

Processes and Procedures for Conducting National-Level Supportive Supervision Visits in Namibia

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure 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.

About SCMS

The Supply Chain Management System (SCMS) was established to enable the unprecedented scale-up of HIV/AIDS prevention, care, and treatment programs in the developing world. SCMS procures and distributes essential medicines and health supplies, works to strengthen existing supply chains in the field, and facilitates collaboration and the exchange of information among key donors and other service providers. SCMS is an international team of 13 organizations funded by the US President's Emergency Plan for AIDS Relief (PEPFAR). The project is managed by the US Agency for International Development.

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Key Words

Supportive supervision visits (SSVs), MOHSS

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CONTENTS

Acknowledgments.....	iv
Acronyms and Abbreviations	v
Background.....	1
Objectives of SSVs	1
Scope and Timing	2
Stages of the Process and Procedures	3
Planning and Mobilizing Resources for SSVs.....	3
Organizing Consultative Meetings with Partners before the Visits.....	4
Developing or Updating Data Collection Tools	4
Training SSV Team Members	4
Communicating with Stakeholders	4
Conducting SSVs.....	5
Providing Feedback to Health Facilities and Management Teams (RMTs).....	5
Developing a National Feedback Report	5
Disseminating Results and Recommendations	5
Following Up on Recommendations	5
Discussion and Conclusion.....	6
Roles and Responsibilities	7
Roles of the Steering Committee	7
Roles of SSV Team Members.....	7
Roles of the SSV Team Leader.....	7
Roles of Health Facility Staff	8
Roles of District and Regional Teams	8
Roles of MOHSS Partners	8
Time Line.....	9
Annex 1. Hospital Support Supervisory Checklist, Namibia MOHSS.....	10
Annex 2. Primary Health Care Facility Checklist, Namibia MOHSS	21
Annex 3. Multiregional Medical Depot Checklist, Namibia MOHSS	26
Annex 4. Example of Feedback Presentation to RMT in Zambezi Region, Namibia MOHSS.....	33
References.....	36

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ACRONYMS AND ABBREVIATIONS

ART	antiretroviral therapy
ARV	antiretroviral [medicine]
Div: PhSs	Division of Pharmaceutical Services
EDT	electronic dispensing tool
EWI	early warning indicators [of HIV drug resistance]
HIV	human immunodeficiency virus
MOHSS	Ministry of Health and Social Services
MRMD	multiregional medical depot
PHC	primary health care [facility]
PMIS	pharmaceutical management information system
RMT	regional management team
SCMS	Supply Chain Management System [program]
SIAPS	Systems for Improved Access to Pharmaceuticals and Services (Program)
SSV	supportive supervision visit
STG	standard treatment guidelines
USAID	US Agency for International Development

BACKGROUND

Namibia is located in Southern Africa and has a population of more than 2.2 million people (Republic of Namibia 2011). It is among the countries with the highest prevalence of human immunodeficiency virus (HIV); in 2013, an estimated 13.1% of the adult population was living with HIV (MOHSS 2014). By adopting the public health approach to scaling up antiretroviral therapy (ART), which involves the use of standardized and simplified treatment regimens, Namibia has achieved more than 80% coverage of ART services for people living with HIV (MOHSS 2014). The scale-up of ART services has led to pressure on the public health system to manage a higher volume of patients as well as the extra resources required for HIV-positive patients.

The US Agency for International Development (USAID)-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) and Supply Chain Management System (SCMS) programs have supported the Ministry of Health and Social Services (MOHSS) to implement strategies to strengthen the inventory of antiretroviral (ARV) medicines and ART pharmaceutical systems in Namibia. A stronger inventory will enable the country to cope with the scale-up of ART services. Strategies that have been implemented include (a) strengthening the pharmaceutical management information system (PMIS), (b) developing and implementing standard operating procedures, (c) developing and implementing comprehensive national standard treatment guidelines (STGs), (d) strengthening the functioning of therapeutic committees, and (e) strengthening stock, patient, and data management for ART services using the electronic dispensing tool (EDT) and Syspro[®] software. SIAPS has also supported the MOHSS' efforts to decentralize ART services by introducing a mobile EDT for dispensing ARVs and ART data capture at primary health care (PHC) facilities offering ART services.

Those initiatives have led to a need to mentor and support pharmacy staff members to monitor the implementation of programs to improve service delivery to and treatment outcomes of patients 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 services submitted at the national level. After supporting MOHSS' conducting supportive supervision visits (SSVs), which started in 2009 and have been improved annually, the SIAPS and SCMS Programs have developed this document to detail standardized processes and procedures for conducting SSVs and to identify resources needed for the SSVs. This strategy is part of the SIAPS and SCMS programs' efforts to transfer the management of SSVs entirely to the MOHSS.

Objectives of SSVs

SSVs are useful for assessing the quality of pharmaceutical service delivery. In addition, SSVs provide on-the-job technical support to health facility staff members to improve the facility's service delivery. Specific objectives include the following—

- Provision of on-the-job technical support to participating health care workers
- Assessment of health facility performance on pharmaceutical service delivery, including management of ARVs and other essential medicines

- Verification of PMIS-reported data
- Monitoring of the implementation of the National Medicines Policy (NMP) and the National Pharmaceutical Master Plan (NPMP)

Scope and Timing

The SSVs focus on pharmaceutical management aspects, including but not limited to human resources, follow-up on progress made in resolving issues identified from the previous SSVs, inventory management and quantification of ARVs and other essential medicines, therapeutic committees' functionality, PMIS implementation, ART service delivery, and medicine- and patient safety-related activities. The MOHSS started conducting SSVs in 2009. The SSVs cover all 14 regions of Namibia and are usually conducted in February to March each year. Beginning fiscal year 2015–16, a second visit will be conducted to poorly performing sites that require extra support with implementing good pharmaceutical services delivery. These sites will be chosen based on overall performance on SSV indicators in the initial visits.

STAGES OF THE PROCESS AND PROCEDURES

Conducting successful SSVs requires a series of major steps to ensure that logistics are in place and that teams are ready to perform the visits competently. The stages of the process are as follows—

- A. Planning and mobilizing resources for SSVs
- B. Organizing consultative meetings with partners before the visits
- C. Developing or updating data collection tools
- D. Training SSV team members
- E. Communicating with stakeholders
- F. Conducting SSVs
- G. Providing feedback to health facilities and management teams (RMTs)
- H. Developing a national feedback report
- I. Disseminating results and recommendations
- J. Following up on recommendations

Conducting SSVs should be a cyclical process that continuously monitors progress on the implementation of recommendations to improve service delivery.

Planning and Mobilizing Resources for SSVs

The first step in conducting SSVs is to adequately plan for and mobilize the resources required to conduct the exercise. The following resources must be available—

1. Human resources for the SSVs
2. Accommodation for participants
3. Transport (vehicles and fuel) to SSV destinations
4. Transport within the regions to health facilities
5. Per diem and travel allowances for participants
6. One-day orientation workshop for participants
7. Updated SSV tools (structured checklists and reports for data verification)
8. Sufficient time for the participants to engage in the activities, whether as implementers (SSV team) or as beneficiaries (regions, facilities)

The Division of Pharmaceutical Services (Div: PhSs) must include financial resources required for SSVs in the annual planning for each fiscal year. Planning must also consider availability of vehicles and drivers on the basis of the number of teams required. Div: PhSs may need to approach other directorates to complement its fleet of vehicles, in which case financial resources must be allocated to accommodate the extra personnel. Since the MOHSS began conducting SSVs in 2009, about seven teams have covered the country in two rounds of SSVs.

Human resources at Div: PhSs have been complemented by the inclusion of regional pharmacists who have been mentored to participate in SSVs and of partners from other organizations involved in managing pharmaceutical services. The capacity of regional and other public sector pharmacists managing hospital and district pharmacies must continue to

be expanded by including new regional pharmacists in SSVs and pairing them with experienced cadres.

Organizing Consultative Meetings with Partners before the Visits

Six weeks before the visits, Div: PhSs must assemble a steering committee to hold weekly meetings to coordinate the resources and logistics for the visits. A staff member of the Div: PhSs chairs the SSV steering committee, which should include the following members—

1. All pharmacists and support staff at Div: PhSs
2. All identified potential members of the SSV teams (include selected pharmacists from regions or facilities)
3. Relevant development partners of MOHSS services
4. Representatives of any other organizations invited by Div: PhSs

Developing or Updating Data Collection Tools

The USAID-funded SIAPS and SCMS programs have supported the MOHSS in developing scored checklists for conducting SSVs in Namibian hospitals, PHC facilities, and multiregional medical depots (MRMDs). The steering committee is responsible for updating the sections of the checklist based on priority areas identified by Div:PhSs in consultation with regional pharmacists for review and mentorship each year. The scored checklists use indicators to allow performance monitoring by facility, district, and region over time. The checklist also lists all materials required by the SSV teams and must be checked by team leaders before departure to health facilities.

The checklists attached in annexes 1-3 can be adapted for use in any health facility in Namibia based on the facility level and types of pharmaceutical systems being implemented.

Training SSV Team Members

Before each SSV field visit, Div: PhSs must conduct a one-day orientation workshop to update participants on changes to the SSV tools. The workshop will also shape the strategy and approach that teams must take during visits. Participants will be advised on the procedures to follow when visiting public health facilities. The training should also include content on how to give effective feedback to the health facilities and management teams visited. The training ensures the quality of the SSV implementation, including data capture and management.

Communicating with Stakeholders

Before conducting SSVs, Div: PhSs, through the relevant MOHSS office, is responsible for communicating with the relevant MOHSS authorities. This role includes informing all regions, districts, and facilities about the dates and purpose of the visits and about all other tasks that might be expected of the staff at facilities hosting the SSV teams. All relevant letters should be given to SSV teams to allow them to introduce themselves at health facilities.

Conducting SSVs

All SSV teams must have team leaders to coordinate the activities and logistics for their team. Team leaders will be required to provide overall guidance to the team and ensure successful implementation of the SSV in the assigned region. The ideal team leader would be a pharmacist at Div: PhSs who would contribute to writing the national report and ensure accountability.

Providing Feedback to Health Facilities and Management Teams (RMTs)

One of the aims of the site-level visits is for SSV teams to mentor health facilities and enable them to improve pharmaceutical services, improve access to medicines, and save lives. For behavior change to take effect, the SSV teams must give adequate feedback and support to the health facility staff involved in service delivery. This relationship will allow the team to identify opportunities for improvement and produce measurable impacts. Regional and district managers should also be given the appropriate feedback that will enable them to support health facilities in their jurisdictions.

The scored checklist is designed to provide feedback to visited facilities by summarizing scores in different assessment areas. The checklist also has a section for summarizing recommendations for each facility. SSV teams must leave a signed copy of the checklist at the facility as part of the feedback process. The team must formally present the recommendations to the regional management teams (RMTs) and, where possible, to district management teams and MRMD management teams. An example of a feedback presentation to an RMT is attached in annex 4.

Developing a National Feedback Report

After all targeted health facilities have been visited, Div: PhSs will use the checklists to compile a national feedback report that describes performance by facility, district, and region based on the various indicators on the checklist. The feedback report must have recommendations for health facilities, districts, regions, and policy makers on how to improve delivery of pharmaceutical services. Div: PhSs will coordinate the report-writing exercise and ensure that the feedback report is ready for dissemination about six weeks after the visits have been conducted.

Disseminating Results and Recommendations

The completed feedback report must be distributed through the appropriate MOHSS channels to policy makers and all health facilities, districts, and regions in Namibia. Div: PhSs and the steering committee are responsible for scheduling formal presentations of the recommendations at appropriate national platforms, such as ministerial meetings, MOHSS planning meetings, and the national annual pharmacists' forum.

Following Up on Recommendations

SSVs are scheduled annually and are included in Div: PhSs annual plans. Div: PhSs has designed a method to follow up on recommendations twice a year to appropriately support health facilities that may be facing challenges in addressing recommendations.

DISCUSSION AND CONCLUSION

Site-level visits through SSVs are a practical method of monitoring and evaluating the delivery of pharmaceutical services and supporting the implementation of interventions for improving 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 that will guarantee standard practices and measurable results over time.

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

ROLES AND RESPONSIBILITIES

Roles of the Steering Committee

1. Organize the logistics of the visits at national and regional levels from the planning phase and throughout the visits.
2. Develop a schedule and constituting teams for the visits.
3. Update the SSV tools (checklists) on the basis of lessons learned each year and data and technical support needs that emerge.
4. Participate in the SSV field visits.
5. Disseminate SSV results to MOHSS senior management, RHMTs, facilities, and all pharmacists in public health facilities.
6. Follow up implementation of SSV recommendations by Div: PhSs.

Roles of SSV Team Members

1. Participate in all SSV preparatory meetings.
2. Contribute to the development and updating of SSV tools.
3. Attend the one-day SSV orientation on the basis of the role to be played.
4. Undertake field visits to assigned regions and facilities.
5. Mentor health facility staff members on pharmaceutical management and service delivery.
6. Provide feedback to facility, district, and regional staff members.

Roles of the SSV Team Leader

1. Ensure that transport and other logistics (including accommodation) have been arranged for members of their teams.
2. Ensure that teams leave in good time for their respective destinations.
3. Ensure that all documentation is taken to health facilities and management teams are available.
4. Ensure that the compulsory briefing and debriefing meetings are held with the management at health facilities, districts, and regions.

5. Ensure that all appropriate feedback is given before teams return from their visits.
6. Submit all completed checklists to Div: PhSs upon return from the SSVs.
7. Ensure that a copy of the completed checklist is left with the responsible facility staff.

Roles of Health Facility Staff

1. Be available to facilitate the SSV team on site.
2. Participate in the mentorship sessions.
3. Implement recommendations agreed upon with the SSV team.

Roles of District and Regional Teams

1. Be available and facilitate the SSV team within the region or district.
2. Participate in facility visits when possible.
3. Participate in the SSV briefing and debriefing meetings.
4. Support facilities to implement SSV recommendations.

Roles of MOHSS Partners

1. Provide technical assistance to MOHSS in the review of tools, SSV team orientation, data analysis, and report compilation as may be requested at intervals.
2. Participate in the SSVs as field visitors for staff mentorship.

TIME LINE

The following schedule ensures adequate time to prepare for successful SSV implementation, to give feedback, and to implement recommendations.

Activity	Time Line											
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
1. Plan												
2. Conduct preparatory meetings												
3. Finalize tools												
4. Communicate with stakeholders												
5. Train SSV teams												
6. Conduct SSV field visits												
7. Give feedback to facilities, districts, and regions												
8. Develop national feedback report												
9. Disseminate report to regions, MOHSS senior management												
10. Disseminate in pharmacists forum												
11. Implement recommendations and facility support												

ANNEX 1. HOSPITAL SUPPORT SUPERVISORY CHECKLIST, NAMIBIA MOHSS

		<i>Key to colour coding</i>						
			user to enter data					
			auto-filled based on other entries					
			No data required for these fields					
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 (as at 31 Jan 2015)	MoHSS						
	# 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 auxillary 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?								

<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>		

Annex 1. Hospital Support Supervisory 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 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	4
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:		

Processes and Procedures for Conducting National-Level SSVs in Namibia

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							

Annex 1. Hospital Support Supervisory Checklist, Namibia MOHSS

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:						

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%		

Annex 1. Hospital Support Supervisory Checklist, Namibia MOHSS

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					
17					

Processes and Procedures for Conducting National-Level SSVs in Namibia

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 (Ask to be shown)						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 (check TC minutes for proof)								
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 (exclude Pharmacist Interns)								
1 Does the facility maintain a record of trainings attended by pharmacy staff (ask to be shown)								
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- if trained more than once indicate latest year when staff was trained					
			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: any other issues not covered in the discussions above that pharmacy staff would like to bring to the attention of the visiting team								

ANNEX 2. PRIMARY HEALTH CARE 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 (s):

	Respondent Name	Cadre
1.	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>
2.	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" 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	Total
		# posts filled	# of posts	Establishment	Staff
PAs					0
Snr Reg. Nurses					0
Reg. Nurses					0
Enrolled Nurses					0
Workhands					0
Other Cleaner					0

B. REVIEW OF PREVIOUS SUPPORT SUPERVISION

- When was the last time you were visited by the District Pharmacy Staff or Regional Pharmacist (dd/mm/yyyy)?
- Did you get a written report from the regional pharmacist highlighting the findings from the visit and areas that needed to be improved upon?
- Do you have a copy of the report?
- 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

- 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	

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*)

Annex 2. Primary Health Care Facility Checklist, Namibia MOHSS

(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)

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																					
% Score in previous SS visit		0.0%																					
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 3. MULTIREGIONAL MEDICAL DEPOT 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:

Region:

Respondent Name(s): 1.

2.

3.

Date of Visit:

Period Reviewed:

Tel # /Email: 1.

2.

3.

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							
Other Health Assistants							
<i>Ph + PAs total:</i>							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
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Annex 3. Multiregional Medical Depot Checklist, Namibia MOHSS

	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	
			27			

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)				

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

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)

Annex 3. Multiregional Medical Depot Checklist, Namibia MOHSS

	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 4. 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

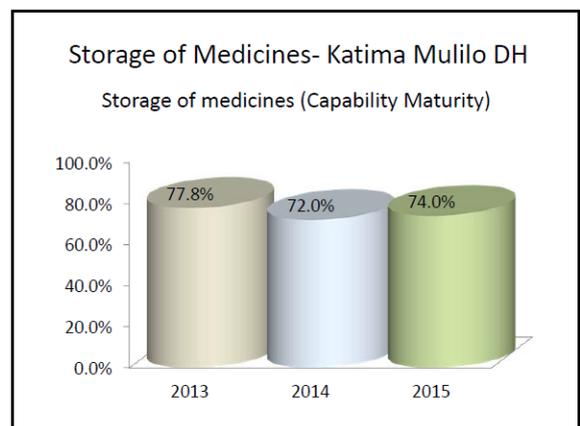
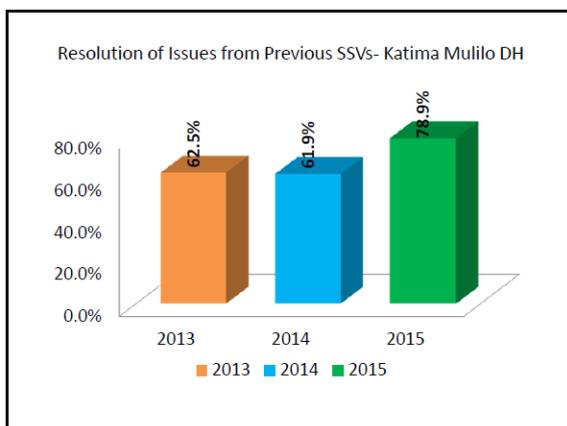
- To assess pharmaceutical Management
- To validate ART data entry and reporting
- To validate PMIS data collection
- To identify strengths and challenges faced by pharmacy department
- To support accordingly

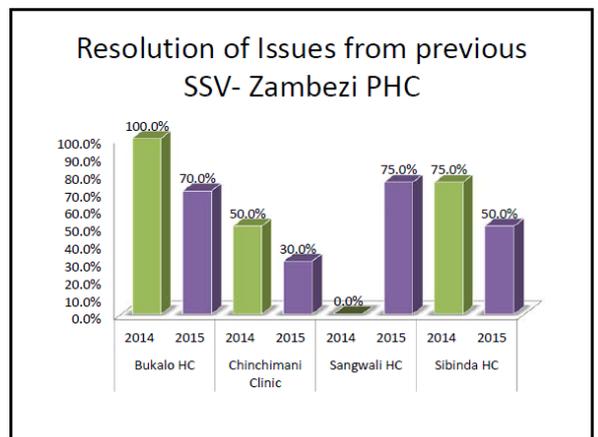
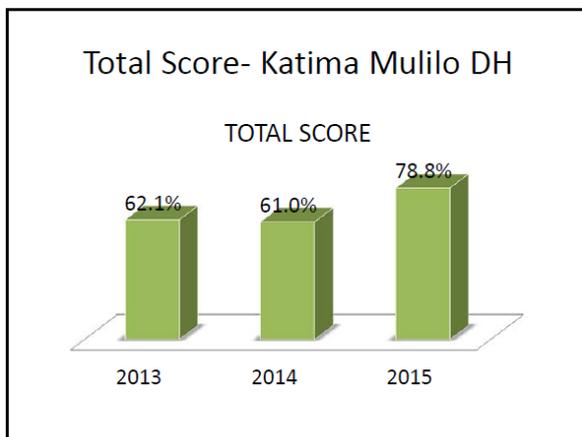
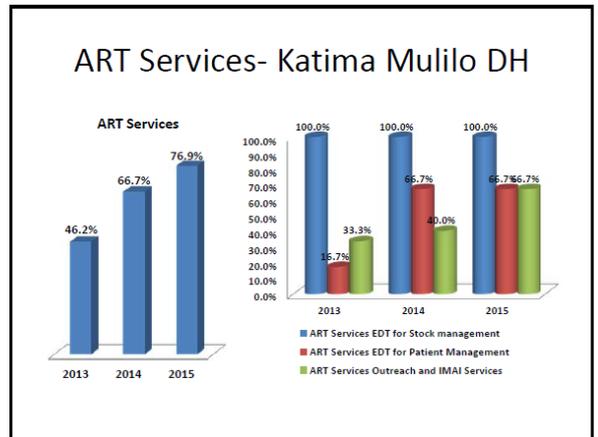
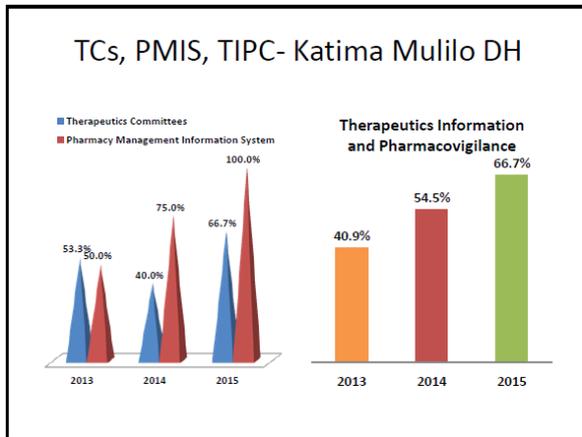
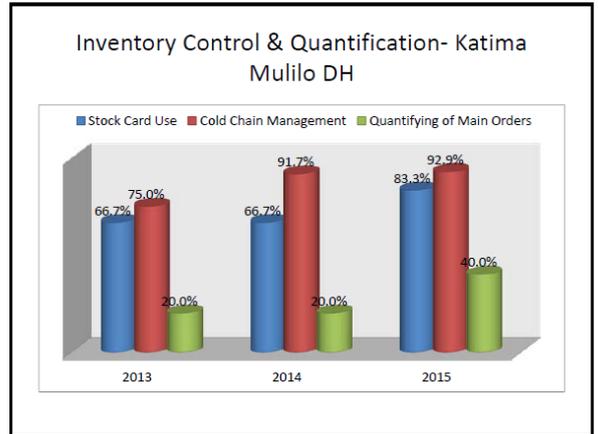
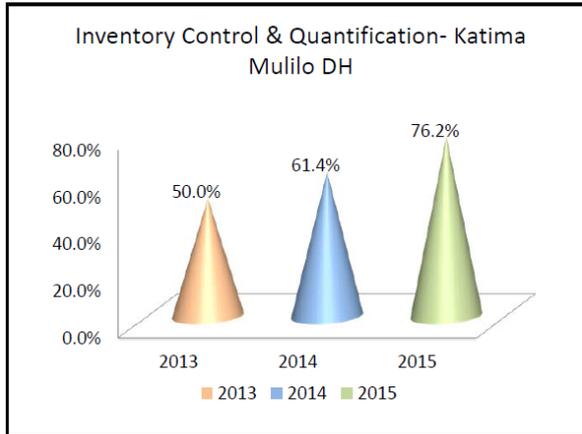
Areas Assessed

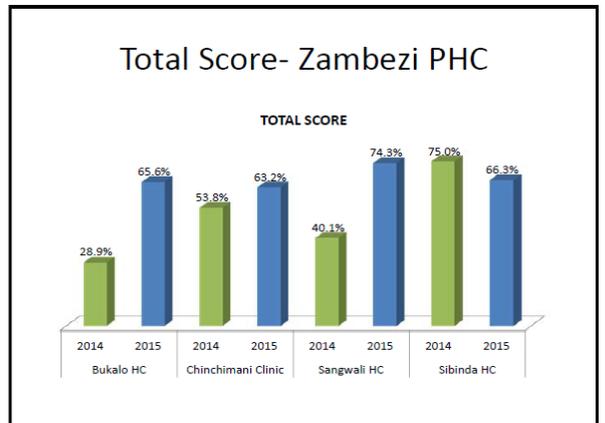
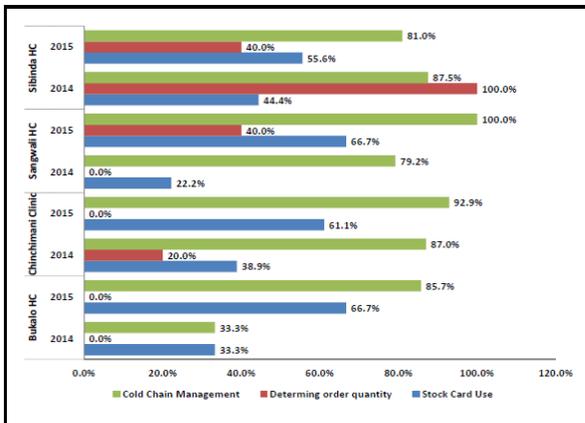
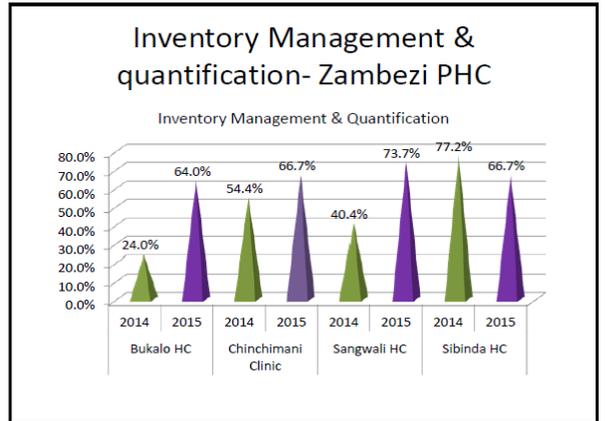
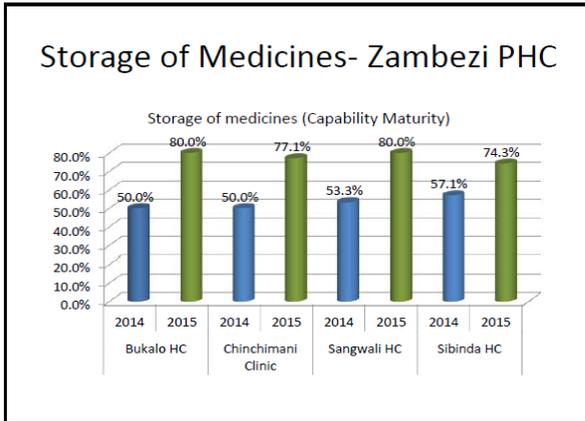
- Human Resources
- Storage Assessment
- ART Services
- Therapeutic Committee Activities
- TIPC Activities
- Inventory control and quantification
 - Stock Card Use
 - Cold Chain Assessment
 - Order Quantifications
 - Diflucan Program
- PMIS
- QA of pharm. dispensing

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

REFERENCES

MOHSS (Ministry of Health and Social Services). 2014. *Namibia National Guidelines for Antiretroviral Therapy, Fourth Edition*. Windhoek, Namibia: MOHSS.

Republic of Namibia. 2011. Population and Housing Census 2011. Namibia Statistics Agency.