Examining the Potential of Accelerating Access to FP Services through Drug Shops (ADDOs) in Tanzania.

Stella N. Mujaya; Christine Lasway, Dr. Sayoki Mfinanga, Dr. Amos Kahwa, Dr. Esther Ngadaya

December 2nd 2011
ICFP, Dakar-Senegal
Background

- One plan operation target calls for increasing CPR to 60% by 2015

- Among priority areas of the NFPCIP
  - Contraceptive security
  - Expanding service delivery outlets

- Drug shops – seen as potential outlet
What are ADDOs (Accredited Drug Dispensing Outlets)?

- ADDO is a program for upgrading retail drug shops through accreditation

- **AIM:** improve access to essential *medicines* and pharmaceutical services to people living in rural, peri-urban areas and other underserved populations in Tanzania mainland.

- Coverage: 14 out of 21 regions of Tanzania (2011)

- A total of 3,484 number of drug shops are currently functioning nationwide
Opportunities for Increasing access to FP through ADDOs

- Current policy: Sell only **OCPs and condoms**

**Can ADDOs do more on FP????**

- **Expand method mix**
  - Cycle beads
  - Dedicated emergency contraceptives
  - Providing injectables (selling or stocking depo vials)

- **Expand services**
  - Information and counseling on all methods
  - Referrals for clinical methods
Rationale (ADDO environment)

- First point of service for care (common than pharmacies)
- Privately owned, less likely have erratic FP supply which affects continuation
- Its increasingly being a source of FP methods
Rationale (Expanding method mix)

- DMPA is the most preferred method by women in Tanzania

- Increasing availability of socially marketed products

![Graph showing trend and projection for DMPA and ECPs](image_url)
Research to inform evidence

• **Goal**
  To determine the feasibility of drug shops as viable outlets for the provision of expanded FP services

• **Specific objectives**
  - To describe knowledge, attitude and practices of ADDO dispensers pertaining to FP provision
  - To assess the physical setting of ADDOs and the availability of key FP products such as IEC materials and find out if are optimal for the provision of expanded FP services
  - To assess record keeping and logistics management practices in the ADDOs including FP provision
  - To describe the current regulatory environment related to ADDOS provision of FP services
Methodology

- Cross sectional study
- March, 2010
- Two regions

- Structured questionnaire
- Data records review

**166** Dispensers were interviewed

- In depth interviews

**19** Key informants (national & district level) were interviewed
Dispensers capacity, FP training and skills acquired

- Dispensers qualification

- Training

- Injectables
- OCs
- Condoms
- Family Planning
Availability of service protocols and inspection

- 49% dispensers reported having written documents describing policies and procedures for FP in their shops.

- Most ADDOs (93.4%) had been inspected by different regulatory authorities within the past three months.
  - District authority 91.6%
  - Ward authority 39%
  - TFDA 34%
  - Regional authority 16%

- Frequency of inspection reported 2-3 months
FP practice in ADDOs

- Types of methods sold/provided in ADDOs

- 80% of dispensers reported having a process for counseling for methods they are not providing

- 74% reported referring their clients for FP methods they don’t provide to the nearest facility
Current practice in FP provision under ADDOs

- **New users**
  - 5% of dispensers were able to mention all the steps involved in FP counseling and provision of FP to the **new user**, and none of them mentioned the steps in the order they are supposed to occur.
  - Only about 8% of were able to mention at least six of the essential steps

- **Continuing users**
  - None of the dispensers were accurately able to list the steps.
  - Only about 7% of were able to mention at least four of the essential steps
Capacity in expanding ADDOs scope of service

- Commodities and record keeping
  - 89% had registers although only 66% made entries in a daily basis
  - Current available product stock: OCs 86%; Male condom 76%, female condom 18% and injectables 0%

- Physical space

<table>
<thead>
<tr>
<th>Selected aspects</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space ensure privacy for offering different services</td>
<td>54</td>
</tr>
<tr>
<td>Setting to ensure interaction between client &amp; dispenser (furniture arranged)</td>
<td>88</td>
</tr>
<tr>
<td>Source of clean, safe water</td>
<td>72</td>
</tr>
<tr>
<td>Space for processing used instruments and materials (disposal materials)</td>
<td>34</td>
</tr>
<tr>
<td>Easy accessibility &amp; safe storage of equipment, suppliers, free from contamination &amp; danger (storage room)</td>
<td>59</td>
</tr>
</tbody>
</table>
Views on regulations associated with ADDOs

<table>
<thead>
<tr>
<th>Perspective on expanded role of ADDOS by dispensers (n=166)</th>
<th>Perspective on expanded role of ADDOS by key informants (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 96% willing to provide injectables <strong>but</strong> after being trained</td>
<td>✓ All were not in favor of adding new drug or equipment</td>
</tr>
<tr>
<td>✓ Barriers mentioned include drug, supply and availability and workload</td>
<td>✓ 27% “they should only be allowed to sell but not administer injectables”</td>
</tr>
<tr>
<td>✓ 90% of owners willing to provide additional methods</td>
<td>✓ 27% thinks that ADDOs are not well equipped or trained to provide additional services as they are even not competent enough to provide the present ones</td>
</tr>
</tbody>
</table>
What do these findings tell us?

Potential readiness for expansion

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dispensers willingness to expand if trained</td>
<td>• Lack of space, private room for injection &amp; counseling</td>
</tr>
<tr>
<td>• Dispensers strong knowledge on different contraceptive methods</td>
<td>• Most of dispensers not trained on provision of injectables</td>
</tr>
<tr>
<td>• Nurse assistants are also able to counsel and refer</td>
<td>• Differing opinion of KI</td>
</tr>
<tr>
<td>• Most dispensers report referring clients to the nearest facilities</td>
<td>• Lack of human resource as seen most are just nurse attendants</td>
</tr>
</tbody>
</table>
Take home messages

• ADDOs have the capacity to expand method mix they are providing, but the following would need to be considered
  ✓ Formation of alliance (partners) to advocate for change in policy
  ✓ Sensitization to relevant authority is needed
  ✓ Changes to the current infrastructure to favor provision of injectables
  ✓ Changes to the training curriculum to include injectables

• A need of research to examine the effectiveness of this strategy to increase access to and uptake of FP services