

## **ADS PEER SUPPORT SUPERVISORS' GUIDE**

### **Notes to the supervisor**

This guide is not an inspection form but is to help the peer supervisor hold comprehensive discussions with the seller on issues that affect quality of medicines and service delivery at the ADS shop. The process should be very friendly, supportive, and non-judgmental. Care should be taken to avoid creating an impression of inspection. The discussion should be held in such a way that other people may not overhear unless it is with agreement from the seller.

Based on the discussions the peer supervisor and the ADS seller are to reach consensus regarding the importance of any issues that arise and what it takes to have the issues resolved. It is to be noted that some issues may require big investments and as such may require an opinion from the ADS owner. In such cases the recommendation will be for the seller to discuss with the owner and explore ways of resolving the issue.

This is seller-driven support supervision and as such the peer supervisor should endeavour to explain the importance of each issue regarding ADS services and quality of medicines. The seller should be encouraged to make suggestions on how improvement can be done. Recommendation should indicate the individual steps necessary to resolving an issue.

All agreed recommendation for action should be documented in the supervision book and a copy given to the ADS seller. Both the seller and the supervisor should sign on the consensus form, which should be dated as well.

### **Supervision materials**

1. Counter book
2. Ball pen
3. Ruler
4. Discussion guide
5. Watch or equivalent
6. List of sellers
7. List of drug shops and their locations

### **Conduct of the supervision**

The supervision should proceed as follows:

Step 1: Supervisor notes time of arrival at the drug shop and time discussion starts and on a fresh page of the counter book provided for the purpose.

Step 2: Self-introductions beginning with supervisor and followed by seller (this step can be skipped if the two are already known to each other).

Step 3: Supervisor writes names of seller next to time of arrival.

Step 4: Supervisor checks whether the seller is ADS trained by checking the name on the list of sellers and asking to see the ADS seller's training certificate. Supervisor records in his counter book, and if seller is not ADS trained supervisor leaves the premises.

Step 5: Supervisor explains purpose of visit to the seller.

Step 6: Supervisor invites the seller to discuss problems or challenges identified through the self-assessments.

Step 7: Seller leads the discussion of problems or challenges on any of the following topics:

- A Quantification
- B Management of diarrhoea
- C Management of malaria
- D Management of cough with difficulty in breathing
- E Danger signs in children under five years
- F Management of sexually transmitted infections
- G Management of upper respiratory tract infections in adults
- H Management of skin infections
- I How to offer family planning services
- J Referrals
- K Patient counselling on appropriate use of medicines
- L Customer complaints
- M Other issues or challenges

Step 8: Supervisor notes any problems and the agreed solution or intervention, including timeframe, in the counter book.

Step 9: Supervisor then summarises the following information in the counter book based on the reporting indicators:

Indicator 1: Accurate quantification: Has the seller accurately determined the quantity of medicines to buy? Y/N

Indicator 2: Danger signs: Does the seller know the four danger signs? Y/N

Indicator 3: Referral: In the last two weeks has there been at least one referral? Y/N

Indicator 4: Management of malaria: Number of cases in under-fives in the last 30 days (N) for each ADS:

4a: How many receive ACT?

4b: How many were tested with RDT?

4c: How many received correct dose of ACT? (refer to medicine leaflet or training manual for dose)

Indicator 5: Management of non-bloody diarrhoea: Non-bloody diarrhoea in under-five-year-olds (N) for each ADS in the last 30 days (N)

5a: How many got ORS and zinc?

5b: How many got the right dose of zinc? (below six months, 10 mg daily for 10 days; above six months, 20 mg daily for 10 days)

5c: How many got the right amount of ORS? (two sachets)

5d: How many were given an antibiotic?

Indicator 6: Management of cough: Number of cases in under-fives in the last 30 days (N) with cough with no difficulty in breathing and no other problems:

6a: How many received an antibiotic?

Indicator 7: Addressing issues: Has the seller/owner addressed at least 60% of the issues identified in the previous supervision visit? Y/N

Indicator 8: Self-assessment: Has there been at least one self-assessment in the last three months? Y/N

Indicator 9: Dispensing envelopes: Are there dispensing envelopes? Y/N

Step 10: Supervisor thanks the seller and leaves the premises.

Step 11: Supervisor aggregates the indicators from the different drugs and prepares the report for submission.

Step 12: Supervisor submits report to ADS Association Secretary.