

Improving supportive supervision for medicines management

Revised checklists allow Dodoma Region to enhance supportive supervision

Results

- Supervision checklists of all districts analysed and reviewed
- SMART indicators formulated
- Pharmacy staff of all districts engaged in process
- Supervision checklists for whole region standardized

Quality of care in health institutions in the Dodoma Region in Tanzania is suffering due to insufficient availability of essential medicines, inadequate record keeping, poor storage conditions, and a severe shortage of pharmaceutically trained health workers.

Supportive supervision can be an important strategy to increase the quality of care. The supervision checklists used in 6 districts of the Dodoma Region in Tanzania were analysed, focusing particularly on aspects related to medicines management and vaccines. The aim was to make checklists a useful tool in supportive supervision in the region.

WHO defines supervision - a managerial activity - as the “overall range of measures to ensure that personnel carry out their activities effectively and become more competent at their work”. It also aims at giving health workers job satisfaction. Finally, supervision is an important instrument to enhance accountability.



Reviewing pharmacy documents (K. Wiedenmayer)

In the health care setting in developing countries however, supervision is often weak despite being a critical district activity to increase quality of care. It is rarely conducted as the well-structured and planned activity that it should be. Supportive supervision in the Dodoma Region is carried out by the Council Health Management Teams (CHTM). The efforts of this team and the impact of their work are however limited by available resources and weak tools and procedures.

“Supervision is not conducted regularly probably due to lack of transportation and fuel. When the council supervision team comes, we talk a bit. We call it a supervisit....”

A clinical officer of a dispensary in Dodoma Region



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PHARMACY SUPERVISION CHECK LIST

Note:
 ➤ This checklist should be used by the CHMT and Pharmacist when carrying out supportive supervision of health facilities.
 ➤ Before commencing the supervision the team will hold an entry meeting with the Health Facility Management reviewing the previous supervision.
 ➤ The checklist must be completed in duplicate- original left at the facility and duplicate stored by the CHMT.

A: GENERAL INFORMATION

Name of health facility:	District:
Name of health worker in-charge:	
Designation of in-charge:	Contact Tel. No.:
Date of supervision visit:	Date of last visit:
Name of supervisor:	

B: REVIEW OF PREVIOUS SUPERVISION FINDINGS

Please note areas of strength and weakness identified in the previous supervision

Strengths			
Weakness			
	Action agreed	Improved	Not improved

C: TOOLS AND GUIDELINES

Availability of working tools	Yes	No
1. Patient complaint (AD/R) forms		
2. Standard Treatment Guidelines (STG, NEM/LIT)		
7. Other reference materials (specify)		

The new Dodoma Region
 supervision checklist

Goals of supportive supervision in Dodoma Region

- Effective management of pharmaceuticals
- Improved access to medicines
- Improved quality of care
- Motivation of health workers
- Communication and coordination between health facility and district
- Continuous on the job education

Checklists under the microscope

Using short checklists enables teams to provide guidance on the technical aspects of services which should result in improving quality of care. Checklists help organize the work of supervision to make it practical and reliable.

The currently used supervision checklists of all districts in the Dodoma Region were analyzed for items and questions or indicators referring to medicines management.

Findings revealed that supervision checklists for medicines were either absent or of poor quality. The questions did not cover relevant aspects of medicines management, were poorly structured and the indicators could not be measured or validated against standards.

This means that some Council Health Management Teams are tasked to supervise health facilities without a practical and reproducible tool and indicators. For example, one checklist offered the following question: “Are adequate medicines available at the HF?” How is adequate defined? Does it relate to quantity or quality? What medicines are considered? What answer is expected: yes or no or more detailed comments?



A supervision visit at a dispensary in Dodoma Region (K. Wiedenmayer)

Checklists help organize the work of supervision to make it practical and reliable.

Collaborative revision of checklist

During a workshop with all pharmaceutical staff of the region, the various district supervision checklists were discussed and a new, improved and standardized list was developed. A limited number of indicators and clear guidelines for follow-up actions and feedback was included. The new indicators are SMART: specific, measurable, attainable, relevant and time bound. This supervision checklist has been implemented, combined with harmonization efforts and an enhanced process of supportive supervision in the whole region.

Dodoma Health Project Tanzania - Background

Health Promotion and System Strengthening (HPSS) or Tuimarisha Afya Project is part of the development cooperation between Tanzania and Switzerland. The HPSS project was launched in 2011 and supports Dodoma Region in the areas of health insurance, community health promotion, pharmaceutical management and management of maintenance and repair services for a period of 10 years. The project is funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by the Swiss Tropical and Public Health Institute (Swiss TPH).

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