

Sustainable Drug Seller Initiatives

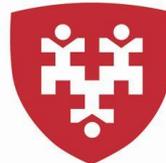
Partners



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Institutionalizing Training to Ensure Continuous Availability of ADDO Dispensers

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Background

- Viability of the ADDO program depends on the availability of well-trained and skilled dispensers
- Since its inception, ADDO dispenser training has been driven by TFDA/PC with support from MSH (*no training institutions*)
- For sustainability, SDSI and PC capacitated six training institutions to pilot the institutionalization of the ADDO dispenser training program



Objectives

- Build the capacity of selected institutions to deliver the ADDO dispenser and owner training programs
- Develop specific implementation plans for each institution including onsite or outreach training plans
- Conduct a training of trainers (TOT) to enable each institution to offer both dispenser and owner training programs
- Monitor, quality-assure, and document the initial phase of the institutionalized ADDO dispenser and owner training programs



Process (1)

1. Assess the perceptions of training institutions and other stakeholders on the institutionalization of the ADDO dispenser training program
2. Develop a concept note on how best to foster the ADDO dispenser training program into training institutions
3. Ratify concept note at an ADDO stakeholders meeting
4. Identify target institutions for training and to develop workplans
5. Develop essential standard operating procedures (SOPs) to guide PC in the monitoring and coordination of the ADDO dispenser training program



Process (2)

6. Orient targeted institutions on the ADDO dispenser training program
7. Help targeted institutions develop workplans for the ADDO dispenser training program
8. Encourage the institutions to plan for the recruitment and begin training
9. Monitor and provide assistance to the first training offered by each institution



Results (1)

- Developed Criteria (SOPs) for approval of ADDO training institutions in place
- Application forms institutions to conduct ADDO training developed
- SOPs for management of ADDO dispensers training (candidate's enrollment, continuous assessment, final examinations and certification) in place
- Guidelines to establish ADDO training fees and draft training budgets developed
- Mechanism in place to regularly update ADDO training materials



Results (2)

- 7 institutions successfully participated in the TOT and workplan development process in Morogoro
- 6 of 7 institutions have now conducted at least one dispenser training program
- The seventh institution is based in Dar-es-Salaam where the ADDO program has still not been sanctioned
- Most of the institutionalized courses benefitted from locally available TOTs
- Enrollment numbers and fees charged varied by institution



Results (3)

Institution	Location	Training Status	Number of participants	Fees in Tsh
COTC Kigoma	Kigoma	July, 2014	42	480,000
Kilimanjaro	Moshi	July, 2014	60	280,000
Mtwara Clinical Training Centre	Mtwara	Nov, 2013	133	250,000
PHN School-Morogoro	Morogoro	Nov, 2013	46	350,000
Ruaha UC	Iringa	July, 2014	57	280,000
St Peters College	Dar	ADDO Program not approved in DAR	N/A	N/A
ZHRC	Mwanza	Nov, 2013	100	350,000

What does SDSI leave behind? (1)

A. Strengthened PC

- PC has necessary tools to adequately regulate and supervise the ADDO dispenser training
- From the beginning, PC has owned the institutionalization process which makes continuation possible
- PC has documented all the processes that need to be in place to improve program efficiency



What does SDSI leave behind? (2)

B. Tools

- SOPs for how to approve training institutions
- Application forms institutions
- SOPs to manage ADDO dispensers' training
- Guidelines for establishment of ADDO training fees and draft training budgets



What does SDSI leave behind? (3)

C. Training institutions

- Capable of conducting the ADDO dispenser training program
- Have trained facilitators in key regional institutions
- Have prospective candidates and owners with confidence in the training institutions (willingness to pay)
- Can enable the ADDO dispenser to be recognized as a viable professional from a training institution perspective



What gaps/challenges remain? (1)

- PC does not have sufficient staff to dedicate to the ADDO program
- Phasing out of the 1-year nursing program results in insufficient candidates to be trained as ADDO dispensers
- Non-inclusion of staff working in the public sector remains debatable given that most can work in ADDOs after working hours or during weekends



What gaps/challenges remain? (2)

- Need to mobilize participation of other institutions, particularly in unserved regions
- PC may need to consider empowering each institution to conduct their own interviews; PC may not have the capacity to conduct every interview, especially once more colleges enroll



Lesson learned from implementation

- With necessary support, existing institutions are able and capable of running the ADDO dispenser training program
- Prospective trainees are willing and able to pay the requisite fees for this program
- Initial effort by PC, SDSI, and PSA was necessary to get this program quickly off the ground
- For future institutions that wish to be involved, PC is best placed to provide the same initial support



Conclusion/take home messages

- Institutionalization of the ADDO training program in existing training institutions is feasible
- Institutions reap benefits from participants' fees, which sustain the program
- Prerequisites for admittance into the ADDO dispenser training course may need to be revised due to the depletion of those with nursing assistant courses
- PC may need to delegate interviews with prospective candidates to the institutions themselves due to time and personnel constraints



Thank you for listening

