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From Training to Practice: Use Supportive Supervision to Ensure Roll Out of Standard Operating Procedures

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Dispensing drugs at sub-center Bihta, Ambala District, Haryana.

While public health systems in India have procedures for procuring, reporting, and resupplying commodities and other supply chain functions; they are not standardized, documented, or universally practiced. The USAID | DELIVER PROJECT (the project) and the state health missions (SHMs) in Haryana, Jharkhand, Uttarakhand, and Himachal Pradesh developed standard operating procedures (SOPs) to correct this gap in essential medicines management. The new SOPs include detailed key processes that define staff requirements and responsibilities. Most important, the easy-to-follow procedures include step-by-step instructions for completing data collection and reporting forms. The SOPs were tailored to meet the needs and demands of each state; each SHM checked and validated the processes.

In June 2015—in two pilot districts in each of the four states—the project started SOP trainings for health-facility staff that are responsible for supply chain management. A total of 2,424 supply chain managers and health-facility staff attended the trainings: 474 health professionals, including doctors and pharmacists, attended one of the 19 two-day trainings; and 1,950 health workers and nurses attended one of the 86 half-day trainings. Following the two-day training, the health professionals were tested on the information presented; 89 percent passed. Figure 1 shows the total number of participants trained in the two-day training by state; and the total number who passed the post-test with a score of least 65 percent.

According to Dr. Ashish Gupta, Managing Director at Haryana Medical Services Corporation Limited, "The SOP manual covers all important aspects of supply chain management at the health-facility level. The document is well-designed and easy to understand. I am hopeful that after the training we will see an improvement in staff performance logistics data quality and availability of medicines."

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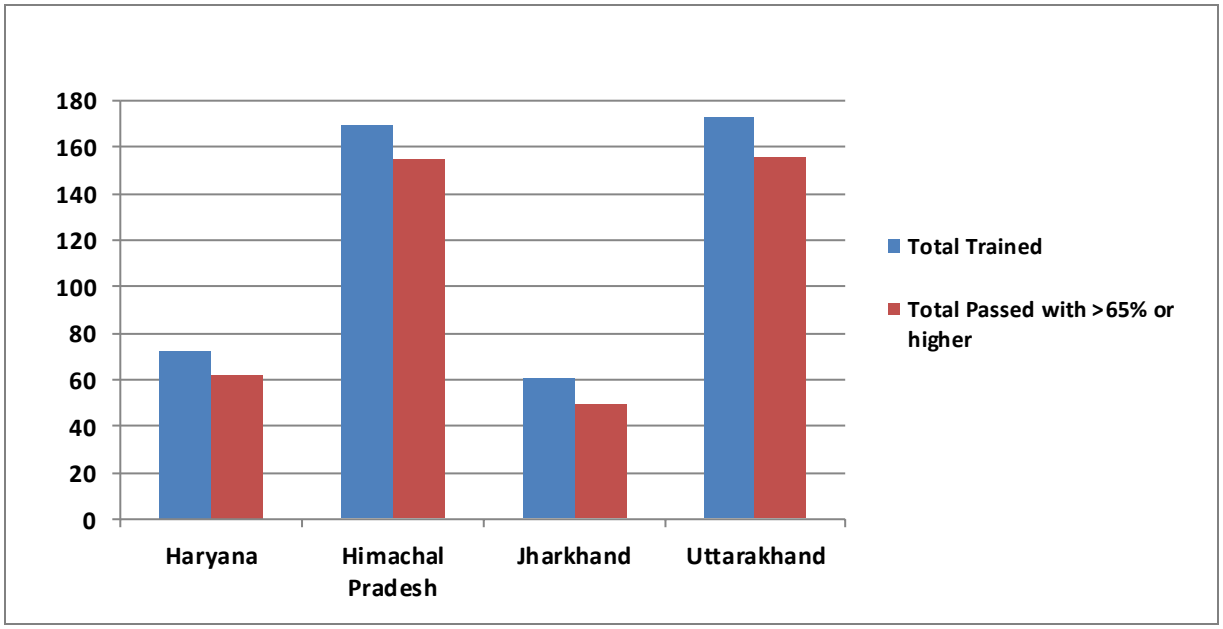
Figure 1. Number of Trained Participants Passing the Post-Test with 65% or Higher



Supportive Supervision

Training alone, however, is not enough to develop capacity. Supervisors determine if staff have the knowledge and skills to fulfill their responsibilities, and they provide immediate on-the-job training as needed. The project created a checklist for SHM staff to use during supportive supervision visits; it captures data on SOP implementation and maintenance of registers and logistics management information system (LMIS) forms. The checklist is used to: 1) facilitate the implementation of SOPs by reviewing the on-the-job steps required for effective supply chain operations; 2) identify areas where project and SHM staff need to help clinic staff during supportive supervision visits, and identify areas for further assistance; and 3) help the project monitor SOP implementation and performance of the SHM logistics personnel adherence.

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Completing patient form at sub-center Katian, Panchkula District, Haryana.

Results

Between September and December 2015, the project made supervision visits to 204 health facilities in the eight pilot districts, which included randomly selected sites from each of the eight pilot districts. The number of visits per state varied, depending on transport and weather conditions. Table 1 lists the total number of facilities that received supportive supervision visits.

Table 1. Total Number of Health Facilities Visited

State	SC	PHC	CHC	SDH	DH	District store/RW	Other*	Total
Haryana	23	25	4	2	2	1	2	**59**
Jharkhand	25	0	16	0	3	1	0	**45**
Himachal Pradesh	15	15	7	1	1	7	3	**49**
Uttarakhand	5	10	10	2	2	2	20	**51**
Total	**68**	**50**	**37**	**5**	**8**	**11**	**25**	**204**

Note: SC=subcenter, PHC=primary health center, CHC=community health center, SDH=sub-district hospital, and RW=regional warehouse.

*=Additional primary health centers, dispensing units, wards, outpatient department, dispensaries, maternal child health centers, and community health center store.

Commodity Management

During the supervision visits, the project reviewed the logistics and product availability data on tracer health commodities. These commonly used commodities should be available at all health facilities, but because of supply planning and procurement challenges, district stores do not always have them available to issue to the indenting health facilities. As a result, many sites only manage the commodities they obtain from the district store. Only two percent of facilities visited, all in Haryana, managed all the tracer commodities. None of the facilities visited in Himachal Pradesh, Jharkhand, or Uttarakhand managed all 10 tracer commodities. Table 2 shows the percentage of facilities that manage at least five of the commodities reviewed during the visit.

Selected tracer commodities:

- azithromycin
- condoms
- doxycycline
- gentamycin
- iron and folic acid
- iron folic acid syrup
- Metronidazole
- oxytocin
- oral rehydration salts
- zinc sulphate

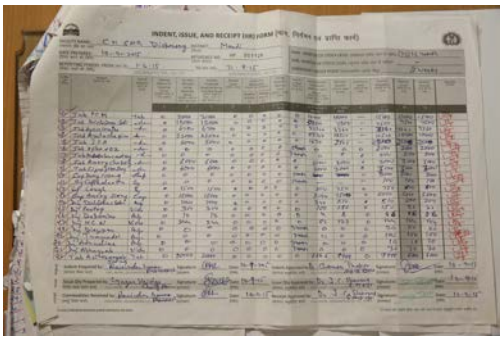
Table 2. Percentage of Facilities Managing at Least Five Commodities

	Haryana			Himachal Pradesh			Jharkhand			Uttarakhand			Total
Indicator	Ambala	Panchkula	Total	Mandi	Solan	Total	Gumla	Lohardaga	Total	Pauri	US Nagar	Total	
% of facilities that manage all 10 products	10	5	8	0	0	0	0	0	0	0	0	0	2
% of facilities that manage at least 5 products	82	80	81	87	89	88	33	27	31	81	52	67	68

Of the tracer commodities, 98 percent of the facilities visited managed oral rehydration salts, while only 18 percent of facilities managed iron folic acid syrup. Ideally, managers of the essential medicines program should use such information after every round of supervision to alert stakeholders and to adjust supply and distribution plans.

Availability of SOPs, Stock Register, and Indent Issue and Receipt Form

It is essential for sites to maintain a copy of the SOPs and use them as a reference guide. All staff should have access to the SOPs—they contain job aids and copies of all the forms required to complete supply chain functions. Stock registers track the ongoing movement of stock—from receipts to issues and transfers; they are an important source of information on stock balance, including overstock and stockouts. Staff use the indent issue and receipt (IIR) form to place and issue indents and, also, to track the movement of commodities from requests to issue and receipt.



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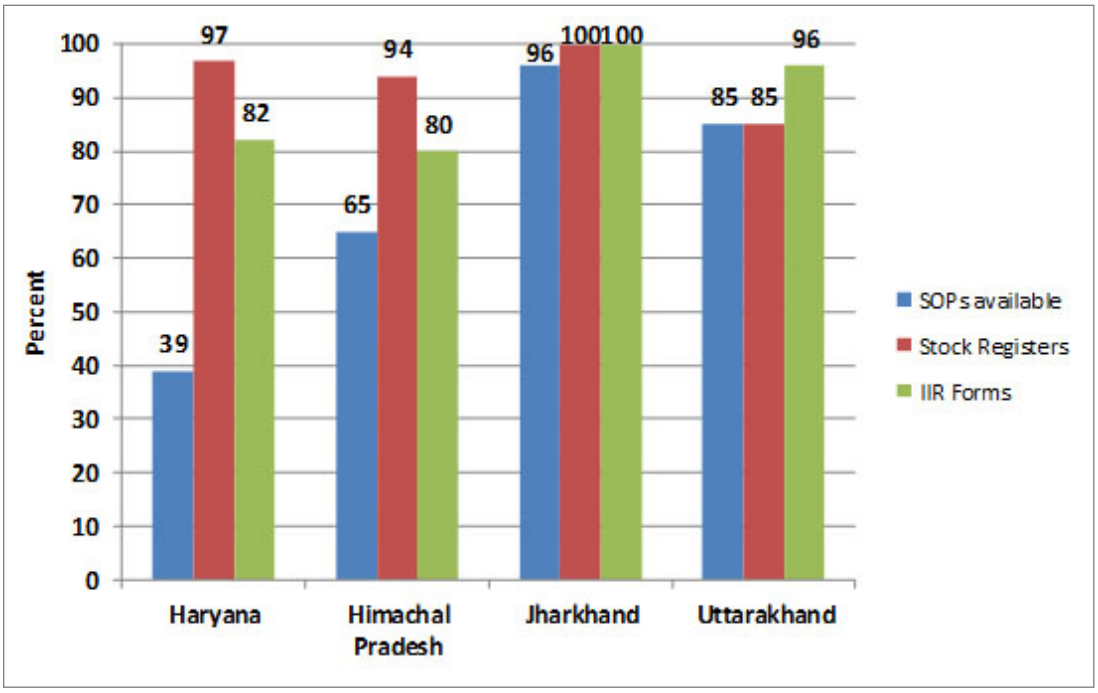
A completed IIR form.

Figure 2 shows the percentage of health facilities that had SOPs, stock register, and IIR forms available on the day of the visit. Many facilities visited in Haryana—and to a lesser extent in Himachal Pradesh—did not have the SOPs available. Several of the staff interviewed said they left their copies at home. Some sites said that staff turnover was the reason they weren't available, as staff who left didn't return their copies. Most health facilities, however, had copies of stock registers and IIR forms, which staff are given when they complete the SOP training.

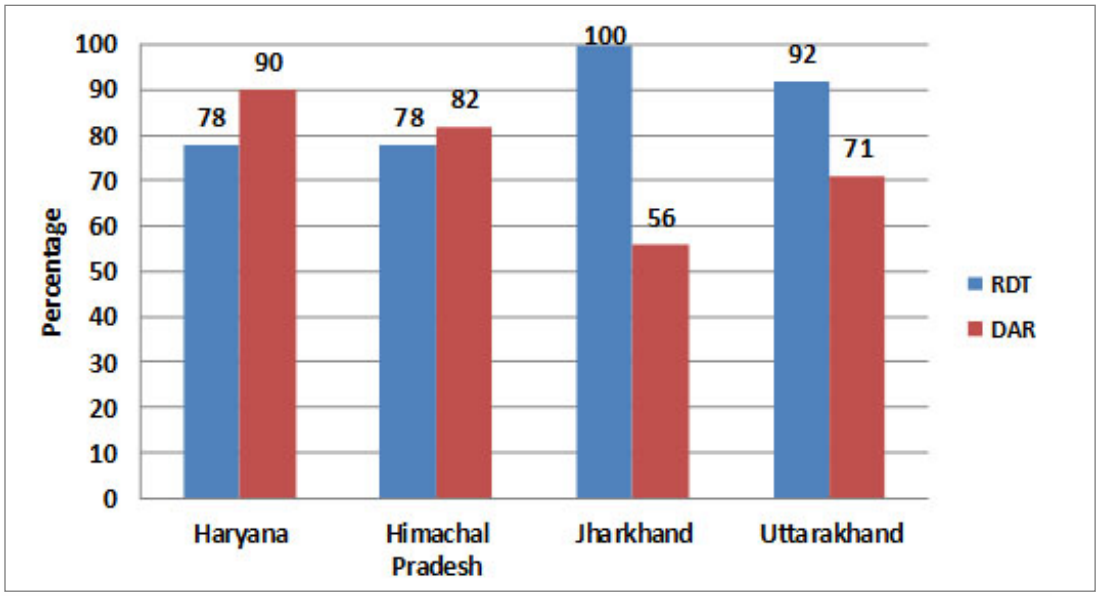
Figure 2. Availability of SOPs, Stock Registers, and IIR Forms



Availability of Return Discard and Transfer Form, and Daily Activity Register

All health-facility staff receive copies of the various recordkeeping and reporting forms. The return discard and transfer (RDT) form records commodities that are returned, damaged, or transferred to another facility. The daily activity register (DAR) records the quantity of each commodity dispensed to a client; it also documents the total quantities of each commodity dispensed. The SOP training emphasized the importance of maintaining all logistics forms to ensure that resupply decisions are based on consumption and stock-on-hand data. Results from the supervision visits show that most of the sites had these forms available.

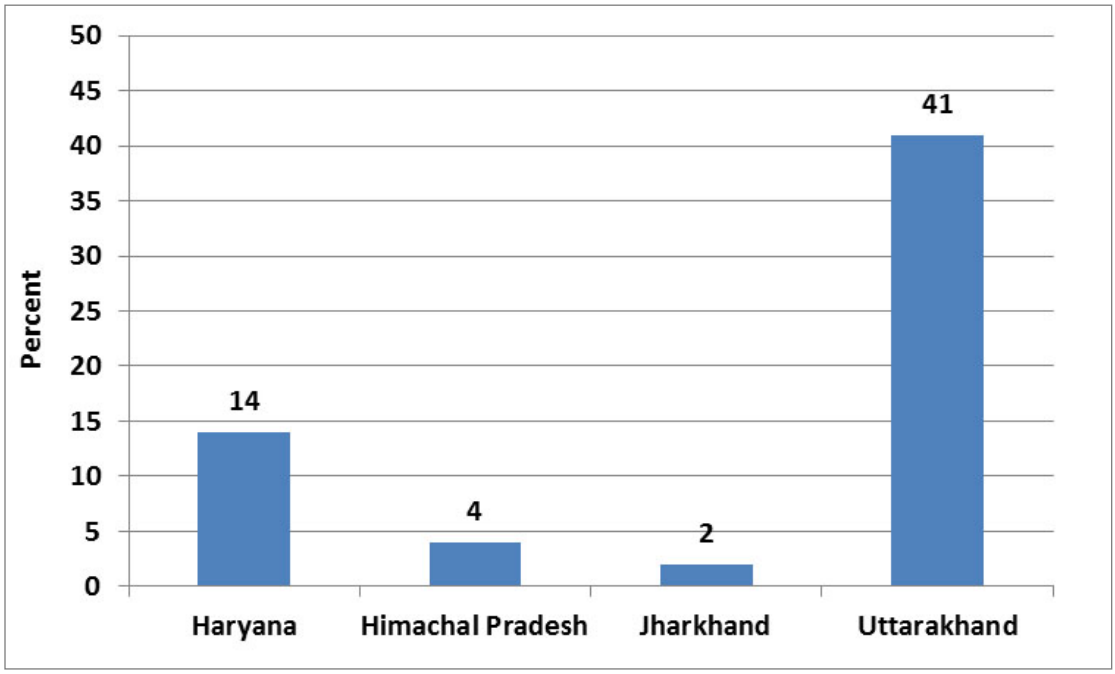
Figure 3. Availability of RDT Form and DAR



Use of IIR to Indent Commodities from the District

As noted in figure 2, most of the sites visited had a copy of the IIR form available. However, only 16 percent of the sites used the IIR form to indent commodities. Uttarakhand had the highest percentage of sites using the form. The reasons sites gave for not using the IIR form included that sites continue to receive commodities from the district without submitting the IIR (no incentive); unavailability of many commodities listed in the IIR form at the district level; and burden of required additional training on and support for use of the form.

Figure 4. Percentage of Health Facilities Using the IIR Form



Challenges

Results from the supervision visits show a marked improvement in commodity management. Less than two months after the SOP roll out, health-facility personnel started using the recording, reporting, and indenting forms, and storage processes. However, health facilities continue to face challenges in managing health commodities, including inadequate storage space; limited supply chain management staff; unavailability of commonly used drugs at the district stores; and distribution from the district stores without completed IIR forms, all of which discourages health-facility personnel from taking the extra step.

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A young client receives medication at sub-center Baggi, Mandi District, Himachal Pradesh.

Recommendations

In January 2016, the project turned over the responsibility for continuing supervision visits to the SHMs. The project recommends the following for continued successful SOP and other supply chain intervention implementation:

- Continue supportive supervision to ensure quality control and adherence. Data obtained from supervision visits helps guide other supply chain strengthening activities.
- Incorporate funding for supportive supervision visits into state program implementation plans (PIPs) to continue the momentum and interest generated in public health supply chain management at the SHM and health-facility levels. This will also improve staff motivation and commodity management.
- Integrate supply chain supportive supervision into routine management supervision of facilities that have scarce resources for supply chain management supervision. Spot check the availability of one or more of the tracer commodities; ask about stockouts and other inventory problems and if on-the-job training is needed.
- Conduct refresher SOP trainings to increase the capacity of supply chain function staff, reinforce old and introduce new processes (e.g., electronic LMIS), and encourage staff. Refresher trainings also mitigate the detrimental effects of high staff turnover by training newer staff.
- If a state is satisfied with the results of the SOP roll out in the pilot districts, it should expand the SOP training to additional districts. The SHMs proposed that funding for trainings be included in PIP budgets.

The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

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