

Liberia Training-of-Trainers Workshop Report

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About SDSI

The Sustainable Drug Seller Initiatives (SDSI) is a program that builds on Management Science for Health's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiatives (EADSI) programs. The program's goal is to ensure the maintenance and sustainability of the public-private drug seller initiatives in Tanzania and Uganda and to introduce and roll out the initiative in Liberia.

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Acronyms and Abbreviations

AMS	Accredited Medicine Store
LMHRA	Liberia Medicines and Health Products Regulatory Authority
MOHSW	Ministry of Health and Social Welfare [Liberia]
MSH	Management Sciences for Health
SDSI	Sustainable Drug Seller Initiatives
SEAM	Strategies for Enhancing Access to Medicines
TOT	training of trainers

Background

The Bill & Melinda Gates Foundation provided Management Sciences for Health (MSH) with a three-year grant to continue its efforts in Africa to involve private drug sellers in ensuring access to essential medicines. The Sustainable Drug Seller Initiatives (SDSI) program builds on MSH's Strategies for Enhancing Access to Medicines (SEAM) and East African Drug Seller Initiative programs. Those programs focused on creating and implementing public-private partnerships, using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. The new program's goal is to ensure the maintenance and sustainability of these public-private drug seller initiatives in Tanzania and Uganda and to introduce and roll out the initiative in Liberia.

Through its work in the three countries, SDSI expects not only to expand access to medicines and treatment in additional geographical areas, but also to solidify the global view that initiatives to strengthen the quality of pharmaceutical products and services provided by private sector drug sellers are feasible, effective, and sustainable in multiple settings. Liberia, a country emerging from a debilitating civil war, offers further opportunity to demonstrate that that initiative is a transferable and sustainable model. The private pharmaceutical system in Liberia, which consists of pharmacies, medicine stores, and medicine peddlers, who are loosely regulated, is ideal for the implementation of the SDSI intervention to improve access to quality essential medicines and basic health care and services both in the more remote areas of the country and in the more populated urban areas. Based on the success of the SDSI programs in Tanzania and Uganda, the Liberia Medicines and Health Products Regulatory Authority (LMHRA) and the Ministry of Health and Social Welfare (MOHSW) welcomed the initiative. In addition, the political commitment in Liberia makes the situation suitable for the initiative's immediate implementation and accelerated institutionalization. Also, the US Agency for International Development Mission in Liberia committed its support through MSH's Strengthening Pharmaceutical Systems Program to help explore options to increase access to antimalarials through the private sector.

The SDSI project in Liberia is being implemented in Montserrado County. This county contains 75 percent of the retail pharmaceutical outlets as well as the highest population density in the country. Working with the LMHRA and other stakeholders, SDSI is embarking on the following key activities to adapt and implement the accredited drug shop model in Liberia—

- Build partner and key stakeholder consensus for a Liberian accredited drug seller model
- Determine needs and expectations of target populations
- Develop standards for the Liberian model
- Develop consumer education strategies
- Complete mapping, sensitization, and initial inspections for the implementation county
- Train store attendants on providing quality medicines and services
- Accredite stores as a new class of service provider
- Increase and improve inspections to enhance adherence to new practice standards
- Implement and evaluate the accredited drug seller model in Montserrado County

One of the most critical components of the SDSI program is building dispensers' capacity through training. Based on the original SEAM model, a training session is held at a central location where dispensers are trained for at least 18 days. In Liberia, the number of dispensers who qualify to access this training is in excess of 600.

Objective

To reach all qualified dispensers, MSH in collaboration with Pharmaceutical Systems Africa designed a training-of-trainers (TOT) course for potential trainers who would then train others in Liberia. The objective of this exercise was to build the capacity of a team of trainers in medicine management, family planning, and maternal and child health to enhance their skills in delivering the Accredited Medicine Store (AMS) training course to dispensers.

Course Overview and Training Process

The TOT process involved a number of steps. Trainees reviewed the content of the training materials, including PowerPoint presentations from both the trainer and participant manuals to ensure these materials were clear and concise, as well as relevant to course objectives. In addition to reviewing the training materials, this activity sought to build capacity of the TOT participants on training concepts and methodology, adult learning, assessment methodology and techniques, medicine management, AMS regulation, and the management of various conditions from the perspective of an AMS dispenser. To evaluate the knowledge gained by the TOT participants, the course began with a pretest and ended with a posttest.

Training Sessions

The TOT had three sessions; each is described below.

Session 1: Learning Strategies

This session focused on training concepts, strategies, and processes, thereby equipping the participants with the necessary skills to become effective trainers. Because most of the selected TOT participants were relatively inexperienced, this session was particularly important. Components of the session included managing the adult learner, giving feedback, assessing the adult learner, and improving presentation skills.

Session 2: Medicine Management

This session focused on issues around the management of medicines. For the majority of the TOT participants, even though they are pharmacists, this module was challenging because they had had no exposure to the content before the training. Components of this session included the following—

- Background to AMS
- Ethics, Laws, and Regulations
- Basic Laws of Medicine Management
- Appropriate Medicine Use
- Management Support and Quality Assurance

Session 3: Case Management

The session on case management dealt with most of the conditions that will be routinely managed in an AMS. TOT participants went through each session in groups and presented their deliberations in plenary sessions. The following topics were covered under the case management session—

- Patient Management
- Maternal and Child Health
- First Aid
- Family Planning
- Fever and Pain Management

- Malaria Case Management
- Upper Respiratory Tract Infections
- Gastrointestinal Tract Conditions
- Anemia and Nutritional Deficiencies
- Dermatological Conditions
- Eye, Ear, and Nose
- Diseases of the Reproductive System

The session on first aid was conducted by an experienced trainer who was identified and contracted by SDSI.

The business training component was conducted by a different contractor. This session targeted mainly the AMS owners rather than dispensers.

Results of the Pretest and Posttest Assessments

The posttest assessments showed a significant improvement in knowledge compared with the pretest. The results of the assessment showed a 16 percent increase in mean score (from 47 percent to 63 percent) between the pre- and the posttest assessments. Pre- and posttest scores are presented in Annex 4.

Annexes

Annex 1: Liberia Accredited Medicine Store TOT Agenda

Monday, July 30, 2012

Time	Activity	Facilitators
8:00–8:45 a.m.	Registration	Cecilia Sackor
8:45–9:00 a.m.	Welcome Remarks / Introductions / Administrative Announcements	Arthur Loryoun and David Sumo
9:00–9:30 a.m.	Pretest	Dunah Menmon
SESSION I		
9:30–10:00 a.m.	Course Introduction	Lloyd Matowe
10:00–10:30 a.m.	Background on the AMS Project	Edmund Rutta
10:30–11:00 a.m.	TEA BREAK	
11:00–11:30 a.m.	Ethics, Laws, and Regulations relating to AMS	David Sumo
11:30 a.m.–Noon	Basic Principles of Medicine Management	Arthur Loryoun
Noon–12:30 p.m.	Appropriate Medicine Use Practices	Dunah Menmon
12:30–1:00 p.m.	Management Support and Quality Assurance	David Sumo
1:00–2:00 p.m.	LUNCH	
SESSION II		
2:00–2:30 p.m.	Fundamentals of Communication Skills	Edmund Rutta
2:30–3:00 p.m.	Consumer Rights	Edmund Rutta
3:00–3:30 p.m.	Health Education in AMS	Edmund Rutta
3:30–3:45 p.m.	TEA BREAK	
4:00–4:30 p.m.	Counseling and Referral	Edmund Rutta
4:30–5:00 p.m.	Session Evaluation and Close	Dunah Menmon

Tuesday, July 31, 2012

Time	Activity	Facilitators
SESSION III		
8:30–9:00 a.m.	Recap of the Previous Day	Participant
9:00–10:30 a.m.	Group Work <ul style="list-style-type: none"> • Patient Management • Fever and Pain Management • Malaria Case Management 	Lloyd Matowe
10:30–11:00 a.m.	TEA BREAK	
11:00 a.m.– 12:30 p.m.	Group Presentations <ul style="list-style-type: none"> • Patient Management [C1] • Fever and Pain Management [C2] • Malaria Case Management [C3] 	Lloyd Matowe
12:30–1:30 p.m.	LUNCH	
1:30–3:00 p.m.	Group Work <ul style="list-style-type: none"> • Upper Respiratory Tract Infections • Gastrointestinal Tract Infections • Anemia 	Lloyd Matowe
3:30–3:45 p.m.	TEA BREAK	
3:45–4:45 p.m.	Group Presentations <ul style="list-style-type: none"> • Upper Respiratory Tract Infections [C4] • Gastrointestinal tract infections [C5] • Anemia [C6] 	Lloyd Matowe
4:45–5:00 p.m.	Session Evaluation and Close	Arthur Loryoun

Wednesday, August 1, 2012

Time	Activity	Facilitators
SESSION IV		
8:30–9:00 a.m.	Recap of the Previous Day	Participant
9:00–9:30 a.m.	Reproductive Health	Rachel Chapin
9:30–10:00 a.m.	Family Planning	Rachel Chapin
10:00– 10:30 a.m.	Maternal and Child Health	Rachel Chapin
10:30–11:00 a.m.	TEA BREAK	
11:00 a.m.– 12:30 p.m.	Group Work <ul style="list-style-type: none"> • Dermatological Conditions • Eye and Ear Conditions • Appropriate Medicine Use • Counseling and Referral 	Edmund Rutta
12:30–1:30 p.m.	LUNCH	
1:30–3:30 p.m.	Group Presentation <ul style="list-style-type: none"> • Dermatological Conditions [C1] • Eye and Ear Conditions [C2] • Appropriate Medicines Use [C3] • Basic Principles of Medicine Management [C4] 	Edmund Rutta
3:30–3:45 p.m.	TEA BREAK	
3:45–4:45 p.m.	Group Work <ul style="list-style-type: none"> • Ethics • Health Education 	Dunah Menmon and Edmund Rutta
4:45–5:45p.m.	Group Presentations <ul style="list-style-type: none"> • Ethics [C6] • Health Education[C7] 	Dunah Menmon and Edmund Rutta
5:45–6:00 p.m.	Session Evaluation and Close	Arthur Loryoun

Thursday, August 2, 2012

<i>Time</i>	<i>Activity</i>	<i>Facilitators</i>
SESSION V		
8:30–9:00 a.m.	Recap of the Previous Day	Participant
9:00–10:30 a.m.	Group Work <ul style="list-style-type: none"> • Reproductive Health • Family Planning • Maternal and Child Health 	David Sumo
10:30–11:00 a.m.	TEA BREAK	
11:00 a.m.– 12:30 p.m.	Group Presentations <ul style="list-style-type: none"> • Reproductive Health [C6] • Family Planning [C5] • Maternal and Child Health [C4] 	David Sumo
12:30–1:30 p.m.	LUNCH	
1:30–3:30 p.m.	Group Work <ul style="list-style-type: none"> • Management and Quality Assurance • Fundamentals of Communications • Consumer Rights • Counseling and Referral 	David Sumo
3:30–3:45 p.m.	TEA BREAK	
3:45–4:45 p.m.	Group Presentations <ul style="list-style-type: none"> • Management and Quality Assurance [C3] • Fundamentals of communications [C2] • Consumer Rights [C2] • Counseling and Referral [C1] 	David Sumo
4:45–5:00 p.m.	Session Evaluation and Close	Arthur Loryoun

Saturday, August 4, 2012

Time	Activity	Facilitators
SESSION VI		
8:30–9:00 a.m.	Recap of the Previous Day	Participant
9:00–10:30 a.m.	Principles of Learning	Lloyd Matowe
10:30–11:00 a.m.	TEA BREAK	
11:00–11:30 a.m.	Presentation Skills	Lloyd Matowe
11:30 a.m.–Noon	Training the Adult Learner	Lloyd Matowe
Noon–12:30 p.m.	Student Assessment Skills	Lloyd Matowe
12:30–1:30 p.m.	LUNCH	
1:30–2:00 p.m.	Posttest	Dunah Menmon
2:00–2:30 p.m.	Preparation for the Medicine Store Dispenser Training	Lloyd Matowe and Arthur Loryoun
2:30–3:00 p.m.	Logistics for the Medicine Store Dispenser Training	Arthur Loryoun
3:00–3:30 p.m.	Session Evaluation and Close	Arthur Loryoun

Annex 2: List of Participants

No	Name	Designation Intern/Student/Pharmacist	Contact
1	Munyah M. Karvah	Extern Student	886571760
2	Jacob G. Karcee	Extern Student	777813246
3	Plensoh D. Paye	Intern Pharmacist	886575032
4	Diana M. Jeator	LMHRA-Inspector	886903310
5	Archibald Kroma	LMHRA-Inspector	886527444
6	S. Samuel T. Gayflor	Intern Pharmacist	886514819
7	Andrew F. Snortor	Intern Pharmacist	886597612
8	David G. Lymas	Extern Student	886577601
9	Mark M. Kaba	Intern Pharmacist	886711009
10	Nuku B. Williams	Intern Pharmacist	886565809
11	Jefferson P. Harris	Intern Pharmacist	886536997
12	Emmanuel Y. Lansans	Intern Pharmacist	880792342
13	Jonathan J. Lucniy	Extern Student	886556711
14	Beyan G. Zayzay	Extern Student	886565931
15	Paul D.Y. Higgins	Extern Student	886585210
16	Jimmy N. Karmo	Intern Pharmacist	886479855
17	Arthur B. kromah	Extern Student	886423538
18	Jerry T. Toe, Sr.	Intern Pharmacist	880662516
19	Paye L.P. Torgon	Intern Pharmacist	777841332
20	Joseph N. Somwarbi	Pharmacist	886416861
21	Henry K. Gbormoi	Pharmacist-LMHRA	886937626
22	Mary G. Jallah	Intern Pharmacist	886513069
23	Gbolomah C. Ketler	Extern Student	886584526

Annex 3: Pretest and Posttest Assessment Questions

SDSI Liberia Training of Trainers Course Pre-/Posttest

July 30–August 4, 2012

Name: _____

Section A: Choose the **MOST APPROPRIATE** answer for each question

1. Which of the following can be addressed by a well-trained medicine store dispenser?
 - a) High medicine prices
 - b) Poor quality of medicines
 - c) Poor quality of services to the client
 - d) High volumes of fake medicines

2. Which of the following is a major problem with medicines stores in Liberia?
 - a) Most of the medicines they stock do not address the current needs of the population
 - b) There are no good wholesalers to supply medicines
 - c) They are far from the communities they serve
 - d) Dispensers have no access to regular training

3. Which of the following will be performed by accredited medicine stores in Liberia?
 - a) Identification and referral of HIV-related tuberculosis in the community
 - b) Use of the integrated community case management of diseases for children from 2 months to 5 years of age
 - c) Immunization of children under 5 years of age
 - d) Supervision of Village Health Teams

4. The following medicines are on the AMS extended list except:
 - a) Paracetamol
 - b) Salbutamol
 - c) Ciprofloxacin
 - d) Flucloxacillin

5. For a medicine store to be considered for accreditation, which of the following must be met?
 - a) It must be registered with the the LMHRA
 - b) The dispenser must be trained
 - c) It must be licenced by the MOHSW
 - d) The owner must be trained

6. The aim of good dispensing includes all of the following except:
 - a) The medicine is from the right supplier
 - b) The right dosage of the medicine is given to the patient
 - c) The right form of the medicine is given to the right patient
 - d) The patient is appropriate for the medicines

7. Appropriate storage environment should include which of the following:
 - a) Direct light for easy visibility
 - b) Closed windows and ventilators to avoid dust
 - c) Appropriate temperature to avoid deterioration
 - d) Water detectors to control humidity

8. When assessing a child for pneumonia at the AMS
 - a) Chest in-drawing does not require immediate referral
 - b) 30 breaths per minute in a child of 1–5 years requires immediate referral
 - c) All children under 5 years should be assessed for ability to feed
 - d) The duration of illness is not important

9. How long should records be maintained in an AMS?

- a) Two years
- b) Three years
- c) Four years
- d) Records should never be destroyed

10. Which of these should be kept in an AMS?

- a) A patient register
- b) An HMIS book
- c) A dispensing log
- d) A stores ledger book

Section B: Respond to each of the following questions

11. List three qualities expected of an AMS seller.

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12. Describe the steps followed during patient assessment.

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13. List five conditions that can be managed at the AMS.

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14. List five methods of family planning.

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15. What are the major side effects of COC?

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16. List three categories of women who should not take oral contraceptives.

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17. List three signs of uncomplicated malaria.

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18. Describe the management of a patient with uncomplicated malaria at an AMS.

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19. What advice should be given to a client at the AMS about how to prevent upper respiratory tract infections?

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20. A 21-year-old man comes to your AMS complaining of a dry cough for the last four days, no difficulty in breathing. Describe how you would manage this client.

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21. Describe four instances when a five-year-old child with diarrhea may need referral.

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22. List five ways you would advise a mother on how to prevent worm infestations.

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23. List three symptoms of peptic ulcer disease.

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24. List four signs of anemia in children.

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25. What are the signs and symptoms of urinary tract infections?

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End of questions

Annex 4: Pretest and Posttest Scores

Number	Name	Pretest	Posttest
1.	Andrew F. Snorton	74%	
2.	Archibald O. Kromah	56%	72%
3.	Arthur B. Kromah	60%	65%
4.	Beyan G. Zayzay	28%	51%
5.	David Lymas	67%	65%
6.	Diana M. Jeator	50%	63%
7.	Emmanuel V. Lansana	43%	
8.	Gbolomah C. Ketter	47%	77%
9.	Henry K. Gbormoi	48%	63%
10.	Jacob G. Karcee	33%	57%
11.	Jefferson Piah Harris	34%	54%
12.	Jerry T. Toe, Sr.	36%	52%
13.	Jimmy N. Karmo	45%	64%
14.	Jonathan J. Luciny	43%	57%
15.	Joseph N. Somwarbi	60%	70%
16.	Mark K. Kaba	53%	60%
17.	Mary G. Jalloh	57%	77%
18.	Munyah M. Karvah	52%	53%
19.	Nuku B. Williams	48%	64%
20.	Paul D. Y. Higgins	43%	63%
21.	Paye L. P. Torgon	37%	60%
22.	Plenseh D. Paye	47%	66%
23.	S. Samuel T. Gayflor	46%	62%