

Sustainable Drug Seller Initiatives Partners



ADS Peer Supportive Supervision Model to Improve Quality of Services

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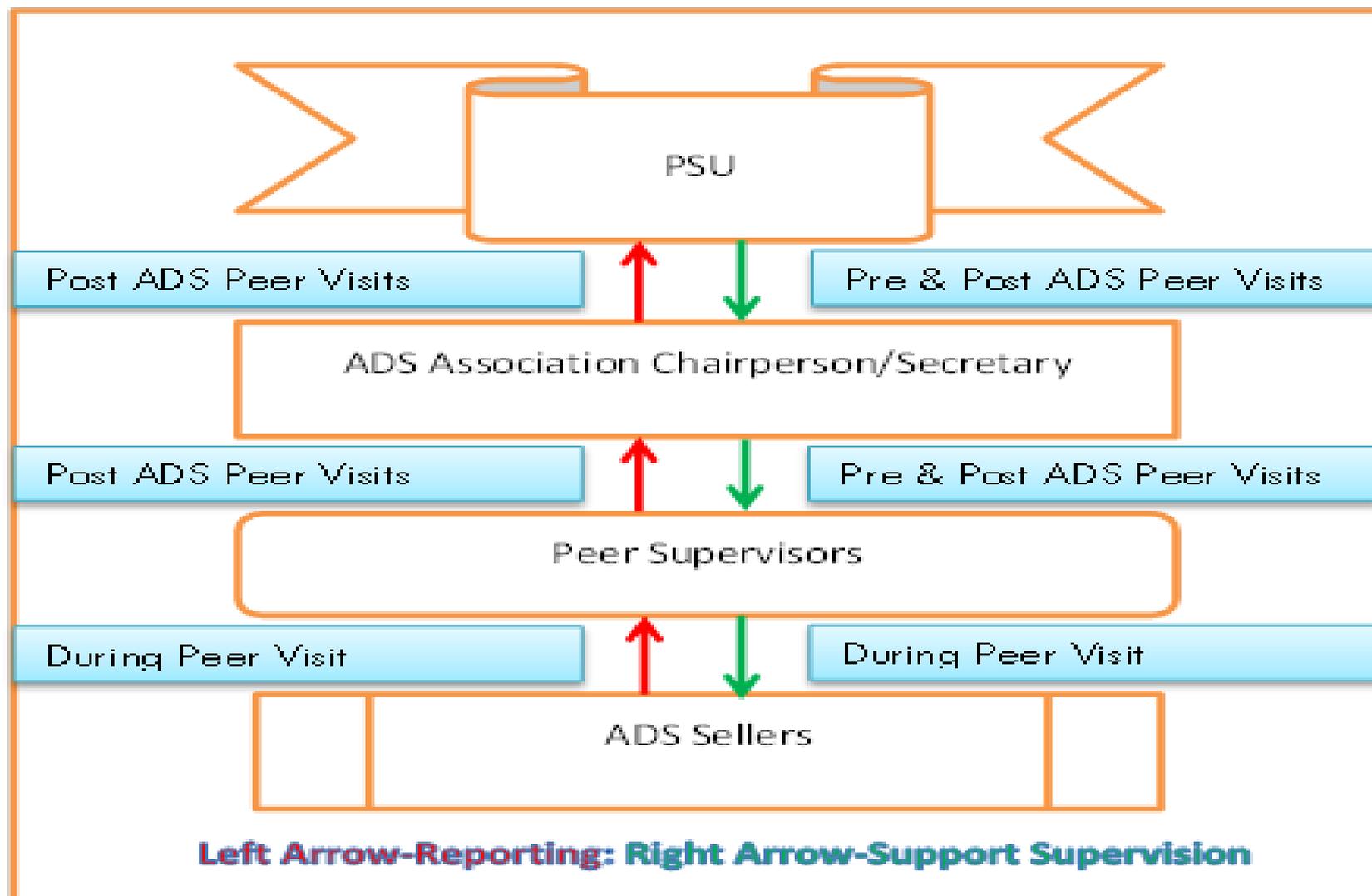


Objectives

- Develop a framework for peer supportive supervision of the ADS sellers and owners in the context of the ADS initiative
- Develop capacity of Mityana district ADS association for supportive supervision
- Provide guidelines for implementation of the supportive supervision model
- Implement and document results



Process (1)—Supportive supervision model



Process (2)—Implementation activities

- Designed strategy and attained stakeholder endorsement
- Developed performance indicators and implementation tools
- Sensitized ADS association leadership and district health teams
- Developed criteria for peer supervisor selection
- Selected and trained peer supervisors (selected according to recommendation of ADS association)
- Sensitized and trained ADS owners and sellers
- Peer supervisors performed supportive supervision visits and submitted reports
- PSU provided oversight and monitored and documented activities
- Now: reviewing, revising and validating the model



Process (3)—Tools utilized

- Dispensing log
- Referral forms
- ADS self-assessment form
- Peer supervision guide
- Peer supervision record book
- Peer supervision reporting tool
- Association reporting tool
- Regional PSU representative reporting tool

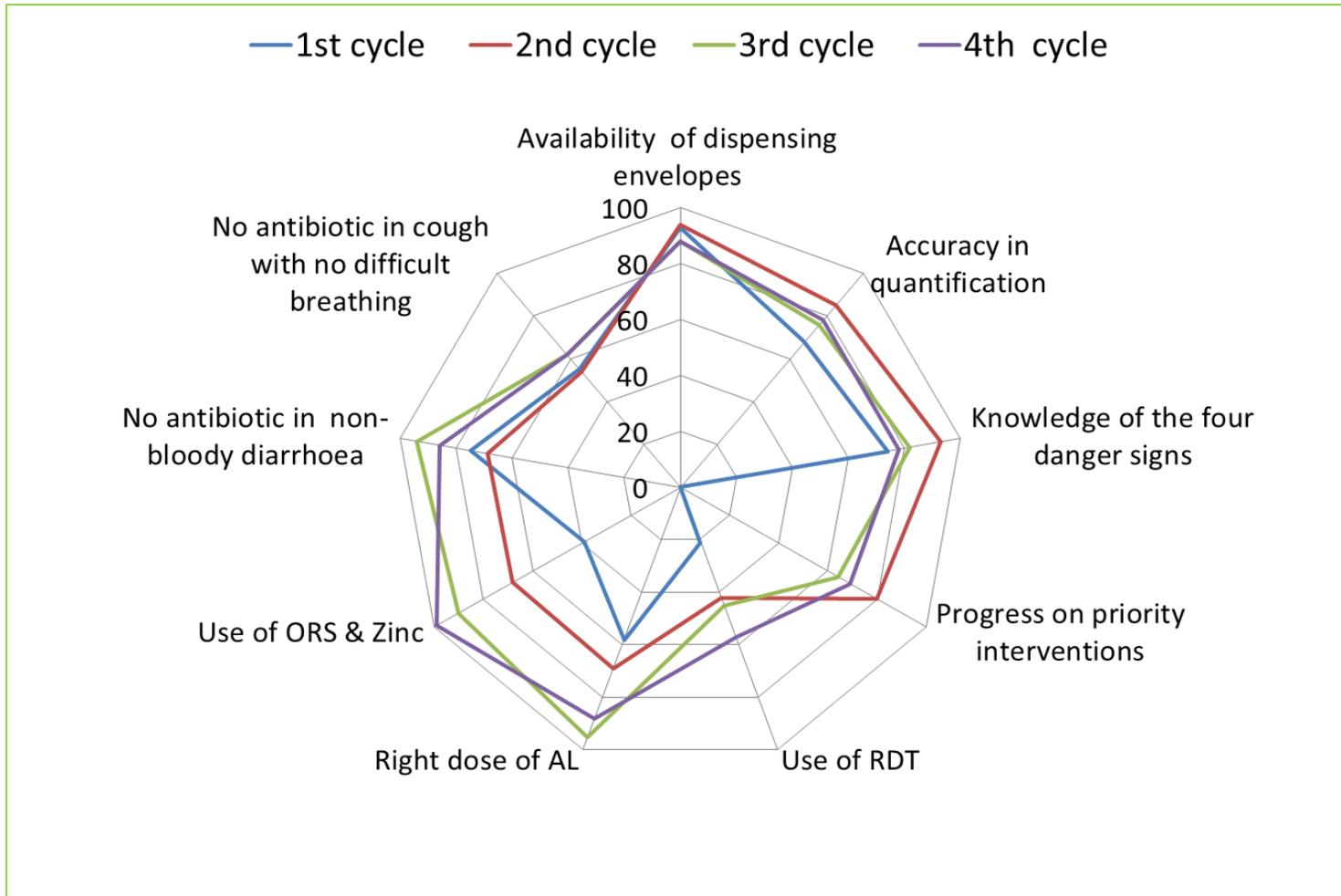


Results (1)- performance against set indicators

Quality objective	1 st cycle	2 nd cycle	3 rd cycle	4 th cycle
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%
Patient referral	28%	37%	50%	43%
Progress on priority interventions	-	80%	64%	69%
Self-assessment at the ADS	-	78%	70%	64%
Use of RDT	21%	42%	45%	57%
Right dose of AL	58%	69%	95%	88%
Use of ORS & Zinc	39%	68%	90%	99%
Right dose of zinc	44%	-	-	95%
Right amount of ORS	33%	-	-	98%
No antibiotic use in simple diarrhoea	75%	69%	94%	86%
No antibiotic use in simple cough	58%	54%	62%	62%
ADS membership subscription	-	27%	43%	49%



Results (2)



Results (3)—Other Operational metrics

Operational metric	1 st cycle	2 nd cycle	3 rd cycle	4 th cycle
Number of shops visited	134	133	122	139
Number of ADS	147	147	147	147
Percentage coverage of shops	91%	90%	83%	94%
Total supervision time in hours	460	448	362	465
Supervisor-Seller contacts	134	133	122	139
Number of supervisors	20	18	20	20
Average number shops per supervisor	7	8	6	7
Duration of supervision in days	10	10	10	10
Average time per ADS in hours	3.4	3.4	3	3.4
Percentage of Peer Supervisors reporting on time	60%	78%	80%	85%



What does SDSI leave behind? (1)

Experience in Mityana:

- ADS sellers and association leaders understand the importance of supportive supervision
- Good communication between the association and district health team
- ADS association leaders know how to carry out peer supportive supervision
- Trained and experienced peer supervisors



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What does SDSI leave behind? (2)

Tested peer supervision model that can be adapted and replicated:

- Strategy outlining roles and responsibilities of the actors
- Tools and training materials for peer supportive supervision
- PSU has experience with peer supportive supervision of ADS



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What gaps/challenges remain? (1)

- Inadequate referral forms and system for capturing referrals
- Some ADS were not staffed by trained ADS sellers
- Limited availability of Rapid Diagnostic Tests (RDTs) for malaria
- Difficulty in locating some ADS
- Low level annual membership subscription by the ADS
- Low income generation by the ADS association to support peer supervision activities



What gaps/challenges remain? (2)

- Sharing key issues between the district health team and the district association leadership
- District health team integrating the ADS peer supervision outputs into the district annual reports
- Capacitating the district association leadership with technology for data analysis and online reporting
- Assessing quality improvements from the ADS clients



Lessons learned from implementation

- ADS peer support supervision model shows promise where there is a strong ADS association
- Key stakeholder endorsement is very crucial for successful implementation of the supportive peer supervision
- Peer supervisors need more hands on and practical training
- There is need to define the way that ADS associations will supervise the peer supervisors



Conclusions/take home messages

- ADS peer supervision is an empowering experience
- Peer supportive supervision for ADS can improve regulation of medicine distribution channels at community level
- ADS peer supervision outputs should be integrated into the district health team annual report



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