ZAMBIA MEDICINES REGULATORY AUTHORITY (ZAMRA)



Health Shops Project Implementation Model

APRIL 2018



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# 1: Background

## 1.1: Introduction

The Ministry of Health through the Zambia Medicines Regulatory Authority (ZAMRA) is implementing the Health Shop Program to improve access to essential medicines and health services through a community-based private and public sector partnership platform for public health interventions in Zambia. The Medicines and Allied Substances Act of 2013 provides for the establishment of a Health Shop, a place or premise permitted by the regulatory authority to sell a prescribed list of medicines under the control of an authorized person.

The Health Shop concept originated from a the Zambia Access to ACT (ZAAI), a project lead by Ministry of Health in 2010 with support from World Bank and implemented by a consortium of organizations that included, Management Sciences for Health, Malaria Consortium, Crown Agents in collaboration with ZAMRA formally known as Pharmaceutical Regulatory Authority (PRA). One of the ZAAI project components was focusing on developing a model to improve the quality of malaria case management in drug shops through a government accreditation scheme that branded drug shops participating in the accreditation intervention. Guidelines were developed to govern the operations of the accredited outlets, including standards for premises infrastructure, personnel, records, and products, based on the Tanzania’s successful accredited drug dispensing outlet (ADDO) model. The ZAAI project drug shops were then branded as “Health Shops”.

Enactment of the Medical and Allied Substances Act (MASA) No 3 of 2013 included health shops (HS) as an additional place or premises permitted to sell a prescribed list of medicines, regulated by the Zambia Medicines Regulatory Authority (ZAMRA). The goal of an accreditation scheme based on Medicines and Allied Substance Act and regulations is to improve legal access to a limited list of basic, high-quality prescription and nonprescription essential medicines, particularly targeting the population leaving in rural or underserved areas.

Using its own sources of funds ZAMRA continued to fund preparations for implementation Health Shops project mainly by putting together the regulatory framework for Health Shops.

In 2015, Management Sciences for Health was funded by the Bill and Melinda Gates Foundation through the LaunchDSI project to continue its efforts in Africa to improve access to essential medicines in underserved settings. Launch DSI is a 4 year program to facilitate the development, implementation and scale up of Accredited Drug Seller Initiatives (ADSI's) to increase access to pharmaceutical products and services in Africa through private-public partnerships. LaunchDSI follows the successful Accredited Drug Dispensing Outlets (ADDO) program tested, evaluated, scaled up and sustained in Tanzania since 2003 and is now providing technical support to Countries in Africa interested to initiate and progress on the Accredited Drug Seller model. Such countries include Uganda and Liberia implementing the initiative in over 5 years now and Zambia which have just started implementation.

Together with the enactment of the law to establish Health Shops, ZAMRA moved an extra step to develop regulations (2016) and guidelines (2017) to govern establishment and operations of Health Shops. The LaunchDSI project extended its support to ZAMRA to continue its efforts in establishment of Health Shops. Some of the activities accomplished by ZAMRA to date include the following;

* Organizing and conducting stakeholders meetings to discuss on development of health shops project in Zambia
* Employment of a staff at ZAMRA to coordinate program activities
* Formation of a National Health Shops Steering Committee
* Development/ adaptation of training curriculum and manuals for Health Shops dispensers and owners
* Holding sensitization meetings and carrying out mapping of existing drug shops and available training institutions in Western and Muchinga provinces
* Training of trainers in the Western and Muchinga province to provide training of owners and dispensers
* Training of dispensers organized by the Nursing Colleges in Senanga and Mongu Districts in Western Province
* Training of health Shop part time inspectors was conducted in the two districts of Senanga and Mongu in Western province

As program implementation continues in Zambia, LaunchDSI project worked with ZAMRA to support documentation of the progress made to date on the establishment of the Health Shops initiative.

Based on the activities implemented in Tanzania on the ADDO program and later the ADS program in Uganda, MSH came up with a comprehensive package of implementation components branded as accredited Drug Seller (ADS) model. A number of components were identified to lead implementation of the ADS model in Africa based on each country’s context on health policies and pharmaceutical regulatory frameworks. Documentation of the model implemented in each country helps to identify areas of similarities and differences based on country context for experience sharing as implementation continues in other countries.

## 1.2: What is a Model

As far as ADS is concerned, a model may be described as a series of specific approaches or components undertaken by a project initiative in order to implement it taking into account country context. The Health Shop Model described here, tries to document as much as possible Zambia’s approach to implement its ADS initiative.

## 1.3: Absence of written Health Shop Model

Zambia is not unique in that it has started implementing the ADS without a fully documented model in place. There are other countries which took up the initiative, used the ADDO model first and made country adjustment as they moved forward with implementation. This approach has some advantages because usually country differences and approaches are much easier discovered during implementation rather than sitting on the table and trying to imagine what issues would come out as country specific during implementation. It is our opinion that for Zambia this is the optimum time to document the Health Shop Model in a written form using the experiences gained so far during the period of implementation. Description of the model may also consider those ADS components which have not been implemented yet because of the project being in its infancy stage and therefore they will be considered as the projects progresses.

# 2. The Zambian Health Shop Model

The following model components will be described on how they were either implemented or will be implemented based on agreements with stakeholders and country context.

1. Country situation analysis and assessment of private sector pharmaceutical services
2. Stakeholders’ consultation, engagement and consensus building on establishment of Health Shops
3. Regulatory framework for Health Shops
4. Training component
5. Incentives and linkages to financing services
6. Consumer advocacy, marketing and branding
7. Integration of public health Initiatives into Health Shops project implementation
8. Program Institutionalization and Coordination at Central and Local Government Level
9. Partnership for implementation and resources mobilization to support program implementation
10. Sensitization seminars and preliminary inspection of existing drug shops and potential new premises to become Health Shops
11. Survey of existing drug shops and identification of interested Shop owners –Mapping

## 2.1: Country situation analysis and assessment of private sector pharmaceutical services

Implementation of the Zambia Health Shops program gained consensus based on result and recommendations drawn by stakeholders on the evaluation of the pilot project to engage private sector drug shops on malaria management implemented by the Zambia Access to ACT initiative (ZAAI) with support from the World Bank. The pilot project was implemented in four districts (Kasama, Chinsali, Chama and Lundazi). The project concept was based on accrediting drug shops to provide malaria services based on the Tanzania ADDO model but with limited scope of products only focusing on antimalarial. Although the survey in the four districts provided a snap short of the private sector drug shops services, the pilot did not provide a clear picture of the country wide private sector Pharmaceutical services with focus on retail drug shops. It is therefore necessary for Health Shop program to either utilize other existing assessment reports done by other partners or organize a baseline assessment for the retail drug shops existence and services in Zambia. This will be used to evaluate the success of the Health Shops program once implemented in a wider scale.

## 2.2: Stakeholders’ consultation, engagement and consensus building on establishment of Health Shops

One of the key start points for establishing ADS in a country is soliciting consensus among major stakeholders in the country. These stakeholders may include government and policy makers, Regulators, professionals, business community, clients or targeted population and local or international partners. It is important that this process covers as many stakeholders as widely diverse as possible.

In Zambia, stakeholders’ engagement and consensus building started during implementation of the Zambia Access to ACT Initiative (ZAAI) where discussions resulted into consensus to use drugs shops for malaria testing and dispensing of subsidized antimalarials ( of ACT ) and finally the name for such accredited drug shops - Health Shops. Stakeholders also defined standards for premise and personnel and code of ethics.

During implementation of the ZAAI project, steering committee was established to oversee project implementation. The success of the ZAAI project using the Health Shops lead to the formation of a National Steering Committee (NSC) to oversee the implementation of Health Shop project under ZAMRA. Members of the current committee were drawn from public, private, NGO and other institutions. Terms of Reference (TOR) were also drawn to cover responsibilities and for operational functions of the committee including schedule of meetings. So far the committee has accomplished two meetings held in August and November 2017. The table below shows the diversity of membership to the NSC a sign of wider engagement.

Table 1: Members of the NSC for Health Shops of Zambia

|  |  |  |
| --- | --- | --- |
| **Institution Name** | **Institution Type** | **Member** |
| Management Sciences for Health | NGO | Mr Oliver Hazemba |
| Zambia Medicines Regulatory Authority | Government Regulator | Mrs Bernice Mwale |
| Ministry of Health | Government | Mr Luke Alutuli |
| Ministry of Commerce, trade and Industry | Government | Mr Chiti Mulenga |
| Ministry of Local Government | Government | Mr Ngwale |
| Zambia Pharmaceutical Business Forum | Association of private pharmaceutical manufacturing, wholesale and retail Companies. | Mrs Ruth Mudondo |
| Pharmaceutical Society Of Zambia | Pharmaceutical Professional Bodies | Mr David Banda |
| World Bank | Private/public partnership | Mr John Makumba |
| Medical Stores Limited | Government Pharmaceutical Distributor | Mr Chikuta Mbewe |
| Churches Health Association of Zambia | Non-Governmental Rural Health Care Provider | Mr Marlon Banda |
| Health Professions Council of Zambia | Health Care Professionals Registration Body | Mr Bwembya Bwalya |

A wide range of other stakeholders have been engaged at different stages to support different activities of program implementation particularly during the development of materials such as;

* Health Shops regulations and associated permits and forms
* Prescribed list of medicines for Health shops
* Health Shops Implementation guideline
* Training materials (trainer, trainee and curriculum) for owners and dispensers
* Health Shops inspection and monitoring tools
* Advocacy and Sensitization materials for district level stakeholders

Different stakeholders have also participated in different meetings such as;

* Launching of the LaunchDSI project to support Health Shops
* Steering Committee meetings
* District level sensitization and advocacy meetings
* Resource mobilization discussions with different partners

## 2.3: Regulatory framework for Health Shops

One of the most likely dangers that may lead to possible failure of ADS model implementation is letting the model being established under existing regulatory framework for quick implementation. This may take place differently whereby in some countries this may be delayed waiting for the pilot period to end and then engage in establishing a regulatory frame work. This approach worked for Tanzania. Similarly, the ZAAI pilot project provided a room for lessons learned which were highly considered when formulating the new Zambia Medicines and Allied Products Act of 2013 and later developed regulations for Health Shops establishment in 2016. In other countries the regulatory framework is established first before any ADS are established.

Statutory instruments and processes to support establishment of Health Shops were laid down by ZAMRA in collaboration with its stakeholders to guide the legal process of establishing health shops.

Health Shops are now recognized by the Medicines and Allied Substances Act of 2013. Health Shops regulations were then developed from the main Act in 2016 to describe the legal processes for dealing with permits, dispensing and storage of medicines and recognition and location of health shops. Implementation guideline of 2017 was developed to support program implementation process. Implementation tools such as application forms, inspection forms, registration certificates and list of authorized medicines for health shops have also been developed. The approved list of medicines have highlighted that a selected list of 28 prescription medicines and all general sales medicines will be allowed for sale in Health Shops. Health Shop premise standards require a minimum size of 14 square meters divided in to dispensing and store room. Details of the premise and location of a health shop are described in the implementation guidelines of 2017.

### 2.3.1: Documents developed under this component

1. Medicines and Allied Substances Act, 2013
2. Medicines and Allied Substances (Health Shops) Regulations, 2016 (SI No.12 of 2016)
3. Guidelines on operating a Health Shop (2017)
4. Health Shops standards and code of ethics
5. Application form for permits (establishment, renewal and transfer)
6. Health Shop permits
7. Application for duplicate permit
8. Notice for suspension/revocation of permit
9. Register of Health Shops permit
10. Prescribed list of medicines for Health Shops
11. Health Shop Logo
12. Inspection form for application of Health Shop permit
13. Routine inspection form

## 2.4: Training and capacity building for owners and dispensers:

Based on the Tanzania training materials developed in Kiswahili language and later customized to Uganda program in English, the MSH ADS model developed a generic curriculum with associated training materials for trainees and trainers of dispensers training. ADS also proposed a generic material for owners training. The above materials were made available to Health Shops program to customize them based on the Zambia context. Based on the stakeholders’ consultations, the training component was defined as follows;

### 2.4.1: Development of curriculum and training materials for dispensers training

Health Shops regulations requires an authorized person for dispensing in a Health Shop. The regulations stipulated requirements for candidates to participate on training. Entry to dispensers’ training requires prospective candidates to have completed grade 12 with credit pass in English, Science and Mathematics subjects. It is advantageous to have a health background but it is not a prerequisite. Interviews are administered to all candidates before start of training. Pre and post examinations are administered to all candidates at the beginning and end of course respectively. Continuous assessments are required to be administered at the end of each week or module. Duration of dispenser training is 9 weeks covering the following modules;

* General and legal aspects of medicine sale and use
* Medicines management
* Treatment that can be initiated at the health shop
* Health Shop business and entrepreneurship skills
* Practical sessions

Based on the above description, a training curriculum was developed to describe the different topics to be covered in the above mentioned modules. A team of stakeholders drafted/adopted the curriculum from ADS generic materials and thereafter a consultant was identified to customize the training materials which were then reviewed and finalized through stakeholders workshops.

Other aspects of dispenser training agreed by stakeholders while developing the dispenser training included the following;

* Course duration for dispensers is 9 weeks training covering dispensers training modules, business and entrepreneurship skills and practical sessions.
* Final written examinations are issued upon finalization of the course.
* Pass mark is set at 75% and those who get below this mark have a chance to re-sit for another exam and those who fail completely are considered for repeating the course in a subsequent session.
* Upon completion of the course, dispensers are awarded course completion certificate from the institution
* Dispensers will also be awarded dispensing certificate from ZAMRA or any other identified relevant training institution

### 2.4.2: Development of materials for owners training

Stakeholders agreed that owners of Health Shops should receive a short training/orientation before they engage themselves with the business. Owners training is a one week training attended by those intending to own a Health Shop. The training component covers background of Health shops and legal aspects governing establishment and operating a Health Shop. The second major component is the business and entrepreneurship skills where prospective owners of Health Shops are trained on basic components of managing a business. Training modules for owners consist of the following:

* Introductory module: general background and legal aspects of drug sale and use
* Understanding your health shop business
* Life goals and personal financial planning
* Running a family business
* Health shops business planning
* Business management
* Record keeping and business financial management

### 2.4.3: Documents customized/developed under this component

1. Curriculum for dispensers training
2. Trainee manual for dispensers training
3. Trainers Manual (guide) for dispensers training
4. Training manual for owners training
5. Training schedule for dispensers training
6. Certificate for dispensers
7. Certificate for owners
8. Power Point Presentations for owners training
9. Power Point Presentations for dispensers training

### 2.4.5: Creating a pool of trainers for dispensers and owners training

Based on materials developed, MSH supported ZAMRA to conduct Training of Trainers (TOT) who will be conducting training of dispensers and owners as program implementation continues. Trainers were trained on Health Shops training materials based on adult learning approach and using trainees guide for both owner and dispenser training. Trainers were brought from central level Lusaka (selected Pharmacists), selected Districts officers (District Pharmacist, Trade Officers and Environmental Health Officers) and from selected training institutions in the same districts (Lewanika Nursing College in Mongu, Senanga Nursing College and the Kapasa Makasa University in Chinsali District).

### 2.4.6: Conducting training of owners and dispensers

ZAMRA in collaboration with MSH started organizing trainings to take place based on developed materials. Three institutions above were requested to plan and implement the training. Preparations included development of training requirements with associated budget, determining training fee to be paid by those who participate in owners training only and those who participate in both owner and dispenser training. The institutions went further to prepare for training venues and printing of materials. Identification of potential candidates was done through advertising in different channels. The three institutions have started conducting training and some have completed the training. The number of candidates participated in training and fees paid are described in the table below;

Table 2: Trainings Conducted in Three Institutions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Institution | Candidates enrolled for owners training only | Fees paid (ZKW) | Candidates enrolled for dispensers training | Fees paid (ZKW) |
|  | Senanga Nursing College | 2 | 2000 | 8 | 4,500 |
|  | Lewanika College of nursing | TBD | TBD | TBD | TBD |
|  | Kapasa Makasa University | TBD | TBD | TBD | TBD |

## 2.5: Incentives and linkages to financing services

Incentives package for owning a health shop business are those components that were identified to attract more people to engage in this controlled business. Health Shops owners’ training on business skills and entrepreneurship was considered as part of the incentive package that aimed at assisting owners to well manage their business and hence make profit for sustainability. Linkage of Health Shops business with financing institutions such as Banks, SACCO and Micro financing Institutions (MFIs) is another component of the incentive package which allows Health Shops to acquire loans and hence expand their capital and business in general.

Other identified incentives for operating a Health Shop are;

* Recognition and certification by ZAMRA to operate a pharmaceutical business
* Extended list of approved prescription medicines to be dispensed in health shops
* Training and certification of dispensers to provide services in Health Shops
* Branding of a Health Shop by a logo and other materials ZAMRA

### 2.5.1: Documents/materials developed under this component

1. Training materials for owners on business skills and entrepreneurship
2. Health Shop permits issued by ZAMRA
3. Approved list of prescription medicines to be sold in Health Shops
4. Health Shops logo

### 2.5.2: Other materials to be developed

* Strategy for linkage of Health Shops with financing mechanisms

## 2.6: Consumer advocacy, marketing and branding

As part of the major components of the Accredited Drug Seller model, Health shops have started implementing some activities focusing on consumer advocacy, marketing and project branding activities on this component; Consumer advocacy is meant to bring the community closer to ZAMRA’s efforts to improve access to medicines and services at community level. The component is also aiming at engaging the community to appropriately use the services provided by Health Shops providers. Activities implemented under this component include;

* Print and electronic media were engaged at different occasions on program activities publicity.
* Newspapers and local radio stations have also been engaged both at central level and District level to announce on ongoing training activities and to report on conducted stakeholders meetings.
* Public address systems were also used in Senanga District by training institution to inform prospective candidates who would wish to join the training.
* Fliers were also developed and used to sensitize communities about the program in the Western and Muchinga provinces during sensitization meetings.

ZAMRA is currently finalizing the design of the Health Shop logo using specifications detailed out on the Health Shop Implementation guide. The logo has also been developed to be used in all health shops materials. A sign board has also been drafted to be erected on accredited health shops together with a permit to operate a Health Shop.

### 2.6.1: Materials developed/drafted under this component

1. Health shop logo
2. Health shop sign board
3. Newspaper coverage notes
4. Radio announcements
5. Fliers

### 2.6.2: Materials still to be developed

1. Radio and TV messages
2. Posters
3. Booklets
4. T-shirts and caps
5. Dispensers pharmacy coats
6. Bill boards
7. Berners
8. Fliers
9. Stickers

## 2.7: Integration of public health Initiatives into Health Shops project implementation

Discussions have started between ZAMRA and EQUIP, a USAID funded program to expand HIV services using Health Shops as drop pick up points for ARV for stable patients. Discussions are also ongoing with CHAZ through Global Fund to support training of dispensers on HIV services. Other funding agents contacted for discussion include USAID, DFID, META Zambia and AMREF to explore opportunities for collaboration with other programs as well as funding to support health shops initiative.

### 2.7.1: Documents to be developed under this component

* A need to develop a strategy for integration of Health Shops with other public health programs

## 2.8. Program Institutionalization and Coordination at Central and Local Government Level

For effective program management, there is a need to establish a unit/section at ZAMRA to coordinate Health Shops program activities. The Unit will be responsible for coordination of activities within ZAMRA, with other implementing partners and with local government. Line of communication between the Unit and AMRA administration should be defined to facilitate implementation program activities. It is recommended that for this initial phase, the unit should report directly to Director Genera.

Currently, ZAMRA have employed one staff to manage the program. The plan to employ and dedicate more staff for the project will facilitate routine coordination with other partners interested to take part in the project. As more partners join to support the program, a technical working group formed between ZARA and implementing partners/technical assistance organizations will be necessary

ZAMRA will also be required to identify ways to strengthen its collaboration with local government authorities to facilitate inspection/supervision of Health shops. To defines more roles of district Pharmacists and environmental health officers who are currently recognized as trainers and part time inspectors of Health Shops

In order to have a more coordinated implementation of activities, a roll out strategy for Health Shops will be a key document to be prepared at this stage. The document will provide guidance on implementation until a national scale up is reached. It will also detail on the following among other elements;

* Program goal and anticipated benefits
* Types of coordination required to support activities
* Partnerships to be built and their defined roles to support implementation
* Details and sequence of activities to be implemented
* Costing of the activities to be implemented
* Possible financing mechanisms
* Cost contribution of owners and dispensers to support implementation
* Monitoring and evaluation framework to measure progress on implementation
* Program sustainability

### 2.8.1: Documents to be developed under this component

* Health Shops program roll out strategy in Zambia
* Organogram and reporting line for Health Shop unit within ZAMRA
* Terms of Reference and reporting mechanisms for establishment of a technical working group formed between ZAMRA and collaborating partners on Health Shops.
* ZAMRA to define a strengthened coordination with local government authorities to define more effective ways of working with District Pharmacists and Environmental Health Officers

## 2.9: Partnership for implementation and resources mobilization to support program implementation

ZAMRA and MSH team have initiated discussions with different health programs implementing partners and funders. Some of the meetings were held with funding agents like USAID, Global Fund and DFID. Meetings have also been held with AMREF EQUIP Project and CHAZ for possible partnership on activities and financing. As the efforts continue, discussions should also be initiated with health programs at MOH which have activities at community level such as Malaria, TB, HIV, Reproductive, Mother and Child Health to also see the opportunity to work with health shops as regulated private medicine and health commodities outlets at community level which not only provide quality essential medicines but also health education and services.

### 2.9.1: Documents to be developed under this component

* Develop a resource mobilization and partnership strategy to help map different partner activities, areas of collaboration and potential financing mechanisms to support activities

# 2.10. ADS model components which have not been implemented in Zambia

As the Health Shops model is still in its infancy stage, some components have not yet been implemented or were not considered as implementation continues. This is because the accreditation process has just started and therefore they will be considered as implementation continues or they have been implemented with limited resources and therefore those components have not been fully implemented. It is important that these components are highlighted so that as implementation continues or resources become available, they should then be given consideration.

### 2.10.1: Sensitization Seminars and Preliminary inspection of existing drug shops and **potential new premises to become Health Shops**

Sensitization seminars are usually meant to introduce the program in a particular geographical implementation area. A range of stakeholders including district officials, traditional and local government leaders, political leaders and owners of existing drug shops are all included. The purpose of this activity is to engage all stakeholders at all levels to ensure that they are all aware of the transformations of the existing system as well as to define roles of different stakeholders and their participation. This activity is followed by a preliminary inspection of existing outlets to identify what needs to be done to their premises for upgrade towards accreditation to Health Shops. It is also done to potential Health Shops owners who have identified new premises to be upgraded/constructed based on health shops standards. Inspectors visit each existing outlet and potential identified premises to provide instructions for premise preparations Follow up inspections are then conducted to ensure that instructions left to owners are being implemented. This component has not been implemented yet in the Zambia Health Shops model. It will be considered as resources become available.

**2.10.2: Survey of existing drug shops - mapping and preliminary inspections**

Sensitization seminars and mapping /survey of existing drug shops before initiating the accreditation process in a particular geographical setting is an important activity that helps understand the situation on the ground, the number of potential drug shops that can be enrolled and the conditions for which they exist to meet the criteria stipulated in the Health Shops standards. This activity provides information that informs the program on the magnitude of work ahead towards accreditation of the existing outlets to become Health Shops. It also provides information on the potential number of existing owners and dispensers who could attend the trainings. Due to resource constrains, this component was not fully implemented in the districts currently conducting training. Owners were sensitized and invited to participate on training without actual visit to drug outlets. As resources become available this activity should be given priority because it is one of the major foundation activity to implement the accreditation process.

### 2.10.3: Institutionalization of dispenser and owner training

Further engagement of training institutions will require development of a guide on conducting health shops trainings. The guide will enable different institutions to conduct the training in similar approaches across the country. The guide will define steps to be followed by institutions such as;

* Facilities to be offered by the institution
* Recruitment process for prospective candidates
* Guidance on fees and costs involved
* Optimal number and type of trainers and trainees required to start training and how to obtain them in case they have to be outsourced
* Training process, administering examinations, marking of examinations, pass mark announcing results and certification

## 2.10.4: Follow-up and Supervision after Training

ADS model requires that supervisions and follow up after training must be conducted to further build the capacity of newly trained dispensers as well as ensuring that their practice is in consistency with what they were trained on. Follow up after training also helps to identify areas of weakness during practice which can later be used to improve the training materials or teaching methodologies. Follow up after training is usually carried out by same trainers in collaboration with program coordination teams. Unfortunately for the Zambia model, this component has not been taken into account as the trainings have just started and being a self-sponsored training, institutions may not have the financial capacity to conduct this activity. It is suggested that this kind of activities should be planned by the Health shop project when mobilizing resources to support project implementation or integrated into the inspectorate system by making the first few months of practice as follow-up after training without taking any legal action for mistakes observed during that specific period..