The Pharmaceutical Society of Uganda (PSU)

AND

Sustainable Drug Seller Initiatives (SDSI)

Supportive Supervision Strategy

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Authors: Emmanuel Higenyi & Brian Ssekayombya

Contents

Acronyms

ACT	artemisinin-based combination therapy
ADS	Accredited Drug Shop
AL	artemether/lumefantrine
GoU	Government of Uganda
HIV	human immunodeficiency virus
HSSIP	Health Sector Strategic and Investment Plan
MoH	Ministry of Health
mRDT	malaria rapid diagnostic test
NDA	National Drug Authority
ORS	oral rehydration solution
PSU	Pharmaceutical Society of Uganda
RDT	rapid diagnostic test

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, internship sites, and pharmaceutical manufacturing sites.

The Sustainable Drug Seller Initiative (SDSIs), through accreditation of selected drug shops, comprehensive supportive supervision, and training, provided a relevant platform for delivery of quality assured pharmacy services at a wider geographical coverage.

In order to improve the quality of the supervision and overall technical approach to implementation of the project, SDSI engaged the PSU, on a consultancy basis, to undertake an assessment of the supportive supervision model used in the pilot phase of the project and, based on lessons learnt from this strategy and other supervision strategies used in Uganda, develop options and engage key stakeholders in the design of a modified supervision model that harnesses key strengths while mitigating weaknesses from other models. The peer supportive supervision model was developed and piloted in Mityana district in October 2013, and results from progressive monitoring and evaluation of the model showed significant improvements in a number of indicators on medicines management and availability, as well as management of specific illnesses in the ADS.

The supportive supervision model under the district association leadership empowers ADS sellers to conduct on-the-job mentoring and coaching of their peers after identifying their weaknesses through a self-assessment process. In this model, the PSU secretariat is responsible for the quality assurance of the supportive supervision for the ADS while the PSU regional representative coordinates and oversees the entire supportive supervision role in the region. This document is a compilation of the entire supportive supervision model, highlighting key processes, the key stakeholders, their roles and responsibilities and the tools and indicators for periodic reporting and assessment.

Background

Access to essential medicines is of great public health importance both as a tool for development and for improving quality of life. According to the World Health Organization, one-third of the world's population has no regular access to essential medicines. This situation continues to worsen as the gap between countries and between individual citizens continues to widen. As such, millions of children and adults die each year from diseases that could have been prevented or treated with cost-effective and inexpensive essential drugs. The majority of those affected are the rural poor in less developed countries, where inability to access to these vital health commodities creates a vicious cycle of disease and poverty. The pharmaceutical services required to provide the medicines for effective access remain weak and poorly coordinated across countries. This situation therefore calls for urgent and concerted efforts to redesign national health systems, not only to overcome access obstacles but also to promote quality pharmaceutical services.

Supportive Supervision Definition and Exposition

Supportive supervision is an ongoing process involving a legitimate or formal two-way proactive relationship between an individual or group of individuals (supervisor) and a supervisee (individual or group)—each participating party with a distinct role—that deploys a blend of administrative (normative), educational (formative), and supportive (restorative) approaches to guide, inform, direct, monitor, and evaluate the quality and quantity of the supervisee's practice. Supportive supervision provides personal and professional development through supporting and enhancing an individual to acquire motivation, autonomy, self-awareness, and the requisite skills to accomplish tasks.

Supportive supervision differs from traditional supervision and inspection in a number of respects, such as relationship type, actors, timing, conduct, and post-supervision experience. Inspection has to do with checking compliance with set or established standards of practice while supportive supervision nurtures, builds, and encourages compliance with standards. In supportive supervision, inspection may be used to monitor progress or performance.

In order to carry out supportive supervision, the supervisor requires technical, conceptual, and supervisory skills. Supervisors should be conversant with the current policies and standards of practice. A good understanding of adult learning and training techniques is necessary. They should be able to coach, mentor, and communicate effectively as well as carry out performance planning.

Uganda Country Context

Uganda's Ministry of Health (MoH) has prescribed supportive supervision as an important approach and technique towards achieving a healthy Ugandan population. According to the National Health Policy 2010, supportive supervision is an important strategy in implementing the major activities and strategic direction stated in the policy and explicated in the Health Sector Strategic and Investment Plan (HSSIP). The Government of Uganda (GoU) has pledged to promote a common framework to be used by Health Development Partners and GoU for supportive supervision, monitoring and evaluation, and related activities. The HSSIP goes ahead to state that supportive supervision will be one of the quality improvement strategies and will be used to monitor and evaluate government programs. In fact, this document provides a detailed description of how the model will function. The model builds on the strengths of the organisation and structure of the Uganda health system as shown in Figure 1 below.

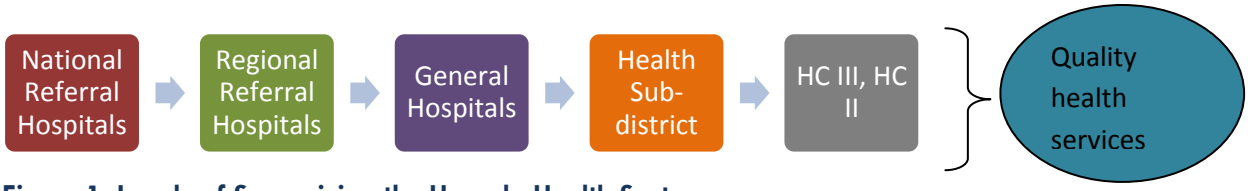


Figure 1: Levels of Supervision the Uganda Health System

Health System, where technical officers in higher health facility levels have a mandate to oversee and support supervise those in the lower health facilities—i.e. technocrats at the ministry supervise national referrals and regional referrals, consultants at the National Referral Hospital supervise activities at the Regional Referral Hospital, consultants at the Regional Referral Hospital supervise activities at the General or District Hospitals, who in turn supervise the health sub-district, and the technical people at the district supervise health centres (HCs) level III and HCs level II. HSSIP also states that the MoH will take charge of supportive supervision of not only the public health facilities but for the private health facilities as well. According to the HSSIP, as an approach to deepen stewardship of the MoH, districts in conjunction with the professional councils and the National Drug Authority (NDA) shall be responsible for supervision of private for-profit (PFP) clinics, institutional clinics, pharmacies, and drug shops. This task will include development of appropriate tools and their dissemination to all stakeholders.

Involvement of private sector providers in pharmaceutical services has been piloted and rolled out by Management Sciences for Health (MSH) through the East Africa Drug Seller Initiative (EADSI) and the SDSI. In the EADSI phase, the drug shop owners and sellers received training and routine supportive supervision. The pilot was implemented under the district health system involving the district health team, and the NDA provided the regulatory support to the project. Through the pilot, it was observed that supervision and monitoring are critical success factors for sustainability and quality of services.

In order to effectively provide supportive supervision, a comprehensive and participatory model was developed, implemented, monitored, and evaluated. Development involved consultations from a number of models, such as SPARS (Supervision, Performance assessment and Recognition), Lot-Quality Assurance Sampling (LQAS), the Proposed Ministry of Health Supportive Supervision Model, as well as information from the pilot phase. Stakeholders were engaged in options analysis and PSU designed and developed a peer supportive supervision model. The model was further tested in Mityana district and found suitable for supportive supervision of an Accredited Drug Shop. This document is a compilation of the entire supportive supervision model, highlighting key processes, the key stakeholders, their roles and responsibilities, and the tools and indicators for periodic reporting and assessment.

Operating Context

Accredited Drug Shops (ADS) are a special category of drug shops granted an exemption by the NDA to stock and dispense some types of class B medicines in addition to the mandated class C category, and to perform malaria rapid diagnostic tests (mRDTs), provide treatment for selected diseases or refer as appropriate, and document treatments given and referrals made. The ADS are staffed by 'sellers' who have received specialised training in stocking and dispensing the additional medicines, conducting mRDTs, treating and referring patients, and making the necessary documentation using the available information management systems.

The ADS service delivery structure is based on a well-aligned regulatory framework involving the regional and district NDA officials while the supportive supervision model is based on a supervisory framework involving the regional PSU officials, District ADS Association leadership, and peer supervisors.

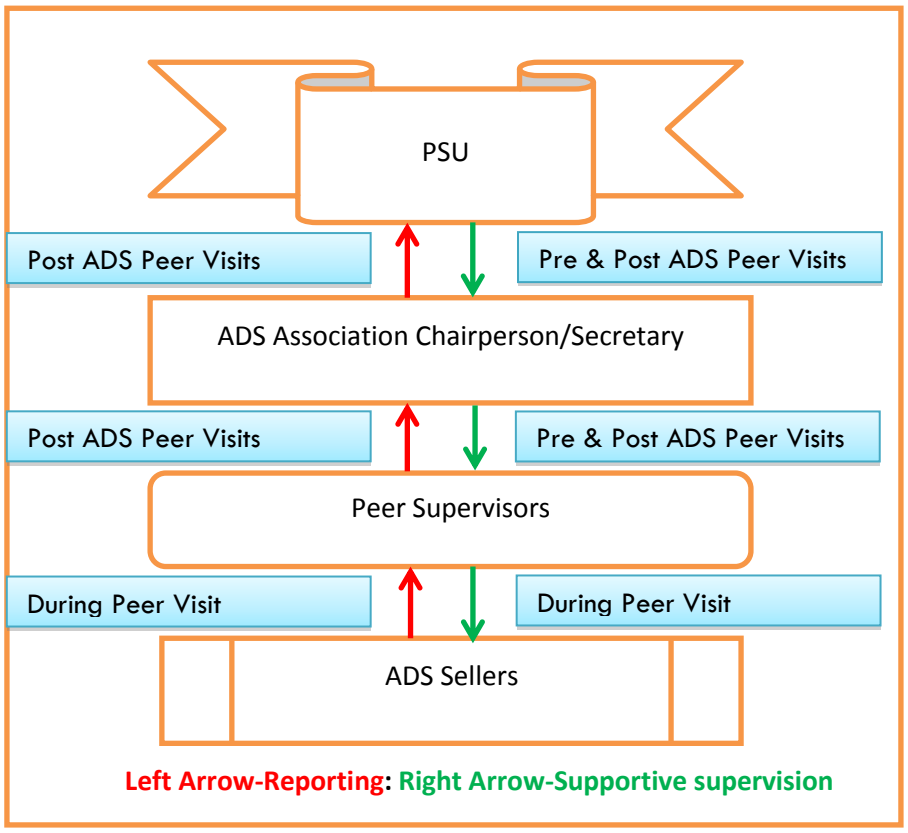
Requirements for Successful Implementation of the Supervision Strategy

Successful implementation of the peer supportive supervision requires the following:

1. Trained peer supervisors

2. Supervision tools
3. Functioning district ADS association
4. Logistical facilitation for the peer supervisors
5. Technical guidance from PSU
6. Working within the existing supervision framework

Supportive Supervision Structure/Framework



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The Supervision Process

The supervision process consists of a cycle of activities, from sensitisation of key stakeholders to final data summary reporting and feedback. The backbone of this strategy is a strong association of ADS sellers and owners. The association should have strong leadership that fosters teamwork among its members and have an established physical address and database of all its members. It should have a constitution and be able to plan coordinate and manage key roles as assigned in the constitution. If a district does not have an association, it is best to help members form an association before embarking on supervision of ADS. For further information on ADS association formation, and roles and responsibilities of key members, review the ADS association toolkit document.

Planning of ADS Supportive Supervision

Planning of supervision activities should be led by the association leadership in consultation with the responsible regional PSU representatives. The association members should review their roles during the planning process and determine how the different roles will be performed and assign responsibilities to

individuals in the association leadership. They should review the supervision process and map out the activities to be undertaken and key stakeholders to be met, identify required logistics and their sources, and assign timelines to the various steps and key outputs to each step.

Stakeholder Sensitisation

The ADS sellers and owners, the district health team, the regional NDA inspector, the regional PSU representative, and the ADS association leadership are important stakeholders in the implementation of the peer supportive supervision model. Sensitisation meetings should be conducted to obtain endorsement for the model.

Initial meetings should be held with the district health team, which should include the NDA representative—the District Assistant Drug Inspector.

A general meeting should be held to sensitise ADS owners and sellers to the need for supportive supervision. During this meeting, ADS sellers are also taught to conduct self-assessments. This meeting should culminate in the selection of the peer supervisors.

A short PowerPoint presentation explaining the model should be made at the first face-to-face contact with these groups. Where the presentation is not possible, a short write-up can be shared. It is important to emphasise that peer supportive supervision is not to supplant regulatory supervision or inspection.

Selection of Peer Supervisors

Criteria for Selection

Peer supervisors should be selected based on distribution of ADS in the district. Peer supervisors should be trained ADS sellers who have completed the peer supervision training, willing and able to spend three to four hours a day for supervision visits every quarter, be fluent in English or the local language, have the ability to write, and complete annual subscription at the time of selection. Selection should be done by the ADS association leadership in consultation with the training institution, to identify persons who have excelled at the ADS training course.

Training of Sellers on Self-Assessment

This is conducted by PSU together with the association leadership. The self-assessment tool is used during the training. Each ADS should receive a laminated copy, to be kept at each premise and used at each self-assessment process. During the sensitisation and training, each seller/owner is taken through the self-assessment form (Annexure I) to guide them through the process of making their own assessments. Both owners and sellers should know the self-assessment process and its relevance for better compliance.

The self-assessment process reviews the sellers' knowledge on the use of antibiotics, treatment of uncomplicated malaria and diarrhoea, knowledge of danger signs, making patient referrals and counselling patients on medications, indicating in a notebook the responses to each of the questions posed in the tool/checklist. In addition the tool is used to identify any emerging problems or challenges related to service delivery at the drug shop. At the end of the self-assessment process the ADS seller should prepare an agenda of priority issues to discuss with the peer supervisor.

Training and Mentorship Plan for Peer Supervisors

The training of peer supervisors is important to equip them with knowledge, skills, and attitudes to effectively conduct peer supportive supervision. The training manual developed for the pilot in Mityana

district is available for use in training and initial mentoring of peer supervisors. One to two days of the training should be classroom work while at least three days should be field based, where the practical skills are consolidated. The third day of the field visit should be the first day for the peer supervisors to conduct supervision visits for reporting to the association. During classroom training, emphasis should be placed on the use of the various tools of supervision. Although the peer supervisors are expected to have been trained in the routine logistics and clinical aspects, it is prudent to take one or two hours to review aspects of medicine quantification and storage, use of mRDTs, and patient referral. During field training, peer supervision of the first three ADS should be led by the trainer.

Zoning and Allocation of Peer Supervisors

This are done at the end of the training course. Peer supervisors should operate in the catchment area of their own drug shop, preferably a sub-county, town council, or municipality. The maximum number of shops per supervisor should be eight and should be established based on the density of ADS in the catchment area of the supervisor's own ADS.

Conduct of Peer Supervision

The process of providing peer supportive supervision begins at the planning stage, when the supervisor makes appointment with the ADS seller and prepares the necessary materials for the supervision. These appointments should be made with the seller at least two days before the visit. When making appointments for the initial visit, it is important for the supervisor to explain the objectives of the visit and give an estimate of the duration of the discussion. Peer supervisors should remember that supportive supervision is different from regulatory or investigative inspection and emphasise this to the ADS seller accordingly. The supervisor should be aware that interruptions may occur during the supportive discussions and be patient when that occurs. The peer supervision process is outlined in the peer supervision guide.

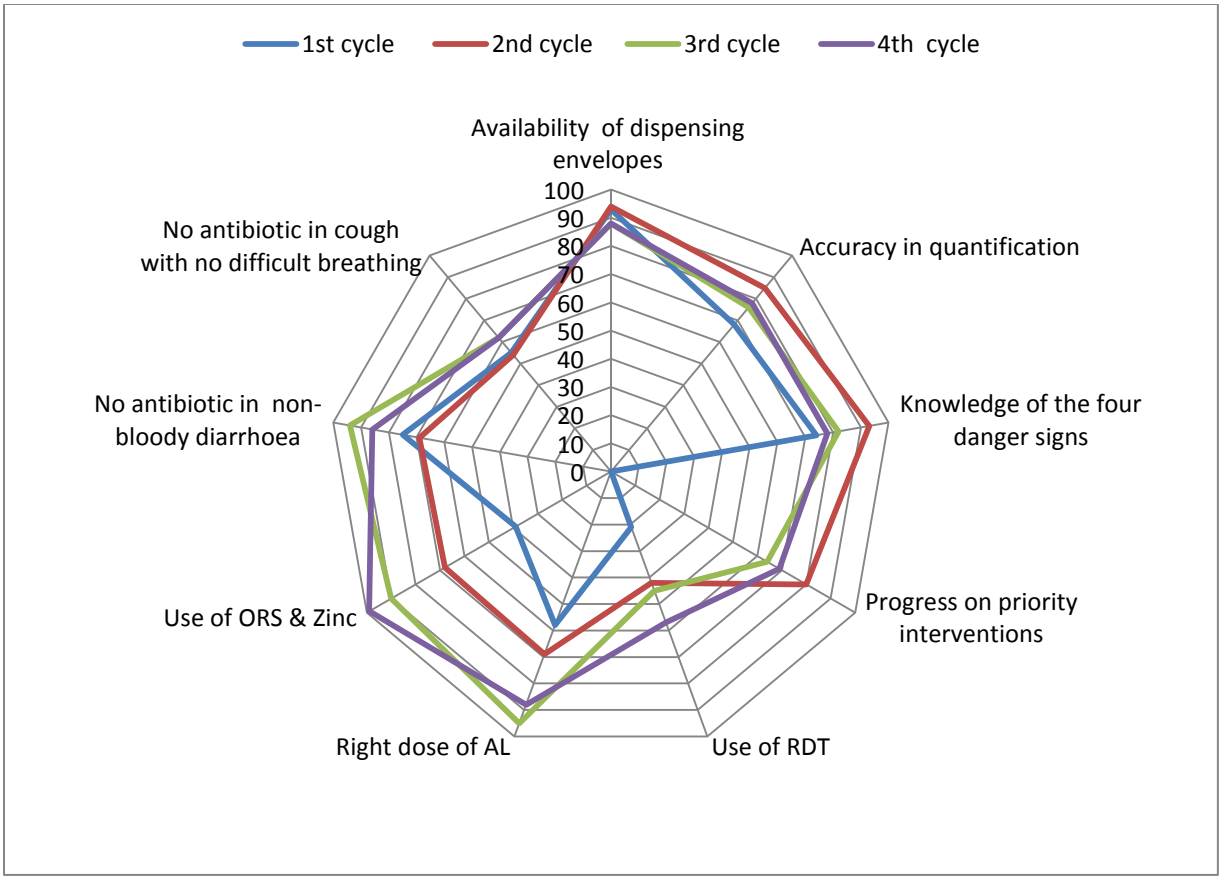
The ADS seller carries out at least one self-assessment before each peer supervisor visit. Peer supervision visits to ADS are performed every three months; the visits are to be completed in one and a half weeks. Peer supervisors then summarise and submit reports to the ADS association office one week after the last ADS visit. The ADS association secretary summarises the data within two weeks and submits the report to the ADS chairperson. The chairperson reviews and endorses the report and submits it to the PSU regional representative. PSU provides feedback to the association chair and secretary two weeks before the next ADS peer supervision visits. The ADS association chair and secretary provide feedback to the peer supervisors one week prior to the next supervision.

Data Analysis and Reporting

Data is recorded by indicator for each ADS and is summarised by indicator for a given number of facilities. Indicators are measured against the expected best performance (100%). For indicators on use of antibiotics in non-bloody diarrhoea and cough without difficulty in breathing, the best performance is when there is no use of antibiotics. The first level of analysis is at the ADS association secretary and the next level of analysis is by the PSU technical team. The ADS association secretary and chairperson analyse data and report by sub-county or other appropriate geographical entity on each of the indicators. The PSU technical team analyses data by district for each of the indicators. Data are also summarised by indicator across sub-counties, districts, and regions using cross-tabulation techniques.

Data Presentation

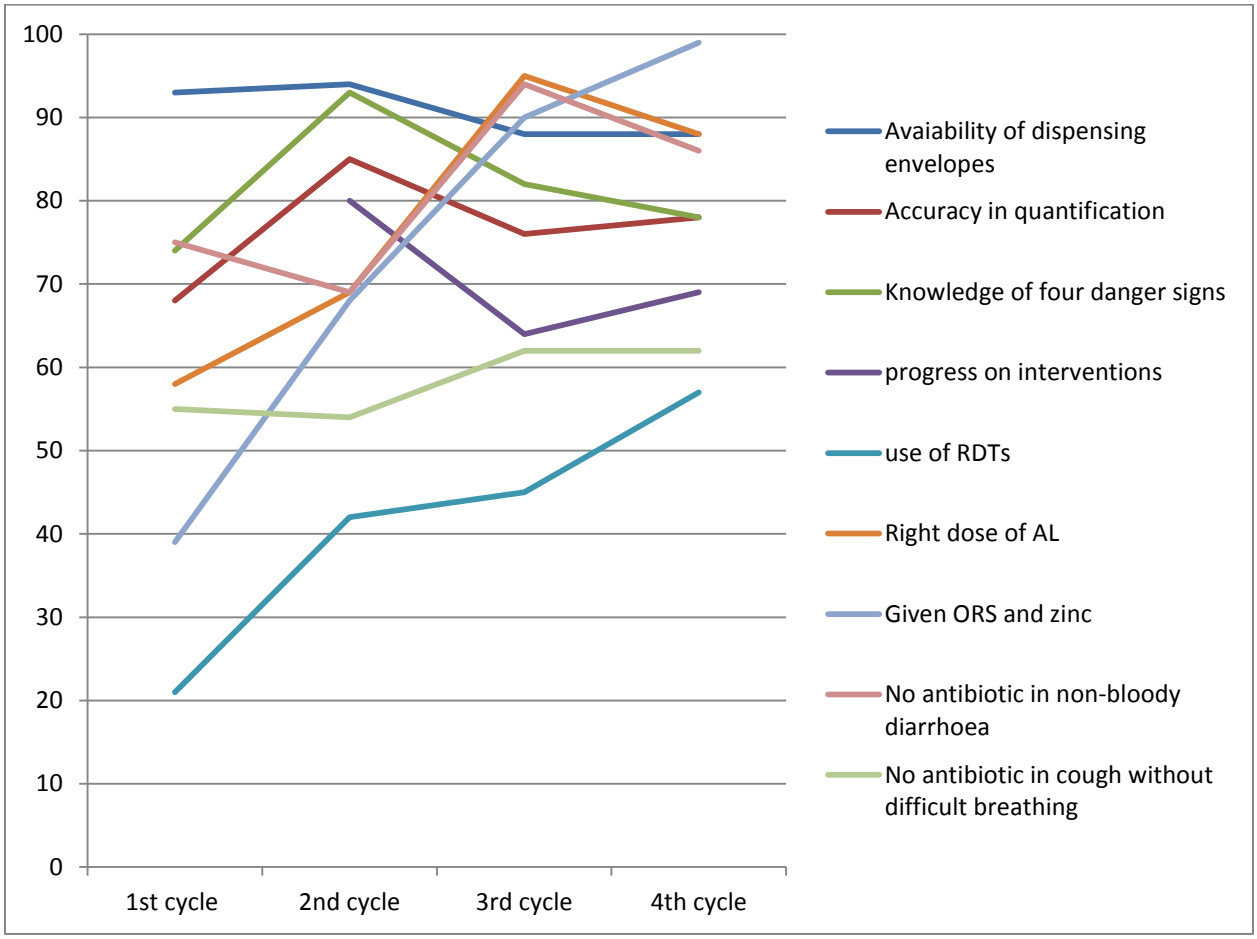
Data should be presented in percentages using tables and charts. A sample chart in the form of a spider graph is presented below.

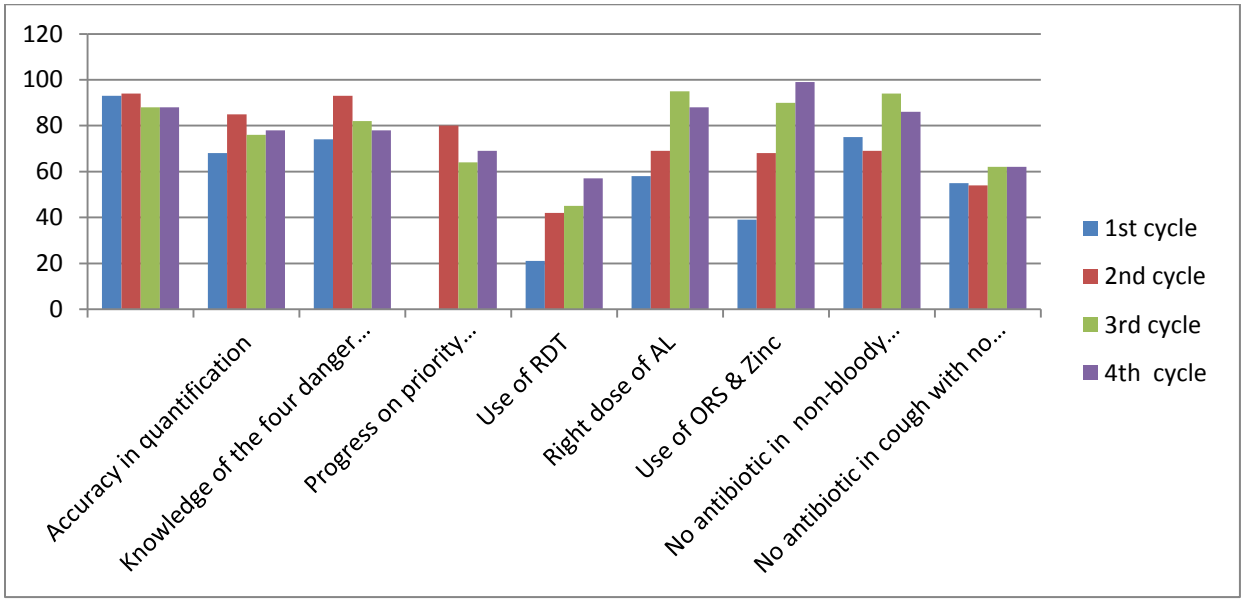


Sample table

Indicator	1st quarter	2nd quarter	3rd quarter	4th quarter
Availability of dispensing envelopes	93	94	88	88
Accuracy in quantification	68	85	76	78
Knowledge of the four danger signs	74	93	82	78
Progress on priority interventions	—	80	64	69
Use of RDT	21	42	45	57
Right dose of AL	58	69	95	88
Use of ORS and zinc	39	68	90	99
No antibiotic in non-bloody diarrhoea	75	69	94	86
No antibiotic in cough with no difficulty in breathing	55	54	62	62

Other charts





Roles and Responsibilities of Key Stakeholders

ADS Sellers

The ADS sellers do self-assessments, prepare the agenda for discussion with peer supervisors, and implement the agreed priority actions or interventions.

Peer Supervisors

The peer supervisors prepare the supervision plans, communicate the supervision schedule to ADS sellers, visit the ADS to support the sellers, summarise the observations and findings onto the peer supervisor reporting form/tool, and submit the report to the ADS association secretary.

Association Leadership

The ADS association leadership selects the peer supervisors, conducts the training course of the peer supervisors with technical support from PSU, coordinates the supervision processes, collects summary observations and findings from the peer supervisors, summarises the peer supervisor reports, provides feedback to the peer supervisors, monitors and assesses the performance of the peer supervisors, and submits reports to PSU through the regional PSU representative.

Pharmaceutical Society of Uganda

PSU, through the regional representative and the central technical Team and in consultation with the ADS association leadership and other partners, designs the strategy, prepares the tools, reviews the peer supervisor selection criteria, develops training materials, trains and mentors the peer supervisors, supports the ADS association leadership in addressing weak areas in the supervision results, and provides regular updates on the progress of the supervision to key stakeholders in the MOH, NDA and the PSU council.

ADS Peer Supportive Supervision Tools

A. ADS level: The following tools should be available at the ADS:

- Dispensing log
- Patient referral forms
- ADS seller's consensus action record book
- Stock cards
- ADS self-assessment form
- Notebook to record self-assessment responses

B. Peer supervisor level: the following tools should be available for the peer supervisors:

- Peer supervisor's consensus action record book
- Peer supervision manual
- Peer supervision guide
- Peer supervision reporting form
- ADS location map and ADS seller contacts

C. District level: The following tools should be available at the district level:

- ADS association leadership reporting form
- Peer supervision manual
- Peer supervisors training manual
- Peer supervisors contacts
- Peer supervision guide
- Peer supervision reporting form
- ADS location map and ADS seller contacts
- ADS self-assessment form

D. Regional level: The following tools should be at the regional level:

- Regional PSU peer supervision reporting form
- ADS location map
- District ADS association leadership contacts
- Soft copies of the valid tools except dispensing log and referral forms

E. Central level: The following should be available at the central level:

- Soft copies of the valid tools except dispensing log, referral forms, and stock cards

Definition of Indicators

The indicators for peer supervision are based on the objectives of the model but can be modified or adapted to a particular context. The table below outlines indicators, sources of data, targets, and units of measurement.

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
Accuracy in quantification (Did the seller accurately determine quantities of medicines to buy in the last purchase?)	This indicator measures the ability of the ADS seller to apply the average monthly consumption and determine quantity to order for a given period while considering buffer stock.	Stock card and ordering book or forms	At the ADS is dichotomous (yes/no)	Stated categorically as yes or no	Yes	Peer supervisor	Quarterly
		Peer supervisor's report	At sub-county level it is percentage	(Sum of yes entries divided by the number ADS visited) multiplied by 100	100%	ADS association secretary	Quarterly
		ADS association secretary's report	At district level it is percentage	Sum of sub county percent scores divided by number of sub counties	100%	ADS association chairman	Quarterly
		ADS chairperson's report	At regional level it percentage	Sum of district percent scores divided by number of districts in the region	100%	Regional PSU representative	Quarterly
		Regional PSU representative's report	At national level it is percentage	Sum of all regional percentage scores divided by number of regions	100%	Central PSU peer supervision team leader	Semi-annual
Knowledge of the five danger signs in children under five (Does the seller know the four danger signs[a] in	This indicator measures the competence of the ADS seller in identifying danger signs in under-fives.	Interview with peer supervisor	At the ADS is yes/no	Stated categorically as yes or no	Yes	Peer supervisor	Quarterly
		Peer supervisor's report	At sub-county level it is percentage.	(Sum of yes entries divided by the number of ADS visited) multiplied by 100	100%	ADS association secretary	Quarterly
		ADS association secretary's report	At district level it is percentage.	Sum of sub-county percentage scores	100%	ADS association	Quarterly

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
under-fives?)				divided by number of sub-counties		chairman	
		ADS chairperson's report	At regional level it is percentage.	Sum of district percentage scores divided by number of districts in the region	100%	Regional PSU representative	Quarterly
		Regional PSU representative's report	At national level it is percentage.	Sum of all regional percentage scores divided by number of regions	100%	Central PSU peer supervision team leader	Semi-annual
Referral of cases (Did the seller refer patients as appropriate[b] in the last 30 days?)	This indicators measures whether the ADS seller complies with National Clinical or Treatment guidelines on patient referral, or other professional obligations	Referral notes and dispensing log in the column for diagnosis	At the ADS is yes/no	Stated categorically as yes or no	Yes	Peer supervisor	Quarterly
		Peer supervisor's report	At sub-county level it is percentage	(Sum of yes entries divided by the number ADS visited) multiplied by 100	100%	ADS association secretary	Quarterly
		ADS association secretary's report	At district level it is percentage	Sum of sub-county percent scores divided by number of sub counties	100%	ADS association chairman	Quarterly
		ADS chairperson's report	At regional level it is percentage	Sum of district percent scores divided by number of districts in the region	100%	Regional PSU representative	Quarterly
		Regional PSU representative's report	At national level it is percentage	Sum of all regional percent scores divided by number of regions	100%	Central PSU peer supervision team leader	Semi-annual

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
Management of malaria (What was the number of cases of uncomplicated malaria[c] in under-fives in the last 30 days?)	This indicator measures whether the ADS seller complies with National Clinical Guidelines for the management of malaria in under-fives. The indicator has three sub-indicators: use of ACT, RDT testing, and correct dose of ACT.	Dispensing log in the columns for diagnosis, treatment given, and tests done	At ADS it only the numbers: (i) Uncomplicated malaria	(i) Numbers	None	Peer supervisor	Quarterly
			Proportion for (i) Correct dose of ACT	(Number with correct dose of ACT[d] divided by the total number given ACT) multiplied by 100	100%		
			Proportion for (i) RDT testing	Number of patients tested with RDT divided by total number of patients given ACT	100%		
		Peer supervisor's report	At sub-county level it is proportion or percentage	Sum of proportions for correct dose of ACT at each ADS divided by the total number ADS visited in the sub-county	100%	ADS association secretary	Quarterly
				Sum of proportions for RDT tests at each ADS divided by the total number ADS visited in the sub-county	100%		
		ADS association secretary's report	At district level it is proportion or percentage	Sum of proportions for correct dose of ACT for each sub-county divided by the total number sub-counties in the district	100%	ADS association chairman	Quarterly

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
				Sum of proportions for RDTs for each sub-county divided by total of sub counties in the district	100%		
		ADS chairperson's report	At regional level it is proportion or percentage	Sum of proportions for correct dose of ACT for each district divided by the total number districts in each region	100%	Regional PSU representative	Quarterly
				Sum of proportions for RDTs for each district divided by total of districts in the region	100%		
		Regional PSU representative's report	At national level it is proportion or percentage	Sum of proportions for correct dose of ACT for each region divided by the total number of regions	100%	Central PSU peer supervision team leader	Semi-annual
				Sum of proportions for RDTs for each region divided by the total number of regions	100%		
Management of non-bloody diarrhoea (What was the number of cases of non-bloody	This indicator measures whether the ADS seller complies with National Clinical Guidelines for management of	Dispensing log in the columns for diagnosis, treatment given, and tests done	At ADS it only the numbers: (i) Non-bloody diarrhoea cases	(ii) Numbers	None	Peer supervisor	Quarterly
			(ii) Number given ORS and zinc	(iii) Numbers	None		

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
diarrhoea in under-fives in the last 30 days?)	non-bloody diarrhoea. The indicator has three sub-indicators: (i) Use of ORS and zinc (ii) Right dose of zinc (iii) Right amount of ORS[e] (iv) Use of antibiotics		Proportion for (iii) Correct dose of zinc[f]	(Number given correct dose of zinc divided by the number given ORS and zinc) multiplied by 100	100%		
			Proportion for (iv) Correct amount of ORS	(Number given correct amount of ORS divided by the number given ORS and zinc) multiplied by 100	100%		
			(v) Proportion for antibiotics	(Number not given antibiotics divided by the number with non-complicated diarrhoea) multiplied by100	100%		
		Peer supervisor's report	At sub-county level it is proportion or percentage	Sum of proportions for correct dose of zinc at each ADS divided by the total number ADS visited in the sub-county	100%	ADS association secretary	Quarterly
				Sum of proportions for correct amount of zinc at each ADS divided by the total number ADS visited in the sub-county	100%		
				Sum of proportions for antibiotics at each ADS divided by the total number	100%		

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
				ADS visited in the sub-county			
		ADS association secretary's report	At district level it is proportion or percentage	Sum of proportions for correct dose of zinc for each sub-county divided by the total number sub-counties in the district	100%	ADS association chairman	Quarterly
				Sum of proportions for correct amount of zinc for each sub-county divided by total of sub-counties in the district	100%		
				Sum of proportions for antibiotics for each sub-county divided by total of sub-counties in the district	100%		
		ADS chairperson's report	At regional level it is proportion or percentage	Sum of proportions for correct dose of zinc for each district divided by the total number districts in each region	100%	Regional PSU representative	Quarterly
				Sum of proportions for correct amount of ORS for each district divided by total of districts in the region	100%		
				Sum of proportions for antibiotics for	100%		

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
				each district divided by total of districts			
		Regional PSU representatives' report	At national level it is proportion or percentage	Sum of proportions for correct dose of zinc for each region divided by the total number of regions	100%	Central PSU peer supervision team leader	Semi-annual
				Sum of proportions for correct amount of ORS for each region divided by the total number of regions	100%		
				Sum of proportions for antibiotics for region divided by total number of regions	100%		
Management of pneumonia (What was the number of cases under-fives without difficult breathing in the last 30 days?)	This indicator measures whether the ADS seller complies with National Clinical Guidelines for treatment of cough without difficulty in breathing	Dispensing log in the columns for diagnosis, treatment given, and tests done	At ADS it only the numbers: (iv) Cough without difficult breathing	(iv) Numbers	None	Peer supervisor	Quarterly
			(vi) Proportion for antibiotics	(Number not given antibiotics divided by the number without difficult breathing) multiplied by 100	100%		
		Peer supervisor's report	At sub-county level it is proportion or percentage	Sum of proportions for antibiotics at each ADS divided by the total number ADS visited in the sub county	100%	ADS association secretary	Quarterly

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
		ADS association secretary's report	At district level it is proportion or percentage	Sum of proportions for antibiotics in the county divided by the total number sub-counties in the district	100%	ADS association chairman	Quarterly
		ADS chairperson's report	At regional level it is proportion or percentage	Sum of proportions for antibiotics for district divided by total of district	100%	Regional PSU representative	Quarterly
		Regional PSU representatives' report	At national level it is proportion or percentage	Sum of proportions for antibiotics for each region divided by total of regions	100%	Central PSU peer supervision team leader	Semi-annual
Resolving issues (Has the ADS seller/owner addressed at least 60% of the issues identified in the previous visit?)	This indicator measures the responsiveness of the ADS to continual improvement plans	ADS seller's consensus action record and physical verification by the peer supervisor	At ADS level this a categorical yes or no	At the ADS it is yes/no	Stated categorically as yes or no	Yes	Peer supervisor
		Peer supervisor's report	At sub-county level it is percentage	(Sum of yes entries divided by the number ADS visited) multiplied by 100	100%	ADS association secretary	Quarterly
		ADS association secretary's report	At district level it is percentage	Sum of sub-county percent scores divided by number of sub-counties	100%	ADS association chairman	Quarterly
		ADS chairperson's report	At regional level it percentage	Sum of district percent scores divided by number of districts in the region	100%	Regional PSU representative	Quarterly

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
		Regional PSU representative's report	At national level it is percentage	Sum of all regional percent scores divided by number of regions	100%	Central PSU peer supervision team leader	Semi-annual
Self-assessments (Has the ADS seller/owner carried out at least one self-assessment in the last three months?)	This indicator measures the ADS seller's/owners readiness for peer supportive supervision and for continual improvement	Interview with peer supervisor	At ADS level this a categorical yes or no	At the ADS is yes/no	Stated categorically as yes or no	Yes	Peer supervisor
		Peer supervisor's report	At sub-county level it is percentage	(Sum of yes entries divided by the number ADS visited) multiplied by 100	100%	ADS association secretary	Quarterly
		ADS association secretary's report	At district level it is percentage	Sum of sub-county percent scores divided by number of sub-counties	100%	ADS association chairman	Quarterly
		ADS chairperson's report	At regional level it percentage	Sum of district percent scores divided by number of districts in the region	100%	Regional PSU representative	Quarterly
		Regional PSU representative's report	At national level it is percentage	Sum of all regional percent scores divided by number of regions	100%	Central PSU peer supervision team leader	Semi-annual
Dispensing envelopes	This indicator is a proxy for dispensing quality	Physical verification by the peer supervisor	At ADS level this a categorical yes or no	At the ADS it is yes/no	Stated categorically as yes or no	Yes	Peer supervisor
		Peer supervisor's report	At sub-county level it is percentage	(Sum of yes entries divided by the number ADS visited) multiplied by 100	100%	ADS association secretary	Quarterly

Indicator and guiding question	Indicator description	Source of data	Measurement units	Computation	Target	Data collector	Frequency of data collection
		ADS association secretary's report	At district level it is percentage	Sum of sub-county percent scores divided by number of sub-counties	100%	ADS association chairman	Quarterly
		ADS chairperson's report	At regional level it percentage	Sum of district percent scores divided by number of districts in the region	100%	Regional PSU representative	Quarterly
		Regional PSU representative's report	At national level it is percentage	Sum of all regional percent scores divided by number of regions	100%	Central PSU peer supervision team leader	Semi-annual

Annexure I: ADS Self-Assessment Form

Self-assessment is the exercise where the ADS sellers check their work and work environment with a view of finding out areas that require improvement. For the exercise to be useful, the ADS seller should be relaxed and honest when carrying out the self-assessment.

Self-assessment should be carried out at least once a month.

Facility details
Name of person(s) completing self-assessment form……
Drug shop name: ---------- Date: ---------- District: ----------
Sub-county:---------- Parish ---------- In-charge: ----------
Physical address: ---------- Telephone (1): ---------- ----------

Self-assessment responses

Please tick (√) the appropriate answer to the questions below and provide additional information where applicable.

1. During the past week, did you sell an antibiotic for non-bloody diarrhoea or did you have any questions or concerns when a case of non-bloody diarrhoea was presented?

□ Yes, I did sell an antibiotic for non-bloody diarrhoea

□ Yes, I had some questions or concerns. What were they?

_____

_____

_____

□ No

2. During the past week, did you sell an antimalarial medicine without the patient having a rapid diagnostic test (RDT) or did you have any questions or concerns when a case of malaria was presented?

□ Yes, I did sell an antimalarial without the patient having an RDT.

□ Yes, I had some questions or concerns. What were they?

_____

_____

_____

□ No

3. During the past week did you treat cough in a child under five years without assessing the breathing rate of that child or do you have any difficulty in assessing breathing rate in a child?

Yes, I did treat cough in a child under five years without assessing breathing rate

Yes, I have some difficulty in assessing breathing rate in a child. Mention any specific issues

_____

□ No

4. Are you able to identify danger signs in children or do you have any concerns regarding danger signs in children?

Yes, I can identify all danger signs in children

No, some danger signs are not very clear to me, specify

_____
_____
_____

5. During the past week, did you make any referrals or did you have any questions or concerns when a potential referral was presented?

□ Yes, I did make a referral.

□ Yes, I had some questions or concerns. What were they?

_____
_____
_____
_____

□ No

6. Do you feel comfortable when you counsel patients on the appropriate use of the medicines you sell them?

□ Yes, I always feel comfortable

□ Sometimes I feel comfortable, but there are times that I don't feel comfortable. If so, what types of counselling do you have questions about or which make you uncomfortable?

_____
_____
_____
_____

7. Did any of your customers/patients complain during the past week?

□ Yes (what was the complaint?)

_____
_____
_____
_____

□ No

8. In the space below, please identify any questions, problems, or challenges that have come up during the past week that you would like to address with your supportive supervisor.

Date of previous self-assessment……..

Date for next self-assessment……

Annexure II: ADS Peer Support Supervisor's 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-judgemental. Care should be taken not avoid creating an impression of inspection. The discussion should be held in such a way that other people may not over hear 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 the issue 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 need an opinion from the ADS owner. In such cases the recommendation will for the seller to discuss with the owner and explore ways of resolving the issue.

This is seller-driven supportive supervision and as such the peer super 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 the issue.

All agreed recommendation for action should be documented in the supervision book and a copy given to 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 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's name is on the register of sellers. If seller is not on register, supervisor notes this in the counter book.

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: Did the seller accurately determine the quantity of medicines to buy in the last purchase? Y/N

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

Indicator 3: Referral: did the seller refer patients as appropriate, in the last one month? 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 received ACT?

4b: How many were tested with RDT?

4c: How many received correct dose of ACT?

Indicator 5: Management of non-bloody diarrhoea: Number of cases in under-fives in the last 30 days (N) for each ADS:

5a: How many got ORS and zinc?

5b: How many got the right dose of zinc? (10 tablets)

5c: How many got the right amount of ORS? (at least 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 or URTI without difficult breathing:

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.

Annexure III: Peer Supervision Consensus Action Point Record Form

#	Areas of improvement	Consensus action points	Time lines	Status
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Number of consensus action points	
Next supervision date	
Signature of seller	
Signature of supervisor	

Annexure IV: ADS Seller's Consensus Action Point Record Book

#	Areas of improvement	Consensus action points	Time lines	Status
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Number of consensus action points	
Next supervision date	
Signature of seller	
Signature of supervisor	

Annexure V: Peer Supervisor Reporting Form (to be forwarded to the ADS association secretary within 3 days of supervision visit to the last ADS

Number trained ADS sellers		Number of non-ADS drug shops in the sub-county	
Total number of visits for all cycles		Shops with RDT in stock	
Number shops in first visit		Total time in supervision first visit	
Number of shops in second visit		Total time in supervision second visit	
Number of shops in third visit		Total time in supervision third visit	
Number of sellers in fourth visit		Total time in supervision fourth visit	

Sub-county							Number of cases in under-fives in the last 30 days (N) for each ADS											
Name of peer supervisor							Uncomplicated malaria in under five year olds (N)			Non-bloody diarrhoea in under five year olds (N)					Cough with no difficulty in breathing and no other conditions (N)			
Reporting date	Supervision cycle number			Date of previous report	Next reporting due date													
Name of ADS	Dispensing envelopes available?	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last 2 weeks?	Addressed at least 60% of issues Identified in previous visit?	Carried out at least one self-assessment in the last three months?	Number given ACT	How many were tested with RDT?	How many got the right dose of ACT?	Total cases	How many got ORS and zinc?	Got right dose of zinc ?	Got right amount of ORS?	How many received an oral antibiotic?	Total cases	How many received an antibiotic?	ADS association subscription status?	Seller trained
	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	N	n	n	N	n	n	n	n	N	n	Y=1 N=0	Y=1 N=0
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
Total																		
EXPECTED TOTAL SCORE																		

Annexure VI: ADS Association Leadership Reporting Form

Total number of supervisor-seller contacts for all cycles		Number of shops with RDT	
Number of shops in first visit		Total time in supervision first visit	
Number of shops in second visit		Total time in supervision second visit	
Number of shops in third visit		Total time in supervision third visit	
Number of sellers in fourth visit		Total time in supervision fourth visit	
Shops with no trained sellers		Average number of shops per supervisor	

District							Number of cases in under-fives in the last 30 days (N) for each ADS												
Name of chairperson							Uncomplicated malaria in under-five-year-olds (N)			Non-bloody diarrhoea in under-five-year-olds (N)					Cough with no difficulty in breathing and no other conditions				
Reporting date	Supervision cycle number			Date of previous report	Next reporting due date														
Name of sub-county	Dispensing envelopes available?	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last 2 weeks?	Addressed at least 60% of issues Identified in previous visit?	Carried out at least one self-assessment in the last three months	Number given ACT	How many were tested with RDT?	How many got the right dose of ACT?	Total cases	How many got ORS and zinc?	Got right dose of zinc?	Got right amount of ORS?	How many received an oral antibiotic?	Total cases	How many received an antibiotic?	ADS association Subscription status	Number of trained sellers	
	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	N	n	n	N	n	n	n	n	N	n	Y=1 N=0		
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
Total																			
EXPECTED TOTAL																			

Annexure VII: Regional PSU Representatives Reporting Form

Total number of supervisor-seller contacts for all cycles		Number of shops with RDT	
Number of shops in first visit		Total time in supervision first visit	
Number of shops in second visit		Total time in supervision second visit	
Number of shops in third visit		Total time in supervision third visit	
Number of sellers in fourth visit		Total time in supervision fourth visit	
Shops with no trained sellers		Average number of shops per supervisor	

Region							Number of cases in under-fives in the last 30 days (N) for each ADS												
Name of regional supervisor							Uncomplicated malaria in under-five-year-olds (N)			Non-bloody diarrhoea in under-five-year-olds (N)					Cough with no difficulty in breathing and no other conditions [illegible]				
Reporting date	Supervision cycle number			Date of previous report	Next reporting due date														
Name of district	Dispensing envelopes available?	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last 2 weeks?	Addressed at least 60% of issues Identified in previous visit	Carried out at least one self-assessment in the last three months	Number given ACT	How many were tested with RDT?	How many got the right dose of ACT?	Total cases	How many got ORS and zinc?	Got right dose of zinc?	Got right amount of ORS?	How many received an oral antibiotic?	Total cases	How many received an antibiotic?	ADS association subscription status?	Number of trained sellers
	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	N	n	n	N	n	n	n	n	N	n	Y=1 N=0	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
Total																		
EXPECTED TOTAL SCORE																		

[a] The four dangers signs in under-fives are refusal to eat or vomiting everything, high fever, unconsciousness, convulsions, difficult breathing, severe dehydration.
[b] Referral situations include danger signs, mRDT test, HIV test, prescriptions, antenatal, SMC, etc.
[c] Uncomplicated malaria = no signs of severe malaria such as convulsions, hyper-parastaemia, anaemia, unconsciousness, etc.
[d] Correct dose of ACT: See table attached.
[e] Right amount of ORS = at least two sachets.
[f] Right dose of zinc= infants 0–6 months: 10 mg once a day for 10 days; children 6 months–5 years 20 mg once a day for 10 days.