



**MANAGEMENT SCIENCES for HEALTH**

*RPM Plus | Rational Pharmaceutical Management Plus*

## **Community Drug Management Assessment Tool for Malaria and Other Childhood Illnesses**

**A Tool to Assess Availability and Use of  
Pharmaceuticals at the Community level**

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The Community Drug Management Assessment Tool (CDMAT<sup>1</sup>) can be used to assess availability and use of medicines at the community level. These findings, in turn, can be used to guide interventions to improve pharmaceutical management of childhood illness and adult malaria at the community level.

The assessment tool was developed by the Rational Pharmaceutical Management (RPM) Plus Program of Management Sciences for Health in partnership with the Academy for Educational Development (AED) and the Drug Policy Research Group (DPRG) of the Department of Ambulatory Care and Prevention, a department of Harvard Medical School and Harvard Pilgrim Care.

### **The Issues**

The availability, appropriate management, and rational use of medicines are critical to the successful implementation of the Integrated Management of Childhood Illness (IMCI) strategy and malaria control programs. Further, child survival and malaria programs recognize that mortality is reduced when patients are identified and treated early and appropriately in the community; in this context, the community includes households as well as providers of medicines. As most patients are not treated in health facilities, but rather in the home or by private providers of medicines, efforts to improve pharmaceutical management must focus on ensuring that appropriate treatment is available near the home and that families seek, obtain, and correctly use essential medicines, whether from public or private sources.

The following framework, on which the CDMAT is based, is used to define appropriate pharmaceutical management of childhood illnesses and adult malaria in the community. Appropriate management of pharmaceuticals in the community requires—

- A timely decision by the caregiver or patient to seek treatment, based on the recognition of signs or symptoms
- Availability and accessibility of appropriate medicines
- Acquisition of the right medicines in the appropriate formulations and amounts
- Use of the medicines according to an appropriate regimen (dose, frequency, duration)
- Timely and appropriate follow-up, particularly if treatment failure occurs, and timely referral to the right source for appropriate additional care

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<sup>1</sup> When the tool is applied to child health, it is frequently called the C-DMCI (Community-level Drug Management for Childhood Illness), to align with other abbreviations such as RPM Plus's Drug Management for Childhood Illness (DMCI) and WHO/UNICEF's C-IMCI.

## Assessing the Issues

The CDMAT provides an indicator-based approach to identifying the strengths and weaknesses of the management of pharmaceuticals in the community, as well as a systematic method for monitoring the impact of interventions. Two main data collection instruments are used: an instrument for assessing the products and services of medicine sellers and health providers; and an instrument for assessing the practices of household caregivers and patients. Both instruments collect information on the management and use of pharmaceuticals in the treatment of adult malaria, acute respiratory infection, and diarrhea, as well as malaria in children under five. The medicine seller/health provider instrument focuses on the availability of medicines, provider knowledge, selling or prescribing practices, and dispensing. The assessment evaluates providers in the private sector as well as those in the public sector. The household instrument targets the behaviors of patients or caregivers in aspects of care seeking, medicine choice, source of medicine acquisition, and use.

The *Community Drug Management Assessment Tool Manual* contains the questionnaires, indicators, and instructions needed to conduct the assessment, including sections on adapting the instrument to local conditions, preparation for the study, training, sampling, data collection issues, data analysis, and reporting of results. By later in 2005, an accompanying *Guide to Interventions* will be completed. This document will guide decision makers as they explore the problems identified and develop and implement interventions to improve management of pharmaceuticals for malaria and other childhood illnesses at the community level.

## Use of the CDMAT

The CDMAT is designed to assist district health managers, program planners, and regional or national policy makers in identifying problems as well as possible ways to improve medicine availability and use practices in the household and by providers in the community for priority health conditions. District teams conducting a survey may require external resources, such as technical assistance, human resources, and funding. The survey instruments are intended to be administered by local community workers such as schoolteachers, nongovernmental organization (NGO) staff, or other non-health workers to minimize response bias by household and informal sector respondents.

Data can be analyzed by district health teams, national program staff, or NGO staff. Instructions for manual calculation of the indicators are currently available, and an analysis software package has been developed in Microsoft Access. The indicators generated by the assessment can be used to identify the strengths and weaknesses of community drug management and to guide development of appropriate interventions as well as to monitor the impact of interventions.

## Role of RPM Plus in Community Drug Management Assessments

A community assessment of pharmaceutical management focusing on childhood illnesses (C-DMCI) was conducted in Senegal in 2002, and as a result specific interventions were developed in the public and private sectors. A malaria assessment was conducted on the western border of Cambodia in 2002, and a follow-up qualitative exploration was carried out in September 2004. RPM Plus provided technical assistance for a C-DMCI assessment in Peru in 2003 and an ongoing C-DMCI in Cambodia, as well as malaria-specific community assessments in Zambia in 2003 and in Thailand in 2004.

The assessment tool is also available in French and Spanish.

For further information, please contact—

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