Evaluation of SIAPS Supportive Supervision and Mentorship Activities

September 2016

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Evaluation of SIAPS Supportive Supervision and Mentorship Activities

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September 2016

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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CONTENTS

ACRONYMS

ADR	adverse drug reaction
AIDS	acquired immunodeficiency syndrome
AMC	average monthly consumption
ART	antiretroviral therapy
CMS	Central Medical Stores
HF	health facility
HIV	human immunodeficiency virus
LMIS	Logistics Management Information System
MOH	Ministry of Health
MSH	Management Sciences for Health
RHMT	Regional Health Management Team
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOH	stock on hand
SOP	standard operating procedure
SS	supportive supervision
TB	tuberculosis
USAID	US Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The shortage of pharmacy personnel in Swaziland has led to nurses taking responsibility for pharmaceutical supply management and dispensing duties at clinics. High-quality, effective health services depend on the timely employment of the right people with appropriate skills at the right time and in the right place.[1] This report presents highlights of SIAPS' work to capacitate health workers on proper pharmaceutical service delivery and stock management over a four-year period (2012 to 2015). SIAPS did a baseline assessment at health facilities (HF) in 2012, and then from 2013 to 2015, its technical advisors provided assistance to address the identified performance gaps.

The objectives of this evaluation were to: (1) document results achieved from implementing mentorship and supportive supervision (SS) visits in supply chain management and pharmaceutical services; and (2) present lessons learned from the implementation of these visits. The evaluation involved both quantitative and qualitative methodical approaches. SIAPS quarterly and annual reports were reviewed to analyze findings. These quantitative data were supplemented by in-depth interviews with a sample of health workers at hospitals, health centers, and clinics in all four regions of the country who are providing pharmaceutical services.

Results from this evaluation show notable improvements in the performance of HFs visited in the following areas: (1) stock card updates; (2) dispensing practices; and (3) medicine storage practices. The qualitative findings indicate a reduction in occurrences of stock-outs and an increase in capacity for pharmaceutical supply chain management and services by health workers. Findings suggest that the SIAPS program has made an important contribution to assuring the uninterrupted availability of quality pharmaceutical products and the delivery of effective pharmaceutical services at HFs to achieve desired health outcomes.

[1] Gilbert L. 'Re-engineering the Workforce to Meet Service Needs': Exploring 'Task-Shifting' in South Africa in the Context of HIV/AIDS and Antiretroviral Therapy. South African Review of Sociology. 2013; 44(2):54-75.

BACKGROUND

The goal of the Swaziland National Pharmaceutical Policy is to contribute to improvements in the health of the Swazi population by ensuring equitable access to, and rational use of efficacious, high quality essential medicines, medical supplies, and devices at affordable prices, especially for vulnerable populations.

The Ministry of Health (MOH) has made significant progress in expanding access to medicines through the implementation of several interventions aimed at improving the rational use of pharmaceuticals and strengthening supply chain management at all levels of the health system. The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program is funded by the US Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH). The goal of the SIAPS program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. SIAPS' objectives in Swaziland are to: strengthen governance in the pharmaceutical sector; improve information use for pharmaceutical management decision making; strengthen financing strategies and mechanisms to improve medicines availability; improve pharmaceutical services to achieve desired health outcomes; and increase capacity for pharmaceutical supply chain management and services.

Over the past four years, SIAPS has supported the MOH by training health workers on supply chain and pharmaceutical services management. To facilitate the implementation of the pharmaceutical systems strengthening and capacity building interventions, tools (such as standard operating procedures [SOP]), job aids, stock cards, and reporting forms) have been developed. It is against this backdrop that the MOH, in collaboration with SIAPS, under the leadership of the Central Medical Stores (CMS) and in coordination with the Regional Health Management Teams (RHMT) from the four regions, provided onsite support and mentoring to health workers involved in the delivery of pharmaceutical services.

SIAPS Pharmaceutical System Strengthening Approach

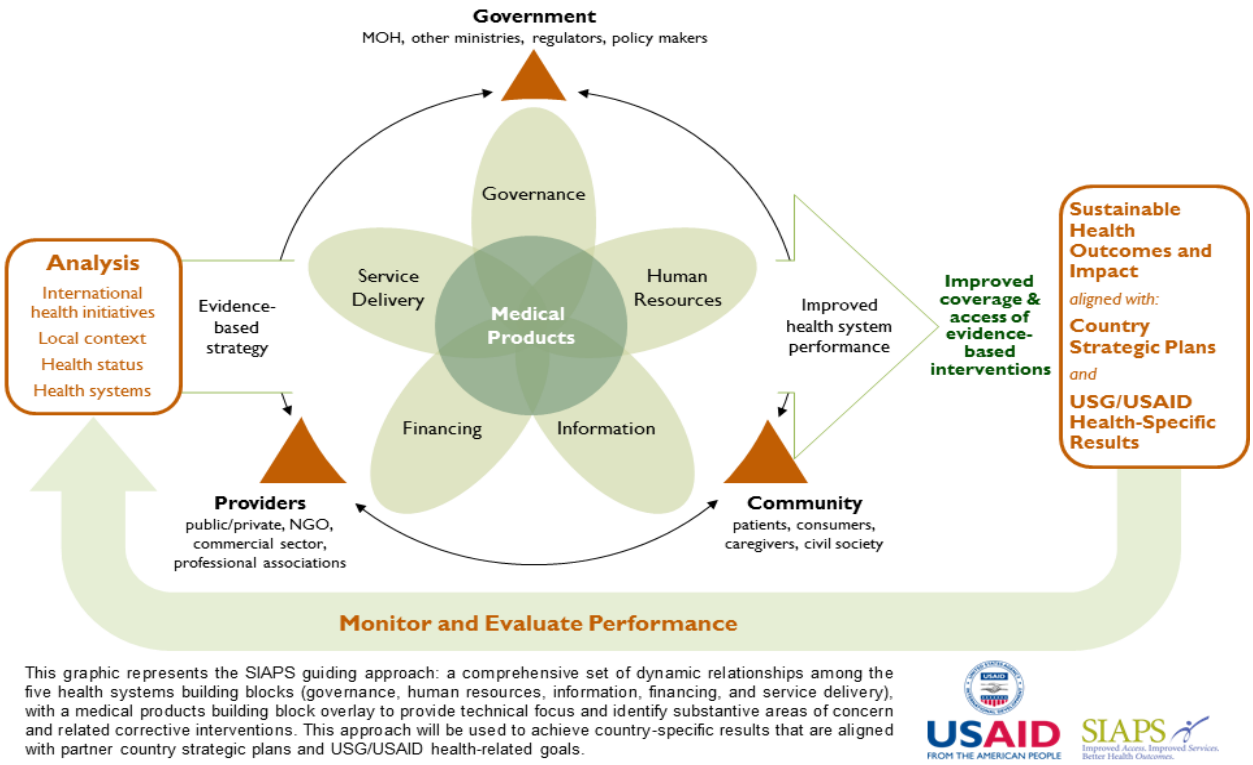


Figure 1. SIAPS pharmaceutical system strengthening approach

To improve health system performance, SIAPS' direct support has reached at least 133 HIV treatment facilities and two central warehouses in Swaziland. SIAPS' capacity-building approach has been two-fold, the main interventions being training (in-service and pre-service) and onsite support through routine SS visits and mentorship. In collaboration with the MOH, SIAPS has continuously collected data on performance indicators during the SS visits to review the state of improvement, or lack thereof, in supply chain management and pharmaceutical services at the different HFs involved.

Over the past four years, annual SS visits were conducted at selected facilities in the regions (both those directly supported by SIAPS and those not receiving assistance) during each quarter. A standard SS visit tool was used to collect data and a report was compiled, after which follow-up mentoring visits were conducted to address the gaps identified during the SS visits. Progress was tracked over a period of 12 months.

The objectives of this evaluation are to review the achievements gained through the implementation of the SS visits and mentorship as well as to gather lessons learned and the challenges observed over the four years.

Objectives

The strategic approach implemented by SIAPS aimed to increase capacity for pharmaceutical supply management and services by strengthening pharmaceutical and supply chain management capacity of individuals and institutions. Figure 2 shows SIAPS' overall objectives and the specific objective being assessed by this evaluation.

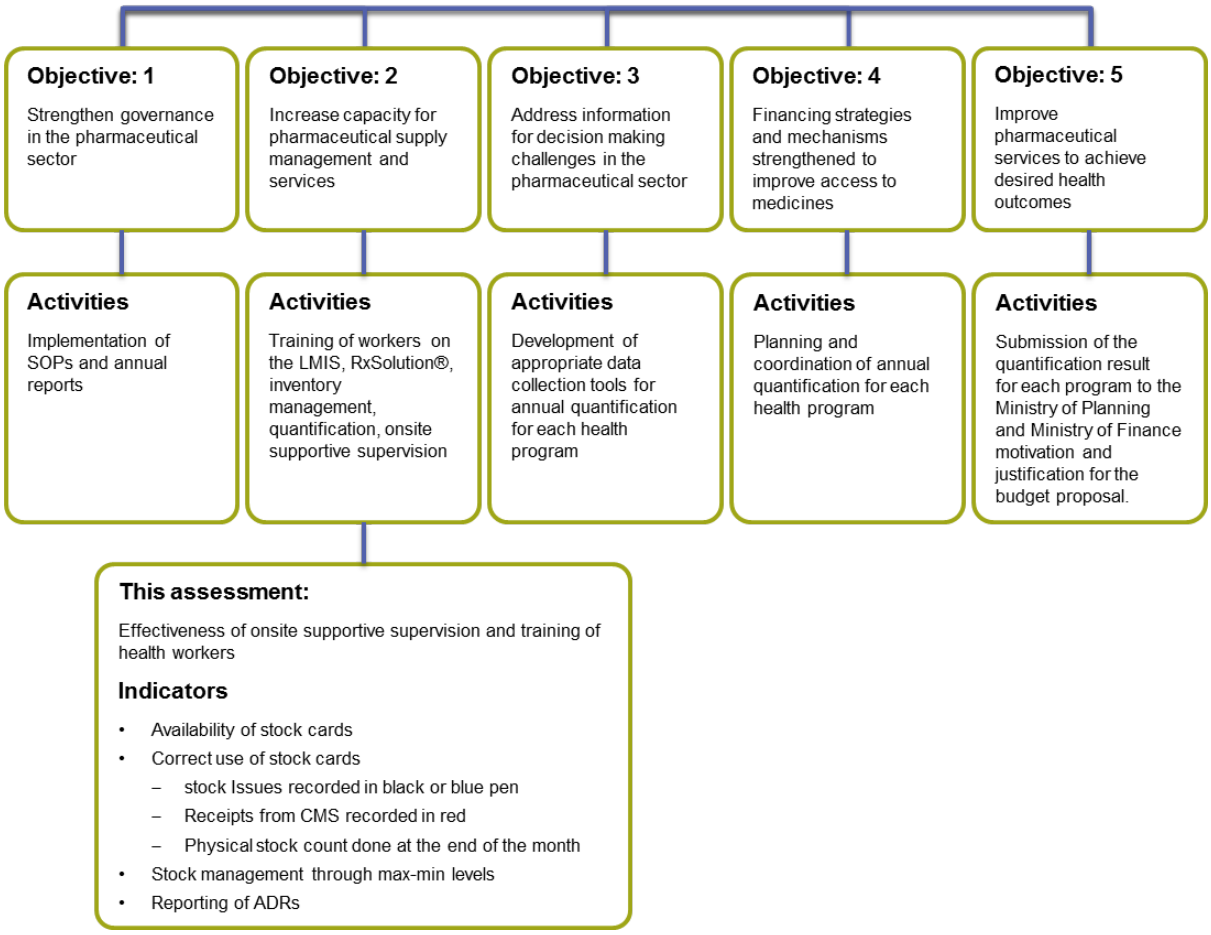


Figure 2. SIAPS objectives

Supportive Supervision and Mentorship Visits

The main objectives of the SS and mentorship visits conducted at HFs in Swaziland were to: (1) monitor the implementation of pharmaceutical systems and services strengthening; and (2) provide onsite mentoring and SS to personnel responsible for pharmaceutical services at the country's HFs.

Prior to each visit, the SIAPS team consulted a variety of stakeholders, including the RHMTs, CMS pharmacists, and clinic supervisors, to agree on the dates of the visits and the selection of facilities to be visited. A supervisory team was selected, which consisted of SIAPS technical advisors, CMS pharmacists, a Strategic Information Department representative, and clinic supervisors. The RHMTs were then tasked with notifying the selected facilities and coordinating logistics for the teams.

Objectives of the Evaluation

1) To document results achieved from implementing SS and mentorship visits in supply chain management and pharmaceutical services.

2) To present lessons learned from the implementation of the SS and mentorship visits during the period 2012 to 2015.

METHODOLOGY

With regard to the analysis of quantitative data, a retrospective approach was used. Only results from health facilities that have been consistently visited annually over the four-year period were included. Data that were already available in reports were analyzed using descriptive statistical methods in the Statistical Package for the Social Sciences (SPSS). Qualitative data, in the form of in-depth interviews, were collected from a sample of key informants. The interviews were digitally recorded to allow for precise scientific application of the descriptive method, bracketing, intuition, and in qualitative research.

Research Methods

The study used a cross-sectional exploratory descriptive approach with a multi-level sampling frame that included hospitals, health centers, and clinics in all four regions of the country.

Sampling

Probability and non-probability sampling techniques were used to select participants for this evaluation. First, a sampling frame encompassing all HFs visited during the four-year period was prepared. Stratified random sampling was used and four HFs were selected from each region, after which purposive and convenience-sampling methods were used to select participants at each facility. Annex A provides the list of HFs included in this evaluation.

Data Collection

Four data collectors and one coordinator were engaged and trained on the tool for data collection (annex B). Pretesting of the tool was done at the Mbabane Public Health Unit. Data collection was carried out July 18-21, 2016.

Ethical Considerations

Procedures for this evaluation began by seeking permission from the Swaziland Scientific Ethics Committee and receiving clearance to conduct the evaluation. Permission to access the HFs was granted by the Principal Secretary's office and was used to interview participants at the HFs. All participants gave their informed consent to participate in the interviews.

RESULTS

Quantitative Findings

These findings are based on information from the SIAPS annual reports prepared during the period 2012 to 2015.

Table 1. Number of health facilities visited per year (per region)

Region	2012	2013	2014	2015	Total
Hhohho	23	29	20	19	91
Lubombo	7	14	13	21	55
Manzini	12	18	30	20	80
Shiselweni	12	18	0	16	46
Total	**54**	**79**	**63**	**76**	**272**

Table 1 shows that a total of 272 HFs were visited by SIAPS between the years 2012 and 2015. SIAPS conducted a baseline assessment in 2012. The results were used to implement interventions to address the identified performance gaps. SIAPS supported the MOH by providing a technical advisor for each region to provide support to the hospitals, health centers, and high-volume antiretroviral therapy (ART) clinics on pharmaceutical supply chain management and pharmaceutical services.

Findings from the SIAPS annual reports were reviewed to determine how well facilities performed on the following indicators:

- Stock card update: percentage of stock records that correspond with physical counts for a set of indicator medicines in MOH storage and at the HFs.
- Dispensing: percentage of HFs implementing good dispensing practices.
- Storage: percentage of HFs implementing good storage practices.

Stock Card Updates

A stock card is an inventory control tool used to record information about product movements while they are stored in a storeroom. It provides information on transactions, consumption patterns, quantity on-hand, and shelf life of products. This indicator was assessed based on whether a facility was using the stock card correctly by updating all transactions and if the balance on the stock record corresponded to the physical stock count. SIAPS has supported the MOH by providing bin/stock cards for inventory management at HFs. SIAPS also provided in-service training and onsite mentorship to health workers on how to use the stock cards appropriately to manage pharmaceutical commodities for the purposes of ordering from and reporting to the CMS.

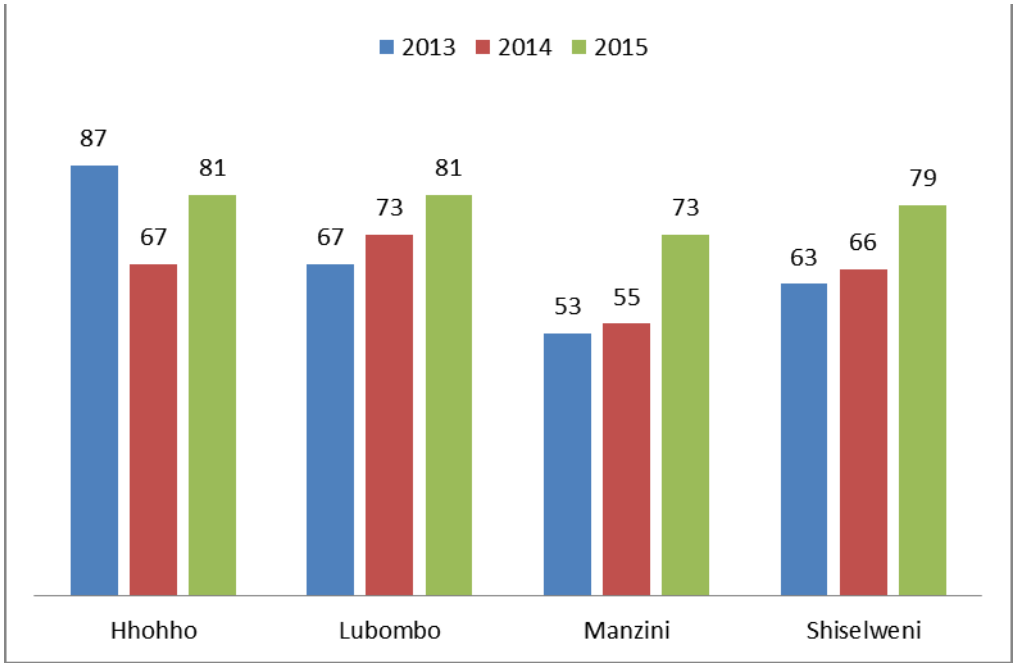


Figure 3. Percentage of stock cards updated in the regions

Figure 3 shows the average percentage of facilities that had stock cards for their key products updated over the three years, by region. The results show a significant increase in stock card updates in Lubombo, Manzini, and Shiselweni regions over the years following SIAPS' assignment of technical advisors responsible for each region. In Hhohho, there was an improvement in performance in 2013 following the 2012 baseline assessment, but a decline in 2014 to 67%, followed by an improvement in 2015 to 81%. The initial decline may be attributed to staff turnover at HFs. In the Lubombo region, there was a sustained improvement in performance, from 67% in 2013, to 73% in 2014, to 81% in 2015. In the Manzini region, there was likewise some improvement, from 53% in 2013, to 55% in 2014, to 73% in 2015. The Shiselweni region also saw positive changes in stock card updates, from 63% in 2013, to 66% in 2014, to 79% in 2015.

Implementing Good Dispensing Practices

Facilities were assessed on their dispensing practices. Figure 4 shows the average percentage of HFs implementing appropriate labelling of medicines for dispensing to patients and those appropriately labelling pre-packaged medicines. The use of generic names when prescribing and dispensing medicines is encouraged in the public sector. The criterion for appropriate labelling of medicines dispensed to patients involves the following: generic name, strength, batch number, expiry date, quantity dispensed, patient name, directions for use, and the date of dispensing. SIAPS supported the MOH by training health workers on how to label medicines correctly before and during dispensing to patients to improve patient compliance when taking their medicines, which is one of the important factors in positive patient health outcomes. SIAPS also developed a job aid on good dispensing practices to assist health workers. It may be used as a reference guide for proper labelling and counselling patients on how to take their medicines.

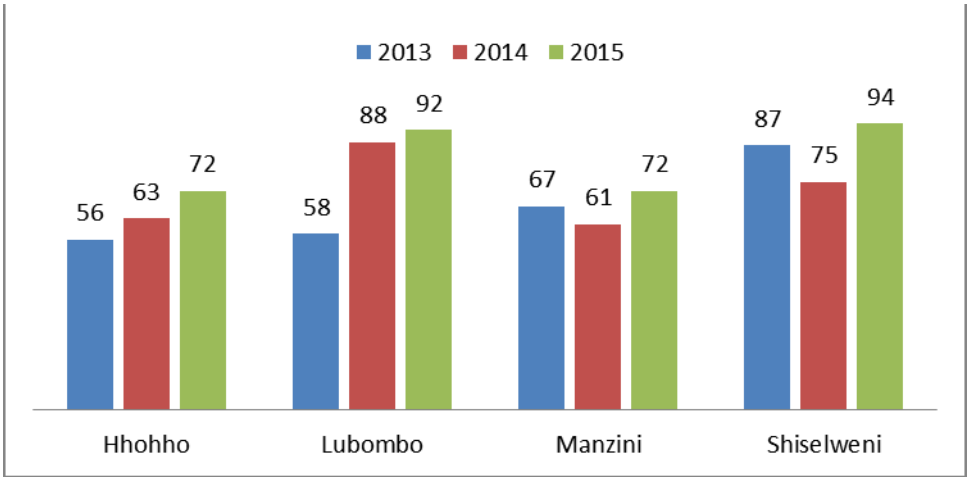


Figure 4. Percentage of health facilities implementing good dispensing practices, by region

Figure 4 shows significant improvements in the percentage of HFs implementing good dispensing practices in two of the four regions. HFs in Hhohho region improved their performance from 56% in 2013 to 72% by 2015, and HFs in Lubombo improved from 58% in 2013 to 92% by 2015. On the other hand, Manzini region improved from 67% in 2013, performance declined to 61% in 2014, and improved to 72% by 2015; and Shiselweni region improved to 87% in 2013, declined to 75% in 2014, and improved to 94% by 2015. The declines in performance during 2014 in the Manzini and Shiselweni regions may be attributed to staff turnover, especially at clinics where nurses are rotated from one department to another. Each time a new person is responsible for staffing the pharmacy department, s/he needs to be trained on pharmaceutical supply management to be able to execute his/her duties well. Some of the health workers responsible for pharmaceutical services were promoted or transferred to other departments, which caused the change in performance. SIAPS technical advisors had to bridge the gap by training and mentoring the new staff responsible for pharmaceutical supply chain management at the concerned HFs.

Implementing Good Storage Practices

Good storage practices are one of the most important aspects of effective supply management, until medicines are used by the end user—the patient. Pharmaceutical products should maintain the chemical stability of the active ingredients throughout their shelf lives when stored in storerooms and until dispensed and used by patients. Medicines may be kept in HF storerooms for a long period before they are finally used by patients. They therefore should be stored appropriately to maintain their chemical stability. SIAPS supported the MOH by providing in-service training and onsite mentorship to health workers on good storage practices. SIAPS also developed and printed the Health Facility Storage Guidelines to assist health workers to store pharmaceutical commodities appropriately at their HFs. Health workers were encouraged to keep the Guidelines in an accessible area so that anyone who needed to use them could access them as a reference guide. Facilities were assessed to see whether: storage spaces at the HFs were secured; there was adequate space for shelving; health commodities were arranged in an orderly manner; temperature variations were monitored and controlled; and to check on the availability of storage guidelines.

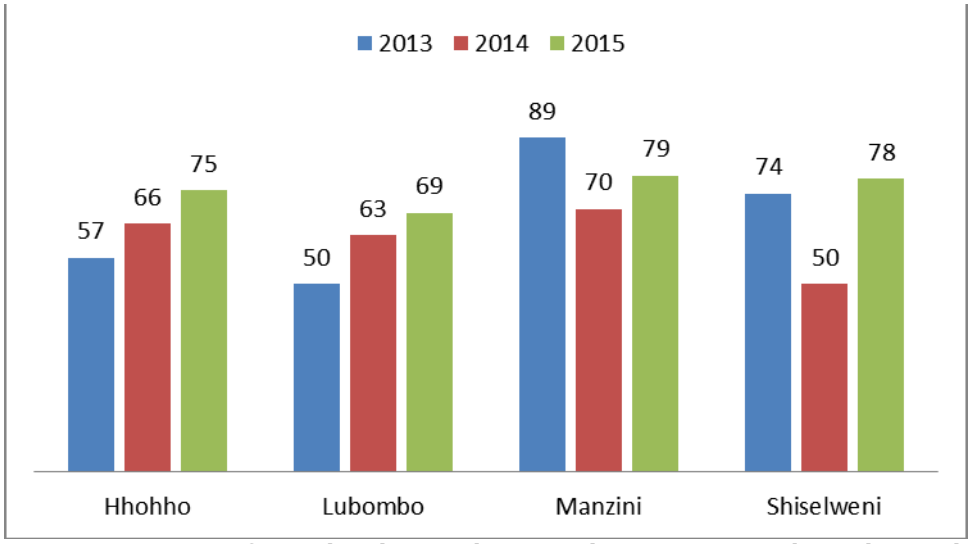


Figure 5. Percentage of HFs implementing good storage practices, by region

Figure 5 shows significant improvements in the performance of HFs implementing good storage practices in two of the four regions. HFs in the Hhohho region gradually improved their performance, from 57% in 2013, to 66% in 2014, to 75% by 2015. HFs in Lubombo region also improved their performance, from 50% in 2013, to 63% in 2014, to 69% by 2015. On the other hand, Shiselweni region started at 74% in 2013, declined to 50% in 2014, and increased to 78% in 2015. Manzini started with 89% in 2013, decreased to 70% in 2014, and improved to 79% in 2015. Factors such as staff turnover may have affected the performance of HFs in Manzini and Shiselweni regions.

Qualitative Study Findings

The sample of health workers who agreed to be interviewed was a total of 16, composed of seven males (44%) and nine females (56%).

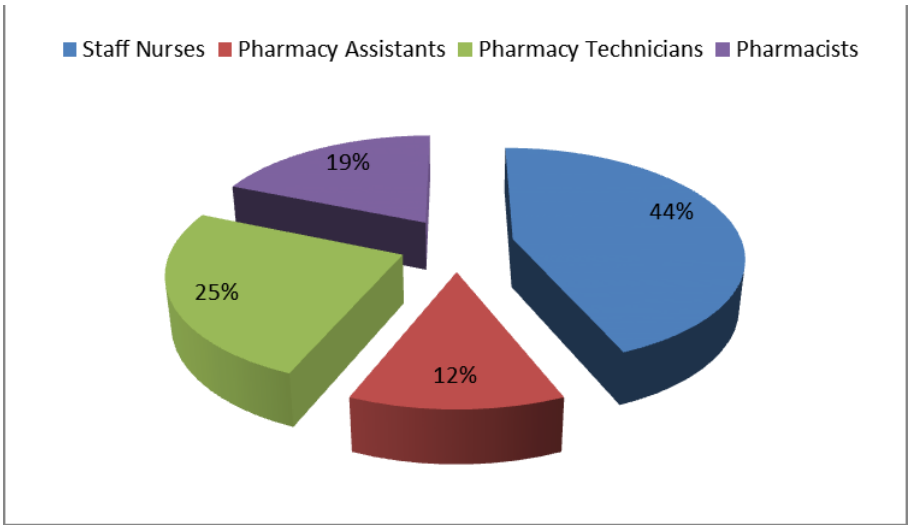


Figure 6. Percentage of respondents interviewed, by qualification

Figure 6 shows the respondents categorized by their professional expertise. Almost half were staff nurses (44%), with the smallest percentage being pharmacy assistants (12%).

Themes and Topics from the In-depth Interviews

Theme 1: Improvements attributed to SIAPS

Stock card update: Most respondents could describe their stocking practices before and after receiving assistance from SIAPS. One respondent, a nurse at a clinic, said:

"We never used to update our stock at all, but now we understand the value in doing it."

These findings are consistent with the quantitative data, which showed notable increases in the percentage of stock records that correspond with physical counts for a set of indicator medicines over the years.

Maintenance of the acceptable min-max stock levels

Maintaining adequate stock levels is vital to prevent stock-outs and wastage due to expiry. HFs in the public sector in Swaziland are expected to keep between two and three months of stock. Most respondents knew how to calculate the required minimum and maximum stock levels. However, some cited the capacity of HF storerooms as the main hindrance in maintaining adequate levels of stock. Some interviewees responded as follows:

"The minimum and maximum stock levels were not properly observed before SIAPS, but now we know and thus we rarely experience stock-outs." Pharmacy technician at a health center

"We have a challenge in keeping a buffer stock because our storeroom is too small." Nurse at a clinic

Such comments are consistent with reports compiled from the SS visits over the past few years. Storage space remains a challenge due to the physical structural constraints of most clinics. HFs are forced to make compromises to be able to store adequate levels of stock.

Stock arrangement in the storeroom

All respondents knew how to properly arrange stock in their storeroom. They reported that they either arrange their stock alphabetically or by commodity type. Some nurses commented as follows:

"We were not able to arrange our medicines properly; they were just packed anyhow in the storeroom until the visits by the SIAPS team in 2013."

"There is a huge difference now because there is order in our storerooms, it is even easier to find the medicines and it makes our service provision better; the only problem is that the process goes back to square one once the trained nurse is transferred to another department."

Such responses provide justification of the need for pharmacy personnel who will not be affected by changeover, as is the case with nurses.

Theme 2: Strengths of SIAPS

Respondents mentioned two major strengths of the program. These are categorized as follows: (1) ongoing training through mentorship visits; and (2) addressing gaps noted during supervisory visits.

Respondents felt that these strengths made the project unique in that SIAPS is the only partner with technical expertise to provide in-depth knowledge and support in pharmaceutical service delivery and supply chain management. Some of the interviewees' responses were as follows:

"SIAPS mentorship and training programs are their main strengths; their workshops are also so good since they are relevant to our line of work." Pharmacist at a hospital

"It is their mentorship initiative that separates them from every other project; because we do not have enough pharmaceutical personnel in the country, especially in the small clinics where we do not have pharmacists but assistants, and they require constant mentorship and monitoring to be able to deliver services effectively and efficiently." Pharmacy assistant at a clinic

"The SIAPS team provides us with relevant information and support to address current problems on the ground." Nurse at a clinic

Theme 4: Limitations of SIAPS

There are two main limitations that were pointed out by the respondents. They related to the frequency of visits to HFs and "funding." Some of the respondents commented as follows:

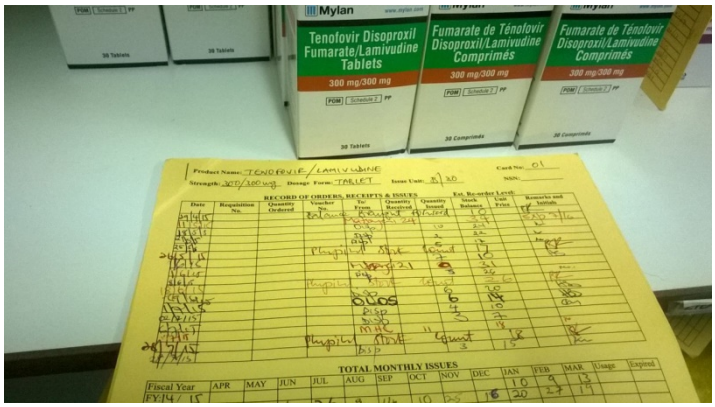
"They have limitations because it is not a project that can fund us on necessary equipment for pharmacy service delivery." Pharmacy technician at a clinic

"The only weakness I would say they have is that they do not come to our facilities very often yet we need them more." Staff nurse at a clinic

The findings indicated that health professionals lack the necessary knowledge and skills in medicine supply management and medicine safety. They therefore may need constant support and supervision. SIAPS has been unable to address some of the infrastructural challenges observed at facilities. For example, some of the facilities visited did not have adequate refrigerators and working air conditioners. These are necessary for the good storage of medicines. Unfortunately, SIAPS was not able to purchase and supply such equipment.

At the end of each in-depth interview, interviewers would ask the respondents to walk them around the storeroom in order to inspect it and complete the pharmaceutical commodity checklist. This was an opportunity for the interviewer to observe some of the practices that were reported during the interview. Some of the findings from the inspection are provided below:

This picture was taken at one health center. The photograph shows that the storeroom is well arranged and organized. This was common in most hospitals and health centers and in a few clinics.



This picture was taken at one of the hospitals visited. It shows a record of products that were ordered, received, and issued. Most HFs could update such records.

Discussion of Findings

The discussion of findings is organized according to the two broad objectives of this evaluation.

Document the results achieved from implementing SS and mentorship visits in supply chain management and pharmaceutical services

This objective was achieved by reviewing the reports of SS visits conducted annually in the four regions and validating findings from such reports through the collection of qualitative data from a sample of respondents. The review and analysis of information in these reports leads to the conclusion of a general improvement in all indicators tracked.

Considerable progress was noted, including improved performance in indicators for stock card updates, good dispensing practices, and good storage practices. The review of findings during the period 2013 to 2015 shows that the percentage of stock records that correspond with physical counts for a set of indicator medicines at HFs increased from 67% to 81% in the Lubombo region, 53% to 73% in the Manzini region, and 63% to 79% in the Shiselweni region. The percentage of HFs implementing good dispensing and good storage practices also showed notable improvements. However, in 2014, there were declines in performance with regard to stock card updates in Hhohho, and in dispensing and good storage practices in the

Manzini and Shiselweni regions due to staff turnover and the transfer of staff, specifically when nurses are rotated to other departments within the HF after every two years of experience.

Overall findings indicate the effectiveness of SIAPS in increasing capacity for pharmaceutical supply management and services by strengthening pharmaceutical and supply chain management capacity of individuals and institutions. These findings are consistent with results from the qualitative study conducted as part of this review. The pharmaceutical public sector in Swaziland has achieved considerable improvements in pharmaceutical and supply chain management capacity of individuals and institutions over the past four years through the support of SIAPS. At the same time, issues related to the shortage and instability of human resources should be addressed to yield further, sustainable positive health outcomes and impact over time.

Document lessons learned from the implementation of the SS and mentorship visits over the four-year period

Health workers expressed their appreciation of SIAPS' support and were able to point out specific areas of improvement that can be attributed to SIAPS' mentorship and SS activity. The main areas of improvement noted by respondents were: the management and maintenance of minimum and maximum stock levels; keeping stock cards up-to-date; proper arrangement of stock in the store room; how to report adverse drug reactions (ADR); and the use of the manual and electronic ordering and reporting system. However, respondents noted that the proper delivery of pharmaceutical services is not an easy process. They felt that an increase in the number of SIAPS visits per year would have been helpful to them.

This review also gathered information from the SIAPS annual reports on health workers' concerns, including those related to inadequate storage capacity, inadequate staff to handle most services offered at the pharmacy, lack of maintenance for air conditioners, and the lack of thermometers in storage areas for monitoring room temperatures. Nurses also pointed out that, due to human resource constraints, orderlies/support staff are sometimes deployed to dispense and handle pharmaceuticals.

RECOMMENDATIONS FROM RESPONDENTS

Recommendations

1. More frequent visits; respondents felt that the SS and mentorship visits should increase both in frequency and in coverage.

2. Support in terms of providing appropriate equipment and infrastructure for improved pharmaceutical and supply management.

3. Filling of pharmacy posts in clinics.

4. Sharing knowledge and best practice strategies among health workers from different HFs was an innovative way to enhance learning.

5. Decentralization of SS and mentorship visits to the regional level.

Study Recommendations

- Findings highlight the need for qualified pharmacy personnel, i.e., pharmacists, pharmacy technicians, and pharmacy assistants at HFs, especially at the clinics. It is imperative that the MOH comprehensively address the issues regarding the shortage of pharmacy personnel.

- An adequate number of high skilled and experienced pharmacy personnel should be employed to ensure that they meet the basic performance and practice standards required for quality service delivery and eliminate staff turnover at HFs.

- Findings also indicate the need for regional advisors who will ensure the sustainability of quality services through ongoing mentorship at the regional level, such as advocates for the establishment of permanent posts for regional pharmacist by the MOH.

CONCLUSION

Findings from this evaluation suggest that the SIAPS program in Swaziland has made an important contribution to improvements in health service delivery by supporting the MOH to increase capacity of individuals and institutions in pharmaceutical supply management and services. The results show improvements in (1) stock card updates, (2) good dispensing practices, and (3) good storage practices.

ANNEX A. LIST OF HEALTH FACILITIES SELECTED FOR THE EVALUATION, BY REGION

Hhohho	Manzini	Shiselweni	Lubombo
Mbabane Government Hospital	Mankayane Government Hospital	Hlatikhulu Government Hospital	Good Shepherd Hospital
Lobamba clinic	Lamvelase clinic	KaPhunga clinic	Lubuli clinic
Mangweni clinic	Bhekinkhosi Nazarene clinic	Hluti clinic	Siphofaneni clinic
Dvokolwako Health Centre	Phocweni Army Barracks	Matsanjeni Health Centre	Sithobela Health Centre

ANNEX B. QUESTIONNAIRE

KEY INFORMANT INTERVEIW GUIDE – SIAPS PROGRAM EVALUATION (2016)

DATE……...

NAME OF FACILITY…….....

FIELD WORKER……..

Remember to introduce yourself first to create good rapport before you begin the interview:

A: Effectiveness of technical assistance provided:

1. Do you know about SIAPS? What do you know about this organization?
2. Briefly describe how your facility/hospital works with SIAPS?

   Probe:

   - ✓ *How do you feel about the services provided by SIAPS; especially in relation to their supportive supervision and mentorship visits?*
   - ✓ *Which other organization do you work with to achieve availability of HIV, TB and reproductive health supplies in this facility?*
   - ✓ *Describe the nature of support provided by those organizations?*
3. Do you receive mentorship visits on stock management?

   Probe:

   - ✓ *From which organizations do you get such mentorship visits?*
   - ✓ *How often do you have the mentorship visits?*
   - ✓ *What are these mentorship visits all about?*
   - ✓ *Are they helpful? Please explain how?*
4. In the past 2 years, has anyone in the facility been trained on stock management, supply chain or pharmaceutical services?

   Probe:

   - ✓ *Which organization was conducting the training?*

- ✓ *Where was the training (***offsite or onsite***)?*
- ✓ *When was the training? (You can just mention the year)*
- ✓ *What was the training about?* (LMIS; RxSolution; Inventory management; Quantification or Other, explain)
- ✓ *Generally, do you find these trainings useful? (Please explain your answer).*

B: Quality of stock management and pharmaceutical services provided:

5. Do you have a Standard Operating Procedure (SOP) in this facility/hospital/clinic?

   Probe:

   - ✓ *Where is it kept?*
   - ✓ *Do you understand the SOP content?*
   - ✓ *What exactly is the content about?*
   - ✓ *How often do you refer to it?*

6. Do you have stock cards per product?

   Probe:

   - ✓ *Do you know the expected minimum and maximum stocking levels? What is it? (Expected* **is minimum 2 and maximum 3 months***)?*
   - ✓ *Do you know how to calculate minimum and maximum stocking levels? Can you explain to me how* (correct response for minimum is **stock on hand [SOH] divided-by average monthly consumption (AMC); maximum is AMC X 3 - SOH**
   - ✓ *Are you able to maintain the expected minimum and maximum stocking levels?*
   - ✓ *How do you manage to maintain the minimum and maximum stocking levels?*

7. How would you describe your storeroom in terms of its adequacy in ensuring proper storage of stock?

   Probe:

   - ✓ *Is an air conditioner available in your storeroom?*
   - ✓ *Do you have a room temperature thermometer in the storeroom?*
   - ✓ *Do you regulate the temperature in the storeroom? How do you regulate the temperature?*
   - ✓ *Do you record the temperature of the storeroom twice daily?*
   - ✓ *How have you arranged your stock in the storeroom? Please describe the arrangement?*

8. Do you report Adverse Drug Reactions (ADR) in this hospital/facility/clinic? How do you do that?

   Probe:

   - ✓ *Do you report ADRs? How?*
   - ✓ *Which are the most common ADRs reported?*
   - ✓ *How would you describe the level of ADRs in this hospital/facility?*
   - ✓ *Has this level increased or decreased over the past year?*

9. How long have you been working in pharmaceutical supply management and service provision?

   Probe:

   - ✓ *Can you recall how you used to manage your stock before SIAPS was introduced?*
   - ✓ *Have you noted any improvement over the years that you would attribute to the support by SIAPS?* ***Please elaborate on the kind of improvement****?*

10. Overall, how would you rate the support you have received from SIAPS? ***(Tick one of the boxes)***

1	Poor
2	Average
3	Good
4	Very good
5	Excellent

11. Have you noted any strengths of SIAPS? Please mention a few of them.
12. Have you noted any weaknesses of SIAPS? Please mention them.
13. From your interaction with SIAPS, what have you learned in general?
14. Would you recommend continuation of the services provided by SIAPS? Why?
15. Do you have any suggestions on how SIAPS can improve in supporting health facilities?

C. PARTICIPANTS SOCIO-BIOGRAPHIC INFORMATION

Sex

(male/female)……..

Personnel designation

1	Nursing Assistant
2	Staff Nurse
3	Pharmacist
4	Pharmacy Technician
5	Pharmacy Assistant

Age in years:

1) 20-29
2) 30-39
3) 40-49
4) 50-59

Please request to observe the following:

CHECK LIST (*Please tick the appropriate response*)

	YES	**NO**
Pharmaceutical SOPs available?		
Air conditioner available?		
Thermometer available?		
Is temperature recorded twice a day on a temperature sheet?		
Stock cards available?		
Stock cards placed next to corresponding medicine/product?		
Issues recorded in black or blue pen?		
Receipts from CMS recorded in red?		
Physical stock count done? *(this is visible on the stock cards as Physical Stock count or P/C)- usually in red and its done at the end of the month.*		
ADR reporting tools available? Request to see the form.		