



## Using Accredited Drug Dispensing Outlets to Improve Management of Childhood Illness in Tanzania

By applying the integrated management of childhood illness (IMCI) strategy, Tanzania has experienced improvements in case management and reductions in child mortality, but only for people seeking health care in public-sector facilities. The fact is that an estimated 60 percent of Tanzanians first turn to the private sector for medical treatment. To help address this gap, the U.S. Agency for International Development's Rational Pharmaceutical (RPM) Plus Program selected Tanzania to explore the feasibility of using private-sector interventions to improve access to medicines and treatment for childhood illnesses. In May 2006, the Ministry of Health and Social Welfare (MOHSW) announced its support of incorporating a child health component based on IMCI methodology into the Accredited Drug Dispensing Outlets (ADDO) program.

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A Tanzanian mother gets advice and medicine at an ADDO.

The ADDO program, which is administered by the Tanzanian Food and Drugs Authority (TFDA), created retail medicine outlets, called *Duka La Dawa Muhimu* (Swahili for “essential drug shop”) that must adhere to standards related to product and service quality to achieve and maintain government accreditation.

ADDOs provide the perfect platform on which to base an intervention aimed at improving access to quality treatment and medicines for childhood illnesses. RPM Plus worked with government partners to develop a package of child health interventions to integrate into the ADDO program that focused on increasing the number of children correctly treated for malaria, acute respiratory infection, and diarrhea. The implementation of this package is expected to—

- Improve access to medicines for malaria, acute respiratory infection, and diarrhea in children under five for caregivers who seek treatment from the private sector

- Increase knowledge and awareness within the community about the best ways to identify and treat childhood malaria, acute respiratory infection, and diarrhea
- Improve recognition and appropriate treatment of childhood illness by ADDO dispensers
- Incorporate a comprehensive set of materials and methods to improve child health into the rollout of the ADDO program in Tanzania or adapt the materials and methods for use in other countries as part of a public-private health initiative

***“It is my duty to advise clients, otherwise you will keep on treating them; when I educate my clients on preventive measures, these illnesses will be reduced.”***  
**—ADDO Dispenser, Mbinga District**

The TFDA and other partners, including RPM Plus, have carried out trainings for ADDO dispensers on child health. To date, more than 1,373 dispensers from Morogoro, Mtwara, Rukwa, and Ruvuma regions have been trained to deliver child health services. Supportive supervision is an important key to the success of the ADDO program, and for the child health component, a district team initially visits stores every three months to review records, observe the operations and interactions in the store, and discuss any issues with the dispensers. Supervisory visits have been paid to all five districts in Ruvuma and two districts in Morogoro. Ongoing monitoring efforts will include reviewing samples of shop records and analyzing service trends. To support supervision, at least three district health personnel from each district have been trained in the child health component. During training sessions and supervisory visits, 4,600 posters and 9,000 flyers related to child health, family planning, and HIV/AIDS have been distributed to ADDOs, which help establish them as centers of community public health information. In addition, outreach meetings to sensitize regional, district, and community leaders, and enlist support for delivering child health services through ADDOs have reached over 860 officials.

In 2007, RPM Plus, in collaboration with the Basic Support for Institutionalizing Child Survival (BASICS) project and Tanzania’s Centre for Enhancement of Effective Malaria Interventions, designed and conducted a formative assessment and baseline study to provide important insight into ways to strengthen ADDOs’ potential contribution to the IMCI strategy through community mobilization and communication. The assessment suggested that grandmothers and fathers play an important role in caring for children, particularly during illness.



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The research also shows that information provided at the health center does not often reach caretakers. However, local radio appears to be an important medium for reaching large numbers of grandmothers, fathers, and mothers with information and messages about appropriate care for children when they are ill. A key objective is to promote ADDOs as a source of treatment and advice in communities with poor access to health facilities, now that ADDO dispensers have undergone training and accreditation. The ADDO program brings together private-sector owners and dispensers, government accreditation and inspection, and donor support to create a locally driven approach to deliver essential services and improve community health.

### Community Radio Messages about Malaria and ADDOs

- Save your child's life now. Visit the ADDO for advice.
- Use the new effective medicine, A-Lu. Cure malaria.
- Take immediate action because malaria kills.
- Sulfadoxine-pyrimethamine prevents malaria, not only for you, but also for the child in your stomach.
- Take the full course of malaria medicine. Prevent drug resistance.
- Parents, give your sick child a complete course of treatment and an extra meal daily.
- Listen parents, don't be bothered by the number of A-Lu tablets! This is the new drug recommended by the Ministry of Health to cure malaria.

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