



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,  
GENDER, ELDERLY AND CHILDREN



# GUIDELINES FOR COMMUNITY DRUG DISTRIBUTORS

Supply Chain Management of Medicines for Mass Drug  
Administration Campaigns for Neglected Tropical Diseases  
in Tanzania Mainland

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Supported by the Government of Japan, the Access and Delivery Partnership (ADP) is a unique collaboration between UNDP, TDR (the Special Programme for Research and Training in Tropical Diseases, which is co-sponsored by UNICEF, UNDP, the World Bank and WHO) and PATH. Led and coordinated by UNDP, the ADP aims at assisting low- and middle-income countries enhance their capacity to access, deliver and introduce new health technologies for tuberculosis, malaria and neglected tropical diseases.

*Cover photo: NTDCP*

# FOREWORD

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The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), in collaboration with the Access and Delivery Partnership (ADP), for the first time has developed guidelines for community drug distributors (CDDs) for supply chain management of medicines for neglected tropical diseases (NTDs) for use before, during, and after mass drug administration (MDA) in Tanzania Mainland.

The guidelines are intended to help CDDs improve their skills in handling, delivering, and managing these medicines. They will also help prepare the CDDs in proper administration of these medicines.

With the guidelines in place, it is the Ministry's expectation that inventory management, storage practices, and introduction of new health technologies will be improved, and the cost of operations reduced.

PATH, as part of the ADP project in Tanzania, is working with the MoHCDGEC to strengthen supply chain logistics for medicines in Tanzania. Having developed these guidelines, the Neglected Tropical Diseases Control Program is now committed to its successful implementation.

It is my sincere wish that these guidelines will provide guidance to CDDs in improving NTD medicines supply chain management.

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# ROLE OF COMMUNITY DRUG DISTRIBUTORS

Community drug distributors (CDDs) are critical to the success of mass drug administration (MDA) campaigns for neglected tropical diseases (NTDs). The Tanzania National Neglected Tropical Diseases Control Program depends on CDDs to perform important functions during the MDA, including the following:

- Conduct population census.
- Receive MDA campaign medicines and work tools.
- Conduct MDA and record the quantities of medicines used, lost, and damaged.
- Report adverse drug reactions (see the booklet *Guidelines for Community Drug Distributors for Neglected Tropical Diseases* for information on medicines and possible side effects).
- Summarize quantities of medicines received, used, lost and damaged, and remaining in the community register.
- Return MDA registers, dosing poles, and unused medicines to the health facility within 48 hours after the campaign.

**Table 1:** The Key Roles of CDDs in MDA Campaigns.

	BEFORE MDA	DURING MDA	AFTER MDA
Facility Level	<ul style="list-style-type: none"> <li>• Receive MDA campaign medicines and work tools.</li> </ul>		<ul style="list-style-type: none"> <li>• Return MDA registers, dosing poles, and unused medicines within 48 hours after the campaign.</li> </ul>
Community Level	<ul style="list-style-type: none"> <li>• Conduct population census.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct MDA and record quantities of medicines.</li> <li>• Report adverse drug reactions.</li> </ul>	<ul style="list-style-type: none"> <li>• Summarize quantities of medicines.</li> </ul>

# ACTIVITIES THAT TAKE PLACE BEFORE AN MDA CAMPAIGN

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Community drug distributors (CDDs) play an important role in mass drug administration (MDA) campaigns. The key activities before an MDA campaign include the following:

- Receive training on MDA procedures, including the booklet *Guidelines for Community Drug Distributors for Neglected Tropical Diseases* and information on how to conduct a census in your community.
- Conduct the census and report the census results to your trainer.
- Receive medicines, a register, and a dosing pole at the health facility.
  - » The quantity of medicines you receive will depend on the census. The health facility in-charge will ask you to sign your name in the health facility stores ledger against the quantities received.
- Record the quantities of medicines received in section 4.1 on the front (summary) page of the community register. An example is shown in Figure 1.
  - » Tablets are counted as follows: Count the number of unopened tins and multiply by the number of tablets written on the tin. Do not open the tins. For example, five tins each containing 100 tablets = 500 tablets.
  - » Bottles of Zithromax powder for oral suspension are counted individually. Count each bottle as one (1). Do not accept or count opened or partially used bottles.
- Supply the following as requested: dispensing bags or envelopes, dispensing spoons, and a clean, dry, and unused plastic bag to carry the medicines in.
- Keep all the medicines in a safe, dry place away from children.

**Figure 1:** Example of the summary section for received medicines in the community register.

	Year 1	Year 2	Year 3	Year 4
<b>4.1 Dawa zilizopokelewa</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>4.1.1: Albendazole</b> (Andika Idadi ya vidonge)	220	330		
<b>4.1.2: Mectizan</b> (Andika Idadi ya vidonge)	500	650		
<b>4.1.3: Zithromax</b> (Andika Idadi ya vidonge)	500	720		
<b>4.1.4: Zithromax Dawa Maji</b> (Andika Idadi ya chupa)	9	15		

# ACTIVITIES THAT TAKE PLACE DURING AN MDA CAMPAIGN

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Key activities during an MDA campaign include the following:

- When opening a tin of tablets, check if they are crushed, discolored, or damaged in any way, or if the Zithromax suspension has solidified. If so, return the damaged medicines to the health facility in-charge and request replacement of those medicines.
- When dispensing tablets to each person, use a dispensing spoon to take the pills from the tin.
- DO NOT mix tablets from one tin with another. Keep remaining tablets in their original tin.
- If you run out of medicines during the campaign, check with an available supervisor or return to the health facility and request additional medicines from the in-charge.
- During the campaign, record in the register the number of medicines given to each person. An example is shown in Figure 2..
- If a person reacts adversely during the campaign to any medicine you have given them, follow the instructions provided in *Guidelines for Community Drug Distributors for Neglected Tropical Diseases*.



Photo: PATH/Doune Porter



**Figure 2:** Example of a record page in the community register.

	Jina (Ukianza na jina la mkuu wa kaya)	Umri	Jinsi (Ke/Me)	(Mwaka wa 1):									
				Albendazole			Mectizan			Zithromax			
				Tarehe	Vidonge	Maelezo(1)	Tarehe	Vidonge	Maelezo(1)	Tarehe	Vidonge	Dawa Maji (ml)	Maelezo(1)
1	Lameck John	47	Me	5/8	1		5/8	4		19/8	4		
2	Mary Lucas	30	Ke	5/8	1		5/8	3		19/8	4		
3	Irene John	10	Ke	5/8	1		5/8	2		19/8	3		
4	Peter John	2	Me	5/8	0	C	5/8	0		19/8	0	8	C
Etc.													
Jumla ya waliopewa dawa						Ke/Me			Ke/Me				Ke/Me
Jumla ya wasiokunywa dawa						Ke/Me			Ke/Me				Ke/Me
Jumla ya dawa zilizotumika													

# ACTIVITIES THAT TAKE PLACE AFTER AN MDA CAMPAIGN

Key activities after an MDA campaign include the following:

Complete the register as follows:

- First, at the bottom of each page, summarize the total medicines used (Jumla ya dawa zilizotumika).

**Figure 3:** Example of a record page in the community register.

	Jina (Ukianza na jina la mkuu wa kaya)	Umri	Jinsi (Ke/Me)	(Mwaka wa 1):									
				Albendazole			Mectizan			Zithromax			
				Tarehe	Vidonge	Maelezo(1)	Tarehe	Vidonge	Maelezo(1)	Tarehe	Vidonge	Dawa Maji (ml)	Maelezo(1)
1	Lameck John	47	Me	5/8	1		5/8	4		19/8	4		
2	Mary Lucas	30	Ke	5/8	1		5/8	3		19/8	4		
3	Irene John	10	Ke	5/8	1		5/8	2		19/8	3		
4	Peter John	2	Me	5/8	0	C	5/8	0		19/8	0	8	C
Etc.													
Jumla ya waliopewa dawa						Ke/Me 2			Ke/Me				Ke/Me
Jumla ya wasiokunywa dawa						Ke/Me 1			Ke/Me				Ke/Me
Jumla ya dawa zilizotumika					3			9			11	8	

- Second, add the total medicines used (Jumla ya dawa zilizotumika) for each page and enter the new total for each medicine in section 4.2 of the front page (Jedwali la 4: Muhtasari wa dawa).

**Figure 4:** Example of the summary section for used medicines in the community register.

	Year 1	Year 2	Year 3	Year 4
<b>4.2 Dawa zilizopokelewa</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>4.2.1: Albendazole</b> (Andika Idadi ya vidonge)	160	210		
<b>4.2.2: Mectizan</b> (Andika Idadi ya vidonge)	432	572		
<b>4.2.3: Zithromax</b> (Andika Idadi ya vidonge)	480	630		
<b>4.2.4: Zithromax Dawa Maji</b> (Andika Idadi ya chupa)	8	10		

- Third, account for medicines that were “unusable” or “lost” (Jumla ya Dawa Zilizoharibika au Kupotea) by entering the total on the front page under section 4.3.

**Figure 5:** Example of the summary section for damaged or lost medicines in the community register.

	Year 1	Year 2	Year 3	Year 4
<b>4.3 Dawa zilizopokelewa au kupotea</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>4.3.1: Albendazole</b> (Andika Idadi ya vidonge)	10	10		
<b>4.3.2: Mectizan</b> (Andika Idadi ya vidonge)	42	15		
<b>4.3.3: Zithromax</b> (Andika Idadi ya vidonge)	13	15		
<b>4.3.4: Zithromax Dawa Maji</b> (Andika Idadi ya chupa)	0	2		

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- Fourth, count the remaining medicines that are usable and in good condition (“returned medicines”) and enter the total on the front page under section 4.4. An example is shown below. Count the tablets as follows:
    - » For **unopened tins**, count the number of unopened tins and multiply by the number of tablets written on the tin. Do not open the tins.
    - » For the **opened tins**, estimate the number of tablets remaining to the nearest quarter of a tin. For example, an opened tin of 500 tablets will be counted as follows: One quarter of a tin = 125 tablets, one half of a tin = 250 tablets, three-quarters of a tin = 375 tablets. DO NOT physically count the tablets.
    - » Add the number of tablets in the **unopened tins** to the number of tablets remaining in the **opened tins**.
    - » Bottles of Zithromax suspension are counted individually as one bottle. Do not record opened or partially used bottles.

Within 48 hours after the campaign, return all remaining medicines to the health facility in-charge, together with the register, dosing pole, and empty tins and bottles. The health facility in-charge will check the amount of medicines you return against the quantities recorded in the register.

**Figure 6:** Example of the summary section for returned medicines in the community register.

	Year 1	Year 2	Year 3	Year 4
<b>4.4 Dawa zilizopokelewa na kurejeshwa kituoni</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>4.4.1: Albendazole</b> (Andika Idadi ya vidonge)	50	110		
<b>4.4.2: Mectizan</b> (Andika Idadi ya vidonge)	26	63		
<b>4.4.3: Zithromax</b> (Andika Idadi ya vidonge)	7	75		
<b>4.4.4: Zithromax Dawa Maji</b> (Andika Idadi ya chupa)	1	3		





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