

The Pharmaceutical Society of Uganda (PSU)



AND

Sustainable Drug Seller Initiatives (SDSI)



Support Supervision Strategy

2013-2014

Contents

Strategy Outline.....3

Operating Context3

Strategic Objectives3

Operational Objectives3

Supervision Process4

Framework for Support Supervision6

Roles and Responsibilities7

Competencies of Supervisors.....8

Competencies for ADS Association Leadership.....9

Selection Criteria for Peer Supervisors9

Peer Supervision Process.....9

Monitoring and Evaluation.....11

Reporting Frequency and Timelines.....13

Role of ADS Supervisor.....13

Roles of District ADS Association Leadership.....13

Role of Regional PSU Representative.....13

Role of National PSU Technical Committee13

Implementation Plan14

Strategy Review14

Source of Funding14

Sample Peer Supervisor Reporting Form16

Sample District ADS Association Secretary Report Form.....18

Sample Regional PSU Representative Report Form20

National Data Aggregation Form22

Strategy Outline

This strategy outlines the operating context, strategic objectives, and operational objectives, the supervision process, the framework for support supervision, roles and responsibilities, competencies of supervisors, the peer supervision process, implementation plan, indicators for measurement, monitoring and evaluation, reporting requirements, and source of funding.

Operating Context

Support supervision for workers in Uganda is the responsibility of the Ministry of Health (MOH). This applies to both the public and private sectors and at all service delivery points, including hospitals, health centres, clinics, pharmacies, and drug shops. Although the public-private partnership in health initiative is intended to facilitate extension of routine support supervision to the private sector, this has not occurred so far. The private sector provides health services to a large section of the population; without adequate support, the health for all agenda would be severely compromised.

Strategic Objectives

1. To develop a framework for peer support supervision of the Accredited Drug Shop (ADS) sellers and owners in the context of the ADS initiative
2. To develop the capacity of the ADS Association for support supervision
3. To provide guidelines for implementation of the support supervision model

Operational Objectives

The main objectives are to help the ADS owner and seller with:

- a) Stock management
- b) Record keeping
- c) Maintaining a good professional image
- d) Knowledge of danger signs
- e) Making appropriate referrals
- f) Appropriate management of uncomplicated malaria, non-bloody diarrhoea, and cough with difficulty breathing
- g) Appropriate use of antibiotics in relation to simple cough and upper respiratory tract infections (URTIs)
- h) Identifying problems and solving issues

Supervision Process

The supervision will be implemented based on the five-tier structure outlined below.

1. Self-Assessment by the ADS Owner

Self-assessment will be carried out by the authorised person (the person whose name appears on the National Drug Authority [NDA] accreditation certificate). It will take place at least once a month for each supervision cycle. The results will be recorded on a template that will be provided for the purpose. The authorised person working together with the owner (if not the same) will attempt to rectify any problems identified in the self-assessments and prepare issues for discussion with the peer supervisor at the next support supervision visit.

2. Peer Support Supervision

This will be done by chosen members of the local ADS Association. Each member will supervise all the ADS shops within an 8-kilometre radius of his or her shop (flexibility will be maintained to balance distance and drug shop density). Each supervisor will be refunded the monetary costs incurred during the supervision based on pre-agreed rates.

Supervision will be carried out quarterly, but the visits will be spread out over a month. Each ADS will be visited at intervals of three months. The last month of the quarter will be the supervision month and all ADS will be visited in this month.

Visits will be friendly and supportive, and the supervisors will discuss improvement strategies with the authorised person or representative. This approach emphasises the difference between support supervision and inspection, a separate function undertaken by NDA.

The peer supervisor will discuss a broad range of issues with the authorised person (owner or seller) but the final report will be based on the selected composite or representative indicators. All the issues under discussion will feed into these indicators. The peer supervisors will submit reports to the District ADS Association Secretary, but will write a summary in the ADS peer supervision record book covering what was discussed, consensus points, and follow-up activities. The supervisory reports will be based on the key indicators agreed upon in the strategy.

Difficult or problematic cases will be referred to the ADS Association leadership, District Health Officer, or to NDA through the District Assistant Drug Inspector (DADI), depending on whether the issue is regulatory, administrative, or professional in nature. Such cases will include failure to rectify issues identified for two consecutive support supervision visits. The ADS Association leadership may seek the help of the Regional PSU Representative, who may also call on the PSU leadership where necessary to resolve the issue. It important to note that peer supervisors will have explained extensively the

impact of the issue on quality of service and medicine to the authorised person or representative before referral.

3. District ADS Association Secretary

The District ADS Association Secretary will monitor and supervise the work of the peer supervisors. He or she will check on the peer supervisors and make sure they are acting correctly. The District ADS Association will report on the numbers of peer supervisors who are working well, and mentor those who are not. 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 based on these four criteria will be used for assessing performance of the peer supervisors. Responsiveness to the supervision effort will be assessed based on how the ADS shops under a particular peer supervisor perform on the indicators.

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:

- a) The Regional PSU Representative
- b) The District Health Officer
- c) ADS Association leadership
- d) All peer supervisors in the district

4. Regional PSU Representative

This representative will collect the all the District ADS Association Secretary's reports and aggregate all the indicators of all 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. Inspection findings will form part of the validation of the supervision effort. PSU will work with the NDA to define data required for the regional joint supervision/inspection report and how such information will be used.

The Regional PSU 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:

- a) The National PSU Technical Committee
- b) All the District ADS Association Secretaries
- c) Regional NDA Inspector

5. National PSU Representative

The National PSU Representative will collect all six monthly Regional PSU Representative reports and aggregate all the indicators to form a national picture. The data will be analysed for patterns and trends. Interventions to address deficiencies identified through the support supervision will be designed and a report containing the aggregated indicators will be shared with:

- a) NDA and MOH
- b) All Regional PSU Representatives
- c) District ADS Associations

Framework for Support Supervision

Table 1 defines the stages and activities of support supervision.

Table 1. Support Supervision Framework

Stage	Activities	Remarks
Training	Leaders of the ADS Association will be equipped with skills to train peer supervisors and manage the supervision process.	The National PSU Technical Committee will facilitate this process through an initial training and subsequent mentoring.
Training	153 sellers will be sensitised on the new model.	The sensitisation will be for 3 hours at sub-county level for the 12 sub-counties. The sensitisation will be facilitated by the ADS Association leadership with support from the National PSU technical team.
	153 sellers will be trained on the use of the self-assessment forms. The self-assessment training and sensitisation will be on the same day per sub-county.	The training will take 4 hours at sub-county level for the 12 sub-counties.
Selection of peer support supervisors	Supervisors will be selected from the ADS sellers from each sub-county. The number will depend on size of sub-county and drug shop density.	The technical team at PSU will work with the ADS Association to select the peer supervisors.
Training of supervisors	The peer supervisors will be trained with support from National PSU technical team.	The training will be for 5 days. Hands-on experience for the peer supervisors will be provided during the training.
Self-assessments	Each ADS will conduct a self-assessment on a quarterly basis.	This will be used as a guide for the sellers to make improvements and prepare for the peer supervisors.
Support supervision visits	Visits will be quarterly. Every quarter, the peer supervisors will visit each ADS.	The PSU technical team will play a mentorship role for the peer supervisors and the regional representative.

Stage	Activities	Remarks
Assessment of quarterly visit reports	The ADS Association leadership will summarise the relevant information from the reports and provide feedback to the peer supervisors every quarter.	Supervisors will be provided with the specific monitoring tool.
Monitoring and review	There will be regular meetings at the ADS Association level and the National Technical Committee level (see below for monitoring and review process).	There will also be two-way communication between the national, regional, and district levels of supervision. This will be realised through written reports and feedback as well as communication by mobile telephone.

Roles and Responsibilities

The roles and responsibilities of those participating in support supervision are laid out in Table 2.

Table 2. Support Supervision Roles, Supervision Frequencies, and Reporting Dynamics

Team	Roles	Frequency
ADS sellers/owners	<ul style="list-style-type: none"> • Prepare issues for discussion with the supervisors • Implement the agreed actions • Carry out self-assessments 	<ul style="list-style-type: none"> • Self-assessments will be carried out every month.
Peer supervisors	<ul style="list-style-type: none"> • Provide ongoing supervision of all ADS outlets and reporting • Summarise data and report to the ADS Association leadership • Prepare area supervision plans 	<ul style="list-style-type: none"> • Peer supervisors will carry out quarterly supervision and reporting.
ADS Association leadership	<ul style="list-style-type: none"> • Directly oversee the activities of the peer supervisors • Collect reports from the peer supervisors • Summarise the findings from the reports • Provide feedback to peer supervisors regular basis • Monitor and assess performance of peer supervisors • Ensure that support supervision is done on schedule 	<ul style="list-style-type: none"> • Regular contacts will be made with the peer supervisors.
Regional PSU Representative	<ul style="list-style-type: none"> • Submit a comprehensive analysis of all reports submitted from the district ADS Association leadership • Prepare aggregated supervision/inspection reports • Provide feedback to the ADS Association leadership • Provide report to the National PSU Technical Committee 	<ul style="list-style-type: none"> • The visits will be as necessary.
The Central	<ul style="list-style-type: none"> • Develop the support supervision tools 	<ul style="list-style-type: none"> • Tools will be developed once.

Team	Roles	Frequency
Technical Supervision team/PSU	<ul style="list-style-type: none"> • Prepare and conduct a stakeholders workshop to train the stakeholders on use of the tools • Evaluate reports from the support supervision visits done • Prepare a consolidated report from different districts • Work with the Regional PSU Representative and the ADS leadership to monitor supervision activities 	<ul style="list-style-type: none"> • A consolidated report will be prepared once a year.
National-level partners (MOH, NDA)	<ul style="list-style-type: none"> • Provide support for the new strategy • Facilitate information sharing 	<ul style="list-style-type: none"> • Information will be shared annually at national level.

Competencies of Supervisors

The peer supervisors will be trained on how to use their knowledge of the below aspects to guide and counsel ADS (Table 3).

Table 3. Areas of Competence for Peer Supervisors

Domain	Competencies
Technical	<ul style="list-style-type: none"> • Stock management • Pharmaceutical records management • Good dispensing practice • Health system structure • Pharmaceutical procurement • Disposal of pharmaceutical waste • Professional code of conduct • Management of uncomplicated malaria, non-bloody diarrhoea, cough with difficult breathing • Use of measuring and diagnostic devices for diagnosis community case management (CCM)
Operational	<ul style="list-style-type: none"> • Communication • Inter-personal relations • Teamwork • Support supervision • Leadership • Customer care • Priority setting • Monitoring and evaluation

Competencies for ADS Association Leadership

The competencies are the same as for the peer supervisors, but in addition, ADS Association leadership will require the following:

- Managing the peer supervision process
- Supervision
- Change management

Selection Criteria for Peer Supervisors

The selection criteria shall be based on the following qualities:

- Peer supervisors should have formal medical training (enrolled nurse, enrolled midwife, diploma in pharmacy); flexibility will, however, be exercised in cases where such qualifications may not be available.
- They should have been a drug seller or owner for a minimum of three years in that particular locality.
- They should be a person of high integrity and repute.
- They should be a member of the ADS Association.
- They should reside in the sub-county.

Peer Supervision Process

Support supervision will involve a select team from the ADS Association. Selection will be based on the above criteria. The peer supervisors will receive rigorous initial training to ensure semi-autonomous operation.

The officer whose name appears on the NDA certificate of accreditation will be the primary respondent for the peer support supervision. In the absence of this person, another qualified seller will be the respondent; otherwise, the drug shop owner will take 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 an 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 are 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 are as shown in Table 4.

Table 4. Support Supervision Themes and Indicators

Discussion Themes	Composite/Reporting Indicator
<ul style="list-style-type: none"> • Stock management • Records management • Ordering process 	Accuracy in determining quantity to order
<ul style="list-style-type: none"> • Case management and quality of medicine use 	Knowledge of the 4 danger signs
	Proportion of cases of uncomplicated malaria in under-5-year-olds tested via rapid diagnostic test (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 oral rehydration solution (ORS) and zinc
	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
<ul style="list-style-type: none"> • Responsiveness to support supervision effort • General management • General issues 	Number of referrals in the last 2 weeks
	Number of identified issues resolved since the previous visit
	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:

1. Has the seller accurately determined the quantity of medicines to buy? Y/N
2. Does the ADS portray a professional image in terms of layout, signage, nature of building, and dispensing equipment? Y/N
3. Does the seller know the four danger signs? Y/N
4. In the last two weeks, has there been at least one referral? Y/N. In a situation where no referral was warranted, this will be N/A.

5. For the last five cases on different days of uncomplicated malaria in under-six-year-olds:
 - a. How many were tested via RDT?
 - b. How many received correct treatment?
6. For the last five cases on different days of non-bloody diarrhoea in under-six-year-olds:
 - a. How many got ORS and zinc?
 - b. How many were given an antibiotic?
7. For the last five cases on different days of simple cough or URTI in over-12-year-olds, how many received an antibiotic?
8. What proportion issues identified in the previous supervision visit has been resolved?
9. 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 downwards as well. These indicators will then be compared between districts and regions and followed for trends over time.

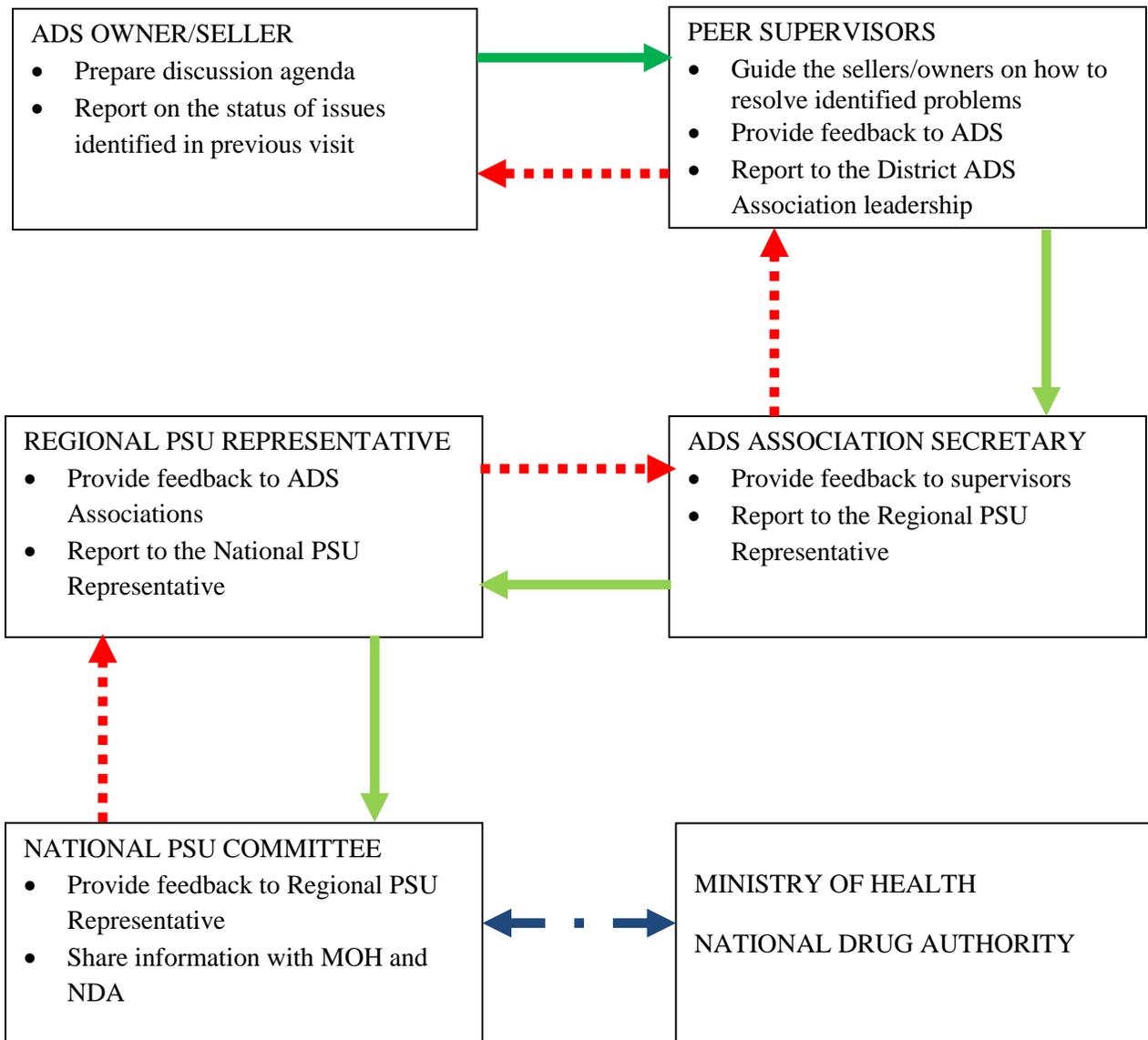
Monitoring and Evaluation

Monitoring of the supervision process will be based on supervision plans prepared by each supervisor, compliance with scheduled visits, timely submission of reports, and the indicators highlighted above. (Figure 1 outlines the flow of reporting and feedback.) The process of monitoring will involve meetings at the ADS Association and also at PSU. The monitoring will be carried as part of the routine ADS and PSU leadership functions.

Other issues that will be monitored are motivation of the peer supervisors, time taken for each of the supervision activities, cases of problem ADS, and completion of activities as per plan.

Evaluation will be based on the monitoring reports and annual verification surveys. Verification surveys will assist in finding out whether the supervision effort is paying off in terms of community and ADS benefit. The surveys will be in the form of short interviews with ADS owners, ADS clients, and officials from the district, the sub-county, and the local councils.

Figure 1. Reporting and feedback flow chart



Key:

Red dotted line = feedback

Green line = reporting

Blue dotted line = sharing information

Reporting Frequency and Timelines

Peer supervisors will submit quarterly reports to the District ADS Association Secretary. Reports will be submitted by the 15th of the month following the supervision month. Use of mobile phones in submitting reports will be explored.

District ADS Association Secretaries will submit quarterly reports to the Regional PSU Representative. Reports will be submitted by the 28th of the succeeding month.

The Regional PSU Representatives will submit semi-annual reports to the national PSU technical team. Reports will be submitted by the 15th of the seventh month.

The national PSU technical team will share annual reports with NDA and MOH. Reports will be shared by the second month of the succeeding year.

Role of ADS Supervisor

- Prepare a summary report based on the indicators

Roles of District ADS Association Leadership

- Collect all the indicator-based reports
- Analyse by sub-county
- Aggregate data
- Submit report to PSU Regional Representative

Role of Regional PSU Representative

- Collect all the supervision reports from the District ADS Association leadership
- Analyse data by district
- Aggregate data
- Submit report to National PSU Technical Committee

Role of National PSU Technical Committee

- Collect reports from regions
- Aggregate regional reports
- Analyse data

- Prepare national report

Implementation Plan

The strategy will be implemented as follows:

1. Develop support supervision tools
2. Provide the necessary training to the ADS Association leadership
3. Sensitise the ADS owners and sellers
4. Select and train peer supervisors
5. Conduct support supervision visits
6. Provide, analyse, and interpret of reports
7. Review strategy

Strategy Review

The pilot will inform the review process and certain aspects may be modified during and at the end of the pilot. Aspects such as self-assessment frequency, clustering of supervision visits, reporting frequency, collaboration with NDA and the District Health Office, and number of ADS per supervisor will be monitored closely and revisions made accordingly.

Source of Funding

Strategically, PSU aims to strengthen its relationship with the ADS Association and demonstrate the value of this relationship. This will contribute significantly to the sustainability of the project.

The sustainability of the strategy will be based on the following tenets:

- Source of funding:
 - Annual collections from the ADS by the District ADS Association.
 - PSU fundraising through routine collection of fees from drug outlets (PSU does this annually).
- Creating a pool of peer supervisors with the capacity to:
 - Effectively conduct support supervision.
 - Develop onsite intervention for gaps and deficiencies.
 - Provide on-site feedback to ADS sellers and owners.
- Building capacity of the ADS Association leadership to:
 - Effectively organise supervision.

- Perform analysis of the findings from the supervision.
 - Prepare intervention plans to address gaps and deficiencies.
- Mobilising support from stakeholders at district, regional, and national levels through:
 - Sharing strategic information.
 - Sharing work plans.
 - Sharing reports.
 - Sharing feedback.
- Making ADS support supervision a core activity for the PSU:
 - Include support supervision activities into annual planning and budget.
- Strengthening the partnership between PSU and the ADS Association:
 - PSU will mentor the associations on management, inventory control, and resource mobilisation.
 - PSU will supply basic reference materials such as treatment guidelines for pneumonia and diarrhoea.
 - PSU will provide ongoing technical assistance to the ADS Association.

Sample Peer Supervisor Reporting Form

Sub-county						For the last five cases of uncomplicated malaria in under-six-year-olds		For the last five cases of non-bloodly diarrhoea in under-six-year-olds		For the last five cases of cough or URTI in over -12-year-olds
Name of persons present during supervision										
Name of peer supervisor										
Reporting date	Supervision cycle number	Date of previous report	Next reporting due date							
Name of ADS	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last two weeks?	Proportion of issues identified at the previous visit that have been resolved	Carried out at least one self-assessment in the last three months	How many received RDT?	How many received correct treatment?	How many got ORS and zinc?	How many received an antibiotic?	How many received an antibiotic?
	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	Y=1 N=0	0-5	0-5	0-5	0-5	0-5
1										
2										
3										
4										
5										
6										
7										
8										
9										

10										
Total										
EXPECTED TOTAL SCORE	10	10	10	10	10	50	50	50	50	50

Sample District ADS Association Secretary Report Form

District						For the last five cases of uncomplicated malaria in under-six-year-olds	For the last five cases of non-bloody diarrhoea in under-six-year-olds	For the last five cases of cough or URTI in over-12-year-olds		
Name of person reporting										
Reporting date	Supervision cycle number	Date of previous report	Next reporting due date							
Name of sub-county	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last two weeks?	Proportion of issues identified at the previous visit that have been resolved	Carried out at least one self-assessment in the last three months	How many received RDT?	How many received correct treatment?	How many got ORS and zinc?	How many received an antibiotic?	How many received an antibiotic?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Total										
EXPECTED TOTAL SCORE										

Sample Regional PSU Representative Report Form

Region		Number of districts				For the last five cases of uncomplicated malaria in under-six-year-olds		For the last five cases of non-bloody diarrhoea in under-six-year-olds		For the last five cases of cough or URTI in over-12-year-olds	
Name of person reporting		Number of drug shops									
Reporting date	Supervision cycles	Date of previous report	Next reporting due date								
Name of district	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last two weeks?	Proportion of issues identified at the previous visit that have been resolved	Carried out at least one self-assessment in the last three months	How many received RDT?	How many received correct treatment?	How many got ORS and zinc?	How many received an antibiotic?	How many received an antibiotic?	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Total										
EXPECTED TOTAL SCORE										

National Data Aggregation Form

Number of regions		Number of sub-counties				For the last five cases of uncomplicated malaria in under-six-year-olds	For the last five cases of non-bloodly diarrhoea in under-six-year-olds	For the last five cases of cough or URTI in over-12-year-olds		
Number of districts		Number of drug shops								
Reporting date	Calendar year	Date of previous report		Next reporting due date						
Name of region	Accurately determined quantity of medicines to buy?	Know the four danger signs?	At least one referral in last two weeks?	Proportion of issues identified at the previous visit that have been resolved	Carried out at least one self-assessment in the last three months	How many received RDT?	How many received correct treatment?	How many got ORS and zinc?	How many received an antibiotic?	How many received an antibiotic?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Total										
EXPECTED TOTAL SCORE										