

Using Support Supervisory Visits for Monitoring and Mentorship for Pharmaceutical Services Delivery in Namibia

January 2018



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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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Key Words

support supervisory visit (SSV), Therapeutics Committees (TCs), Pharmaceutical Management Information Systems (PMIS), inventory management, cold chain management, Therapeutics Information and Pharmacovigilance Center (TIPC), antiretroviral therapy (ART), HIV, antiretroviral (ARV), Namibia

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Acknowledgement is hereby given to the Ministry of Health and Social Services (MOHSS) and the US President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners for their collaboration and for supporting supervisory visits (SSVs) for monitoring the delivery of pharmaceutical services in Namibia. The authors particularly acknowledge the tremendous support rendered by the MoHSS Division: Pharmaceutical Services (Div:PhSs), the Directorate of Tertiary Health Care and Clinical Support Services, all regional health directorates, all public health facilities (HFs), and all health workers who participated in the annual SSVs.

The authors also extend their gratitude to PEPFAR and the US Agency for International Development (USAID) for the resources given toward implementing the activity.

ACRONYMS AND ABBREVIATIONS

ART	antiretroviral therapy
ARV	antiretroviral (medicine)
Div:PhSs	Division: Pharmaceutical Services
EDT	Electronic Dispensing Tool
FESC	facility electronic stock card
HF	health facility
HIV	human immunodeficiency virus
IMAI	integrated management of adolescent and adult illness
MOHSS	Ministry of Health and Social Services
MRMD	multiregional medical depot
MSH	Management Sciences for Health
mEDT	mobile Electronic Dispensing Tool
NIMART	nurse initiated and managed ART
PHC	primary health care
PMIS	Pharmaceutical Management Information System
RMT	regional management team
SCMS	Supply Chain Management System
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	standard operating procedure
SSV	support supervisory visit
TC	Therapeutics Committee
USAID	US Agency for International Development

EXECUTIVE SUMMARY

Two rounds of SSVs have been conducted in all of Namibia's 14 regions since 2009. These visits were carried out annually between February and March. The visits were coordinated and conducted by officials drawn from MOHSS Div:PhSs, regional directorates, the Pharmacy Division at the Ministry of Defense, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Project, and other development partners.

A scored checklist was adapted for SSVs in Namibian public sector facilities. Staff from the MOHSS and partners constituted teams that were trained on the SSV checklists, data quality assurance, and how to provide technical support and mentorship. Sections of the checklist are scored, and the total score was aggregated for each facility at the end of a visit. The areas assessed using the scored checklist were:

- Resolution of issues identified in previous visits
- Storage practices
- Use of stock cards
- Cold chain management
- Quantification for main orders for resupply of medicines from medical stores
- Therapeutics Committee (TC) activities
- Implementation of Pharmaceutical Management Information System (PMIS)
- Use of the Electronic Dispensing Tool (EDT) for stock management
- Use of EDT for patient management
- Implementation of therapeutics information and pharmacovigilance activities
- Quality assurance of dispensing services

National aggregate performance of public HFs in the selected pharmacy service and management indicators improved from 61% in 2012 to 71% in 2017. The results of SSVs during the life of the SIAPS Project demonstrated an improvement in pharmaceutical service delivery on most of the measured indicators. Overall performance in the areas assessed during SSVs has steadily improved over the years. Some HFs still face challenges of high workloads which has negatively affected their performance. Failure to improve has also been attributed to high staff attrition, leading to loss of institutional capacity for implementing core pharmaceutical management activities and recommendations made during SSVs.

SSVs are conducted to monitor pharmaceutical service delivery. After each visit, the SSV teams give valuable recommendations to HFs, regions, and Div:PhSs services, allowing continuous efforts to be implemented to improve delivery of pharmaceutical services.

BACKGROUND

Namibia's MOHSS manages approximately 430 public HFs in the country's 14 regions. In addition, the MOHSS manages a central medical store (CMS) and two multiregional medical depots (MRMDs) located in the northern part of the country. The three medical stores supply pharmaceutical products to the HFs. Pharmaceutical services and products are provided for a nominal fee at the public HFs.

Since 2004, the MOHSS, with support from the USAID-funded Strengthening Pharmaceutical Systems (SPS) Program and later from the SIAPS and Supply Chain Management System (SCMS) Programs, developed and implemented strategies to strengthen the Div:PhSs. Strategies were developed to support HFs to improve the delivery of pharmaceutical services at all levels in the Namibian public sector. Strategies implemented by MOHSS with support from SIAPS and SCMS (both implemented by Management Sciences for Health) include strengthening PMIS; developing and implementing pharmacy standard operating procedures (SOPs); strengthening the functioning of TCs and strengthening stock, patient, and data management for antiretroviral therapy (ART) services through the EDT; supporting ART decentralization activities; implementing inventory management tools, including the facility electronic stock card (FESC); strengthening therapeutics information and pharmacovigilance activities; and training pharmacists, pharmacist assistants, and nurses for ART and other pharmaceutical services.

SIAPS has supported the Div:PhSs to conduct SSVs to monitor and assess progress of the supported programs and provide recommendations to further strengthen implementation of pharmaceutical service delivery. The SSVs are used to monitor the extent of implementation of interventions aimed at strengthening pharmaceutical services in MRMDs, hospitals, and primary health care (PHC) facilities; identify challenges in the services; provide onsite support; and make recommendations to address the challenges. These visits are carried out once a year, and the SSV teams check whether issues identified from previous visits have been addressed.

SIAPS has supported the MOHSS to implement strategies to strengthen the inventory management of antiretroviral (ARV) medicines and the ART pharmaceutical system. A stronger inventory management system will enable the country to cope with the scale-up of ART services, which increased quantities of health commodities and more complex inventory management tasks. Strategies that have been implemented include

- Strengthening PMIS
- Developing and implementing SOPs
- Developing and implementing comprehensive national standard treatment guidelines
- Strengthening the functioning of TCs
- Strengthening stock, patient, and data management for ART services using EDT and Syspro[®] software

SIAPS has also supported the MOHSS's efforts to decentralize ART services by introducing a mobile EDT (mEDT) for dispensing ARVs and for capturing ART data at PHC facilities offering ART services. These initiatives have created the need to mentor and support pharmacy staff to monitor implementation of programs to improve service delivery and improve treatment outcomes of people living with HIV and AIDS.

Site visits to ART facilities also provide national-level teams with opportunities to collect and validate data from various reports on ART and pharmaceutical services submitted by HFs to the national level. To standardize and institutionalize SSVs, SIAPS also developed a manual to guide the MOHSS National Medicines Policy Coordination sub-division on the processes and procedures for conducting annual SSVs. The manual provides detailed standardized processes and procedures for conducting SSVs and gives instructions on how to identify resources needed for the SSVs. The manual was part of SIAPS' plan to transition the management of SSVs entirely to the MOHSS.

METHODOLOGY

Objectives and Scope of SIAPS Technical Assistance for SSV Implementation

SSVs are conducted mainly to monitor implementation of interventions and mentor health workers, especially pharmacy staff and nurses, to improve pharmaceutical service delivery. Specific objectives of the SSVs include—

- Provision of on-the-job technical support to participating health care workers
- Assessment of HF performance on pharmaceutical service delivery, including management of ARVs and other essential medicines
- Data validation of reports submitted to the National Medicines Policy Coordination by HFs
- Monitoring implementation of the National Medicines Policy through the National Pharmaceutical Master Plan

Resource Mobilization

The first step in conducting SSVs included the identification, mobilization, and organization of required resources for the visits. This included determining financial, human, and material resources required for SSVs in that particular year. The planning also considered the availability of vehicles and drivers based on the number of teams required to cover identified HFs and regions. Typically, six or seven teams were used to cover the 14 regions in Namibia in two rounds of annual visits between the months of February and March. Human resources at Div:PhSs were complemented by regional pharmacists who had been mentored on SSVs and partners from other organizations involved in strengthening pharmaceutical services or supporting ART services.

A steering committee was assembled annually at least three weeks before the SSVs to coordinate preparations, resources, and logistics for the visits. The committee consisted of representatives from the Div:PhSs, selected pharmacists from regions or facilities, representatives from MOHSS development partners, and any other organizations invited by Div:PhSs

Data Collection Tools

The SIAPS and SCMS Programs supported the MOHSS in developing three scored checklists for conducting SSVs in hospitals, PHC facilities, and MRMDs. In each year, the steering committee updated the sections of the checklist based on priority areas identified for review and mentorship for that year. The scored checklists utilized selected pharmacy indicators to allow performance monitoring by facility, district, and regions over time. The checklists also listed all materials required by the SSV teams, and these were checked by team leaders before departure to HFs. The checklists in annexes 2-4 were adapted for each round of visits on the basis of priority areas for monitoring and mentoring of pharmaceutical service delivery.

Namibia's 2013 assessment of the capability and performance of the national supply chain (jointly conducted by SIAPS and SCMS) provided insight into how Div:PhSs could further improve the scoring aspects of SSV checklists to more clearly rate performance and determine which aspects of the indicator component needed more support from health workers.

Training of Supervision and Mentorship Teams

Before each visit, SIAPS and SCMS supported the Div:PhSs in facilitating a one-day workshop to orient SSV team members on the SSV tools, highlighting any changes made; on data collection and data verification; on indicator definitions; and on approaches to be used for on-the-job mentoring of health workers, focusing on ART services and pharmaceutical management. The workshops were used to formulate the strategy and common approach to be adhered to by the teams during visits. Participants were also oriented on the procedures to follow when visiting public HFs in Namibia. The training included guidance on how the teams would give effective feedback to the HF staff and management, focusing on areas of improvement, including providing constructive suggestions on possible steps or interventions for improvement.

Conducting SSVs

The teams of two or three pharmacists and other technical staff conducted SSVs in two rounds. Each team received a pack of resource materials that included:

- Three SSV checklists for the MRMD, hospitals, and PHC facilities
- A scored checklist for each facility from the previous year's SSVs, the summary results, and recommendations presented to the regional management team (RMT)
- Four Therapeutics Information and Pharmacovigilance Center reporting forms (adverse medicine reaction reporting, medication error, product quality complaint, and therapeutics information request forms)
- Copies of updated treatment guidelines, e.g., ART guidelines
- Copy of PMIS data on indicators to be validated during the visits
- Pharmaceutical SOPs for Hospitals, second edition, December 2014

In 2016, when the MOHSS started countrywide implementation of FESCs and the dashboard, the SSV toolkit was further updated to include FESC–EDT videos and instructions on how to use these tools for pharmaceutical and ART management. Also included were a FESC quick user guide and checklist to assess the use of and challenges encountered with FESC.

The SSV teams visited all district hospitals, MRMDs, and selected PHC facilities in each district in the 14 regions of Namibia. Leaders were nominated to coordinate activities and logistics for their respective teams. Team leaders provided overall guidance to the teams to ensure successful implementation of the SSV, including data quality assurance and feedback

to the assigned region. Pharmacists from the Div:PhSs were preferred as team leaders so as to facilitate ownership of the feedback reports and recommendations from the SSVs. At each facility, the pharmacist in charge of the facility and the regional pharmacist liaised with the SSV team to assess pharmaceutical services, participate in staff mentoring, and generate recommendations and follow-up actions for improvement of services. The joint efforts by the SSV team and facility staff enhanced accuracy of data collected and acceptance of findings and recommendations.

Feedback to HFs and RMTs

At the end of each round of SSVs in a particular region, the teams provided feedback to the district and RMTs of the facilities visited. Adequate feedback and support to the HF staff is necessary to allow these beneficiaries to identify opportunities for improvement and produce measurable impact. An example of a feedback presentation to an RMT is attached in annex 5.

Developing a National Feedback Report

After all targeted HFs had been visited each year; Div:PhSs, with technical assistance from SIAPS and other MOHSS partners, used the checklist data to compile annual national feedback reports to document performance by facility, district, and region on the various indicators on the checklist. The feedback report also proposed recommendations for HFs, districts, regions, and policy makers on how to improve pharmaceutical services delivery. The feedback reports were then distributed through the appropriate MOHSS channels to policy makers and all HFs, districts, and regions in Namibia.

Disseminating Feedback and Action Planning

This included scheduling formal presentations of the recommendations at appropriate platforms at the national level, such as ministerial meetings, MOHSS planning meetings, and national annual pharmacists' fora.

Process Manual for Conducting SSV

In 2015/2016, SIAPS and SCMS supported the Div:PhSs in compiling a manual entitled *Processes and Procedures for Conducting National-Level Supportive Supervision Visits in Namibia*. This document provides detailed steps and tools for conducting annual national pharmaceutical SSVs. The manual also enables Div:PhSs and partners to continue building the capacity of staff through focused on-the-job mentoring during SSVs. This manual was crucial for transitioning and ensuring sustainability of the activity in subsequent years by MOHSS.

Data Quality Assurance

SIAPS supported the Div:PhSs in orienting SSV teams on the SSV tool to ensure a common understanding of indicators and variables to be assessed. Each orientation workshop included

discussions on data quality deficiencies encountered in the preceding year, which guided SSV teams on what steps to take during the current year's SSVs to improve the quality of data.

At each facility, SSV teams completed the checklists and discussed key findings with the HF staff and management team, offering suggestions for improvement. For a given region, the team compiled a brief feedback presentation for the RMT. To cross-check the accuracy of data on the completed checklist, the management team of the HF was given an opportunity to review and verify the collected data. The Div:PhSs ensured the overall quality of completed checklists by carefully reviewing each HF checklist during analysis and compilation to generate national-level summary data.

RESULTS

For each year of conducting pharmaceutical SSVs, SIAPS contributed to enhancing the capacity of MOHSS pharmacy and other health care personnel at over 50 national, regional, district, and HFs. Pharmacy staff and nurses enhanced their knowledge and skills in using pharmaceutical management tools; assuring data quality; how to mentor other staff; and how to objectively assess the status of pharmaceutical services at a facility. Furthermore, they learned how to provide constructive feedback and making recommendations for improving or building up identified gaps or strengths. The participation of regional and district pharmacists promoted peer-learning and experience-sharing.

SSVs led by national-level teams have been one of the biggest contributors to improving or maintaining the quality of pharmaceutical services in Namibia's public sector health system that is coping with a rapid scale-up of ART services. Robust recruitment of HIV-positive patients has seen patient numbers increase from about 31,000 in 2007 to over 166,000 in December 2017. This necessitated an effective system to monitor the provision of pharmaceutical services. SIAPS has supported the development of structured indicator-based SSVs to build capacity of MOHSS to meet the demands of the advancing pharmaceutical system.¹

The overall SSV scores of HFs have increased since SIAPS began supporting MOHSS' Div:PhSs in 2012. There have been notable improvements in the resolution of issues identified during supervisory visits and in implementing tools and SOPs for decentralizing ART services. Figure 1 shows the average performance of facilities visited in SSVs over a six-year period.

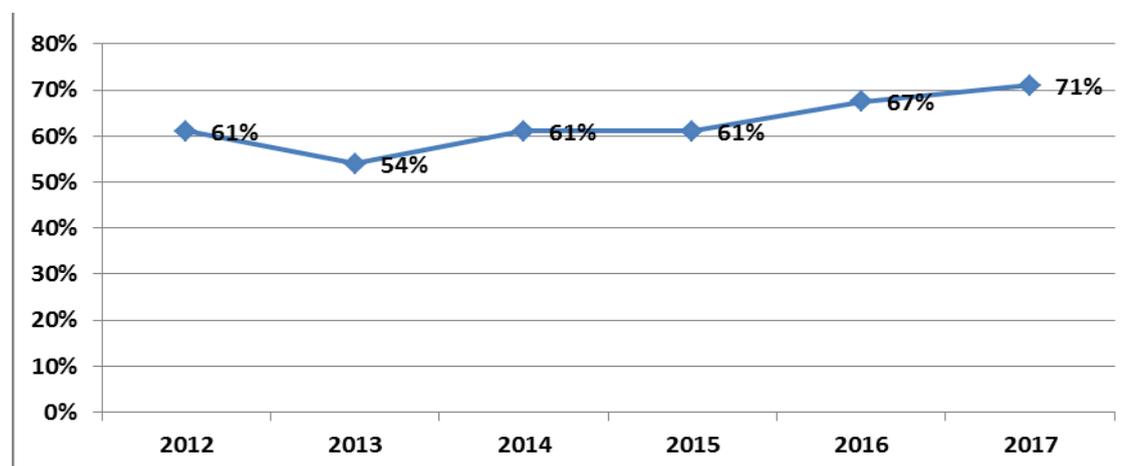


Figure 1. Overall score in SSVs over a six-year period (adapted from SSV feedback report 2017)

¹ Strengthening Pharmaceutical Services through Structured Supportive Supervision in Namibia, November 2014. This success story was produced for review by the US Agency for International Development. It was prepared by the USAID-funded SIAPS Project (in Namibia), Cooperative Agreement No. AID-OAA-A-11-00021; <http://siapsprogram.org/publication/technical-brief-strengthening-namibias-pharmacy-sector-and-workforce/>

The management teams of regional health directorates were given feedback immediately after each round of SSVs and asked to incorporate the SSV recommendations into their regional plans of action, to finance their implementation, and to continually supervise HFs to ensure that the quality of services keeps improving.

The SSV teams reviewed reports from previous support visits and checked whether recommendations made had been acted upon.² The goal was to determine whether recommendations from previous visits had been addressed by the regional and district management teams to ensure continuous improvement in pharmaceutical services. Figure 2 shows a 23 percentage point improvement by the district and regional management teams in addressing issues cited in previous SSVs

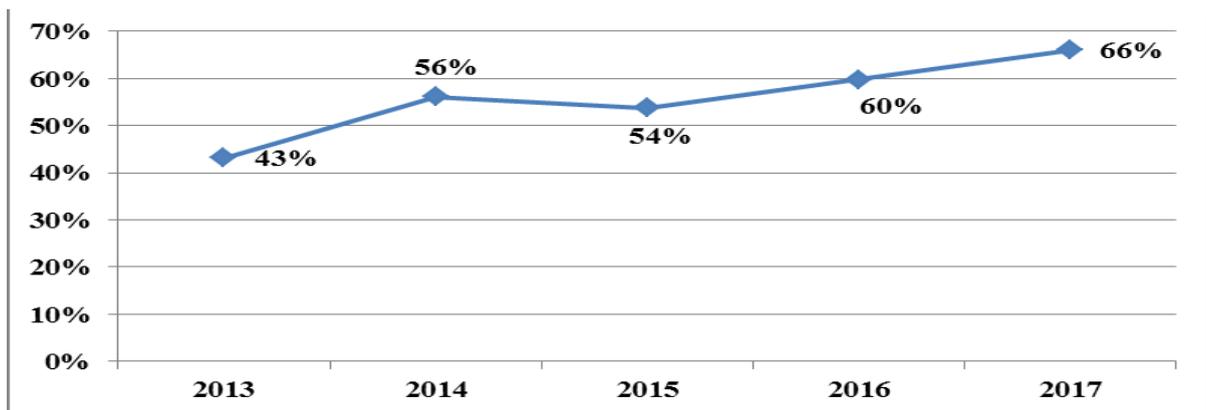


Figure 2. HF performance on implementation of recommendations of previous SSVs

Ensuring provision of sustainable and quality ART services and increasing access to ART services for all remains the vision and priority of MOHSS. In keeping with this vision, MOHSS embarked on decentralizing ART services, a strategy which requires PHC facilities throughout the country to provide outreach and nurse initiated and managed ART (NIMART) services to clients in hard-to-reach rural settings.² The SSV teams checked whether the facilities had used the correct tools and SOPs, including mEDT and paper-based data collection tools to capture dispensing and stock management information at outreach, integrated management of adolescent and adult illness (IMAI), and NIMART sites. The teams also checked that measures were in place to ensure timely and accurate reporting of patient data by PHC facilities offering ART services. Figure 3 shows the average performance of HFs in decentralizing ART services.

² Kambyambya K, Churfo W, Phulu B, Wolde A. 2017. Feedback Report for National Pharmaceutical Support Supervisory Visits: March 2017. Submitted to the US Agency for International Development by the Ministry of Health and Social Services of Namibia with support from Systems for Improving Access to Pharmaceutical Services (SIAPS) Program. Arlington, VA: Management Sciences for Health

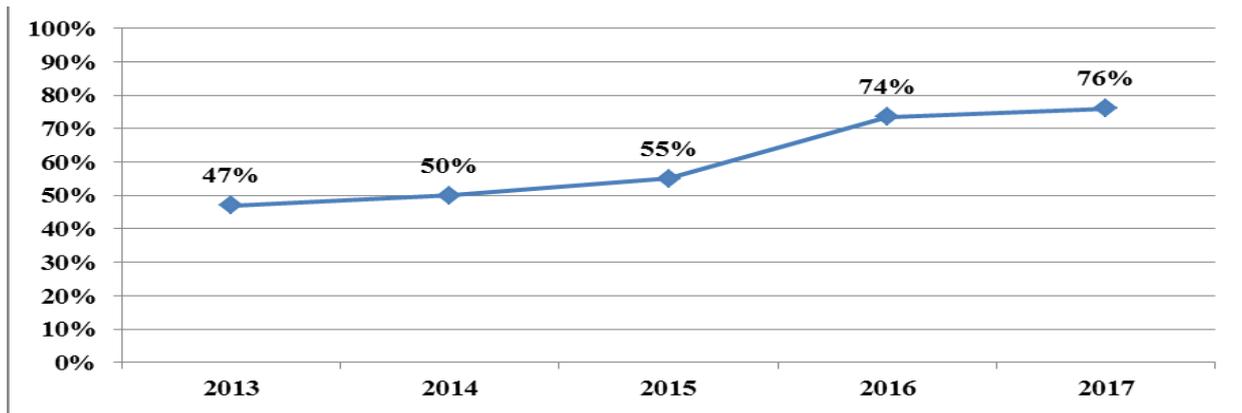


Figure 3. Annual trend in use of tools and SOPs for decentralizing ART services

The results over the five-year period in figure 3 demonstrate improvements in the availability of SOPs and tools for decentralization at ART sites implementing IMAI and NIMART services. The teams, however, identified data gaps in EDT that have been caused by the rapid decentralization of patients to PHC facilities that do not have mEDT devices needed to facilitate data capture during dispensing (and to subsequently upload data to the main ART site).³ Because mEDT devices were not available, paper-based tools were used to capture data at NIMART sites, often leading to an accumulation of paper records that have not been entered into the ART and pharmaceutical services databases.

Illustrative Actions from SSV Recommendations

Regional and facility managers used findings of the SSVs to motivate for action. Following repeated findings and recommendations on storage conditions in the Rundu MRMD, the floor of the warehouse was repaired to reduce dust in the warehouse, as reported by the staff of the MRMD in Kavango region. Another example is the Zambezi regional pharmacist who used SSV findings and recommendations to advocate for (and eventually obtaining) air conditioning to ensure the quality of medicines in storage at all seven HFs visited in 2016. She also successfully advocated for inventory management training in which at least 1 participant from each of the 28 PHC facilities in the region benefitted; she reported and SSV teams observed that PHC sites recorded some improvements in stock card use for inventory control in 2016.

DISCUSSION OF FINDINGS

Annual SSVs have been conducted in Namibia to assess the quality of pharmaceutical service delivery and to provide on-the-job technical support to HF staff to improve facility service delivery. However, improvement in performance in the various indicators monitored by the SSV checklists has been hindered by various challenges, such as increased numbers of patients enrolled in HIV care without corresponding increases in the capacity of the health systems and tools to cope with the new numbers of patients. Performance has also been affected by a high turnover in pharmaceutical staff, which has led to losses of institutional capacity when trained staff leave without transferring skills to the staff taking over from them.

The national SSV feedback report has allowed national and regional decision makers to address identified gaps and act on the recommendations. For example, the feedback report produced in 2011 identified challenges in measuring patient adherence to ART and failure to properly use EDT for case management. The report recommended training on EDT and ART SOPs to improve ART services delivery in HFs. This information enabled the Div:PhSs, through its partnership with SIAPS, to conduct a number of trainings on EDT and to upgrade it to help facilities monitor patient adherence by capturing pill counts and other ART adherence data. These EDT upgrades also became important in enabling Namibia to start reporting on the WHO early warning indicators of HIV drug resistance.

One of the strategies for building institutional capacity within the MOHSS team in conducting SSVs was the inclusion of senior pharmacists from MOHSS' head office and the regional pharmacists from the 14 regions. In the third year of SIAPS support, four recent pharmacy graduates at the Windhoek Central Hospital participated in the visit to build their capacity to perform SSVs. This way the capacity of regional and other pharmacists continued to be built by including new regional and other pharmacists and pairing them with experienced cadres. Their participation in SSVs in regions other than their operational sites exposed them to pharmaceutical management practices in the regions visited, which enriched their knowledge, skills, and motivation for service quality improvements.

Initially SSVs were mainly funded by USAID-funded programs; this support has been largely taken over by the MOHSS. Technical assistance and capacity building have also been provided to the Div:PhSs to aggregate the data and produce and disseminate feedback reports. SIAPS also supported the MOHSS in developing a manual for MOHSS to use as a reference in executing structured SSVs. Persistent engagement of the MOHSS in activities with clear objectives from the beginning has enabled the successful handover of activities to MOHSS.

The implementation of SSVs, however, did not come without limitations. Due to resource limitations, the visits were restricted to regional medical depots, district and referral hospitals, and a few sampled PHC facilities. A significant number of patients and pharmaceutical tools (resources) are managed at these PHC facilities that also need support from national and regional levels. The scored checklists enable the Div:PhSs to identify poorly performing facilities during the SSVs. However, there have been no financial and other resources allocated for follow-up visits to the poorly performing facilities to help implement interventions to improve in the various areas of pharmaceutical management.

There has been limited support from RMTs in conducting follow-up SSVs to support implementation of interventions needed for improvement. The time allocated to the SSV in each target facility was too limited to effectively build enough staff capacity in managing some of the tools and pharmaceutical services, such as EDT and FESC. Follow-up visits to reorient the staff on these tools are necessary to improve their capacity to use them and to improve their knowledge of quality pharmaceutical service provision.

CONCLUSIONS AND RECOMMENDATIONS

Facility-based SSVs are a practical method of monitoring and evaluating the delivery of pharmaceutical services and supporting implementation of interventions to improve pharmaceutical systems. Efficient follow-up of recommendations from SSVs may lead to measurable improvements in various areas of service delivery, which result in improved management of pharmaceutical commodities and better management of ART patients to improve therapeutic outcomes and save lives. SSVs require a high level of coordination through documented operating procedures to guarantee the use of standard practices and provide measurable and comparable results over time.³

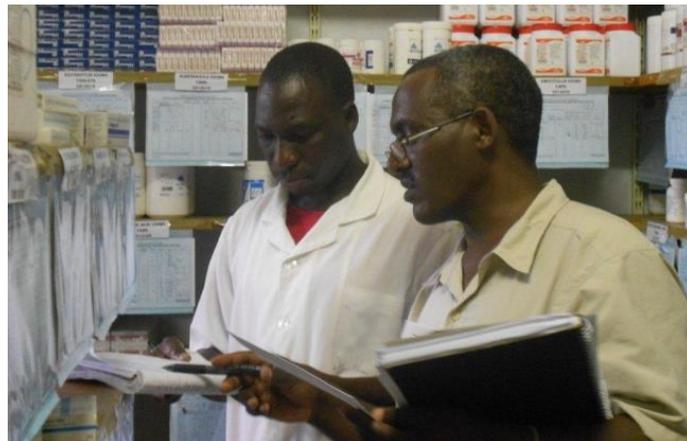
Given the objectives of SSVs, their successful implementation is critical for improving service delivery. Successful implementation of SSVs will be possible if the MOHSS and Div:PhSs adequately plan for resources and implement processes outlined in this document. Div:PhSs should also ensure that all stakeholders are aware of and adequately fulfill their roles and responsibilities.

³ Phulu B, Wolde A, Kambyambya K, et al. 2015. *Processes and Procedures for Conducting National-Level Supportive Supervision Visits in Namibia*; <http://siapsprogram.org/publication/altview/processes-and-procedures-for-conducting-national-level-supportive-supervision-visits-in-namibia/english/>

ANNEX 1. PHOTO HIGHLIGHTS



(left to right) Mr. Mesele Wallellign, Chief Pharmacist, and Zelalem, Pharmacist, listen to an explanation from Ms. Harriet Kagoya, Senior M&E Advisor and Mr. Samson Mwinga, Senior Technical Advisor on MIS of SIAPS Project during on-the-job technical support on the FESC at IHO. Photo credit: SIAPS, February 2017



Mr. Alemayehu Wolde, a member of the support supervisory team provides support to pharmacy staff on inventory management during SSVs. Photo credit: SIAPS Namibia



(right) Mr. Marimo Tafadzwa, the Karas Regional Pharmacist, checks stock cards at Karasburg District Hospital pharmacy. (center) Davids Simasiku, Pharmacist Assistant at the hospital, looks on while Anna Shimbulu, Pharmacist, from the NMRC takes notes. Photo credit: SIAPS Namibia, February 2016



SSV team member(right) Mr Bayobuya Phulu, SIAPS Senior Technical Advisor, guides Sr. Rosaline Nakale, Registered Nurse, through vaccine stock card management at Roshpinah Clinic during SSVs in February 2016. Photo credit: SCMS Namibia

A key lesson learned by the team conducting the SSVs from Sr. Rosaline Nakale at Roshpinah clinic is that even in the absence of or with limited opportunities for formal training on pharmaceutical services, there are opportunities to improve the management of pharmaceuticals and ART services with regular on-the-job technical support. Rosaline had received such support from the district management team in the Luderitz district.

ANNEX 2. HOSPITAL SUPPORT SUPERVISORY CHECKLIST, NAMIBIA MOHSS

		<i>Key to colour coding</i>					
			<i>user to enter data</i>				
			<i>auto-filled based on other entries</i>				
			<i>No data required for these fields</i>				
Name of Facility:		Date of Visit:					
Region:		Period Reviewed:					
Regional Pharmacist:		Reg. Pharm Tel. No.:					
Respondent Name(s): 1.		Tel # 1.					
2.		2.					
A. HUMAN RESOURCES							
Pharmacy HR <i>(as at 31 Jan 2015)</i>	MoHSS					Volunteer Staff	Total
	# of posts on Establishment	Filled Posts	Staff Additional to Establishment	# Namibian nationals	# Non-Namibian nationals		
Pharmacists							
Ph Interns							
PAs							
Workhands							
Other							
				<i>Ph + PAs total:</i>		0	
	Level 1	Level 2	Level 3	Level 4	Level 5	Level Attained	
Dispensing staff	<input type="checkbox"/> There is no pharmacy trained personnel on staff <input type="checkbox"/> Dispensing by any nursing or other auxiliary personnel <input type="checkbox"/> Counseling of patients by any health facility staff	<input type="checkbox"/> Site has Pharmacy assistant on staff <input type="checkbox"/> Dispensing by pharmacy assistant <input type="checkbox"/> Counseling by pharmacy assistant	<input type="checkbox"/> Site has an accredited Pharmacist on staff <input type="checkbox"/> Dispensing by a pharmacy assistant <input type="checkbox"/> Counseling by a pharmacy assistant	<input type="checkbox"/> A Pharmacist reviews all prescriptions before they are filled	<input type="checkbox"/> Medicine use counseling is performed by a pharmacist		
B. REVIEW OF PREVIOUS SUPPORT SUPERVISION							
1. When was the last time you were visited by the regional pharmacist (dd/mm/yyyy)?							
2. Did you get a written report from the regional pharmacist highlighting the findings from the visit and areas that needed to be improved upon?							
3. Do you have a copy of the report?							
4. If "Yes" in 3 above, review the previous report and fill out the table below:							
Issues Identified at last Regional Pharmacist Supportive Supervision						Resolved as of today?	
Issues Resolved Fully or Partially						0%	
5. When was the last time you were visited from National Level (dd/mm/yyyy)?							
6. Did you get a checklist from the national team highlighting the findings from the visit and areas that needed to be improved upon?							
7. Do you have a copy of the checklist?							

8 Review the previous year's checklist (<i>provided by NMPC</i>) and fill out the table below:						
Issues Identified at last National Level Supportive Supervision						Resolved as of today?
Issues Resolved Fully or Partially						0%
	Level 1	Level 2	Level 3	Level 4	Level 5	Level Attained
External audit and supervision	<input type="checkbox"/> Pharmacy does not receive any supervisory visit or audit from regional and/or national level	<input type="checkbox"/> Pharmacy is audited occasionally for compliance to EML /STGs / Pharmaceutica I SOPs and that local/national guidelines are being followed <input type="checkbox"/> Pharmacy is audited in an ad hoc manner	<input type="checkbox"/> Pharmacy is audited on a regular basis, at least annually <input type="checkbox"/> Process is still ad hoc using not well defined audit processes <input type="checkbox"/> Results are not consistently sent back to Pharmacy	<input type="checkbox"/> The process is well defined and clear <input type="checkbox"/> Results are documented, but no action is taken for inefficiencies	<input type="checkbox"/> Results are documented and findings discussed with the team <input type="checkbox"/> Appropriate corrective measures taken for inefficiencies	
C. INVENTORY MANAGEMENT ASSESSMENT						
1. Observe the storage and dispensing conditions for the main storage area and fill out the form below:						
Number of stores assessed						
	Level 1	Level 2	Level 3	Level 4	Level 5	Level Attained
Security & Access to the Pharmacy	<input type="checkbox"/> No doors/locks	<input type="checkbox"/> Solid doors with operating locks on all doors	<input type="checkbox"/> Windows and dispensing hatch with bars or equivalent such as roll down security door	<input type="checkbox"/> Limited key distribution <input type="checkbox"/> Keep list of personnel with keys	<input type="checkbox"/> Policy in place and practiced that a pharmacist or designated staff is always present with access to the keys	
Building and Power	<input type="checkbox"/> Pharmacy has a roof and is shielded from direct sunlight <input type="checkbox"/> Pharmacy has floor for storing product <input type="checkbox"/> There is no power	<input type="checkbox"/> Pharmacy shelves arranged haphazardly <input type="checkbox"/> There is intermittent power	<input type="checkbox"/> Pharmacy shelves arranged haphazardly <input type="checkbox"/> Pharmacy has regular power	<input type="checkbox"/> Pharmacy organized shelving <input type="checkbox"/> Pharmacy is on generator power back up	<input type="checkbox"/> Pharmacy has a battery back-up for cross over time to the generator kicking in	

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<p>Computers and dispensing software</p>	<p><input type="checkbox"/> No working hardware (computers) <input type="checkbox"/> No software available</p>	<p><input type="checkbox"/> Very limited availability of hardware (computers) <input type="checkbox"/> Word processing only software</p>	<p><input type="checkbox"/> Wide availability of hardware <input type="checkbox"/> Software is not specific for functional area and is limited to Microsoft office product based software <input type="checkbox"/> Most equipment is in operating condition</p>	<p><input type="checkbox"/> Wide availability of hardware <input type="checkbox"/> Software is suitable to carry out dispensing and other activities of functional area. <input type="checkbox"/> Equipment is in operating condition and receives sporadic maintenance.</p>	<p><input type="checkbox"/> All who require computers have them <input type="checkbox"/> All have suitable software to carry out functional activities. <input type="checkbox"/> Equipment is in working condition and receives scheduled maintenance.</p>		
<p>House-keeping</p>	<p><input type="checkbox"/> There are no standards for cleaning <input type="checkbox"/> There is no schedule for cleaning</p>	<p><input type="checkbox"/> Basic cleaning tasks are understood but not documented <input type="checkbox"/> Cleaning is scheduled at least monthly</p>	<p><input type="checkbox"/> Basic standards for cleaning are documented <input type="checkbox"/> Cleaning is scheduled weekly</p>	<p><input type="checkbox"/> Cleaning is scheduled twice a week or more <input type="checkbox"/> There is a pest program in place</p>	<p><input type="checkbox"/> Cleaning standards meet all local /national guidance for dispensaries</p>		
<p>Storage space and order</p>	<p><input type="checkbox"/> There is not enough space for storage of medical commodities <input type="checkbox"/> Adequate shelving is not available <input type="checkbox"/> Product are randomly stored</p>	<p><input type="checkbox"/> Limited space is available <input type="checkbox"/> Most products are organized <input type="checkbox"/> Like products are stored together</p>	<p><input type="checkbox"/> All products are arranged systematically (either by product or category) <input type="checkbox"/> There is dedicated and segregated space for expired /damaged</p>	<p><input type="checkbox"/> There is sufficient storage for all medical commodities <input type="checkbox"/> Product is stored in labeled locations <input type="checkbox"/> There is an expired medicines register</p>	<p><input type="checkbox"/> There is extra and unused space for the storage of medical commodities</p>		
<p>Storage and security of controlled substances [Schedule 3 & 4 medicines]</p>	<p><input type="checkbox"/> Controlled substances are not in secure location</p>	<p><input type="checkbox"/> Controlled substances are separated and locked <input type="checkbox"/> Access is not controlled and the key is left out in the open <input type="checkbox"/> Controlled drugs are counted at the same time other shelf counts are performed</p>	<p><input type="checkbox"/> Controlled substances are secured in a locked location <input type="checkbox"/> Access to controlled substances is limited to designated profession or pharmacist <input type="checkbox"/> There are a limited number of keys</p>	<p><input type="checkbox"/> Controlled substance locked with controlled access <input type="checkbox"/> Controlled substances are tracked via manual register/ledger <input type="checkbox"/> Weekly/monthly counts are performed</p>	<p><input type="checkbox"/> Controlled substance have strictly controlled access <input type="checkbox"/> Commodities are inventoried each time the keys are exchanged <input type="checkbox"/> Controlled drug inventory is tracked via manual register/ledger signed with each exchange of keys</p>		

Temperature Control	<input type="checkbox"/> No heating or cooling available (when needed) <input type="checkbox"/> No thermometers	<input type="checkbox"/> Heating and cooling (where needed) is available when resources allow <input type="checkbox"/> One or two thermometers available	<input type="checkbox"/> There is air conditioning, but it may not be enough to maintain temperature <input type="checkbox"/> Log book and schedule present	<input type="checkbox"/> Reliable cooling (wall or central) and temperature monitoring <input type="checkbox"/> Some ability to control exposure to direct sunlight <input type="checkbox"/> Log book and schedule with limits (min/max)	<input type="checkbox"/> Building has central heating and cooling <input type="checkbox"/> Back up temperature monitoring with alert system	<p style="text-align: center;">4</p>
Cold chain temperature control equipment	<input type="checkbox"/> Pharmacy has no cold storage	<input type="checkbox"/> Pharmacy refrigerator functions when power is available some of the time (or temporary cooling from ice/dry ice)	<input type="checkbox"/> Pharmacy has dedicated refrigerator and/or freezer that works regularly <input type="checkbox"/> The Pharmacy refrigerator/freezer is not monitored for temperature	<input type="checkbox"/> Pharmacy has dedicated refrigerator/freezer <input type="checkbox"/> Pharmacy refrigerator/freezer is monitored for temperature <input type="checkbox"/> There is no preventative maintenance performed	<input type="checkbox"/> Pharmacy has cold room <input type="checkbox"/> Maintenance of the equipment is regularly scheduled <input type="checkbox"/> Correct temperatures are maintained, monitored, recorded, and alarmed	
CAPABILITY MATURITY SCORE (AVERAGE)						0.0%
% Score in previous SS visit						
Performance of the facility for this section						
Check parameter description above	Enter the names (e.g. ARV store) & scores of other stores assessed below					
1- Security & Access to the Pharmacy						
2- Building and power						
3- Computers and dispensing software						
4- Housekeeping						
5- Storage space and order						
6- Schedule 3 & 4 medicines						
7- Temperature Control						
8- Cold chain						
Total						
D. INVENTORY CONTROL & QUANTIFICATION						
Is there a copy of the Namibia Pharmaceutical SOPs 2009 (ask to be shown) in the pharmacy?						
i. Stock Cards Use						
1. Obtain latest HF5% result (of stock cards whose balance is the same as actual stock) for the facility from NMPC						
Latest quarter for which HF5 is provided:				Result for HF5:		

Annex 2. Hospital Support Supervisory Checklist, Namibia MOHSS

2. Obtain the stock cards for the following 25 pre-selected items in the pharmacy store for this assessment & fill out the table below: 6 stock cards are of ARVs, 4 of TB medicines, 1 of a malaria medicine, 14 stock cards for other medicines and 5 for clinical supplies							
Item Description	# of recorded stock takes Oct-Dec 2014	Balance on Stock Card	Actual Stock	Min-Max value written on stock card? If NO calculate the min-max & write on card	Actual Stock today compared to min-max on card (or min-max calculated today)	# days medicine was O/S in the store room btwn Oct-Dec 2014?	
ARVs & TB medicines							
1	3TC + TDF [300/300mg] tabs					0	
2	LPV/r [200/50mg] tabs					0	
3	ABC/3TC [60/30mg] tabs					0	
4	LPV/r [100/25mg] tabs					0	
5	NVP 10mg/ml Susp					0	
6	ABC 300mg tabs					0	
7	RHZE [R150/H75/Z400/E275mg] tabs					0	
8	RHE [R150/H75/E275mg] tabs					0	
9	RHZ [R60/H30/Z150mg] tabs					0	
10	Ethionamide 250mg caps					0	
Malaria & Other medicines							
1	Artemether/Lumefantrine [20/120mg] tabs					0	
2	Diclophenac Inj 25mg/ml					0	
3	Co-trimoxazole 400mg+80mg tabs					0	
4	Co-trimoxazole Susp. 200mg+40mg/5ml					0	
5	Cefixime 200mg tabs					0	
6	Medroxyprogesterone Inj 150mg/ml					0	
7	Oral Rehydration Salts Sachet For 1L					0	
8	Amoxicillin 250mg Caps					0	
9	Amoxicillin Susp. 125mg/5ml					0	
10	Lignocaine Inj 2% IV, 20ml					0	
11	Atenolol 50 mg tabs					0	
12	Metformin 500 mg tabs					0	
13	Male Condoms 52mm					0	
14	Salbutamol 0.1% Neb. Solution					0	
15	Chloramphenicol 0.5% eye drops					0	
Clinical Supplies							
1	Malaria Rapid Diagnostic Test Kit					0	
2	Determine HIV 1/2 Test Kit					0	
3	Chromic Suture, 2/0 30mm Taper 1/2					0	
4	Canula, Disposable, IV, 24G					0	
5	Cotton Wool Balls 1g					0	
<p><i>* If min-max not calculated and facility staff do not know how to calculate min-max levels take them through the process using ~ 5 stock cards; 1st card you demonstrate, next 4 cards the staff do the exercise.</i></p> <p>Min & Max levels are 2 & 4 months respectively unless indicated otherwise by facility staff or regional pharmacist; use issues data for the previous 6 months to calculate AMC, min & max levels</p>							
2. Summary for D2 and scoring (autofilled when table above is filled out)							
Parameter Assessed					Result	Score	
% Card balance = physical stock					0%		
Absolute variance of SS visit result from latest HF5 result							
% with ≥ 2 recorded stock takes							
% with min-max levels indicated							
% above Maximum							
% below Minimum							
% within Minimum - Maximum							
% with stock out > 5 days							
SCORE FOR STOCK CARD USE (max 18)							
% Score in previous SS visit							
Performance of the facility for this section							

ii. Cold chain supply management (assess the fridge and/or cold room used to store EPI vaccines and fill out the table below)						
Parameter Assessed					Result	Score
1. Check if there are any personal non-medicine items stored in the fridge e.g. cool drinks, food etc. <i>Score 3 if no non-medicines are stored in the fridge; 0 if any personal non-medicine items are kept in the fridge</i>						
2. Are all EPI vaccines available today (Y/N)?						
3. Was there any stock out of an EPI vaccine in the last quarter (Y/N)?						
4. Check the temperature now. Does it fall within recommended range (2 - 8°C)?						
5. Check the temperature chart for the EPI fridge and score as follows: <i>3 if temperature recorded 2x daily for the last 30 days; 0 if not</i>						
6. Are there any freeze tags in the refrigerator (Y/N)						
7. Check the stock cards for all vaccines and fridge items and score as follows: <i>3 if stock cards balance is the same as actual stock for all the items; 1 if stock card balances are incorrect for some of the items; 0 if there are no stock cards for some of the items</i>						
8. Randomly pick one vial of each of the EPI vaccines and check their vaccine vial monitors (VVMs); indicate the stages below. Check for any expired vaccines in the fridge (do not sample)						
Vaccine		VVM Stage (1 to 4)		Any Expired?		
BCG						
DT						
Measles						
Pentavalent						
Rota virus						
Pneumococcal (PCV13)						
Polio						
# with Quality Problems						
SCORE FOR COLD CHAIN MANAGEMENT (max 24)						0
						0.0%
% Score in previous SS visit						
Performance of the facility for this section						
iii. Main orders to Medical Stores						
1. When you place your main order , how do you decide which items to order? (do not read out the option)						
2. Check the last main order placed by the facility to CMS/RMS in the period 1st Oct to 31st Dec 2014. Pick ten items at random from those ordered and fill out the table below: (gray cells are auto-filled)						
		1	2	3	4	5
Item Description						
Date of last stock take on card (dd-mm-yyyy)						
Qty on hand written on order book (Q ₁)						
Max Stock from stock card or calculated (Q _{max})						
Qty Ordered						
Correct Order Qty (Qc) = [Q _{max} - Q ₁]						
Was the correct qty ordered?						
Score						
		6	7	8	9	10
Item Description						
Date of last stock take on card						
Qty on hand written on order book (Q ₁)						
Max Stock from stock card or calculated (Q _{max})						
Qty Ordered						
Correct Order Qty (Qc) = [Q _{max} - Q ₁]						
Was the correct qty ordered?						
Score						
SCORE FOR QUANTIFYING ORDERS (max 30)					0	0%
% Score in previous SS visit						
Performance of the facility for this section						
3. If any of the order quantities was incorrect, ask the respondent why they did not order the correct quantity and enter response below:						

Annex 2. Hospital Support Supervisory Checklist, Namibia MOHSS

iv. Interim Orders							
1. How many Interim Orders (IO) were placed in the period between 1st Oct and 31st Dec 2014?							
2. For the interim orders that were made, fill out the table below:							
	Date of Interim Order	# items in Interim Order	# items in IO that were not in Main Order	For IO items that were in the previous Main Order (MO)			
				# fully supplied in MO	# partially supplied in MO	# not supplied at all in MO	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
		0	0	0	0	0	
v. Diflucan Partnership Program (DPP)							
					Response	Score	
1.	Does the pharmacy have a copy of the Diflucan (Pfizer) Partnership Program register. Yes/No <i>Ask to be shown the register</i>						
2.	If Yes in v.(1) above, check the if the physical stock is the same as balance in the Diflucan register for Diflucan tablets, syrup and injection <i>Score 3 if the physical stock is the same as balance in the register for all 3 items; score 2 if the physical stock is the same as in the register for 2 items and 1 if the physical stock is the same as in the register for only 1 item</i>						
3.	The use of the DPP items are restricted to oesophageal candidiasis (OC) and Cryptococcal meningitis (CM), check the indications for all issues in the last one month <i>Score 5 if indications are recorded for all issues in the last one month score ; otherwise score 0</i>						
SCORE FOR 'DIFLUCAN PARTNERSHIP PROGRAM' (max 11)						0 0.0%	
F. THERAPEUTICS COMMITTEES ASSESSMENT							
Before the visit, obtain from the PMIS records the number of TC meetings reported to have been held and minutes available by the facility in the Quarter under review- fill out the table below							
Is there a copy of the Namibia Standard Treatment Guideline (STG) (<i>ask to be shown</i>) in the pharmacy?						Score	
1.	Number of district/ hospital TC meetings held and minutes available for the period July - September 2014			From PMIS records:			
				From minutes at the facility:			
2.	Number of meetings held in Jul-Sep 2014 which had a quorum						
3.	No of documented medicine utilisation reviews (MURs) done in 2014						
4.	# of TC interventions implemented from Jan - Dec 2014 with baseline, clearly described intervention & (a plan to measure) outcomes of the intervention						
SCORE FOR TCs (max = 15)				0	0%		

G. PHARMACY MANAGEMENT INFORMATION SYSTEM					
Is there a hard copy of the latest PMIS Manual (<i>ask to be shown</i>) in the pharmacy?					
Is there a soft or hard copy of the latest PMIS Quarterly Feedback Report (<i>ask to be shown</i>) in the pharmacy?					
				Response	Score
1.	To validate PMIS data collection process, check the following:				
	Is PMIS Tally Sheet 10 for the collection of indicator HF20 (workload) filled out until the previous working day? (Y/N):				
	Is Tally Sheet 5: Store Temp Score Chart for the collection of Indicator HF9 filled out until the previous working day?				
	Are all the fridge temperature charts for collection of indicator HF8 filled out until the previous working day?				
2.	Does the pharmacy retain records of completed tally sheets submitted to the regional pharmacist? (<i>ask to see records and check whether there are completed tally sheets 1, 2, 5, 8 and 10 for the reporting period Jul – Sep 2014 of the MoHSS FY 2014/15 Q2</i>)				
SCORE FOR PMIS (max = 12)				0	0%
H. PHARMACY ART SERVICES					
Is there a copy of the latest National Guidelines for ART dated August 2014 (<i>ask to be shown</i>) in the pharmacy?					
Is there a soft or hard copy of the latest ART Quarterly Feedback Report (<i>ask to be shown</i>) in the pharmacy?					
i. Use of the Electronic Dispensing Tool (EDT) for stock management					
<i>For questions (1) and (2) pick 5 ARV stock cards at random and fill in the following table. For questions (3) and (4) use the last invoice or delivery note that has ARV medicines received by the facility.</i>					
	Question			Response	Score
1.	Was the last stock count on the stock card indicated in the EDT for all 5 ARV stock cards? (Y/N)				
2.	Is the EDT balance today equal to or greater than the stock card balance for all the 5 ARVs selected? (Y/N)				
3.	Were all the ARVs in the most recent invoice or delivery note at the facility posted accurately in the EDT? <i>Ask facility staff to display the latest Goods Received Note (GRV) on the EDT to check for this.</i>				
4.	Was the EDT posting in (3) above done within 3 working days of receipt of the order? (Y/N) <i>(1) Select "Medicine" under Stock in the EDT user menu; (2) Use the drill to select any medicine on the Delivery Note / Invoice; (3) Click on GRV; on the Receiving History page select and click on the DOC # that corresponds to the Delivery Note or Invoice that you're checking; (4) It asks you if you want to print, click on YES, Goods Receiving Reprint page comes up on the screen, you will find the date of entry above the Delivery/Invoice number; (5) Compare the date order was received to the date on the Goods Receiving reprint page</i>				
SCORE FOR EDT USE FOR STOCK MANAGEMENT (max = 12)				0	0%
% Score in previous SS visit					
Performance of the facility for this section					
5.	Why are you not making optimal use the EDT for stock management (quantification, ordering etc.) at your facility?				
N/A					
ii. Use of the Electronic Dispensing Tool (EDT) for patient management					
<i>Use the Nov 2014 ART monthly report (AMR) from NMPC before the visit, to compare with the facility's EDT data during the visit.</i>					
	Number of Patients	Nov 2014 AMR (B)	EDT at Facility (C)	Matching?	Score
	New (starting this month)				
	Lost to follow up				
	Deceased				
	Refills				
	Transferred out				
Is there documentation showing comparison of pharmacy EDT data and ePMS data at the facility for the months October, November and December 2014? If available for all 3 months, score 3; for 2 months score 2; 1 month score 1; if none available score 0					
SCORE FOR EDT USE FOR PATIENT MANAGEMENT (max = 18)				0	0%
% Score in previous SS visit					
Performance of the facility for this section					

Annex 2. Hospital Support Supervisory Checklist, Namibia MOHSS

iii. Management of pharmacy Outreach & IMAI services to support NIMART implementation							Outreach	IMAI
1.	In total, how many Outreach and IMAI sites did your facility have as at 30th November 2014?							
2.	Check November 2014 ART Monthly Report submitted by the facility and enter the number of outreach & IMAI facilities reported by the facility							
						Result	Score	
3.	Is there a copy of the EDT manual at the pharmacy? (indicate if electronic or manual) Also show the facility staff how to access the EDT User Guide embedded in the EDT by pressing the "Help" button							
4.	How many EDT mobile devices has your facility received so far from national level?							
5.	Has the facility distributed EDT mobile devices to Outreach & IMAI sites providing NIMART services for the collection of dispensing data?							
6.	Is there a copy of the EDT Mobile manual at the pharmacy? (indicate if electronic or manual) If no manual available, provide an electronic copy to the site.							
7.	If "No" in Q4 above, why hasn't the facility rolled out EDT mobile to the PHC facility?							
8.	Please outline any challenges experienced with use of the EDT Mobile device							
13.	Which other tools (besides Daily dispensing registers & EDT mobile) are used to manage data from the Outreach & IMAI sites?							
14.	What challenges do you experience in updating records for the Outreach/IMAI patients on your EDT?							
	SCORE FOR MANAGEMENT OF OUTREACH AND IMAI SERVICES (max = 6)						0	
I.	QUALITY ASSURANCE IN DISPENSING							
1.	Does the facility have a copy of the Pharmaceutical Product Quality Reporting Form (ask to be shown)?							
						Result	Score	
2.	Has the facility encountered any medicine quality problem in the last 12 months?							
3.	If yes in '2', was the product quality reporting form completed and submitted to NMRC?							
4.	Check whether the following pre-packaged medicines are stored appropriately and do not show any discoloration or change in physical appearance compared to same products in original containers. <i>Indicate "Yes" for appropriate storage and vice versa</i>							
	a) Furosemide - Light sensitive							
	b) Paracetamol - Moisture sensitive							
	c) Aspirin - Moisture sensitive							
5.	Assess the medicine pre-packaging process and establish if personnel handle medicines appropriately by using protective gear i.e. gloves, and medicine counting tools like trays							
6.	Are medicines dispensed to patients correctly labelled the following details? Check 5 patient prescriptions /scripts ready for issuing to the patient. (<i>Indicate "Yes" for correct labeling and "No" for incorrect or missing information</i>)							
		Script #1	Script #2	Script #3	Script #4	Script #5		
	a) Patient name							
	b) Medicine name							
	c) Medicine strength							
	d) Quantity dispensed							
	e) Dosage /usage instructions							
7.	Check the availability of the following compounding equipment							
	a) Graduated measuring cylinder							
	b) Spatula							
	d) Mortar and pestle							
	e) Onitment slab /tile							
8.	Are there separate apparatus for compounding of external and internal pharmacy preparations?							
	SCORE FOR QUALITY ASSURANCE IN DISPENSING						0	0%
	% Score in previous SS visit							
	Performance of the facility for this section							

J. THERAPEUTICS INFORMATION & PHARMACOVIGILANCE								
1 Facility level pharmacovigilance system						Result	Score	
a) Is there a focal person responsible for coordinating PV activities in the Hospital?								
b) National Guidelines for Medicines Safety Surveillance (Check availability of the forms in at least one department)								
c) Are ADR, medication error, product quality forms available (Check availability of the forms in at least in the pharmacy and nurse station departments)								
2 Basic functioning of the pharmacovigilance system in the last Quarter (<i>Ask to be shown</i>)						Available?	Score	
a) Were ADR and/or ME reports received by the focal person and submitted to TIPC								
b) Active TC (Check F3 score >9)								
c) Were Medicine safety issue (medication error, product quality) discussed in the last TC meeting (<i>check TC minutes for proof</i>)								
SCORE FOR PHARMACOVIGILANCE ACTIVITIES						0	0%	
% Score in previous SS visit								
Performance of the facility for this section								
Pharmacovigilance score		< 36%	36-64%	> 64%				
K. TRAINING RECORD (<i>exclude Pharmacist Interns</i>)								
1 Does the facility maintain a record of trainings attended by pharmacy staff (<i>ask to be shown</i>)								
2 For each member of staff enter the name, cadre and one of the following options under each column: 2013 or 2014 if the staff member was trained								
	Name	Cadre	Area of Training- <i>if trained more than once indicate latest year when staff was trained</i>					
			EDT	PMIS	PV	TCs	STGs	RUM&IM
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
	Training Summary	in last 2 years prior to 2013 never trained						
L. OTHER ISSUES: <i>any other issues not covered in the discussions above that pharmacy staff would like to bring to the attention of the visiting team</i>								

ANNEX 3: PHC FACILITY CHECKLIST, NAMIBIA MOHSS



user to enter data
 auto-filled based on other entries
 No data required for these fields

Name of Facility:

Region:

District:

	Respondent Name	Cadre
1.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
2.	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Date of Visit:

Source of medicines to the facility:

Tel. Number: 1.

e-mail if any:

Fax:

A. HUMAN RESOURCES

Pharmacy HR (as at 30 Jan 2014)	MoHSS		Staff Additional to Establishment	Total Staff
	# posts filled	# of posts		
PAs	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	0
Snr Reg. Nurses	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	0
Reg. Nurses	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	0
Enrolled Nurses	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	0
Workhands	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	0
Other Cleaner	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	0

Other

B. REVIEW OF PREVIOUS SUPPORT SUPERVISION

1. When was the last time you were visited by the District Pharmacy Staff or Regional Pharmacist (dd/mm/yyyy)?
2. Did you get a written report from the regional pharmacist highlighting the findings from the visit and areas that needed to be improved upon?
3. Do you have a copy of the report?
4. If "Yes" in 3 above, review the previous report and fill out the table below:

Issues Identified at last Regional Pharmacist or National Level Supportive Supervision	Resolved as of today?
Issues Resolved Fully or Partially	0%

C. INVENTORY MANAGEMENT ASSESSMENT

1. Observe the storage and dispensing conditions for the main storage area and fill out the form below:

	Level 1	Level 2	Level 3	Level 4	Level 5	Level Attained
Security and access to the pharmacy	<input type="checkbox"/> No doors/ locks	<input type="checkbox"/> Solid doors with operating locks on all doors	<input type="checkbox"/> Windows and dispensing hatch with bars or equivalent such as roll down security door	<input type="checkbox"/> Limited key distribution <input type="checkbox"/> Keep list of personnel with keys	<input type="checkbox"/> Policy in place and practiced that a pharmacist or designated staff is always present with access to the keys	
Building and Power	<input type="checkbox"/> Pharmacy has a roof and is shielded from direct sunlight <input type="checkbox"/> Pharmacy has floor for storing product <input type="checkbox"/> There is no power	<input type="checkbox"/> Pharmacy shelves arranged haphazardly <input type="checkbox"/> There is intermittent power	<input type="checkbox"/> Pharmacy shelves arranged haphazardly <input type="checkbox"/> Pharmacy has regular power	<input type="checkbox"/> Pharmacy organized shelving <input type="checkbox"/> Pharmacy is on generator power back up	<input type="checkbox"/> Pharmacy has a battery back-up for cross over time to the generator kicking in	
House-keeping	<input type="checkbox"/> There are no standards for cleaning <input type="checkbox"/> There is no schedule for cleaning	<input type="checkbox"/> Basic cleaning tasks are understood but not documented <input type="checkbox"/> Cleaning is scheduled at least monthly	<input type="checkbox"/> Basic standards for cleaning are documented <input type="checkbox"/> Cleaning is scheduled weekly	<input type="checkbox"/> Cleaning is scheduled twice a week or more <input type="checkbox"/> There is a pest program in place	<input type="checkbox"/> Cleaning standards meet all local /national guidance for dispensaries	

Annex 3. PHC Facility Checklist, Namibia MOHSS

Storage space and order	<input type="checkbox"/> There is not enough space for storage of medical commodities <input type="checkbox"/> Adequate shelving is not available <input type="checkbox"/> Product are randomly stored	<input type="checkbox"/> Limited space is available <input type="checkbox"/> Most products are organized <input type="checkbox"/> Like products are stored together	<input type="checkbox"/> All products are arranged systematically (either by product or category) <input type="checkbox"/> There is dedicated and segregated space for expired /damaged	<input type="checkbox"/> There is sufficient storage for all medical commodities <input type="checkbox"/> Product is stored in labeled locations <input type="checkbox"/> There is an expired medicines register	<input type="checkbox"/> There is extra and unused space for the storage of medical commodities	
Storage and security of controlled substances [Schedule 3 & 4 medicines]	<input type="checkbox"/> Controlled substances are not in secure location	<input type="checkbox"/> Controlled substances are separated and locked <input type="checkbox"/> Access is not controlled and the key is left out in the open <input type="checkbox"/> Controlled drugs are counted at the same time other shelf counts are performed	<input type="checkbox"/> Controlled substances are secured in a locked location <input type="checkbox"/> Access to controlled substances is limited to designated profession or pharmacist <input type="checkbox"/> There are a limited number of keys	<input type="checkbox"/> Controlled substance locked with controlled access <input type="checkbox"/> Controlled substances are tracked via manual register/ledger <input type="checkbox"/> Weekly/monthly counts are performed	<input type="checkbox"/> Controlled substance have strictly controlled access <input type="checkbox"/> Commodities are inventoried each time the keys are exchanged <input type="checkbox"/> Controlled drug inventory is tracked via manual register/ledger signed with each exchange of keys	
Temperature Control	<input type="checkbox"/> No heating or cooling available (when needed) <input type="checkbox"/> No thermometers	<input type="checkbox"/> Heating and cooling (where needed) is available when resources allow <input type="checkbox"/> One or two thermometers available	<input type="checkbox"/> There is air conditioning, but it may not be enough to maintain temperature <input type="checkbox"/> Log book and schedule present	<input type="checkbox"/> Reliable cooling (wall or central) and temperature monitoring <input type="checkbox"/> Some ability to control exposure to direct sunlight <input type="checkbox"/> Log book and schedule with limits (min/max)	<input type="checkbox"/> Building has central heating and cooling <input type="checkbox"/> Back up temperature monitoring with alert system	
Cold chain temperature control equipment	<input type="checkbox"/> Pharmacy has no cold storage	<input type="checkbox"/> Pharmacy refrigerator functions when power is available some of the time (or temporary cooling from ice/dry ice)	<input type="checkbox"/> Pharmacy has dedicated refrigerator and/or freezer that works regularly <input type="checkbox"/> The Pharmacy refrigerator/freezer is not monitored for temperature	<input type="checkbox"/> Pharmacy has dedicated refrigerator/freezer <input type="checkbox"/> Pharmacy refrigerator/ freezer is monitored for temperature <input type="checkbox"/> There is no preventative maintenance performed	<input type="checkbox"/> Pharmacy has cold room <input type="checkbox"/> Maintenance of the equipment is regularly scheduled <input type="checkbox"/> Correct temperatures are maintained, monitored, recorded, and alarmed	
CAPABILITY MATURITY SCORE (max is variable depending on # stores assessed)						
% Score in previous SS visit						
Performance of the facility for this section						

2 Dispensing references

Are the following reference materials available in the facility?						
1. Managing Pharmaceuticals Stores- A Manual for Clinics and Health Centres (MoHSS, 1998)						
2. Nemlist 5 th Edition						
3. Namibia Standard Treatment Guidelines, 2011						
4. Other Guidelines						
STI Guidelines						
ART Guidelines						
TB Guidelines						
Malaria Guidelines						
PMTCT Guidelines						
Control of Diarrheal Disease (CDD) Guidelines						
5. Complete Pharmaceutical SOPs 2009						

3 Stock card use

(I) Describe how the pharmacy is operated and controlled (*do not read the options*):

(II) When you place your **main order**, how do you decide which items to **order**? (*do not read out the options*)

(III) Obtain the stock cards for the following 20 pre-selected items in the pharmacy store for this assessment & fill out the table below:

Item Description	# of recorded stock takes Oct - Dec 2014 <i>(Indicate "No Stock Card" if that is the case)</i>	Balance on Stock Card	Actual Stock (physical count on the day of the visit)	Min-Max value written on stock card?	Actual Stock today compared to min-max on card-only if there is min max on the card	# days medicine was O/S in the store room btwn Oct-Dec 2014?
1 Adrenaline Inj 1:1000						
2 Amoxicillin 250mg caps						
3 Amoxicillin Susp. 125mg/5ml						
4 Artemether/Lumefantrine [20/120mg] tabs						
5 Condoms, Male, 52mm						
6 Co-Trimoxazole 480 mg tabs						
7 Co-trimoxazole Susp. 200mg+40mg/5ml						
8 Doxycyclin 100mg Caps						
9 Ferrous Fum 200mg + Folic Acid 100mcg						
10 Cefixime 200mg tabs						
11 Hydrocortisone Inj 100mg						
12 Lignocaine Inj 2% IV, 20ml						
13 Insulin Soluble Human 100U/ml						
14 Oral Rehydration Salts Sachet For 1L						
15 Medroxyprogesterone Inj 150mg/ml						
16 RHZE [R150/H75/Z400/E275mg] tabs						
17 RHE [R150/H75/E275mg] tabs						
18 RHZ [R60/H30/Z150mg] tabs						
19 Canula, Disposable, IV, 24G						
20 Cotton Wool Balls 1g						

** If min-max not calculated and facility staff do not know how to calculate min-max levels take them through the process using ~ 5 stock cards; 1st card you demonstrate, next 4 cards the staff do the exercise.*

Min & Max levels are 2 & 4 months respectively unless indicated otherwise by facility staff or regional pharmacist; use issues data for the previous 6 months to calculate AMC, min & max levels

Summary for D2 and scoring (autofilled when table above is filled out)

Parameter Assessed	Result	Score
% Card balance = physical stock	0%	
% with ≥ 2 recorded stock takes		
% with min-max levels indicated		
% above Maximum		
% below Minimum		
% within Minimum - Maximum		
% with stock out > 5 days		
SCORE FOR STOCK CARD USE (max 15)		
% Score in previous SS visit		
Performance of the facility for this section		

(IV) Determining How Much to Order

1. When you place your main order, how do you decide which items to order? (do not read out the option)

1 How often does the health facility order Pharmaceuticals?	
Comment	
2 Do the staff understand the basic order units, ie the Unit of Issue?	
Comment	
3 Is there a record of the number of items ordered and received?	
Comment	
4 Is there a record of Pharmaceutical Expenditure? (e.g. a file with invoices)	
Comment	
5 Are supplies always delivered on time?	
Comment	

6 Describe any problems experienced with supply of medicines from the district hospital (or medical stores if applicable)

Annex 3. PHC Facility Checklist, Namibia MOHSS

6 Check the last main order placed by the facility to District Hospital, CMS or RMS in the period 1st Oct to 31st Dec 2014. Pick 5 items at random from those ordered and fill out the table below: (gray cells are auto-filled)

	1	2	3	4	5
Item Description					
Date of last stock take on card (dd-mm-yyyy)					
Qty on hand written on order book (Q_1)					
Max Stock from stock card or calculated (Q_{max})					
Qty Ordered					
Correct Order Qty (Q_c) = [$Q_{max} - Q_1$]					
Was the correct qty ordered?					
Score					
SCORE FOR QUANTIFYING ORDERS (max 15)				0	0%
% Score in previous SS visit (if available)					
Performance of the facility for this section					

3. If any of the order quantities was incorrect, ask the respondent why they did not order the correct quantity and enter response below:

(VI) Control of AB Items

1	Does the facility keep any AB class medicines?	
2	Why are AB class medicines kept at the health centre /clinic?	
	Comment	
3	How does the facility dispense medicines for chronic patients (hypertension, diabetes etc):	
	Comment	
4	How are AB class medicines controlled/monitored?	
	Comment	
5	Medicines are tracked using a patients' register	
	Comment	
6	Approximately how many patients does the health facility attend to each month?	
	Comment	

(VII) Cold chain supply management (assess the fridge and/or cold room used to store EPI vaccines and fill out the table below)

Parameter Assessed	Result	Score																					
1. Check if there are any personal non-medicine items stored in the fridge e.g. cool drinks, food etc. <i>Score 3 if no non-medicines are stored in the fridge; 0 if any personal non-medicine items are kept in the fridge</i>																							
2. Are all EPI vaccines available today (Y/N)?																							
3. Was there any stock out of an EPI vaccine in the last quarter (Y/N)?																							
4. Check the temperature now. Does it fall within recommended range (2 - 8°C)?																							
5. Check the temperature chart for the EPI fridge and score as follows: <i>3 if temperature recorded 2x daily for the last 30 days; 0 if not</i>																							
6. Are there any freeze tags in the refrigerator (Y/N)																							
7. Check the stock cards for all vaccines and fridge items and score as follows: <i>3 if stock cards balance is the same as actual stock for all the items; 1 if stock card balances are incorrect for some of the items; 0 if there are no stock cards for some of the items</i>																							
8. Randomly pick one vial of each of the EPI vaccines and check their vaccine vial monitors (VVMs); indicate the stages below. Check for any expired vaccines in the fridge (do not sample)																							
<table border="1"> <thead> <tr> <th>Vaccine</th> <th>VVM Stage (1 to 4)</th> <th>Any Expired?</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td> <td></td> </tr> <tr> <td>DT</td> <td></td> <td></td> </tr> <tr> <td>Measles</td> <td></td> <td></td> </tr> <tr> <td>Pentavalent</td> <td></td> <td></td> </tr> <tr> <td>Polio</td> <td></td> <td></td> </tr> <tr> <td># with Quality Problems</td> <td></td> <td></td> </tr> </tbody> </table>	Vaccine	VVM Stage (1 to 4)	Any Expired?	BCG			DT			Measles			Pentavalent			Polio			# with Quality Problems				
Vaccine	VVM Stage (1 to 4)	Any Expired?																					
BCG																							
DT																							
Measles																							
Pentavalent																							
Polio																							
# with Quality Problems																							
SCORE FOR COLD CHAIN MANAGEMENT (max 24)		0 0.0%																					
% Score in previous SS visit																							
Performance of the facility for this section																							

D. TRAININGS DONE AND TRAINING NEEDS (for each staff above indicate the trainings done and training required)

D. TRAININGS DONE AND TRAINING NEEDS (for each staff above indicate the trainings done and training required)

Name	Cadre	Pharmacy-related trainings done			Pharmacy-related trainings required		
1							
2							
3							
4							
5							

E. OTHER ISSUES: any other issues not covered in the discussions above that facility staff would like to bring to the attention of the visiting team

F. KEY RECOMMENDATIONS (together with facility staff, identify ~5-10 key recommendations to be worked on on based on the findings)

Recommendation	Person Responsible	Resources Required	Timeline

G. SIGNATURES

	Name	Signature	Date
Facility i/c			
SS visit team leader			

ANNEX 4: MRMD CHECKLIST, NAMIBIA, MOHSS



Key to colour coding

	user to enter data
	auto-filled based on other entries
	No data required for these fields

Name of Facility: <input style="width: 95%;" type="text"/>	Date of Visit: <input style="width: 95%;" type="text"/>
Region: <input style="width: 95%;" type="text"/>	Period Reviewed: <input style="width: 95%;" type="text"/>
Respondent Name(s): 1. <input style="width: 95%;" type="text"/>	Tel # /Email: 1. <input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	2. <input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	3. <input style="width: 95%;" type="text"/>

A. HUMAN RESOURCES

Pharmacy HR <i>(as at 31 Jan 2014)</i>	MoHSS					Volunteer Staff	Total
	# of posts on Establishment	Filled Posts	Staff Additional to Establishment	# Namibian	# Non-Namibian		
Pharmacists							
Ph Interns							
PAs							
Warehouse Clerk							
Data/Clerical Asst							
Drivers							
Condom LOs							
Workhands							
<i>Other</i> Health Assistants							

Ph + PAs total: 0

B. REVIEW OF PREVIOUS SUPPORT SUPERVISION

- 1 When was the last time you were visited from National Level (dd/mm/yyyy)?
- 2 Did you get a written report from the regional pharmacist highlighting the findings from the visit and areas that
- 3 Do you have a copy of the report?
- 4 If "Yes" in 3 above, review the previous report and fill out the table below:

Issues Identified at last National Level Supportive Supervision	Resolved as of today?
Issues Resolved Fully or Partially	0%

C. BUDGETING & EXPENDITURE

What was the value of all pharmaceuticals and related supplies distributed by the MRMD in 2013/14	
What was the value of stock on hand (inventory) at the end of FY 2013/14 (March 2014)	
What is the MRMD budget for pharmaceuticals and related supplies for FY 2014/15 (current year)	
From the expired stock register, what was the total value of expired stock for FY 2013/14	

D INVENTORY MANAGEMENT ASSESSMENT

- 1 Observe the storage and material handling infrastructure for the main storage area and fill out the form below:

	Level 1	Level 2	Level 3	Level 4	Level 5	Level Attained
--	---------	---------	---------	---------	---------	----------------

	Level 1	Level 2	Level 3	Level 4	Level 5	Level Attained
Security and access to the medical store	<input type="checkbox"/> No doors/locks	<input type="checkbox"/> Solid doors with operating locks on all doors	<input type="checkbox"/> Windows and dispensing hatch with bars or equivalent such as roll down security door	<input type="checkbox"/> Limited key distribution <input type="checkbox"/> Keep list of personnel with keys	<input type="checkbox"/> Policy in place and practiced that a pharmacist or designated staff is always present with access to the keys	
Building and Power	<input type="checkbox"/> Pharmacy has a roof and is shielded from direct sunlight <input type="checkbox"/> Pharmacy has floor for storing product <input type="checkbox"/> There is no power	<input type="checkbox"/> Pharmacy shelves arranged haphazardly <input type="checkbox"/> There is intermittent power	<input type="checkbox"/> Pharmacy shelves arranged haphazardly <input type="checkbox"/> Pharmacy has regular power	<input type="checkbox"/> Pharmacy organized shelving <input type="checkbox"/> Pharmacy is on generator power back up	<input type="checkbox"/> Pharmacy has a battery back-up for cross over time to the generator kicking in	
Computers and dispensing software	<input type="checkbox"/> No working hardware (computers) <input type="checkbox"/> No software available	<input type="checkbox"/> Very limited availability of hardware (computers) <input type="checkbox"/> Word processing only software	<input type="checkbox"/> Wide availability of hardware <input type="checkbox"/> Software is not specific for functional area and is limited to Microsoft office product based software <input type="checkbox"/> Most equipment is in operating condition	<input type="checkbox"/> Wide availability of hardware <input type="checkbox"/> Software is suitable to carry out dispensing and other activities of functional area. <input type="checkbox"/> Equipment is in operating condition and receives sporadic maintenance.	<input type="checkbox"/> All who require computers have them <input type="checkbox"/> All have suitable software to carry out functional activities. <input type="checkbox"/> Equipment is in working condition and receives scheduled maintenance.	
House-keeping	<input type="checkbox"/> There are no standards for cleaning <input type="checkbox"/> There is no schedule for cleaning	<input type="checkbox"/> Basic cleaning tasks are understood but not documented <input type="checkbox"/> Cleaning is scheduled at least monthly	<input type="checkbox"/> Basic standards for cleaning are documented <input type="checkbox"/> Cleaning is scheduled weekly	<input type="checkbox"/> Cleaning is scheduled twice a week or more <input type="checkbox"/> There is a pest program in place	<input type="checkbox"/> Cleaning standards meet all local /national guidance for dispensaries	
Storage space and order	<input type="checkbox"/> There is not enough space for storage of medical commodities <input type="checkbox"/> Adequate shelving is not available <input type="checkbox"/> Product are randomly stored	<input type="checkbox"/> Limited space is available <input type="checkbox"/> Most products are organized <input type="checkbox"/> Like products are stored together	<input type="checkbox"/> All products are arranged systematically (either by product or category) <input type="checkbox"/> There is dedicated and segregated space for expired /damaged	<input type="checkbox"/> There is sufficient storage for all medical commodities <input type="checkbox"/> Product is stored in labeled locations <input type="checkbox"/> There is an expired medicines register	<input type="checkbox"/> There is extra and unused space for the storage of medical commodities	
Storage and security of controlled substances [Schedule 3 & 4 medicines]	<input type="checkbox"/> Controlled substances are not in secure location	<input type="checkbox"/> Controlled substances are separated and locked <input type="checkbox"/> Access is not controlled and the key is left out in the open <input type="checkbox"/> Controlled drugs are counted at the same time other shelf counts are performed	<input type="checkbox"/> Controlled substances are secured in a locked location <input type="checkbox"/> Access to controlled substances is limited to designated profession or pharmacist <input type="checkbox"/> There are a limited number of keys	<input type="checkbox"/> Controlled substance locked with controlled access <input type="checkbox"/> Controlled substances are tracked via manual register/ledger <input type="checkbox"/> Weekly/monthly counts are performed	<input type="checkbox"/> Controlled substance have strictly controlled access <input type="checkbox"/> Commodities are inventoried each time the keys are exchanged <input type="checkbox"/> Controlled drug inventory is tracked via manual register/ledger signed with each exchange of keys	
			32			

Annex 4. MRMD Checklist, Namibia MOHSS

Temperature Control	<input type="checkbox"/> No heating or cooling available (when needed) <input type="checkbox"/> No thermometers	<input type="checkbox"/> Heating and cooling (where needed) is available when resources allow <input type="checkbox"/> One or two thermometers available	<input type="checkbox"/> There is air conditioning, but it may not be enough to maintain temperature <input type="checkbox"/> Log book and schedule present	<input type="checkbox"/> Reliable cooling (wall or central) and temperature and humidity monitoring <input type="checkbox"/> Some ability to control exposure to direct sunlight <input type="checkbox"/> Log book and schedule with limits (min/max)	<input type="checkbox"/> Building has central heating and cooling <input type="checkbox"/> Back up temperature monitoring with alert system			
Cold chain temperature control equipment	<input type="checkbox"/> Pharmacy has no cold storage	<input type="checkbox"/> Pharmacy refrigerator functions when power is available some of the time (or temporary cooling from ice/dry ice)	<input type="checkbox"/> Pharmacy has dedicated refrigerator and/or freezer that works regularly <input type="checkbox"/> The Pharmacy refrigerator/freezer is not monitored for temperature	<input type="checkbox"/> Pharmacy has dedicated refrigerator/freezer <input type="checkbox"/> Pharmacy refrigerator/freezer is monitored for temperature <input type="checkbox"/> There is no preventative maintenance performed	<input type="checkbox"/> Pharmacy has cold room <input type="checkbox"/> Maintenance of the equipment is regularly scheduled <input type="checkbox"/> Correct temperatures are maintained, monitored, recorded, and alarmed			
CAPABILITY MATURITY SCORE								
% Score in previous SS visit								
Performance of the facility for this section								

0.0%

ii. Cold chain supply management (assess the fridge and/or cold room used to store EPI vaccines and fill out the table below)

Parameter Assessed	Result	Score																					
1. Check if there are any personal non-medicine items stored in the fridge e.g. cool drinks, food etc. <i>Score 3 if no non-medicines are stored in the fridge; 0 if any personal non-medicine items are kept in the fridge</i>																							
2. Are all EPI vaccines available today (Y/N)?																							
3. Was there any stock out of an EPI vaccine in the last quarter (Y/N)?																							
4. Check the temperature now. Does it fall within recommended range (2 - 8°C)?																							
5. Check the temperature chart for the EPI fridge and score as follows: <i>3 if temperature recorded 2x daily for the last 30 days; 0 if not</i>																							
6. Are there any freeze tags in the refrigerator (Y/N)																							
7. Check the stock cards for all vaccines and fridge items and score as follows: <i>3 if stock cards balance is the same as actual stock for all the items; 1 if stock card balances are incorrect for some of the items; 0 if there are no stock cards for some of the items</i>																							
8. Randomly pick one vial of each of the EPI vaccines and check their vaccine vial monitors (VVMs); indicate the stages below. Check for any expired vaccines in the fridge (do not sample)																							
<table border="1" style="width: 100%;"> <thead> <tr> <th>Vaccine</th> <th>VVM Stage (1 to 4)</th> <th>Any Expired?</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td></tr> <tr><td>DT</td><td></td><td></td></tr> <tr><td>Measles</td><td></td><td></td></tr> <tr><td>Pentavalent</td><td></td><td></td></tr> <tr><td>Polio</td><td></td><td></td></tr> <tr><td># with Quality Problems</td><td></td><td></td></tr> </tbody> </table>	Vaccine	VVM Stage (1 to 4)	Any Expired?	BCG			DT			Measles			Pentavalent			Polio			# with Quality Problems				
Vaccine	VVM Stage (1 to 4)	Any Expired?																					
BCG																							
DT																							
Measles																							
Pentavalent																							
Polio																							
# with Quality Problems																							
SCORE FOR COLD CHAIN MANAGEMENT (max 24)		0																					
Score in previous SS visit (max = 21)		0.0%																					
Performance of the facility for this section																							

iii Material Handling Equipment

Does the facility have material handling equipment (forklifts, trolleys, ladders, pallet jack as appropriate) stated below?

(Score 3 if at least one 1 forklift and pallet stacker AND 2 pallet jacks, ladders and trolleys are available and functional, score zero if not available or not functional)

Description	# in use	# not in use	Reason for not being in use	Score
Forklift(s)				
Pallet stacker(s)				
Pallet jack(s)				
Heavy duty trolley(s)				
Ladder(s)				

0

E INVENTORY CONTROL & QUANTIFICATION

Is there a copy of the Warehousing and Distribution SOPs (ask to be shown) in the warehouse?

i. Stock Cards Use

1 Randomly select 30 stock cards in the MRMD for this assessment & fill out the table below: 6 stock cards should be of ARVs, 4 of TB medicines, 1 of a malaria medicine, 14 stock cards for other medicines and 5 for clinical supplies

Item Description	# of recorded stock takes Oct - Dec 2014	Balance on Stock Card	Actual Stock	Min-Max value written on stock card? If NO calculate the min-max & write on card	Actual Stock today compared to min-max on card (or min-max calculated today)	# days medicine was O/S in the store room btwn Oct - Dec 2014?
ARVs & TB medicines						
1 3TC + TDF [300/300mg] tabs						
2 LPV/r [200/50mg] tabs						
3 ABC/3TC [60/30mg] tabs						
4 LPV/r 100mg/25mg						
5 NVP 10mg/ml Susp						
6 ABC 300mg tabs						
7 RHZE [R150/H75/Z400/E275mg] tabs						
8 RHE [R150/H75/E275mg] tabs						
9 RHZ [R60/H30/Z150mg] tabs						
10 Ethionamide 250mg caps						
Other medicines						
1 Artemether/Lumefantrine [20/120mg] ta						
2 Diclophenac Inj 25mg/ml						
3 Co-trimoxazole 400mg+80mg tabs						
4 Co-trimoxazole 200mg+40mg/5ml sus						
5 Cefixime 200mg tabs						
6 Medroxy-progesterone Inj 150mg/ml						
7 Oral Rehydration Salts Sachet For 1L						
8 Amoxicillin 250mg Caps						
9 Amoxicillin Susp. 125mg/5ml						
10 Lignocaine Inj 2% IV, 20ml						
11 Atenolol 50 mg tabs						
12 Metformin 500 mg tabs						
13 Male Condoms 52mm						
14 Salbutamol 0.1% Neb. Solution						
15 Chloramphenicol 0.5% eye oint.						
Clinical Supplies						
1 Malaria Rapid Diagnostic Test Kit						
2 Determine Test Kit						
3 Chromic Suture, 2/0 30mm Taper 1/2						
4 Canula, Disposable, IV, 24G						
5 Cotton Wool Balls 1g						

** If min-max not calculated and facility staff do not know how to calculate min-max levels take them through the process using ~ 5 stock cards; 1st card you demonstrate, next 4 cards the staff do the exercise.*

Min & Max levels are 3 & 6 months respectively unless indicated otherwise by warehouse staff or regional pharmacist; use issues data for the previous 6 months to calculate AMC, min & max levels

2. Summary for E(i) and scoring (autofilled when table above is filled out)

Parameter Assessed	Result	Score
% Card balance = physical stock	0%	
% with ≥ 2 recorded stock takes		
% with min-max levels indicated		
% above Maximum		
% below Minimum		
% within Minimum - Maximum		
% with stock out > 5 days		
SCORE FOR STOCK CARD USE (max 18)		
Score in previous SS visit (max = 18)		
Performance of the facility for this section		

iii. Main Orders to GMS

Annex 4. MRMD Checklist, Namibia MOHSS

1. When you place your **main order**, how do you decide which items to order? (*do not read out the option*)

2. Check the last main order placed by the facility to CMS in the period 1st Oct to 31st Dec 2014. Pick **ten items** at random from those ordered and fill out the table below: (*gray cells are auto-filled*)

	1	2	3	4	5
Item Description					
Date of last stock take on card					
Qty on hand written on order book (Q ₁)					
Max Stock from stock card or calculated (Q _{max})					
Qty Ordered					
Correct Order Qty (Q _c) = [Q _{max} - Q ₁]					
Was the correct qty ordered?					
Score					
	6	7	8	9	10
Item Description					
Date of last stock take on card					
Qty on hand written on order book (Q ₁)					
Max Stock from stock card or calculated (Q _{max})					
Qty Ordered					
Correct Order Qty (Q _c) = [Q _{max} - Q ₁]					
Was the correct qty ordered?					
Score					
SCORE FOR QUANTIFYING ORDERS (max 30)				0	0%
Score in previous SS visit (max = 15)					
Performance of the facility for this section					

3. If any of the order quantities was incorrect, ask the respondent why they did not order the correct quantity and enter response below:

4. Were there any quantity discrepancies in the supply of the previous order from CMS and what was done to resolve the problem?

5. Was there any shipments received by the MRMD during the period Oct-Dec 2014 without accompanying documentation (Delivery Note & Invoice) from CMS. If yes, what reason/explanation was provided by CMS?

iv. Interim Orders

1. How many Interim Orders (IO) were placed in the period between 1st Oct and 31st Dec 2014? _____

2. For the interim orders that were made, fill out the table below:

Date of Interim Order	# items in Interim Order	# items in IO that were not in Main Order	For IO items that were in the previous Main Order (MO)		
			# fully supplied in MO	# partially supplied in MO	# not supplied at all in MO
1.					
2.					
3.					
	0	0	0	0	0

F. DISTRIBUTION

i. How long (# days) does it take to process an a health facility order after receipt of the order book. Sampel five main orders in the last quarter and note the dates for processing.

Facility Name	Date Order Book Received dd/mm/yyyy (Check log book)	Date the Invoice is Printed dd/mm/yyyy (Check on the invoice)	Number of Days
1			0
2			0
3			0
4			0
5			0
Average # days			0
Score			

ii. Please provide information about completeness of the documentation for a sample of 5 orders processed by the MRMD in the last quarter (Oct-Dec 2014) (*check and confirm that the documents are available*)

(Score 3 if at least 2 of the documents are available, 1 if only 1 is available and zero if none is available)

Facility Name	Document Dates	Delivery Note	Invoice	Schedule 4 Delivery Form	Score
1					
2					
3					
4					
5					
Total Score					0

G. TRAINING DONE (exclude interns)

I. For each member of staff enter the name, cadre and one of the following options under each column: "2011" or "2012" if the staff member was trained in either of these years; "Before 2011" if staff was trained prior to 2011 and "Never Trained" if this is the case

	Name	Cadre	Area of Training- if trained more than once indicate latest year when staff was trained					
			IM	PMIS	SYSPRO®	EXCEL	WOM	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	Training Summary	in last 2 years						
		prior to 2012						
		never trained						

H. OTHER ISSUES: any other issues not covered in the discussions above that the medical store staff would like to bring to the attention of the visiting team

I. KEY RECOMMENDATIONS *(together with facility staff, identify ~5-10 key recommendations to be worked on based on the findings)*

Recommendation	Person Responsible	Resources Required	Timeline

J. SIGNATURES

	Name	Signature	Date
Warehouse in-charge			
SS visit team leader			

ANNEX 5: EXAMPLE OF FEEDBACK PRESENTATION TO RMT IN ZAMBEZI REGION, NAMIBIA MOHSS



Republic of Namibia
Ministry of Health and Social Services

Zambezi Region

Support Supervision Feedback to RMT

SSV Team :

- Qamar Niaz- MoHSS
- Bayobuya Phulu – MSH/SIAPS
- Ms. Grace Adeniyi- Regional Pharmacist Zambezi

13th February 2015




Purpose of the Visits

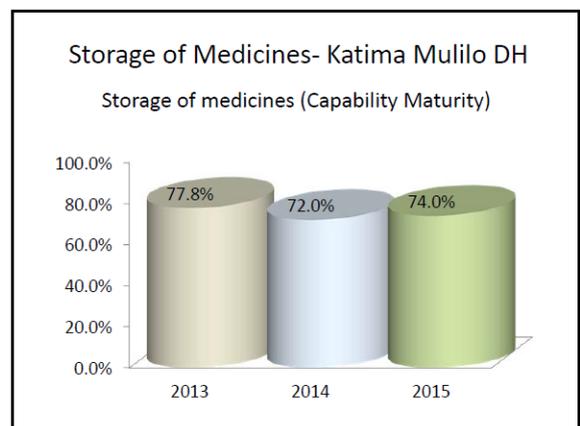
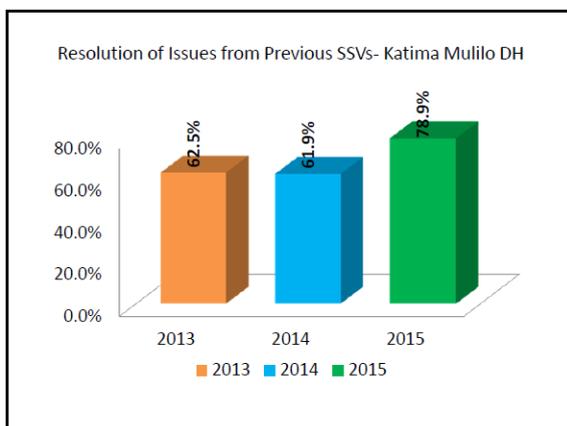
- To assess pharmaceutical Management
- To validate ART data entry and reporting
- To validate PMIS data collection
- To identify strengths and challenges faced by pharmacy department
- To support accordingly

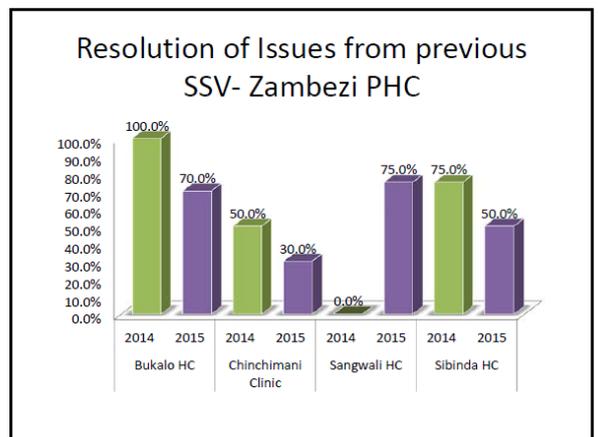
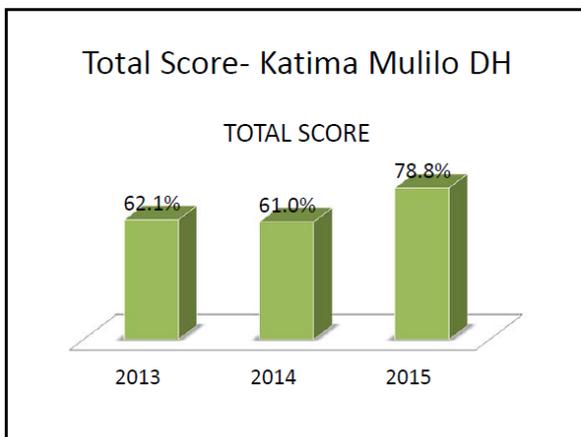
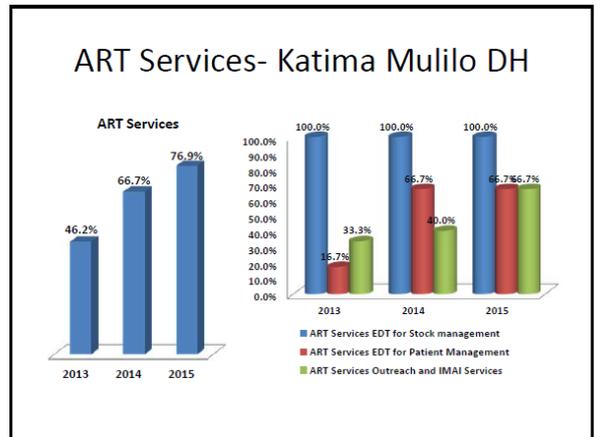
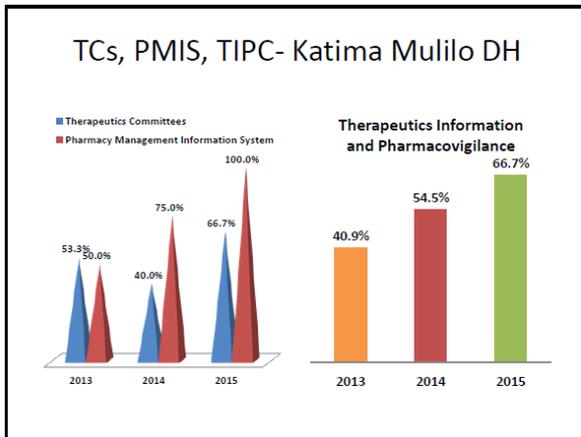
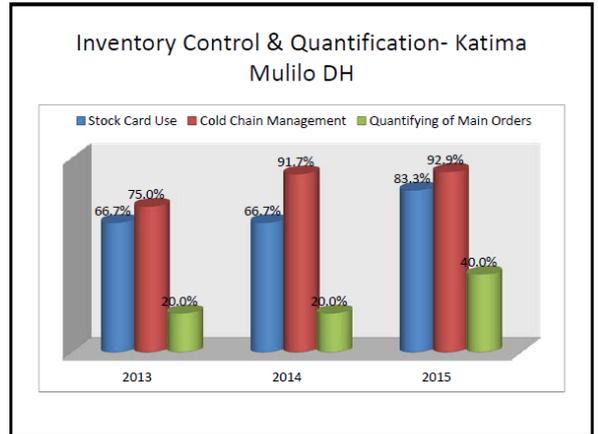
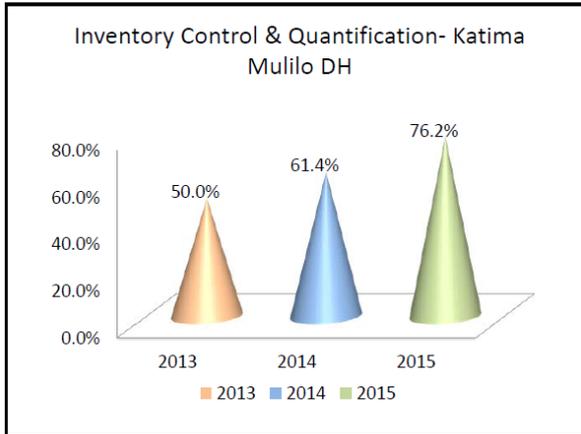
Areas Assessed

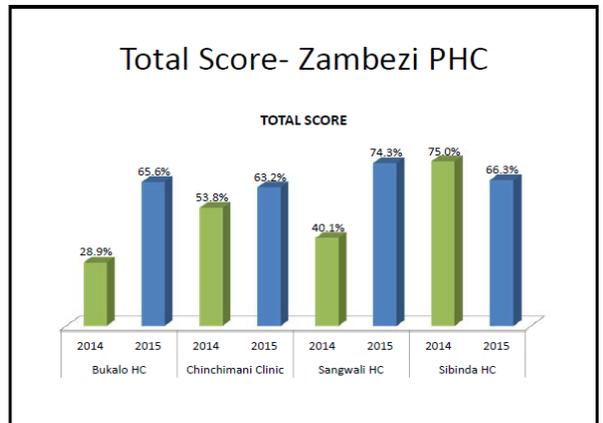
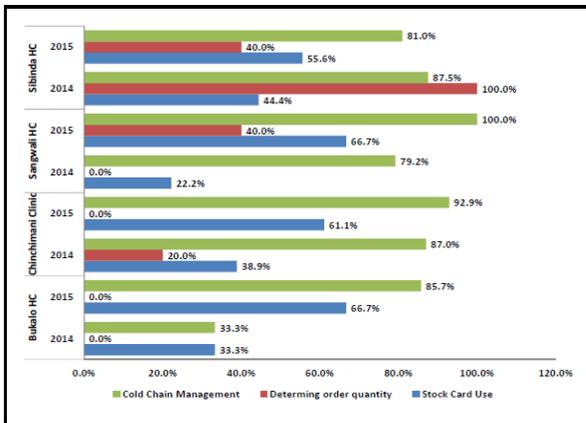
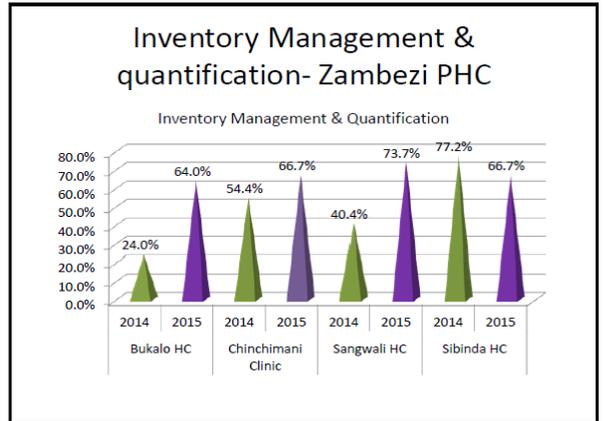
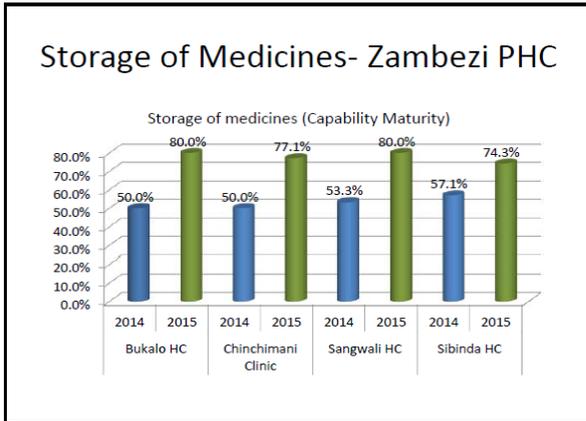
- Human Resources
- Storage Assessment
- ART Services
- Therapeutic Committee Activities
- TIPC Activities
- Inventory control and quantification
 - Stock Card Use
 - Cold Chain Assessment
 - Order Quantifications
 - Diflucan Program
- PMIS
- QA of pharm. dispensing

Facilities Visited

Hospitals	PHC Facilities
<ul style="list-style-type: none"> • Katima Mulilo District Hospital 	<ul style="list-style-type: none"> • Sangwali Health Center • Sibinda Health Center • Bukalo Health Center • Chinchimani Clinic







- ### Recommendations
- Connect electricity in Sangwali HC
 - Inventory Management Training (On job and formal) for PHC
 - RCW for Sibinda Health Center
 - EPI stock outs at Bukalo Health Center
 - Air-con at PHC facilities (Bukalo has one but needs service)
 - HR at Sangwali (4 posts are filled but only one staff on site)
 - Orientation of NIMART nurses at Katima ART Pharmacy

- ### Next steps
- The team will provide all copies of filled data collection tools and recommendation to the RMT-regional pharmacist so that it can be communicated to the health facilities.
 - Region to review recommendations on each facility's checklist and take appropriate actions
 - Pharmaceutical Services to write a comprehensive report which will be disseminated through the Regional Director's office