies of the association's constitution;
- (ii) Application form for registration (Form SA 1) duly filled induplicate;
- (iii) Statement of particulars to support the application for registration (Form SA 2) duly filled in duplicate;
- (iv) Application fee of Tsh.10,000;
- (v) Registration fee of Tsh.100,000;
- (vi) Annual fee of Tsh.40,000;
- (vii) Minutes of the meeting approving the constitution in duplicate;
- (viii) List of not less than 10 founder members and their signatures in duplicate;
- (ix) Supporting document/letter from relevant authority e.g. parent ministry, regional commissioner or district commissioner;
- (x) Application letter addressed to the Registrar of Societies, Ministry of Home Affairs, P.O. Box 9223, Dar es Salaam.

In addition to accommodation and travel expenses to and from Dar es Salaam, associations needs to raise Tsh. 150,000 in order to meet mandatory registration fees

2.5 Explain basic characteristics of a well functioning association

For ADDO provider associations to benefit members, they need to be well managed. Thus, ADDO providers should be constantly reminded about the need to ensure effective management of their associations. However, this requires a sound understanding of the basic characteristics of a well functioning association.

In general terms, a well functioning association is one which has a clear sense of purpose and direction; one with vibrant membership, good plans, effective management systems, and is transparent and accountable in all its activities.

In order to acquire these attributes, ADDO provider associations need to be urged to:-

- (i) Develop good plans
- (ii) Establish relevant organisational structure including clear definition of roles and responsibilities, co-ordination mechanisms as well as reporting system so as to allow feeble flow of information within the association;
- (iii) Mobilise and/or recruit the right manpower to take charge of different activities of the association
- (iv) Put in place sound leadership for different functions of the association
- (v) Monitor the performance of all those charged with different responsibilities in the association.

The above five steps constitute the key functions of management namely planning, organising, staffing, directing (leadership) and controlling (performance monitoring).

2.6 Discuss sustainability of the association

Sustainability of the associations is another critical area which requires contentious advocacy. In addition to developing good plans, establishing sound organisational structures, getting the right people to take charge of different activities of the association, providing leadership at all levels within the association and monitoring performance; the associations need to be enlightened on complimentary process critical for sustainability such as:

- Mobilisation of financial resources in order to meet functional needs of the associations;
- Institutional networking to enhance the capacity of the associations to meet their respective goals and objectives

- Documentation in order to build institutional memory, facilitate sharing of experiences and replication of best practices, and enhance transparency and accountability within the associations.
- Monitoring and evaluation to help the associations track their performance and know whether they are making progress towards their goals or not.

2.7 Get armed with relevant tools

In order to successfully advocate for ADDO provider associations, it is essential to be well equipped with relevant tools to facilitate the process. To this end, a special information package has been developed to facilitate successful establishment and management of the associations. The pack can be a handy tool for advocacy on the associations as it provides detailed information on:-

- The roles, benefits and responsibilities of the associations;
- Key steps in the formation and registration of the associations;
- Planning and management;
- Mobilisation of financial resources;
- Building institutional networks for sustainability;
- Documentation, monitoring and evaluation.

The package also includes an audio-visual tool addressing different aspects of the association, a model constitution and a user guide for the ADDO providers. Therefore, anyone planning to advocate for successful establishment and management of the associations needs to be conversant with the information package.

2.8 Clearly deliver your messages

During advocacy ensure that your target audience clearly understand your messages. This can be achieved by focusing on one aspect of the associations at a time and encouraging the target audience to ask as many questions as possible on what they don't know or seem not to

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understand well. Participatory learning through questions and answers and be an effective way of ensuring that your target audience clearly understand you.

2.9. Identify opportunities for advocacy

Advocacy should be a continuous process. Below are some of the opportunities which could be utilised to enlighten ADDO providers about the importance of an association and how best to manage the association:

- (i) During training of dispensers and drug shop owners on different aspects of the ADDO enterprise;
- (ii) During routine inspection and supportive supervision activities to the drug shops;
- (iii) During community visits to inspect different development projects;
- (iv) During special meetings organised by the associations such as the annual general meeting or any other special meeting;
- (v) During workshops and conferences involving ADDO providers;
- (vi) During monitoring and evaluation activities;
- (vii) During special visits by development partners from the national, regional and district levels.

Note: The above list is only meant to indicate some of the opportunities that could be utilised to advocate for formation and effective management of ADDO provider associations. Therefore, those involved in advocacy activities should be free to utilise any other relevant opportunity at their disposal.

3. Frequently Asked Questions



Frequently asked questions often touch on the roles, benefits and responsibilities of ADDO provider associations, registration process, management and resource mobilisation.

1. What is the primary role of an ADDO provider association?

Answer: The primary role of the associations is to create a mechanism for ADDO providers to work together towards sustainable delivery of quality medicines and services to the population, and ensure economic empowerment of the providers.

2. What are the major benefits of an association?

Answer: A well established association provides a forum through which members can speak with one voice on issues regarding the sector; promotes good working relations between the ADDO providers; empowers the members economically; builds institutional networks for collaboration and partnerships at different levels; and enhances sustainability of the ADDO programme in the long term.

3. How best can we manage our associations?

Answer: Effective management of the associations require sound understanding of the integral management functions which include planning, organising, staffing (man-power), directing (leadership) and controlling (performance monitoring).

4. How best can we plan?

Answer: First and foremost, you need to understand that planning is all about setting direction and creating a system for implementation of different activities. A plan bridges between an organisation's present and future status. Thus, when you need to take into consideration your vision as an association; purpose (mission); guiding principles the current situation of the association in terms of its strengths, weaknesses, opportunities and threats (SWOT analysis); as well as the overall goal of the association. You also needs to clearly describe you objectives, identify strategies for meeting the objectives, priorities activities, develop an action plan and create a monitoring and evaluation plan to enable track performance and know whether you are making progress towards your goal or not.

5. How should we structure our association to facilitate effective management?

Answer: Your organisational structure should be based on the functional needs of the association such as overall co-ordination of different activities of the association; representation at different levels; technical capacity development to ADDO providers; improvement of quality of pharmaceutical services through self-regulation; economic empowerment to members by increasing access to loans and funding opportunities; publicity, public information and education to raise the ADDO profile and stimulate demand for services; institutional networking to leverage resources and optimise delivery of outputs. Various committees could be established and tasked with different functions.

6. How can we ensure good leadership in our association?

Answer: In management terms, leadership is defined as the process of guiding, inspiring, overseeing and instructing people towards accomplishment of organisational goals. It is a continuous process throughout the life of an organisation and helps to convert plans into performance. It is widely considered as the life spark of an organisation. However, in order to effectively guide, instruct, control and inspire people towards achievement of organisational goals, leaders/managers also need to be guided by policies and procedures of the organisation. That means that if you do not have any policies and procedures for management of your association, you need to develop them to help your leaders, staff and ordinary members work within the association's mission and legal framework.

7. How best can we monitor performance and ensure achievement of the association's goal and objectives?

Answer: Performance monitoring involves verifying whether activities of an organisation are in conformity with the plans adopted, instructions issued and policies established. In order to achieve this, you need to establish performance standards based on the objectives of the association, measure and report actual performance, compare the actual performance with the set standards to establish any deviation, and take corrective and preventive action as necessary.

8. How best can we ensure financial sustainability in our associations?

Answer: You can achieve financial sustainability by exploring various financing options including government financial assistance schemes to economic groups; establishment of income generating activities; establishment of self-help Savings and Credit Co-operatives (SACCOs); loans from commercial banks and micro-finance institutions; grants from both local and international non-governmental organisations and donor agencies, fund-raising events; as well as production and sale of the association's promotional materials such as T-shirts, capes, calendars, etc.



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DO YOU HAVE AN ASSOCIATION?



Roles and Benefits

- Giving a voice to ADDO providers on issues concerning the sector
- Empowering members economically
- Promoting self-regulation towards delivering quality services
- Improving working relations among ADDO providers
- Building institution networks for collaboration and partnerships
- Enhancing sustainability of the ADDO shops and the programme

ADDO PROVIDER ASSOCIATIONS ARE A MEANS TO EMPOWERING MEMBERS AND IMPROVING DELIVERY OF SERVICES

ARE YOU AWARE OF YOUR ASSOCIATION'S RESPONSIBILITIES?

FURAHA YETU NI

DUKA LA DAWA MUHIMU



Ni rafiki wa kuaminika

- Promoting compliance with regulations and standards
- Promoting safe medicines use and buying of medicines from legitimate providers only
- Protecting consumers from unethical practices such as collusion and price fixing by errant ADDO providers
- Protecting the sector from any form of conflict of interest that may compromise compliance to regulations and standards
- Promoting transparency and accountability in the sector

**ADDO PROVIDER ASSOCIATIONS CAN
CONTRIBUTE TO DELIVERY OF QUALITY
PHARMACEUTICAL PRODUCTS AND SERVICES
TO THE POPULATION**

IS YOUR ASSOCIATION REGISTERED?



Requirements

- Two bound copies of the association's constitution
- Minutes of the meeting approving the constitution
- Application form (Form SA 1) duly filled in duplicate
- Statement of particulars to support the application (Form SA 2 duly filled in duplicate)
- Supporting letter from a relevant authority
- Application fee of Tsh.10,000
- Registration fee of Tsh.100,000
- Annual fee of Tsh.40,000
- List of at least 10 founder members and their signatures in duplicate
- Application letter addressed to the Registrar of Societies, Ministry of Home Affairs, P. O. Box 9223, Dar es Salaam

REGISTRATION IS THE ONLY MEANS TO ACQUIRING LEGAL IDENTITY

DO YOU HAVE PLANS?



Planning Steps

- Describe your vision
- Define the association's purpose
- Identify guiding principles
- Analyse the situation
- Establish your goal
- Identify objectives
- Come up with strategies
- Prioritise activities
- Develop an action plan
- Create a monitoring and evaluation plan

**YOUR PLANS ARE THE BRIDGE BETWEEN
YOUR PRESENT AND FUTURE STATUS**

DO YOU HAVE AN ORGANISATIONAL STRUCTURE?



Organising

- Establish relevant internal structures
- Clearly define roles and responsibilities
- Describe co-ordination mechanisms
- Describe reporting system for easy flow of information

A GOOD ORGANISATIONAL STRUCTURE FACILITATES DIVISION, CO-ORDINATION AND CONTROL OF TASKS

DO YOU HAVE THE RIGHT PEOPLE?



Staffing

- Decide the number of people needed
- Describe the qualifications
- Agree on recruitment procedures
- Describe appraisal procedures
- Establish acceptable remuneration
- Define termination conditions

AN ORGANISATION'S MOST IMPORTANT RESOURCE IS ITS PEOPLE

ARE YOU PROVIDING LEADERSHIP?



Conditions for Good Leadership

- Develop relevant policies in line with your mission, goal and guiding principles
- Create supporting procedures for every policy
- Write down the procedures in form of operating manuals to guide different management processes
- Clearly communicate the policies and procedures in the organisation
- Ensure everyone works within the organisation's mission and policy framework

**GOOD LEADERSHIP HELPS TO
CONVERT POLICIES AND PLANS INTO
PERFORMANCE**

ARE YOU MONITORING PERFORMANCE?



- Establish performance standards
- Measure and report actual performance
- Compare actual performance with the set standards to establish deviations
- Take corrective and preventive actions as necessary

PERFORMANCE MONITORING ENABLES YOUR ACTIVITIES TO BE IN CONFORMITY WITH YOUR PLANS AND POLICIES

IS YOUR ASSOCIATION WELL MANAGED?



Management Functions



EFFECTIVE MANAGEMENT REQUIRES GOOD PLANS, ORGANISATIONAL STRUCTURE, PEOPLE, LEADERSHIP AND PERFORMANCE MONITORING



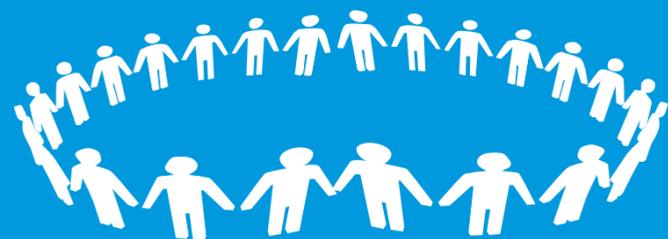
Moving Forward

with ADDO Provider Associations



A Toolkit for Successful
Establishment and Management
of the Associations





Moving forward with ADDO provider associations