

Brief on SPARS

The Supervision, Performance Assessment and Recognition Strategy (SPARS)

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1. Problem

The health commodities supply chain is characterized by numerous bottlenecks at various points from national to the lowest level. At the health facility level the absence supply chain expertise has led to recurrent problems including poor ordering, incomplete or lack of EMHS records and wastage of resources through expiry . Over the years a number of large scale in service trainings in logistics management have been implemented in an attempt to bridge the capacity gap. Improvements in logistics management were realized; however, achievements were not sustained mainly due to inadequate numbers of personnel, high staff turnover, poor selection of persons to be trained, and absence of consistent and systematic technical support for trained personnel. As a result, problems such as poor stock control, store management practices, dispensing practices, and quantification of needs; poly-pharmacy; and lack of or poorly maintained information management tools and records have persisted¹.

To address the problem of low level capacity to manage EMHS at facility level SURE came up with the SPARS as the main approach.

2. Objectives

The objectives the SURE program in building capacity of health workers at health facility level is to :

- I. Ensure increased capacity of the district to order or procure EMHS on a timely basis
- II. Ensure increased capacity of health facilities to complete LMIS report and orders
- III. Ensure uninterrupted availability of key medicines and health supplies in health facilities

3. SPARS Concept²

SURE selected the Supervision, Performance Assessment, and Recognition Strategy (SPARS) as a new approach that builds EMHS management capacity and improves medicines management in public health facilities across the country. SPARS is a twofold strategy that was developed based on evidence from Zimbabwe and experiences of the GAVI Alliance: it couples supervision and on-the-job training, which have been effective in bolstering medicines management, with a performance assessment and reward strategy, which can improve medicines management and reporting quality

¹ SURE Pharmaceutical Sector Survey 2010. [..\Publications\Annual Pharm Sector Report\2010 Annual Phar Report FINAL.pdf](#)

² For detailed description see "SPARS Concept Paper" [..\Key documents by Result Area\c. Result 3\SPARS - SURE\Strategy\SPARS Concept Paper 15th February 2012.pdf](#)



SPARS is premised on the theory that combined strategies work better to improve behavior change than single approaches: in this case on the job training (educational) is combined with Performance Assessment (managerial) and Recognition strategy (financial).

4. Elements of SPARS

The Supervision, Performance Assessment, and Recognition Strategy (SPARS) includes the following components:

	SPARS	ELEMENTS
S	Supervision/On-the-Job Training	Medicines Management Supervisors (MMS)
PA	Performance Assessment	Standardized assessment tool
R	Recognition	Recognition package
S	Strategy	

a) Medicines Management Supervisors

SPARS is implemented through a network of district and health sub district (HSD) Medicine Management Supervisors (MMS). MMS are carefully selected by the district, and then trained and oriented in all technical areas of medicines management with which they perform on-the-job training. More importantly, the training equips the MMS' with skills on coaching and mentoring, communication, and a standardized performance assessment.

b) Performance Assessment and

SURE worked with MOH to develop a standard tool to used to assess performance of health facilities on 25 key indicators categorized in 5 areas of dispensing quality, prescribing quality, stock management, storage management, ordering and reporting.

c) Data Utilization

The data collected is used to plan intervention at the facility and a summary is recorded in the supervision book to monitor progress. The DHO receives a monthly and quarterly report showing performance of facilities and recommendation for action at district level. A Quarterly national report is circulated to all stakeholders to show performance

In order to manage the large number of report the process of transmission of the health facility data has been automated. MMS now capture the data on net book and use the adobe system to transmit data to a central database where it is aggregated and analyzed to generate the quarterly district and annual reports

d) Recognition Strategy

An important element of the SPARS strategy is recognition to facilities and MMS who achieve predetermined performance targets. Recognition can be verbal or written in the reports and serve to motivate staff to constantly improve the quality of their service. Recognition for supervisors include Safari Day Allowance, motorbikes, defensive driving training, and notebooks/PC/Internet connectivity,

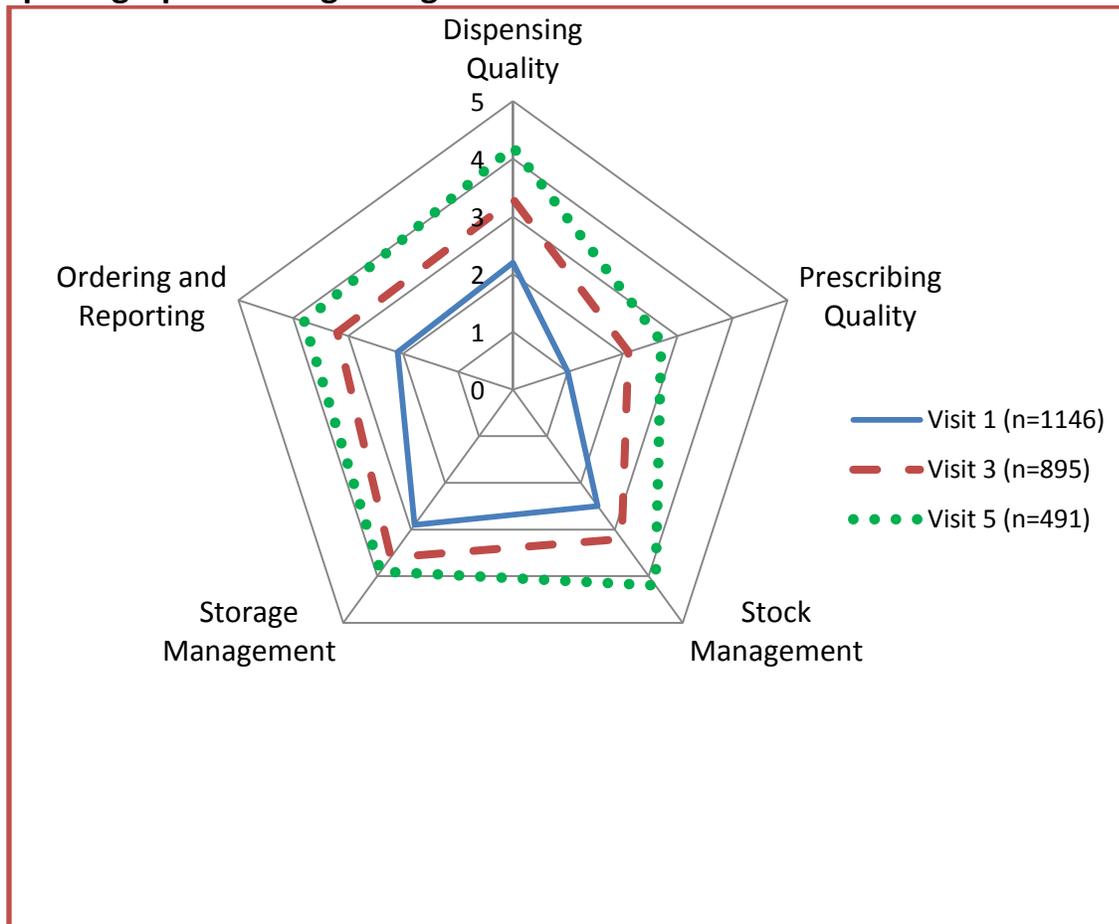
which are all essential for performing MMS duties. Additionally, nonessential rewards can be given, such as mobile airtime time, e-based learning, T-shirts, and letters of recognition. Recognition items for health facilities filing systems, stock books, reference materials such as UCG and EMHS manuals, dispensing trays, Good Pharmacy Practices (GPP) certification the National Drug Authority (NDA) , store room rehabilitation, and best facility award at district and national events. Hospitals may also be rewarded by having the store computerized by installation of the Rx Solutions software.

5. Outcome: Does SPARS work?

SURE pioneered the implementation of SPARS in 45 districts working with a total of 146 MMS. By end of March 2013 SPARS was implemented 1,667 facilities out of the 1,750 public and PNFP health facilities in the 45 districts. The MMS had made 5, 833 total visits with about 600 facilities having received 5 visits. The target is for all facilities to receive at least 5 visits by end of the program

Based on the twenty five indicators monitored at every visit by MMS there is strong evidence that SPARS works. There is improvement on all the five areas as shown in the figure below:

Spider graph showing changes in five indicators after 3rd and 5th visit



National roll out of SPARS

The initial success of SPARS led to its being adopted as a national strategy by MOH and as shown in table below there is progress in the roll out with support from implementing partners. The who country has been mapped and partners identified. Implementation has only began in 91 out of the 112 districts

SURE has been pivotal in the roll out by sharing lesson learned , tools for implementation. SURE has also sponsored the training of MMS in all districts implementing SPARS

Roll Out plan for country wide implementation of SPARS as of March 2013

Partner	SPARS coverage by District	SPARS Coverage by Health Facility		MMS	
		Planned	Active	Planned	Active
STRIDES	1	11	11	2	2
STAR E	7	157	25	18	18
STAR EC	6	213	57	16	16
STAR SW	7	213	142	23	23
IDI	4	101	42	10	10
BTC/MoH	6	144	0	17	11
NU-HITES	11	288	0	27	0
WORLD BANK	4	257	0	20	20
UNFPA	6	111	0	15	0
SURE	45	1700	1486	146	148
NEW SURE	14	375	0	39	39
GLOBAL FUND	1	11	0	2	0
SUSTAIN (Hospitals)	0	18	18	0	0
Total	112	3599	1781	335	287

6. Challenges

- Ensuring data quality and managing the huge number of reports at the centre
- Stagnation in MMS and health facility performance over time : less number of visits that average target of 3 per month
- Slow improvement of prescribing indicator
- Sustainability of improvements especially when resources available for MMS reduce
- Health System issues- Understaffing at some facilities, Push system for supply of HC II and III, Poor stores and dispensing area infrastructure
- District taking full leadership and coordination roll in management of medicines and supplies



7. Way forward

- Implement the District Supervision Data System (DSDS) that has built in data quality checks will improved facilities for data analysis
- Monitor MMS performance on monthly basis and discuss with DHO actions necessary for change Develop and implement Rational use of medicines interventions to improve prescribing habits
- Dialogue with stakeholders to improve health systems. eg share the Kit Assessment report to address the problems of Push system and Stores assessment report to mobilise funds for store rehabilitation
- Empower district leadership to use data available to discuss EMHS issues and ensure that it is on the agenda of district meetings
- Assess factors that lead to success and sustainability of SPARS and share at with planners