

# SUPPORT SUPERVISION FOR ACCRDITED DRUG SHOPS

The Pharmaceutical Society of Uganda  
(PSU)

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AND

Sustainable Drug Seller Initiatives (SDSI)

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*Training Manual for Peer Supervisors*

## **Acknowledgements**

This peer supportive supervision training manual was developed by the Pharmaceutical Society of Uganda in partnership with Sustainable Drug Seller Initiatives (SDSI) project of Management Sciences for Health (MSH).

Special thanks go to the project team members, who all contributed to the development of this manual:

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## ACRONYMS AND ABBREVIATIONS

ADS	Accredited Drug Seller/Shop
ANC	Antenatal care
CPHL	Central Public Health Laboratory
ICCM	Integrated Community Case Management
MOH	Ministry of Health
MSH	Management Sciences for Health
NDA	National Drug Authority
NMS	National Medical Store
ORS	oral rehydration solution
PSU	Pharmaceutical Society of Uganda
RRH	Regional Referral Hospital
SDSI	Sustainable Drug Seller Initiatives
UVRI	Uganda Virus Institute
VHT	Village Health Team
WHO	World Health Organization

## INTRODUCTION

The Pharmaceutical Society of Uganda (PSU), a body corporate formed by an Act of Parliament, is responsible for ensuring the highest practicable standards of pharmacy practice in Uganda. The mandate of the society encompasses all pharmacy services, with particular emphasis on product quality and interactions between patient/general public and the health system on pharmacy matters. Such interactions include supply of drugs to patients, medication therapy management, constructive engagement of the public on medication issues, supervision of drug supply systems, and patient medication counselling. PSU provides supportive supervision to community pharmacies, pharmacy training schools, and internship sites as well as pharmaceutical manufacturing sites.

The Sustainable Drug Seller Initiative (SDSIs), through accreditation of selected drug shops, comprehensive supportive supervision, and training, provides a relevant platform for delivery of quality assured pharmacy services at a wider geographical coverage. Realising the synchrony between the initiative and its own mandate, PSU will work with the SDSI to promote quality pharmacy services by applying a re-engineered supportive supervision model.

This engagement follows on the situational analysis carried out by PSU that investigated the shortcomings associated with the supportive supervision model implemented in Kibaale district. The major shortcomings with the Kibaale model were inadequate involvement of the Accredited Drug Shop/Seller (ADS) in the supervision process, inadequate separation of supervision from regulatory inspection, and irregular and inconsistent supervision. The new peer supervision model is designed to address these deficiencies. The model not only emphasises self-assessment but also has an interpretive element where the community will act as verifiers of the quality of services provided by the ADS. This will help in assessing how the scientific improvements in standards of practice will translate into actual improvements in quality of services.

The peer supportive supervision model will initially be tested and consolidated in Mityana district from June 2014 to April 2014.

### **Purpose of the Manual**

The manual is intended to guide peer supervisor trainers during design, development, delivery, and evaluation of the supportive supervision training programme.

### **Key Competencies for Peer Support Supervisors**

- Knowledge of the regulations governing operations of the AD Shops
- Understanding of how medicines are managed at the drug shop level
- Ability to create a warm and friendly relationship with the ADS Seller
- Ability to communicate clearly
- Ability to summarise findings

## Scope of Training

While the importance of technical knowledge to supportive supervision is recognised, this manual concentrates on the soft skills for supportive supervision which are vital to fostering a friendly and collaborative relationship between the peer supervisor and the ADS seller. The cordial relationship will then lead to analysis of issues and problems, setting of targets, and identification of ways to achieve the targets with a plan of action.

## Training Objective

The general objective of the peer supervisors training is to empower the peer supervisors with knowledge, skills, and attitudes required for effective supportive supervision. The expected outcomes of the training are:

Peer supervisors will be able to use the new knowledge, skills, and attitudes to motivate and support ADS sellers to:

1. Conduct monthly self-assessments
2. Identify areas of weakness or opportunities for improvement
3. Freely discuss their challenges with the peer supervisors
4. Implement mutually agreed action points
5. Improve quality of medicine use in the ADS

## Course Outline

Session	Time	Facilitator
Introductions, welcome remarks	30 minutes	ADS Association Secretary
ADS association roles, activities	30 minutes	ADS Association Chairperson
Course objectives and PSU involvement	30 minutes	Emmanuel H
<ul style="list-style-type: none"><li>• Introduction</li></ul>	60 minutes	Emmanuel H
<ul style="list-style-type: none"><li>• Ethics and code of conduct</li><li>• Scenarios and simulations</li></ul>	60 minutes	John O
	30 minutes	Rogers K
<ul style="list-style-type: none"><li>• Priority setting, monitoring and evaluation</li><li>• Scenarios and examples</li></ul>	60 minutes	Viv M
	60 minutes	John M
<ul style="list-style-type: none"><li>• Adult learning</li></ul>	30 minutes	Emmanuel H
1. Peer supervision in practice theory 2. Simulations and role plays	90 minutes	Emmanuel H
	60 minutes	John M

<b>Session</b>	<b>Time</b>	<b>Facilitator</b>
1. Review of tools	120 minutes	Vivienne M
<ul style="list-style-type: none"> <li>• Leadership, communication, and teamwork</li> <li>• Scenarios, role plays, and simulations</li> </ul>	90 minutes	Marionne M
	60 minutes	Brian S
<ul style="list-style-type: none"> <li>• Peer supervision hands-on</li> <li>• Visit to accredited drug shops</li> </ul>	6 hours	All members
Feedback on hands-on exercise	3 hours	Emmanuel H
Wrap-up and post-test	45 minutes	ADS Association Secretary
Mentored supervision		PSU Technical team

### **Pre-Test**

The pre-test will be provided to determine the baseline level of understanding of selected peer supervisors regarding the knowledge, skills, and attitudes required for effectively carrying out supportive supervision.



## TOPIC 1: INTRODUCTION TO SUPPORTIVE SUPERVISION

### Importance and Purpose of the Section

Supervision is an important element in improving quality of service. Supportive supervision and inspection are closely related but different functions. Traditional supervision is normally related to fault finding and punishing those who do not comply with standards or expectations. It is therefore important that peer supervisors understand the differences in order to avoid misuse, duplication of effort, and confusion.

### Learning Objectives

To help peer supervisors understand:

- The meaning of supportive supervision
- The difference between peer supportive supervision and inspection
- The rationale (reason for) / importance of peer supportive supervision for accredited drug sellers

At the beginning of the session, the trainer will ask the learners to define the following:

- Supervision
- Supportive supervision
- Inspection
- Difference between supportive supervision and inspection

### Definitions of Terms and Concepts

#### ***Supervision***

Supervision is defined in the dictionary as “to watch over so as to maintain order, directing or overseeing a performance to ensure that tasks are carried out correctly without mistakes”; similar words or phrases include watch over, oversee, direct.

Supervision has also been defined as a conversation between an individual or group of individuals designated as supervisor{s} and the supervisee.

It involves mutual respect, thoughtfulness, empowerment, use of open questions, and being non-judgmental.

The focus of supervision is on performance and the supervisee while at the same helping the supervisee to improve in knowledge, skills, and attitudes.

Supervision is a circular process involving two-way verbal and non-verbal communication between the ADS seller and the peer supervisor.

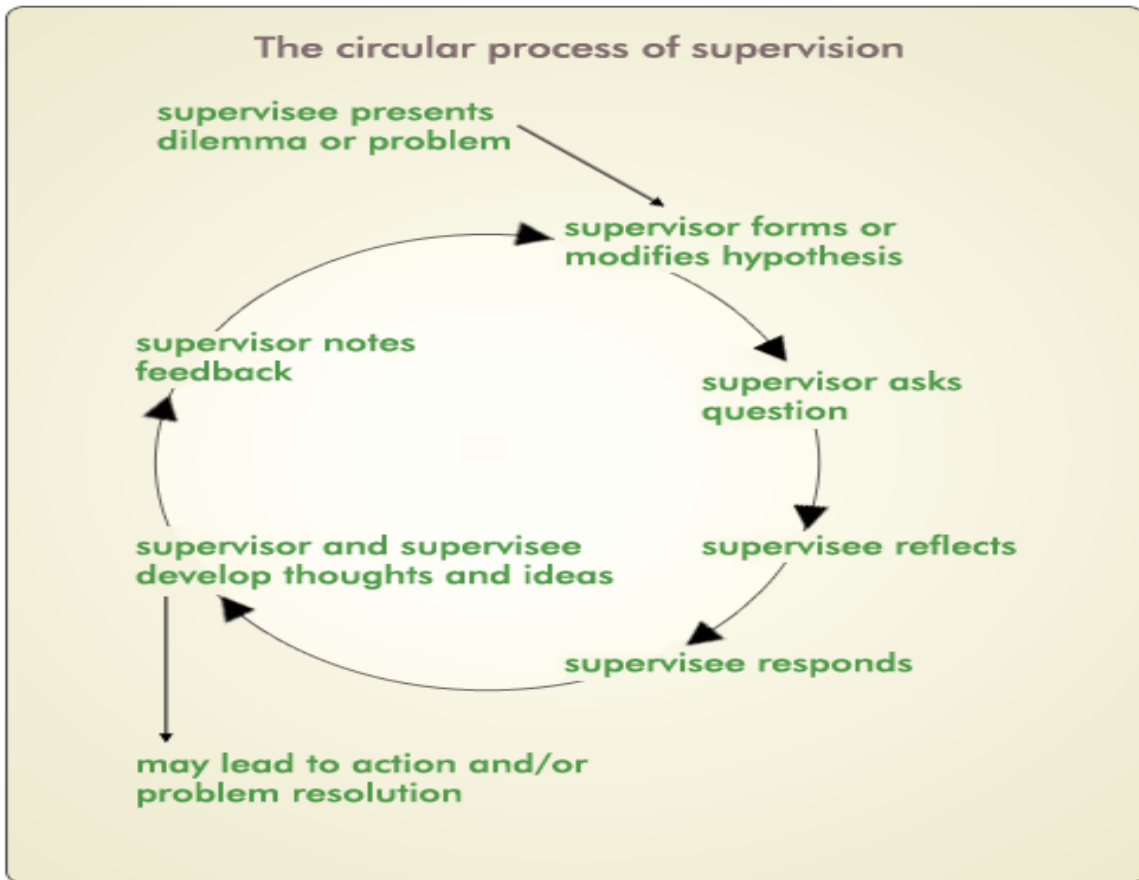


Figure 1. The circular process of supervision (London Deanery, 2012).

## ***Types of Supervision***

### ***Clinical Supervision (One-to-One Professional Encounter)***

This is an exchange between supervisee and supervisor to enable the development of skills related to a particular service or activity. In this case, the supervisee is the ADS seller and the peer supervisor is the supervisor. The service or activity in this case includes stocking of medicines, dispensing of medicines, referring of patients, resolving of issues, and treating of patients. In clinical supervision, the supervisee has a better understanding of the service or task either through experience or training.

Clinical supervision takes place during working hours while the supervisee is performing the job. It involves being available, looking over the shoulder of the trainee, teaching on the job, regular feedback, and the provision of a rapid response to issues as they arise. The aims of clinical supervision are to identify solutions to problems; increase understanding of professional issues; improve standards of service; develop skills and knowledge; and enhance the supervisee's understanding of their practice

An example is a when supervisor observes the supervisee doing self-assessment and identifies gaps in knowledge and skills, and then develops a plan to help the supervisee overcome the problem and do the current and task better, as well as improving future performance

### *Educational Supervision*

This involves provision of guidance and feedback on personal, professional, and educational development during hands-on experience by the supervisee. This type of supervision takes place during working hours and also outside the routine. In this type of supervision, the supervisee is given the required knowledge and skills while at the same time being taught how to acquire more knowledge and skills on their own. This type is commonly used for internship training for students.

### *Mentoring*

Just like clinical supervision, mentoring involves guidance and support offered by a more experienced colleague to a supervisee. Co-mentoring is where colleagues meet to offer mutual support and help to each other. It is an important professional development tool.

Mentoring can be provided by someone from within the organisation or by an external person. This person may be engaged in the relevant field of practice or involved in a separate field. During mentoring, the supervisor advises and guides the supervisee while at the same time helping the supervisee to get a better understanding of the challenges and opportunities. Mentoring takes place when the supervisee is not performing the task, although demonstrations can be undertaken.

An example is a situation where an ADS seller always does self-assessments in a rush and makes mistakes. As a response, the supervisor appreciates the openness of the seller and jointly develops a plan to overcome the problem.

### *Coaching*

This is a form of supervision aimed at helping the supervisee understand what they are capable of doing and how they can do it effectively.

Coaching is a method of improving individual or team performance through direction and instruction in order to learn a particular skill or work towards a set goal. It usually involves an external expert or coach who is bought in to work on a particular issue. This can be achieved through workshops, seminars, and supervised practice.

### *Supportive Supervision*

Supportive supervision, which integrates all the other types, involves supporting service providers, such as the ADS sellers. Supportive supervision treats the supervisee as a part of a system or team and takes a holistic approach. Thus, supportive supervision considers not only professional factors but also emotional factors that affect performance. Table 1 summarises the purpose and structure of supportive supervision for ADS.

**Table 1. Purpose and Structure of ADS Supportive Supervision**

<b>Who performs it?</b>	<ul style="list-style-type: none"><li>• Selected and peer supervisors</li></ul>
<b>Why is it performed?</b>	<ul style="list-style-type: none"><li>• To motivate and support the ADS sellers to build their knowledge, skills, and confidence</li><li>• To facilitate improvement in quality of ADS services through</li><li>• Defining and setting expectations</li><li>• Identifying and solving problems</li><li>• Facilitate follow-up on recommendations and agreed points of actions</li></ul>
<b>When is it performed?</b>	<ul style="list-style-type: none"><li>• Monthly self-assessment</li><li>• Quarterly peer supervision</li></ul>
<b>Where is it performed?</b>	<ul style="list-style-type: none"><li>• At the ADS</li></ul>

**What should an agreement between supervisor and supervisee contain?**

- Goals for supervision
- Expected outcomes of supervision
- Mutual obligations in the supervision process
- Structure of supervision
- Evaluation processes
- Limits of confidentiality
- Ethical issues
- Content of supervision

***Inspection***

This is a formal or official examination of a product or service for errors or faults, and is done against a set of established standards. The errors or faults may be related to shape, weight, size, volume, speed, accuracy, taste, contents, methods, structure, completeness, colour, length, width, area, number, style, or approach.

With respect to the ADS, an example for inspection is when the inspector of drugs checks for NDA license, size of dispensing area, presence of prescription book, waste disposal bin, shelves, storage conditions, purchase records, fire extinguisher, and uniform for dispersers. The outcome from the inspection is a pass or fail.

***Difference between Supportive Supervision and Inspection***

Supervision involves mentoring others, setting goals, monitoring progress, giving out rewards or reprimands, and being responsible for group performance, whereas inspection involves checking for compliance with standards.

A supervisor is put in place to help a supervisee improve and monitor his or her progress, and so the supervisor may offer advice, teach by example, listen to the challenges that are hindering progress, and advise accordingly. On the other hand, an inspector is required by authority to check and ensure that the supervisee meets specific standards and give or recommend punishment if standards are not met.

Although supervision is expected to be a very participatory process, traditional supervisory visits tend to focus more on inspection and fault finding rather than on problem solving to improve performance. As a result, the supervisee does not receive guidance or mentoring on how to improve performance and is left undirected, with few or no milestones to help assess performance, until the next supervisory/inspection visit. Motivation is hard to maintain in such an atmosphere.

To sum up, inspection and supportive supervision are different in terms of methods, who carries out the exercise, how the exercise is carried out, when the exercise takes place, and what happens after the exercise, as illustrated in Figure 1.

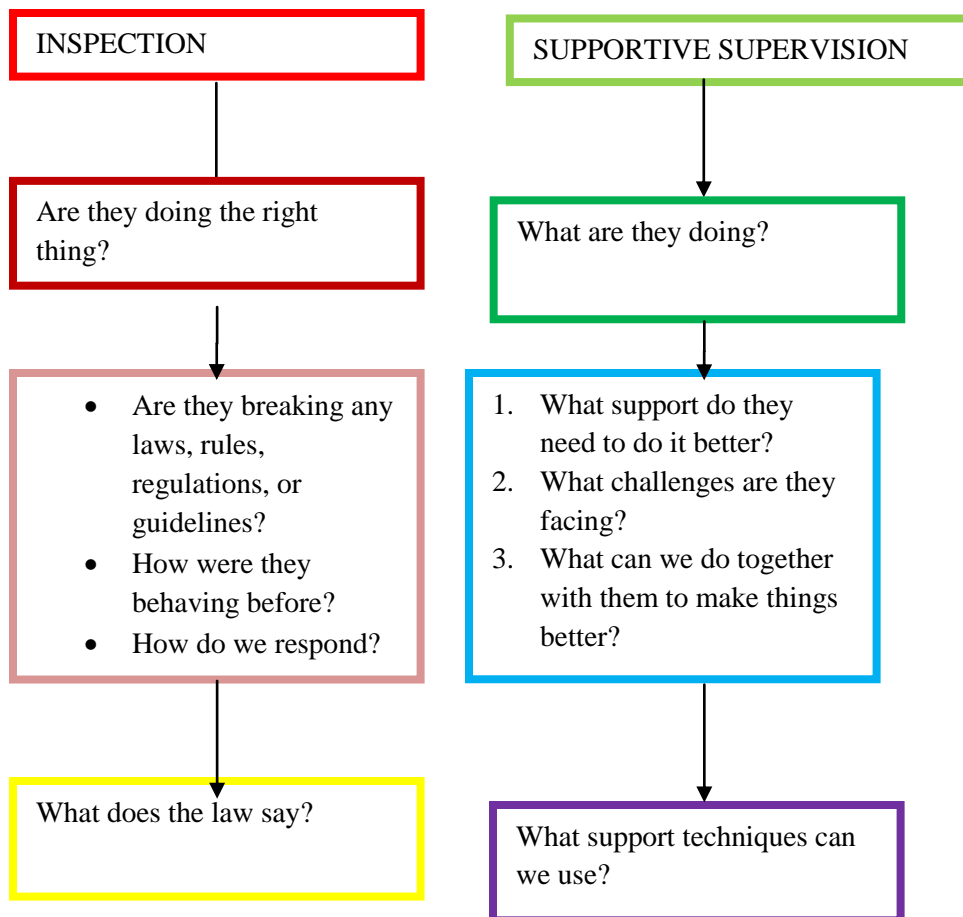


Figure 2. Illustration of the difference between supervision and inspection

## ***Objectives, Benefits, and Challenges of Supportive Supervision***

The objectives of supportive supervision are:

- To provide support to ADS sellers
- To give advice to ADS sellers
- To allow the sharing of ideas with ADS sellers
- To ensure good practices
- To keep ADS seller morale high
- To maintain the highest possible standards

The benefits of supportive supervision are:

- ADS seller feels supported
- Increased confidence of ADS seller
- Reduced burnout of the ADS seller
- Increased job satisfaction of the ADS seller
- Quality services

### ***Challenges of supportive supervision***

What are the likely challenges of supportive supervision?

### **Practice Scenarios**

**Indicate whether the following scenarios relate to inspection, supportive supervision, or neither.**

- A trader going to the market finds a person constructing a house and checks whether the builder is doing the right thing.
- An architect hired by a project to oversee a construction goes to the building site to assess whether the building is as per plan.
- A primary mathematics teacher, to assess whether students have understood the lesson, moves around the class checking how the pupils are carrying out the calculations.
- A football coach stands on the edge of the pitch shouting instructions to his team.
- A mother checks on her sleeping child to see if all is well.
- A nurse checks if a patient has been taking medicines as directed.
- An official from the sub-county moves through the village to find out whether households have pit latrines.
- An official working with a bus company stops a bus unexpectedly and checks if all passengers have tickets.
- A person dispensing drugs moves through the written prescription to see if all necessary information is provided.

- A nurse shows a student nurse how to administer an injection using a z-technique.
- A senior medical officer teaches students how to take blood pressure and watches to see how they carry take blood pressure at the outpatient clinic.
- The ADS owner is trying to find out whether the ADS seller refers patients as per guidelines.
- An official from the Pharmaceutical Society of Uganda illustrates to the ADS seller how carry out self-assessment.
- An official from the Ministry of Health (MOH) checks if information is being entered correctly into the Outpatient Department register.
- An National Agricultural Advisory Services officer moves around rural villages to find out what challenges farmers are facing and ask for proposals from them on how to overcome the challenges.
- An experienced clinician visits a health centre to find out whether treatment for malaria is being done as per new guidelines released by the MOH.
- A fellow nurse who recently attended a course in patient safety shares with and demonstrates to colleagues the latest methods of infection control.
- A researcher in the practice of pharmacy visits a drug shop to see how the seller performs the various tasks and thereafter makes a report.
- A teacher gives homework to students and later asks if they experienced any challenges while doing the homework.
- An ADS seller sifts through a load of new supplies to find out if they meet the requirements as per the order.

## TOPIC 2: PROFESSIONAL ETHICS AND CODE OF CONDUCT

### Importance of the Section

This section builds on what was taught to the ADS sellers. It provides additional information on how the peer supervisors will apply the knowledge to provide guidance to the sellers. It is intended to increase the participant's awareness about the need to comply with the acceptable norms, ethical code of conduct, regulations and laws governing health practice, as well as respect for patient's rights and human rights. This is important for peer supervisors, as they may come across issues related to ethics and conduct as they provide support to the ADS sellers.

### Learning Objectives

- To define the various terms used in ethics and professional conduct
- To explain the role of ethics in supportive supervision
- To describe how to handle professional misconduct

### Delivery Methods

- Lead-in lecture
- Classroom discussions
- Fill-in points as power point presentation

At the beginning of the session, the facilitator will ask the learners to define the following terms:

- Code
- Conduct
- Norms
- Health professional
- Profession
- Ethics
- Regulation
- Law

### Definitions

**Code:** A pattern of behaviour that all members within a community must follow all the time

**Conduct:** Behaviour that affects ones reputation or outcome of a service

**Norms:** Beliefs held by members of a group about how the group's members should behave in specific situations

**Health professional:** Any professional allowed to practice pharmacy, medicine, nursing, dentistry, or public health or to offer services related to these practices, such as medical laboratory, medical radiology, opticians, and optometrics



**Profession:** A vocation founded upon specialised educational training, the purpose of which is to supply objective counsel and service to others, for a direct and definite compensation, wholly apart from expectation of other business gain

**Ethics:** A code within a profession which members agree to follow as they deliver services

**Regulation:** A process for promulgation, monitoring, or enforcement of rules, established by primary and/or delegated legislation; or a written instrument containing rules having the force of law

**Law:** A system of rules and guidelines which are enforced through social institutions to govern behaviour

### **Guiding Principles for Ethics and Professional Code of Conduct**

Provide treatment whenever needed unless limited by competence or resources
Keep information about a patient secret
Be fair and honest to patients in all aspects
Behave well to the patient and in society
Refer patients whenever necessary
Always follow rules and regulations that govern health workers
Always respect the rights of patients
Do not give treatment on the basis on gender, clan, religion, beauty, wealth, physical appearance, or other non-medical reasons.

### **How to Handle Cases of Professional Misconduct**

All health workers are expected to voluntarily comply / oblige to set an agreed-upon professional code of conduct, which defines the way and manner in which the health provider is expected to conduct themselves. It's the responsibility of the individual councils to enforce the professional code of conduct as prescribed by the governing acts. Where cases of breach of the conduct are suspected or observed, the supervisor may take any of the following steps:

- Bring it to the attention of the colleague by way of discussion and agree on the immediate corrective measures.
- Inform the association secretary, who shall then take appropriate action
- Where the cases are grave in nature inform the relevant authorities

### **Scenario**

As a peer supervisor, you hear rumours that a particular ADS seller often abuses patients. How would you prompt the ADS seller to discuss this sensitive issue?

## TOPIC 3: PRIORITY SETTING, MONITORING, AND EVALUATION

### Importance and Purpose of the Section

This section will help participants identify areas to focus on through discussions with all ADS sellers.

### Learning Objectives

At completion of this module, participants will be able to:

- Define a priority and understand the aim of priority setting
- Understand how the supervisor can work with the supervisee to prioritise issues
- Understand the monitoring and evaluation (M&E) process of performance for ADS

### Delivery Methods

- Lead-in lecture
- Classroom discussions
- Fill-in points as PowerPoint presentation

At the beginning of the session, the trainer will ask the participants do the following:

- Define a priority, and M&E
- Reasons for priority setting, M&E in daily activities
- Briefly describe how they prioritise their day-to-day activities

### Definitions

**Priority** is an activity that is given more attention than competing alternatives due to its nature or other considerations such as cost and impact.

**Monitoring** is the process of routinely keeping track of progress so that problems can be addressed quickly.

### Why Set Priorities?

Priorities are set because there are several things that need attention at the same time, but we cannot handle all of them at the same time due to shortages of resources. Hence we select to start with those that have the greatest value or impact.

### Identifying Priorities

When identifying priorities, one should consider the following aspects:

- Impact on patient
- Cost of implementation

- Ease of implementation

An example is provided in the Table 2.

**Table 2. Sample Priority Setting Exercise**

Area of concern	Impact on Patient 3=high 2=medium 1=low	Cost of Implementation 3=low 2=medium 1=high	Ease of Implementation 3=high 2=medium 1=low	Total
Quantification	High (3)	Low (3)	High (3)	9
Record keeping	Medium (2)	Medium (2)	Medium (2)	6
Referral practice	High (3)	Low (3)	Medium (2)	8
Adherence to treatment guidelines	High (3)	Low (3)	Low (3)	9
Self-assessments	Low (1)	Medium (2)	Medium (2)	5

Adherence to treatment guidelines and quantification takes first priority, followed by referral practice, record keeping, and self-assessments. This priority ranking should be followed when developing an intervention plan.

### **Questions**

How do problems of referral and adherence to treatment guidelines affect patients?

What are the possible causes of these problems?

### **Monitoring**

It is important for the peer supervisor to be able monitor improvement of the ADS in areas of supportive supervision and also monitor their own supportive supervision work. The peer supervisor can then identify areas for improvement. The peer supervisors will use the knowledge to assess progress of the ADS shops towards agreed targets.

Monitoring is an ongoing exercise which involves routine data collection and analysis. The peer supervisor should monitor the performance of the ADS using the self-assessment and the peer supervision report.

## TOPIC 4: ADULT LEARNING

### Importance of the Section

ADS sellers are adults and as a result use adult learning techniques to acquire new knowledge, skills, and attitudes. It is therefore fundamental for the peer supervisor to understand how adults learn. This will strengthen capacity of the peer supervisors to deliver effective on-site instruction and follow-up.

### Learning Objectives

- To understand the principles of adult learning
- To understand the motivators for adult learning

Adult education is the practice of teaching and educating. The facilitator will ask the trainees to define the following:

- Adult
- Learning
- Adult learning
- Education

### Definitions

#### Adult (several definitions):

1. One who has reached reproductive age
2. One who can engage in a contract (i.e. at least 18 years of age)
3. One whose physical growth has stopped
4. One who has completed initial education and training

**Learning:** Learning is acquiring new knowledge or modifying and reinforcing existing knowledge, behaviours, skills, values, or preferences.

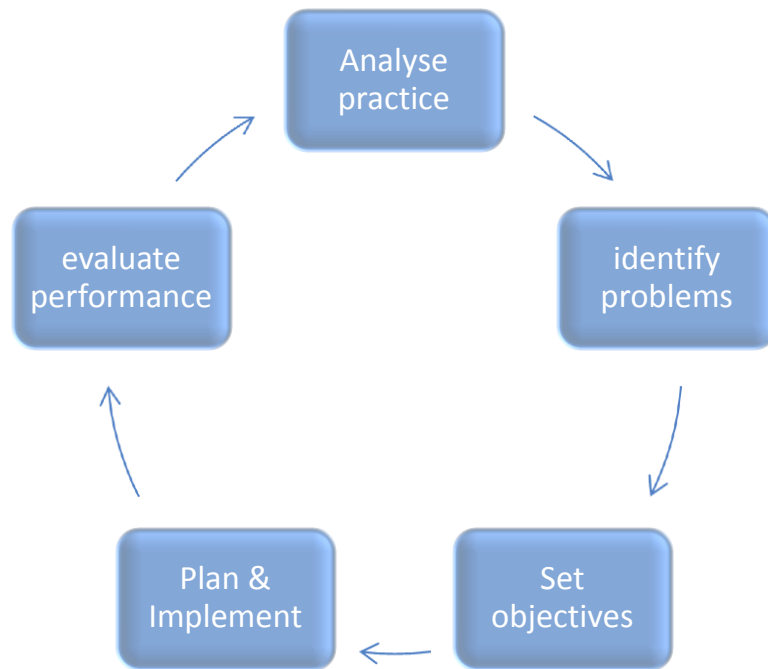
**Adult learning:** Adult learning is defined as the entire range of formal, non-formal and informal learning activities which are undertaken by adults after a break since leaving initial education and training, and which results in the acquisition of new knowledge and skills or modification of existing knowledge.

**Education:** Education is a form of learning in which the knowledge, skills, and habits of a group of people are transferred from one generation to the next through teaching, training, or research.

## **Principles of Adult Learning**

- Adults are internally motivated and self-directed:
  - Need to know why they are learning
  - Should see the need for learning
  - Should express a need to learn
- Adults bring life experiences and knowledge to learning experiences:
  - Need to try their experiences during learning
- Adults are goal-oriented:
  - Need to have clear targets for learning
- Adults are relevancy-oriented:
  - Need to learn what they can apply immediately to improve performance
- Adults are practical:
  - Need to do practical work during learning such as discussions, problem solving cases, and field experiences
- Adult learners like to be respected:
  - Prefer an equal relationship between learner and teacher

## TOPIC 5: PEER SUPPORTIVE SUPERVISION IN PRACTICE



**Figure 3. The supportive supervision cycle**

### **Types of Supportive Supervision**

There are three types of supportive supervision:

- Internal supportive supervision
  - The supervisor is from the same organisation or unit.
- External supportive supervision
  - The supervisor is from an external agency.
- Peer supportive supervision
  - The supervisor is a colleague with same qualifications or doing the same work.

### **Flow of Conversation with ADS Seller**

- Start by confirming the previous discussion and agreed action points (start with 2 if first supervision visit):
  - Confirm agreed action

- Summarise the discussion
- Get information on the present state of things:
  - Ask for and review the self-assessment. Find out whether there are any issues from the self-assessment that need to be addressed.
  - Ask about what is better.
  - Then ask if there are any challenges.
- Embark on problem identification and solving
  - Identify problem areas.
    - Ask for the main issues or challenges.
  - Ask for ideas how to resolve problems.
    - Ask for what the seller wants to happen.
  - Develop alternatives or interventions.
    - Ask what would happen if the seller tried .....
  - Assess consequences.
- Then summarise
  - Agree new action points.
  - Agree review arrangements and timelines.
  - Complete support and supervision record.
- Give copy of record to ADS seller.

## **Supportive Supervision Structure**

The supervision will be implemented based on a five-tier structure:

### **a) Self-assessment by the ADS owner**

This will be conducted by the ADS seller or representative on a monthly basis.

### **b) Peer supportive supervision**

This will be done by chosen members of the local ADS Association. Each member will supervise all the ADS shops within a certain radius-determined distance and density of shops.

Each supervisor will be given refunded the monetary costs incurred during the supervision based on pre-agreed rates. Supervision visits will be carried out quarterly within a period of two weeks in the last month of the quarter

Supervision will be friendly and supportive, and the supervisors will discuss improvement strategies with the owners and sellers. This approach emphasises the difference between supportive supervision and inspection, which is a separate function undertaken by NDA.

The peer supervisor will discuss a broad range of issues with the owner or seller but the final report will be based on the selected composite or representative indicators. The peer supervisors will submit reports to the District ADS Association Secretary but write a summary in the ADS peer supervision record form about what was discussed, consensus points, and follow-up activities.

**c) District ADS Association Secretary**

The District ADS Association Secretary will monitor and supervise the work of peer supervisors. The secretary will check on the peer supervisors and make sure they are doing the right thing. The District ADS Association Secretary will report on the numbers of peer supervisors who are working well, and mentor those who are not working well. The performance of peer supervisors will be assessed based on compliance with the supervision plan, timely reporting, quality of reports, and responsiveness of ADS shops to the supervision effort. A special assessment tool will be prepared for this exercise.

On a quarterly basis, the District ADS Association Secretary will collect all the peer supervisors' reports and aggregate all the indicators of all the reports, look at the results, and make comments on what is going well, what is going badly and what should be done to improve the situation, and send the aggregated district indicators and report to:

1. The Regional PSU Representative
2. The District Health Officer
3. All the peer supervisors of the district

**d) Regional PSU Representative**

The Regional PSU Representative will collect all the District ADS Association Secretaries' reports and aggregate all the indicators of all the district reports.

On a semi-annual basis, the Regional PSU Representatives will obtain data from the Regional NDA Inspector and produce a report for the region with aggregate findings from supervision and inspection. The regional representatives will review the aggregated data, make comments on what is going well, what is going badly and what should be done, and send the report with the aggregated regional indicators to:

- The National PSU technical committee
- All District ADS Association Secretaries



### e) National PSU Representative

The National PSU Representative will collect all six monthly Regional PSU Representative reports and aggregate all the indicators of all the regional reports to form a national picture. The data will be analysed for patterns and trends. Interventions will be designed accordingly and the report and aggregated indicators will be shared with:

- The NDA and the MOH
- All Regional PSU Representative

### Roles and Responsibilities

**Table 3: Supportive supervision Roles, Supervision Frequencies, and Reporting Dynamics**

Team	Role	Frequency
ADS sellers/owners	<ul style="list-style-type: none"> <li>a) Prepare issues for discussion with the supervisors</li> <li>b) Implement the agreed actions</li> <li>c) Carry out self-assessments</li> </ul>	a) Self-assessments will be carried out on a monthly basis.
Peer supervisors	<ul style="list-style-type: none"> <li>d) Provide ongoing supervision of all ADS outlets and reporting</li> <li>e) Summarise data and report to the ADS Association leadership</li> </ul>	b) Peer supervisors will carry out quarterly supervision and reporting.
ADS Association leadership	<ul style="list-style-type: none"> <li>f) Directly oversee the activities of the Peer supervisors.</li> <li>g) Collect reports from the peer supervisors</li> <li>h) Summarise the findings from the reports</li> <li>i) Provide feedback to peer supervisors regular basis</li> <li>j) Monitor and assess performance of peer supervisors</li> <li>k) Ensure that supportive supervision is done on schedule</li> </ul>	c) Regular contacts will be made with the peer supervisors.
Regional PSU Representative	<ol style="list-style-type: none"> <li>1. Comprehensive analysis of all the reports submitted from the district ADS Leadership association</li> <li>2. Prepare aggregated supervision/inspection reports</li> <li>3. Provide feedback to the ADS Association leadership</li> <li>4. Provide report to the National PSU technical committee.</li> <li>5. Conduct verification visits</li> </ol>	6. The visits will be as necessary.

Team	Role	Frequency
The Central Technical Supervision team/PSU	7. Develop the supportive supervision tools 8. Prepare and conduct a stakeholders workshop to train the stakeholders on use of the tools 9. Evaluate reports from the supportive supervision visits done 10. Conduct a verification of the peer supervision processes 11. Prepare a consolidated report from different districts	12. Tools will be developed once. 13. Verification of peer supervision will be carried out once a year. 14. A consolidated report will be prepared once a year.
National-level partners (MOH, NDA)	15. Provide support to the new strategy 16. Facilitate information sharing	17. Information will be shared annually at national level.

## The Peer Supervision Process

Supportive supervision will involve a select team from the ADS Association, selected according to defined criteria with stringent measures to reduce bias during supportive supervision.

The officer under whose the certificate accreditation was issued will be the primary respondent for the peer supportive supervision. In the absence of this person, another qualified seller will be the respondent; otherwise, the drug shop owner will take the responsibility.

The peer supervision process will be characterised by friendly and supportive interaction between the supervisee and supervisor. It should absolutely not be like a police inspection. The peer will clearly avoid behaviour that suggests or provides the impression of inspection.

The peer supervisor will carry out the supervision using a discussion guide covering the specific areas that will be stipulated. Discussions will be held based on information from the respondent, the self-assessment book, and the supervision record book. Issues not covered from these sources but provided in the peer supervisors guide will be introduced by the peer supervisor for discussion. During the discussion, the peer supervisor may make consultations with the ADS association leadership via mobile phone.

Broadly, the areas for discussion and their indicators will be as shown in Table 4.

**Table 4. Themes and Indicators for Supportive Supervision**

Discussion Themes	Composite/Reporting Indicator
<ul style="list-style-type: none"> <li>• Stock management</li> <li>• Records management</li> <li>• Ordering process</li> </ul>	Accuracy in determining quantity to order
<ul style="list-style-type: none"> <li>• Case management and quality of</li> </ul>	Knowledge of the 4 danger signs

medicine use	Proportion of cases of uncomplicated malaria in under-6-year-olds tested with RDT
	Proportion of the last 5 cases of uncomplicated malaria in under-5-year-olds who received correct treatment
	Proportion of the last 5 cases of non-bloody diarrhoea in under-5-year-olds who received ORS and zinc
<ul style="list-style-type: none"> <li>• Case management and quality of medicine use</li> </ul>	Proportion of the last 5 cases of non-bloody diarrhoea in under-5-year-olds who received antibiotics
	Proportion of the last 5 cases of cough or URTI in over-12-year-olds who received antibiotics
	Number of referrals in the last 2 weeks
<ul style="list-style-type: none"> <li>• Responsiveness to supportive supervision effort</li> <li>• General management</li> <li>• General issues</li> </ul>	Number of agreed interventions implemented
	Number of self-assessments conducted in the last 3 months

Before completion of the peer supervision discussion, the supervisor must confirm that answers to the following questions have been arrived at. (See Supervision Guide.)

- Has the seller accurately determined the quantity of medicines to buy? Y/N
- Does the ADS portray a professional image in terms of layout, signage, nature of building, and dispensing equipment? Y/N
- Does the seller know the four danger signs? Y/N
- In the last two weeks has there been at least one referral? Y/N
- For the last five cases on different days of uncomplicated malaria in under-five year-olds:
  - How many were tested with RDT?
  - How many received correct treatment?
- For the last five cases on different days of non-bloody diarrhoea in under-five-year-olds:
  - How many got ORS and zinc?
  - How many were given an antibiotic?

- For the last five cases on different days of simple cough or URTI in over-12-year-olds, how many received an antibiotic?
- Has the seller/owner addressed at least 60% of the issues identified in the previous supervision visit? Y/N
- Has there been at least one self-assessment in the last three months? Y/N

These nine indicators will be reported up to the district, aggregated to district level, reported to the region, aggregated to the regional level, reported to the national level, and aggregated to the national level. The aggregations will be reported down as well. These indicators will then be compared between districts and regions and followed for trends over time.

### **Constraints to Effective Supervision**

- Time—supervision requires time.
- Fear of discussing problems where no solutions may be found.
- Inadequate training of the supervisor.
- The supervisee’s fear of showing areas of weakness or need.
- Inability to separate supportive supervision from inspection.
- Differences in personality between supervisor and supervisee—e.g. one is patient the other is not.

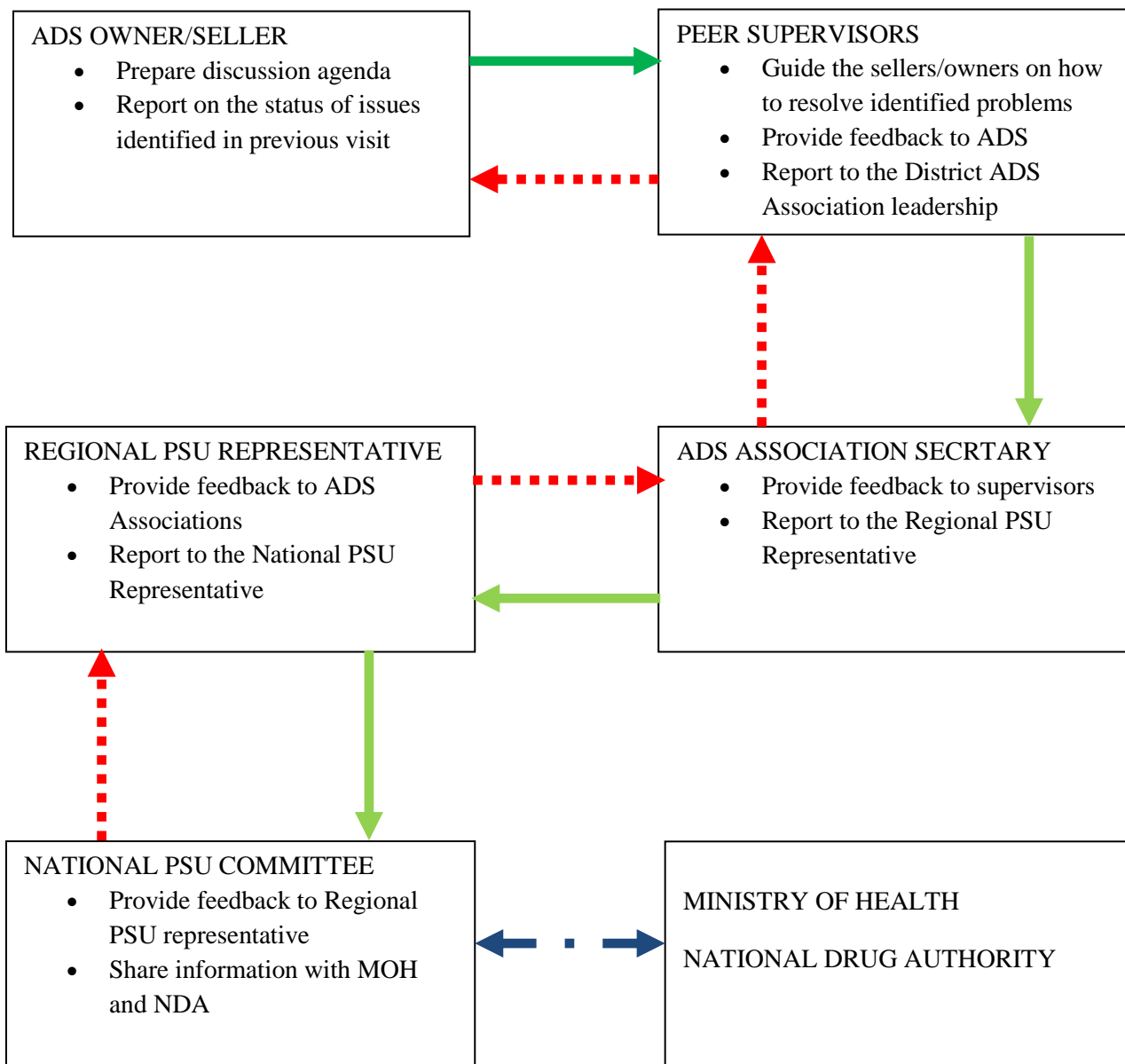
### **Feedback and Flow of Information**

Feedback is a vital part of education and training. This module offers some suggestions on how you can improve the feedback you give to the ADS seller to be able to help motivate and develop the seller’s knowledge, skills, and behaviours.

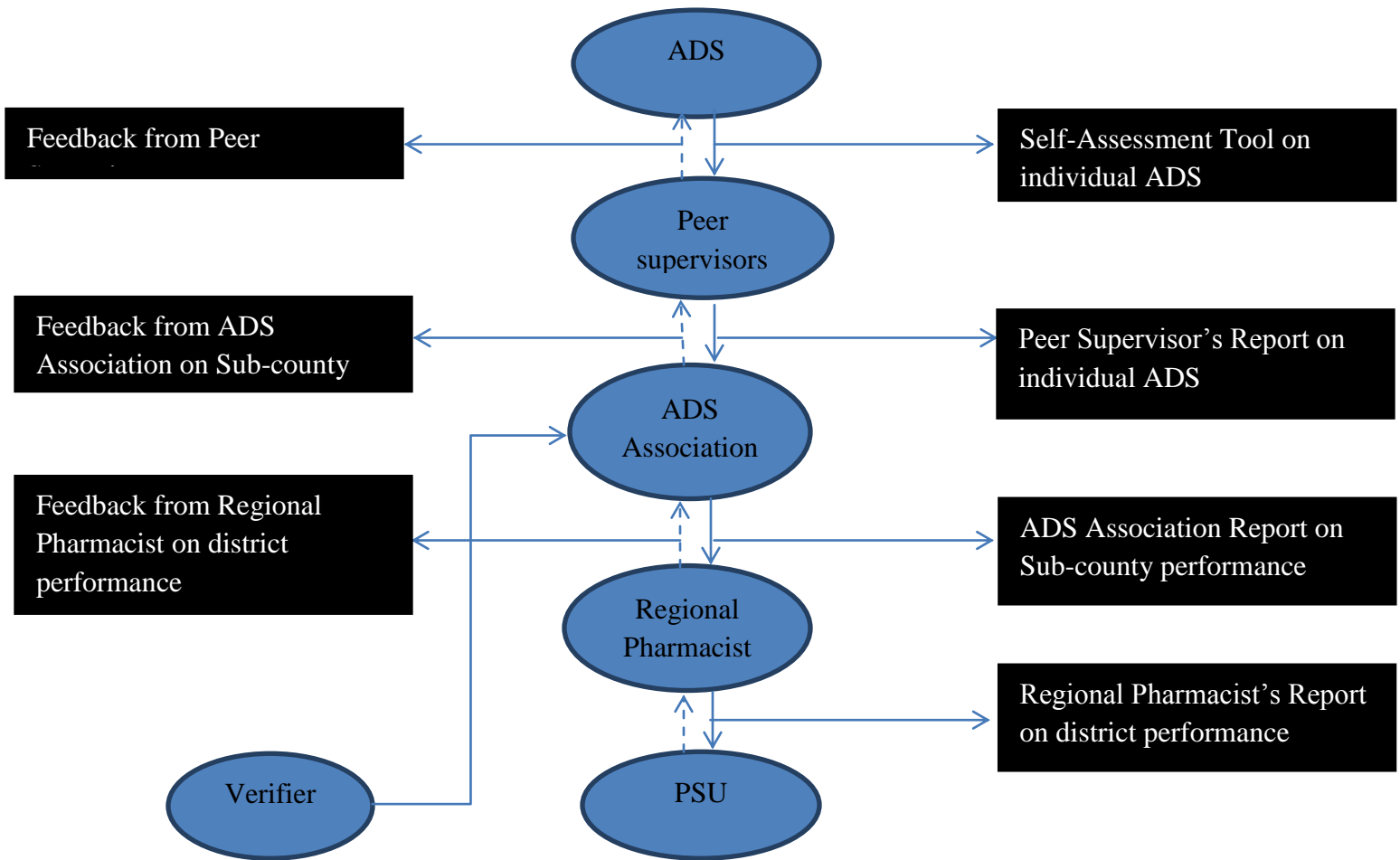
#### **Who Gives Feedback?**

In this model there are different levels of feedback:

- Supervisor to ADS seller
- ADS seller to supervisor
- ADS Association leadership to supervisor
- ADS Association leadership to Regional PSU Representative
- Regional PSU Representative to National PSU Committee
- National PSU Committee to Regional PSU Representative



**Figure 4. Feedback loops**



**Figure 5. Flow of information**

## TOPIC 6: LEADERSHIP, COMMUNICATION, TEAMWORK, AND INTERPERSONAL SKILLS

### Purpose of the Section

Leadership, communication, teamwork, and interpersonal skills are necessary for effective supportive supervision. Supportive supervision involves influencing positive behaviour change, hence the importance of leadership skills. Two-way communication is vital for engaging the ADS sellers, sharing views on issues, and developing interventions. The ADS seller and peer supervisor should develop a shared vision for quality of service, and as such, teamwork skills are fundamental. The peer supervisor and ADS seller have different personalities and interests, and as a result good interpersonal skills are necessary for effective supportive supervision.

At the end of this module, the participants will be able to:

1. Understand the importance of effective communication
2. Understand the different types of communication
3. List the barriers to effective communication
4. Understand the relationship between leadership, teamwork, and interpersonal skills
5. Know what makes a good leader
6. Understand the importance of teamwork, interpersonal skills, and good communication skills to health care delivery

### Delivery Methods

1. Lead-in lecture
2. PowerPoint presentation
3. Pictograms and illustrations

At the beginning of the session, the presenter may ask the participants:

1. What makes a good leader?
2. Why is effective communication important in health care delivery?
3. What are the common barriers to communication in health care delivery?
4. What do you understand by interpersonal skills?
5. What is the importance of each—leadership, communication, teamwork, and interpersonal skills—to peer supervision?

### Definitions

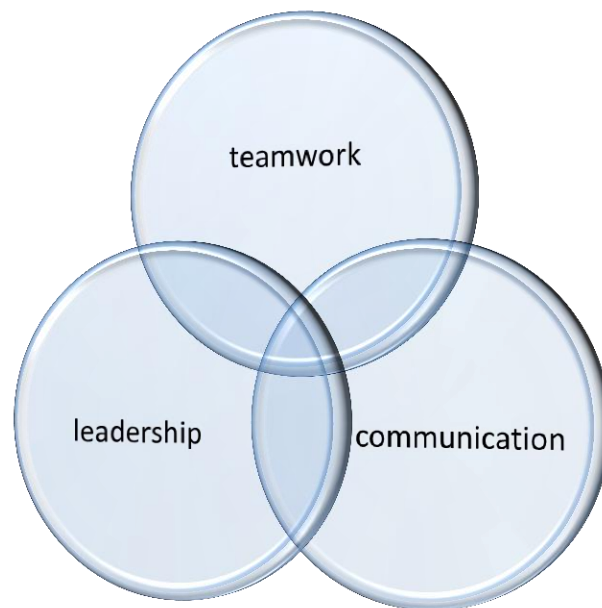
Communication is the act of transferring information from one person/place (sender) to another (receiver). It may be verbal, non-verbal, or written. Effective communication is when the message sent has been received and interpreted as the sender intended.

**Leadership** is organising another person or group of people to achieve a common goal. It is also a process in which one person can gain the voluntary help and support of others in the accomplishment of a common task.

**Teamwork** is the ability to interact with other people to achieve a shared goal.

**Interpersonal skills** are a person's ability to engage other people who hold different attitudes, interests, and weaknesses.

### **Relationship between Leadership, Teamwork, Communication, and Interpersonal Skills**



A good leader should be able to communicate effectively, motivate, and mobilise people to work together as a team. Good interpersonal skills allow one to network effortlessly and effectively.

### **Leadership**

Skills a good leader needs include:

1. Decision making skills:

These are necessary for a peer supervisor to make decisions on issues, such as

- Changing a day's schedule
- When to use the different supportive supervision techniques

2. Problem solving skills:

These are necessary for a peer supervisor to solve problems, such as

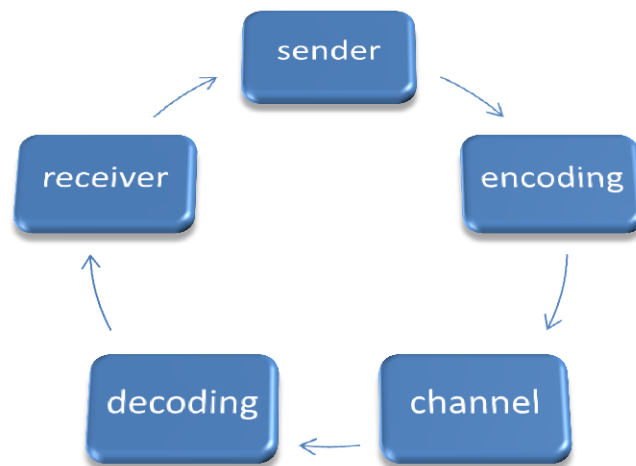
- Challenges arising during supportive supervision
- When supervisee and supervisor have different views on an issue
- Problems faced by supervisees when implementing action points



3. Interpersonal (people) skills
  - These are necessary for the supervisor to develop a good relationship with the ADS seller.
4. Listening skills
  - These are necessary for the supervisor to understand the opinion and views of the ADS seller.
5. Other communication skills
  - These are necessary for the supervisor to provide feedback to the ADS seller.
6. Teamwork skills
  - These are necessary for the peer supervisor to get support from the ADS seller and for seller to accept support from the peer supervisor.

## Communication

The best ideas, suggestions, or plans cannot take form without communication. But for communication to be effective, a sender must transmit a message and the receiver must understand the message.



**Figure 6. The communication process.** Before communication can occur, a sender must have a purpose (message); this message is converted to symbolic form (encoding) and passed from the sender to a receiver via some medium (channel). The receiver translates the message (decoding) and the result is the transfer of meaning from one person to another. The feedback loop completes this process. The entire process is susceptible to noise—that is, disturbances that interfere with the transmission of this message.

## Communication Barriers

In addition to noise that can derail the communication process, there are other communication barriers:

- Filtering: the deliberate manipulation of information to make it appear more favourable to the receiver.
- Selective perception: another barrier occurs when a person selectively sees or hears communication according to his/her needs, motivations, experiences, background, and personal characteristics
- Information overload: occurs when a person is exposed to more information than he/she can process.
- A person's emotional state when either sending or receiving a message can also cause a barrier to communication.
- Since the meaning that words carry is dependent on a person's age, education, and culture, even the words of the message can be a barrier to communication.

How does one overcome communication barriers?

- Control temper and feelings: do not make verbal communication in anger or fear.
- Study the non-verbal expressions of others, such as folding arms, closing eyes, yawning.
- Ask to find out whether the other person has understood the meaning of your message.
- Use simple words.
- Listen actively by:
  - Making eye contact
  - Showing interest in the discussion
  - Asking questions to clarify information
  - Telling the sender the meaning you attach to the words in the message
  - Not over-talking

## Wrap-up and Post-test

1. Simulations
2. Post-test
3. Feedback from trainees
4. Field practice plan
5. Conclusion
6. Mentorship