Training of Trainers for IMCI and Family Planning in ADDOs, Districts of Mbeya, Singida, Lindi, and Coast Regions, Tanzania, July–August 2009

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T-MARC - "SERVING COMMUNITIES IMPROVING LIVES"

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The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

About POUZN

The mission of the Point-of-Use Water Disinfection and Zinc Treatment (POUZN) Project is to implement a diarrhea reduction project using point-of-use (POU) water disinfection and zinc treatment, thereby contributing to the reduction of mortality and morbidity from diarrhea. The project ensures long-term sustainability of zinc and POU by expanding production and sales of products within targeted countries.

About T-MARC

Tanzania Marketing and Communications Company Ltd (T-MARC) is an independent Tanzania-owned organization registered in Tanzania as a nonprofit business limited by guarantee. T-MARC works with Tanzanian businesses to develop or expand markets for health products for HIV/AIDS prevention and care, family planning, child survival, and infectious diseases that will achieve a demonstrable and sustainable health impact.

About PSI

PSI-Tanzania (PSI-Tz) is a locally registered not-for-profit nongovernmental organization that has been working in the area of social marketing and public health for the past 14 years in Tanzania. PSI-Tz is an affiliate of Population Services International (PSI), the largest social-marketing organization in the world. It currently operates in more than 65 countries in Africa, Asia, the Americas, and Eastern Europe and is constantly expanding its portfolio of products and services.

With support from donor organizations and the Tanzanian government, PSI-Tz plays a leading role in the distribution and promotion of affordable and available with a quality, essential health products, addressing critical health issues in Tanzania, whilst at the same time assisting in the development of private sector enterprise in the country. PSI-Tz has been strengthening and consolidating its business and has expanded its portfolio to encompass an increasing number of products, including Salama condoms, Care female condoms, Ngao for mosquito nets treatment, the home water treatment product WaterGuard.

Acknowledgments

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- The trainees themselves for their active participation in enriching the training sessions with information relevant to the topics
- The Tanzania Food and Drug Authority for taking the lead in making sure that the CHMT members attended the training

The success of the training is the outcome of the efforts of all these stakeholders.

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ACRONYMS AND ABBREVIATIONS

ADDO	accredited drug dispensing outlet, or *duka la dawa muhimu* in Kiswahili
CHMT	Council Health Management Team
COC	combined oral contraceptive
DLDB	*duka la dawa baridi*
IMCI	Integrated Management of Childhood Illness
MoHSW	Ministry of Health and Social Welfare
MSH	Management Sciences for Health
ORS	oral rehydration salts
POUZN	Point-of-Use Water Disinfection and Zinc Treatment, Tanzania (Project)
PSI	Population Services International
T-MARC	Tanzania Marketing and Communications Company Ltd.
TFDA	Tanzania Food and Drug Authority
TOT	trainer of trainers

BACKGROUND

Family Planning and Child Health Situations in Tanzania

Tanzania has had one of the fastest-growing populations in the world. In 1948, the Tanzania mainland had a population of 7.5 million. By the time of the 1978 census, another 10 million people had been added to the population. By 2005, the estimated population was approximately 36 million persons, nearly 5 times larger than it had been in 1948. The Tanzania demographic and health surveys in 1991–1992 and 1996 reported a fertility rate at 6.3 and 5.8 children per woman, respectively. However, the Tanzania demographic and health survey in 2004–2005 indicated a fertility rate of 5.7 children per woman. Basically, the fertility rate has not changed over the past the decade in Tanzania.

Modern contraceptive use among married women of reproductive age has increased slowly in recent years. According to information from the various surveys, modern contraceptive use increased from 7 percent of married women of reproductive age in 1991–1992, to 13 percent in 1996, 17 percent in 1999, and 20 percent in 2004–2005. Even at 20 percent, Tanzania has one of the lowest levels of contraceptive prevalence in Eastern and Southern Africa.

Tanzania is one of the developing countries with high rates of child morbidity and mortality. One of seven children in the country dies before his or her fifth birthday, with two-thirds of the deaths occurring within the first two years of life. Neonatal, infant, and under-five mortality rates are 40, 99, and 147 per 1,000 live births, respectively.[1] However, the average national figures for infant and under-five mortality have decreased dramatically over the past decade as indicated—

National trends for under-five mortality

- 184/1,000 live births (Census 1988)
- 151/1,000 live births (Census 2002)
- 112/1,000 live births and infant mortality rate of 68/1,000 (2004)[2]
- Proportional decreases of approximately 18 (Census 2002) and 39 percent[3]

The Ministry of Health and Social Welfare (MoHSW) through the Tanzania Food and Drug Authority (TFDA), in collaboration with Prime Minister's Office Regional Administration and Local Government and nongovernmental organization Management Sciences for Health (MSH), is implementing the accredited drug dispensing outlet (ADDO) program in Tanzania, a process that aims at accrediting the current *duka la dawa baridi*s (DLDBs) into ADDOs. The program's major objective is to improve access and availability of quality pharmaceutical services through the outlets in villages and small towns.

[1] National Bureau of Statistics Dar es Salaam, Tanzania and Macro International Inc., Calverton, Maryland. 2000. *Tanzania 1999 Reproductive and Child Health Survey*. Calverton, MD: MEASURE DHS.
[2] National Bureau of Statistics Dar es Salaam, Tanzania and ORC Macro, Calverton, Maryland. 2005. *Tanzania Demographic and Health Survey 2004*. Calverton, MD: MEASURE DHS.
[3] Ibid.

To date, the ADDO program is being implemented in the Ruvuma, Mtwara, Morogoro, and Rukwa regions. The four regions have 870 ADDOs (Ruvuma 174, Morogoro 475, Mtwara 127, and Rukwa 94) and 1,400 ADDO dispensers.
In May 2006,the MOHSW committed its support to incorporating a child health component based on Integrated Management of Childhood Illness (IMCI) methodology into the ADDO program. ADDOs provide the perfect platform on which to base an intervention aimed at improving access to quality treatment and medicines for childhood illness and reproductive health products.

Currently, all ADDO dispensers in the four regions have been trained on IMCI and are providing the services, which include use of zinc and low-osmolarity oral rehydration salts (ORS) to children with diarrhea, combined oral contraceptive (COC) pills with brand names of Familia and Flexi P, and both female and male condoms (with brand names of Care and Lady Pepeta). ADDO dispensers are also referring patients who need referrals.
During the government financial year of 2008/09, the MoHSW, through TFDA, with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Danish Agency for Development Assistance, and the government, with technical support from MSH's Stengthening Pharmaceutical Systems (SPS) Program, has started an expansion of the ADDO program to six more regions. They are Lindi, Coast, Mbeya, Singida, Kigoma, and Tanga, which have 37 districts with 2,067 ward inspectors already trained. In the six regions, approximately 3,800 ADDOs will be accredited, and the same number of ADDO dispensers will be trained to provide pharmaceutical services that include child health and family planning.

Four of the six regions targeted have conducted the basic training of dispensers to become ADDO dispensers: Lindi, Coast, Mbeya, and Singida (see table 1).

All 1,691 dispensers have received basic ADDO training that included the use of zinc in children with diarrhea and the use of COCs for family planning. The respective districts have conducted the final inspection and are waiting for TFDA to accredit the medicine shops to be ADDOs, which should happen soon.

Table 1. Status of ADDO Dispensers Trained in the Four Regions through the Global Fund with Technical Assistance from MSH

Region	District	Total Trained Dispensers	Total Female Dispensers Trained	Total Male Dispensers Trained
	Chunya	100	69	31
	Kyela	80	68	12
	Rungwe	62	56	6
	Mbarali	229	213	16
	Mbozi and Ileje	155	126	29
	Mbeya city and rural	262	249	13
Mbeya	**Subtotal**	**888**	**781**	**107**
	Manyoni	47	42	5
	Iramba	61	45	16
	Singida municipal	86	71	15
	Singida rural	66	52	14
Singida	**Sub-total**	**260**	**210**	**50**
	Lindi urban and rural	65	58	7
	Liwale and Nachingwea	38	24	14
	Kilwa	34	30	4
	Ruangwa	23	17	6
Lindi	**Subtotal**	**160**	**129**	**31**
	Kibaha urban and rural, and Mafia	94	89	5
	Rufiji	73	65	8
	Kisarawe	35	32	3
	Mkuranga	84	77	7
	Bagamoyo	97	84	13
Coast	**Subtotal**	**383**	**347**	**36**
Grand total for four regions		**1,691**	**1,467**	**224**

Recently, MSH, the Point-of-Use Water Disinfection and Zinc Treatment (POUZN) Tanzania Project, Population Services International (PSI), and Tanzania Marketing and Communications Company Ltd (T-MARC) collaborated in the promotion of use of zinc to treat children with diarrhea and use of COCs for family planning through refresher training of—

- ADDO dispensers in four regions (Ruvuma, Rukwa , Morogoro, and Mtwara)
- Private pharmacists and dispensers in private pharmacies from five cities in Tanzania

Now, the same four organizations joined their efforts to train some Council Health Management Team (CHMT) members as district trainers of trainers (TOTs) for the basic training of the ADDO dispensers in their respective districts. CHMT members trained included the district pharmacist (as the coordinator of the ADDO program at the district level), the district Reproductive and Child Health coordinator (as the person in-charge for family planning in the district), and the district IMCI/Malaria focal person.

TRAINING OF DISTRICT TRAINERS OF TRAINERS ON IMCI AND FAMILY PLANNING IN DISTRICTS OF MBEYA, SINGIDA, LINDI, AND COAST REGIONS

Problem Statement

For the ADDO expansion program, the basic trainings are being conducted concurrently in all districts of a particular region. Trainers for IMCI in ADDOs and family planning topics in the basic ADDO dispenser training are few in number. A need exists to have in place sufficient numbers of well-trained TOTs at district level who will facilitate the basic trainings with regard to IMCI and family planning.

Methodology

The plan is to train three CHMT members (District Pharmacist, IMCI focal person, Reproductive and Child Health person) from each district of the four regions as part of the expansion process of the ADDO program. One district of each region acted as training site for the CHMT members: Mbarali for Mbeya region, Iramba for Singida, Kisarawe for Coast, and Kilwa for Lindi.

MSH took the lead in organizing, supervising, and coordinating the training with additional support from POUZN, TMARC, and PSI.

Expected Benefits of Conducting the District Training of Trainers

- The TFDA ADDO program will have sufficient capacity to provide basic training to dispensers that includes child health and family planning.

- CHMT members will be able to provide good quality supervision of ADDOs on-the-job training to Cascade Supervisors to monitor ADDOs as well as to work with health facilities to ensure harmonization of the services (in the public and private sectors) regarding child health and family planning

- These district staff will be key in establishing a monitoring and reporting mechanism for ADDO implementation of the child health and family planning services rendered through them.

- The trained district personnel will be well positioned to ensure that the ADDO program gets funding from the Comprehensive Council Health Plans and that it appears in the district health quarterly reports as well as in supervision checklists.

- As supervisors, TOTs will encourage ADDOs to stock and sell essential medicines for child health (artemisinin-based combination therapies, co-trimoxazole, low-osmolarity ORS, zinc tablets) and COC pills (with brand names of Flexi P and Familia) and will follow up on their availability in the ADDOs to avoid frequent stock-outs.

Table 2. Number of CHMT Members Trained as District TOTs per District of the Four Regions

Region	District	Total Trained TOTs	Total Female TOTs Trained	Total Male TOTs Trained
	Regional level	3	1	2
	Singida municipal	3	1	2
	Singida rural	3	1	2
	Manyoni	3	1	2
	Iramba	5	3	2
Singida	**Subtotal**	**17**	**7**	**10**
	Regional level	0	0	0
	Mbeya city	3	2	1
	Mbeya rural	3	1	2
	Mbarali	7	5	2
	Chunya	3	2	1
	Rungwe	3	2	1
	Ileje	3	2	1
	Kyela	3	2	1
	Mbozi	3	2	1
Mbeya	**Subtotal**	**28**	**18**	**10**
	Regional level	3	1	2
	Lindi urban	3	1	2
	Lindi rural	3	1	2
	Ruangwa	3	1	2
	Liwale	3	1	2
	Nachingwea	3	3	0
	Kilwa	4	2	2
Lindi	**Subtotal**	**22**	**10**	**12**
	Regional level	3	3	0
	Mafia	3	2	1
	Kisarawe	6	5	1
	Rufiji	3	2	1
	Mkuranga	3	3	0
	Kibaha urban	3	1	2
	Kibaha rural	3	2	1
Coast	**Subtotal**	**24**	**18**	**6**
Grand total for four regions		**91**	**53**	**38**

Table 3. Number of Districts That Have Conducted District TOT for IMCI and Family Planning in ADDOs

Region	Number of Districts Involved in Training of District TOTs
Mbeya	8
Singida	4
Lindi	6
Coast	6
Total	**24**

Ninety-one district health officials in 24 of 37districts (64 percent) in the ADDO expansion phase have been trained on use of zinc and low-osmolarity ORS in children with diarrhea and use of COCs for family planning.


Training of District TOTs of districts of Singida region, Iramba Center, August 10–12, 2009

Table 4. Summary of Personnel Trained on Use of Zinc and COCs under the Collaboration of the Four Partners, by Region

Region	R/CHMT + Cascade Supervisors	Dispensers	Private Pharmacists
Ruvuma	25	211	0
Morogoro	26	395	0
Mtwara	28	151	0
Rukwa	10	305	0
Singida	17	260	0
Lindi	22	160	0
Coast	24	383	0
Mbeya	28	888	34
Dar es Salaam	0	0	90
Arusha	0	0	34
Tanga	0	0	28
Mwanza	0	0	33
Total	**180**	**2,753**	**219**

Table 4 shows that 180 health workers with supervisory roles (in both public and private facilities, mainly the ADDOs) have been trained in 47 districts of the eight regions and 2,753 dispensers (some of the dispensers received the training through the ADDO dispenser basic trainings and some through the refresher trainings). The private pharmacists are providing services in private pharmacies that act as both retail drug outlets and wholesalers for the smaller drug outlets such as the ADDOs. Already, verbal reports coming from POUZN, T-MARC, and PSI indicate a rise in the sales of reproductive health products and zinc. This increase is more significant in Mbeya region, possibly because only in this region have all three groups been covered (CHMTs as supervisors, ADDO dispensers, and private pharmacists as service providers).

The large number of trained personnel in both the public and private sectors has potential for increasing use of COCs for family planning and zinc for children with diarrhea.

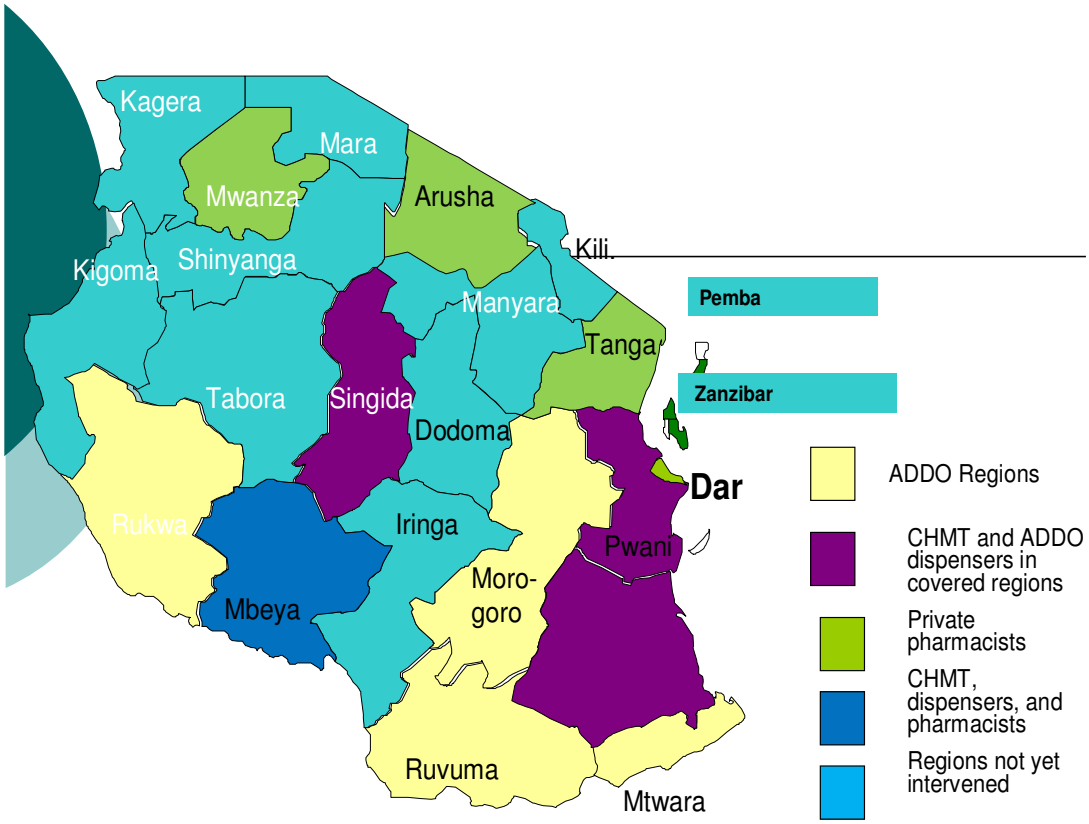

Figure 1. Geographical coverage of training on use of zinc and COCs of District TOTs, ADDO dispensers, and private pharmacists in Tanzania

AVAILABILITY OF FAMILY PLANNING PRODUCTS, ORS, AND ZINC IN DLDBS IN FOUR DISTRICTS

Before the training, the facilitators visited the DLDBs to assess the availability of reproductive health products and medicines for sick children, using a structured form that indicated products allowed to be stocked and sold in DLDBs. The products being assessed were male condoms with brand names Dume (T-MARC) and Salama and Familia (PSI) and female condoms with brand names Lady Pepeta (T-MARC) and Care (PSI). The assessed medicines for sick children were low-osmolarity ORS and zinc tablets. Other essential medicines for sick children, such as co-trimoxazole and artemesinin-based combination therapies, and the COCs for family planning, Flexi-P and Familia, were not assessed because they cannot be stocked and sold in DLDBs.

The availability of low-osmolarity ORS in both the public and private facilities is impressively good; however, zinc is a rare commodity in both systems. This situation of high availability of ORS in facilities (in both DLDBs and health facilities) creates high hopes of increasing zinc availability coverage to the same level in DLDBs. This outcome is very likely because during the training of ADDO dispensers, trainers emphasized that zinc should be provided together with ORS to children with diarrhea. Moreover, the number of ADDO dispensers trained is large (2,767).

For district TOTs, the point was made that during supervision the supervisors should assess the availability of ORS and zinc and encourage both owners and dispensers to stock adequate supplies of both items to avoid stock-outs. The number of district TOTs/supervisors (180) is big enough to make it happen.

Except for Mbeya region, the scarcity of condoms of all brands for both males and females in the three remaining regions was surprising. Neither the T-MARC nor the PSI branded products are being stocked in adequate quantities and sold in DLDBs in the three regions.

Table 5. Availability of Zinc, ORS, and Condoms in DLDBs of the Four Districts as of August 2009

		Medicines for Children with Diarrhea		Family Planning Products (Condoms)			
				Male Condoms		Female Condoms	
Region	District	Zinc	Low-Osmolarity ORS	Dume (T-MARC)	Salama/Familia (PSI)	Lady Pepeta (T-MARC)	CARE (PSI)
Singida	Iramba (n = 8)	25%	100%	12.5%	50%	12.5%	0%
Mbeya	Mbeya (n = 14)	93%	71%	93%	93%	79%	36%
Lindi	Kilwa (n = 17)	29%	53%	24%	29%	1%	0%
Coast	Kisarawe (n = 8)	50%	50%	25%	100%	12.5%	0%

Availability of Medicines in Public Health Facilities in Districts of Iramba/Singida, Kilwa/Lindi, and Kisarawe/Coast Regions

Zinc is available in public health facilities of the Kilwa and Kisarawe districts of Lindi and Coast regions, respectively, but the situation is different in Iramba district of Singida region, where zinc tablets are not available in its public health facilities. In Iramba district, the issue is not only the nonavailability of zinc but also the lack of awareness among health workers of the importance of zinc to children sick with diarrhea. Unlike in Iramba, in Kilwa and Kisarawe awareness among health workers is relatively high.

Table 6. Availability of Zinc and ORS in Public Health Facilities in Three Districts as of August 2009

District/Region	Number of Public Health Facilities Visited	Percent with Zinc	Percent with Low-Osmolarity ORS
Kisarawe/Coast	4	75%	50%
Iramba/Singida	4	0%	100%
Kilwa/Lindi	7	86%	71%

In Iramba, the nonavailability of zinc in public health facilities and the limited awareness among health workers of the importance of zinc mean that sick children with diarrhea are more likely to go without zinc. Even when the DLDBs stock and sell zinc, as is the case in the Iramba district, without the clinicians prescribing it, the spread of use of zinc in communities does not happen fast enough. Prescribing practices of clinicians influence the population's use of medicines, especially during these initial phases of introducing use of zinc in children with diarrhea.

RECOMMENDATIONS

1. Given the limited awareness among health workers of the importance of giving zinc to sick children with diarrhea and using COCs among women of reproductive age, partners T-MARC, POUZN, PSI, and MSH should continue to collaboratively support the training of selected CHMT members and district TOTs in seven more regions, starting with those that have high under-five mortality rates (Kigoma, Tanga, Iringa, Dodoma, Shinyanga, Tabora, and Mara).

2. The community demand for COCs for family planning and zinc for children with diarrhea is low; awareness of the importance of use of reproductive and child health products needs to be raised. TFDA, the Pharmacy Council, and partners T-MARC, POUZN, PSI, and MSH should use the electronic media (radio) to complement the interpersonal and print media channels currently in use to reach a larger proportion of the population with the messages, especially those living in hard-to-reach areas.

3. During training of CHMT members it is being recommended to partners to include health workers from private health facilities (hospitals, health centers, dispensaries and private pharmacies) so that they too promote the use of COCs and Zinc among the population they serve. This could start with private pharmacists and dispensers of the private pharmacies in Morogoro, Dodoma, Shinyanga and Iringa towns.

4. Because the training of CHMT members and dispensers on use of zinc and COCs has taken place in eight regions (Ruvuma, Morogoro, Mtwara, Rukwa, Mbeya, Singida, Lindi, and Coast), it is necessary now to conduct supervision visits to the regions, especially the first four.

5. The District Medical Officers should make plans to orient health workers on use of low-osmolarity ORS together with zinc for children with diarrhea and COCs for family planning in their respective districts. It is unacceptable at this time for clinicians not to prescribe zinc to children with diarrhea and worse to have a health facility not stocking zinc.