REPUBLIC OF KENYA

MINISTRY OF HEALTH

SUPPORTIVE SUPERVISION MANUAL FOR HEALTH PRODUCTS AND TECHNOLOGIES

OCTOBER 2020

REPUBLIC OF KENYA

MINISTRY OF HEALTH

Supportive Supervision Manual for Health Products and Technologies

October 2020

The recommended citation of this document is as follows:
Ministry of Health. Supportive Supervision Manual for Health Products and Technologies.2020.Nairobi, Kenya.

TABLE OF CONTENTS

ACRONYMS 6
FOREWORD 7
ACKNOWLEDGEMENTS 8
PREAMBLE 9

SECTION 1: INTRODUCTION 11
1.1 Background 12
1.2 Purpose of Commodity Supportive Supervision 12
1.3 Characteristics of supportive supervision 13
1.4 Types of supportive supervision 13

SECTION 2: SUPPORTIVE SUPERVISION PROCESS 17
2.1 Implementation 18
2.2 Scope 18
2.3 Before Supportive Supervision 20
2.4 During Supportive Supervision 20
2.5 After Supportive Supervision 21
2.6 Recognition Plan 22

SECTION 3: ON-THE-JOB TRAINING 23
3.1 Background 24
3.2 Introduction 24
3.3 Health commodity OJT visit activities 24
3.4 Approach and implementation 25
3.5 Planning for OJT 25
3.6 Deliverables 26
3.7 Feedback and monitoring of facility performance 26

LIST OF CONTRIBUTORS AND REVIEWERS 27

ANNEXES 28
Annex 1: Planning an On-the-Job Training Session 28
Annex 2: Sample Scored Supportive Supervision Checklist 30
Annex 3: Supportive Supervision Data Collection Tool 34

ACRONYMS

ACT	Artemesinine-based Combination Therapy
CHMT	County Health Management Team
CS TWG	Commodity Security Technical Working Group
CU	Community Units
DHIS2	District Health Information System-2
HF	Health Facility
KEMSA	Kenya Medical Supplies Authority
LMIS	Logistics Management Information System
MOH	Ministry of Health
MOS	Months of Stock
O/S	Out of Stock
OJT	On-the-Job Training
SCHMT	Sub-County Health Management Team
SOH	Stock on Hand
SOP	Standard Operating Procedures
SS	Supportive Supervision
TOT	Training of Trainers

FOREWORD

The goal of the Kenya Health Policy (KHP) 2014-2030 is 'to attain the highest possible standard of health in a responsive manner'. The health sector aims to achieve this by *supporting equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans*".

Through Universal Health Coverage (UHC), everyone who needs health services is able to access them, without undue financial hardship. One of the key components of UHC is that of universal access to Essential Health Products and Technologies.

Supportive supervision promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems and helping to optimize the allocation of resources – *promoting high standards, teamwork and better two-way communication* (Marquez and Kean 2002).

This manual provides basic guidance and tools for supervision of health facility staff and on-the-job-training for health products and technologies management activities at the health facility level.

The manual and tools have been customized and tailored to the Kenya situation. Their use will help the supervisor and facility staff to identify and address areas that need attention and subsequently improve staff performance in health products and technologies management.

This manual should be used along with the scored supportive supervision checklist and any standard operating procedures (SOPs) that are already in use. Finally, this manual is specific to health products and technologies management and logistics; it can be combined with other available tools or resources that focus on other areas of health facility operations, such as service delivery, management and administration.

Dr. Patrick Amoth, EBS
Ag Director General for Health
MINISTRY OF HEALTH

ACKNOWLEDGEMENTS

The Ministry of Health wishes to acknowledge the support and contribution made by various stakeholders towards the development of these guidelines. We greatly appreciate USAID, through Afya Ugavi, for their funding and technical support in the development process of these guidelines.

We acknowledge the invaluable inputs of all experts drawn from the Ministry of Health. In addition, we appreciate the team of reviewers who ensured that the technical content of this document is comprehensive, accurate, relevant and in line with the desired standards and current practices.

PREAMBLE

The constitution of Kenya 2010 provides for two levels of government with the function of health being a shared function. Whereas the county governments are responsible for provision of health services in county health facilities, the National government is responsible for international trade, the health policy, national referral health facilities, capacity building and technical assistance to counties and regulation of health professionals. There was need to review the Supportive Supervision Manual for Health Commodities Management, Ministry of Health (2008) to bring in line with this new dispensation. The updated Supportive Supervision Manual for Heath Commodities Management (2020) was developed through relevant consultations and engagement. The process for supportive supervision has since seen adoption and use of technology for data collection and reporting. This guide therefore seeks to provide further information to apply to the process.

SECTION 1:
INTRODUCTION

SECTION 1

1.1 BACKGROUND

Supportive supervision is "A process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems and helping to optimize the allocation of resources – *promoting high standards, teamwork and better two-way communication"* (Marquez and Kean 2002).

This document provides basic guidance and tools for supervision of health facility staff and on-the-job-training for commodity management activities at the health facility level. The tools have been customized and tailored to the Kenya situation. Use of the tools will help the supervisor and facility staff to identify and address areas that need attention and subsequently improve staff performance in commodity management.

These guidelines should be used along with the scored supportive supervision checklist and any standard operating procedures (SOPs) that are already used by the county health management teams (CHMTs). Finally, these guidelines are specific to commodity management and logistics; they can be combined with other available tools or resources that focus on other areas of health facility operations, such as service delivery, or management and administration.

1.2. PURPOSE OF COMMODITY SUPPORTIVE SUPERVISION

Commodity supportive supervision is an important element of quality assurance for the performance of any supply chain system. This supervision at the health facility level can alert program managers and the health management teams of potential problems within the system which, once addressed, help strengthen the system and better ensure commodity availability and efficient use of resources. Supervision provides a unique opportunity for the supervisors to learn how health facility staff are performing routine commodity management functions, including commodity storage and inventory management, and how well logistics forms and reports are being completed. During a supervision visit, the supervisor can also provide on-the-job training to facility personnel to help them improve their commodity management skills, with the goal of improving commodity management and commodity availability.

Commodities play a central role in supporting prevention testing and treatment of HIV, malaria and TB in each programmatic activity and the quality of data as pertains to commodities is critical in ensuring service delivery of the program. Mode of reporting facilitates timeliness of reporting and hence resupply and distribution timeliness, thereby, ensuring survival of our patients and lowering the catastrophic effects of the three major diseases in the developing world: HIV, TB and Malaria.

Joint support supervision of all the three programs commodities is an activity that ensures the key indicators in commodities security performance is achieved in one visit quarterly. It brings on board all the stakeholders involved in ensuring programs commodities security. Each stakeholder identifies the gaps/strength in their area of expertise to inform management intervention actions or applies a good practice observed in one facility to support a weaker facility.

Specific Objectives

1. Stock management & Inventory control with quality of reporting thereof.
2. Commodities security status of program tracer medicines.
3. Availability of HPTs to inform supply chain.
4. Pharmacovigilance and ADSM reporting management and treatment
5. Involvement of pharmacist, lab technician, nurse in patient care management for the desired end impact.

1.3 CHARACTERISTICS OF SUPPORTIVE SUPERVISION

Unlike traditional supervision that focusses on job performance evaluation alone, supportive supervision is more of a facilitative process with the following key characteristics:

- Establishes performance objectives
- Focuses on problem solving and monitoring performance objectives
- Empowers supervisees to improve their own performance
- Emphasizes teamwork
- Provides feedback and recommendations
- Motivates and empowers staff
- Encourages participatory decision-making

1.4 TYPES OF SUPPORTIVE SUPERVISION

Though site visits to the supervisees' work places are the most commonly recognized mode of supervision, supportive supervision may be conducted in a variety of ways, each with its own advantages and disadvantages.

Given the wide availability of cell phones, regular monitoring calls may be combined with facility visits to improve the effectiveness of supportive supervision. Supervisors can set routine phone calls with their supervisees to discuss topics that they would normally discuss during a face-to-face meeting. As much as possible, supervisors should use the supervision checklist as a guide even during routine monitoring calls.

Regular meetings with staff also provide an opportunity to address supervision-related issues. For instance, during the health facility in-charges' meeting, the participants can be requested to bring with them monthly summary forms and even daily activity registers to address commodity data quality issues flagged during the regular commodity data review. In some settings, health workers from primary health care level collect their supplies and submit their reports in person at the sub-county hospital once a month. This interaction provides an opportunity to discuss supervision-related issues and can be used for OJT e.g. on filling out LMIS forms.

Table 1 | **Types of supportive supervision and their advantages/disadvantages**

Type	Advantages	Disadvantages
Site visit to supervisee's workplace	• Enables supervisor to observe first-hand the practices and performance of facility staff • On-the-Job Training (OJT) can be conducted immediately address issues identified	• Time-consuming and expensive • May sometimes be rushed due to time constraints
Regular monitoring calls	• Not expensive • Can be used for remote monitoring and support even for hard-to-reach facilities	• Supervisor is not able to observe practices and performance at the workplace
Meetings	• No significant additional resources required as advantage is taken of existing forums	• Supervisor is not able to observe practices and performance at the workplace
When collecting supplies	• Can be used to address cross-cutting issues across many health facilities in one setting	• Might not be as effective in addressing performance as one on one interaction

The CHMT should agree on broad criteria that provide guidance on which health facilities receive the various modes of supportive supervision. The following is a proposed guide that can be adopted and customized by the Commodity Security TWGs.

Table 2 | **Sample criteria for determining type of supportive supervision to administer**

Type	Health Facilities or Issues to Address through this type of SS
Site visit to supervisee's workplace	• All health facilities that have considerable stock outs of essential medicines based on DHIS (e.g. stock outs of all first-line or second-line anti-malarials) • Health facilities that consistently do not submit commodity reports on DHIS • Bottom 25% of the HFs in the previous commodity SS visits based on the aggregate score in the scored SS checklist • Top 10% of the HFs in the previous commodity SS visits based on the aggregate score in the scored SS checklist – to observe/determine best practices
Regular monitoring calls	• Health facilities that have recently (e.g. in the last quarter) failed to submit commodity reports in DHIS
Meetings	• Health facilities with incomplete data in DHIS2 e.g. for Malaria monthly summary forms, weight band data not reported
When collecting supplies	• Health facilities with commodity data quality issues identified, for instance, during the data review meetings: they may be requested to come with the DARs and monthly summary forms to the regular staff meetings or when they go to collect their supplies
Program led Supportive supervision	• Occasionally, the national level programs may need to conduct focused supervision across their program areas. This is often intended to validate compliance to treatment guidelines as well as Post Market Surveillances

Type	Health Facilities or Issues to Address through this type of SS
Basic Supervision	• The tool in the appendix section contains a tool that would be applied during supportive supervision. This component forms the minimum scope that ought to be undertaken during a supervision. The range of HPTs covered are focused on a limited number of tracer HPTs across the programs (HIV, Malaria, FP, EMMS)
Comprehensive Supervision	• A comprehensive supervision is often undertaken as a baseline or annual basis and is intended to capture an expanded scope of information for health facilities
Supply Chain Audit	• A supply chain audit is undertaken to validate the man agement of HPTs at health facilities across a broader cross section of HPTs. An additional set of tracer HPTs across the programs and EMMS are captured as out lined in the tool
Rapid Assessment	• A rapid assessment is undertaken with the objective of quickly determining the status of HPTs at health facilities. The assessment is limited to the list of HPT tracer items for which its availability and quantity in stock will be captured

The table below outlines the various scenarios.

#	Area	Basic Supervision	Supply Chain Audit	Comprehensive	Rapid Assessment (Emergency Supervision)
1	Facility information, Human resources and capacity for commodity management and review of previous visits action points	Y	Y	Y	Y
2	Action points (to be discussed and filled at the end of the visit)	Y	Y	Y	Y
3	Functionality of key committees and/ or structures	Y	Y	Y	
4	Patient safety & product quality	Y	Y	Y	
5	Storage area assessment	Y	Y	Y	
6	Inventory management	Y	Y	Y	
7	Availability and use of commodity data collection and reporting tools	Y	Y	Y	
8	Verification of commodity data	Y	Y	Y	
9	Guidelines and job aids for commodity management	Y	Y	Y	
10	Supply chain audit	Y	Y	Y	
11	On-the-job training	Y	Y	Y	
12	Inventory management (addendum)		Y	Y	
13	Supply chain audit (addendum): additional items		Y	Y	
14	Tracer list for essential health products			Y	Y
15	Additional health facility background information			Y	

#	Area	Basic Supervision	Supply Chain Audit	Comprehensive	Rapid Assessment (Emergency Supervision)
16	Sources of HPT			Y	
17	HPT structures & systems			Y	
18	Emergency orders (EO)			Y	
19	Expired HPT			Y	
20	Overstocked and short-dated HPT			Y	
21	Health facility assessment summary/ action plan	n/a	n/a	n/a	n/a
22	Storage area assessment (addendum)		Y	Y	

SECTION 2:
SUPPORTIVE SUPERVISION PROCESS

2.1 IMPLEMENTATION

Type	Health Facilities or Issues to Address through this type of SS
Basic Supervision	• The tool in the appendix section contains a tool that would be applied during supportive supervision. This component forms the minimum scope that ought to be undertaken during a supervision. The range of HPTs covered are focused on a limited number of tracer HPTs across the programs (HIV, Malaria, FP, EMMS)
Comprehensive Supervision	• A comprehensive supervision is often undertaken as a baseline or annual basis and is intended to capture an expanded scope of information for health facilities
Supply Chain Audit	• A supply chain audit is undertaken to validate the man agement of HPTs at health facilities across a broader cross section of HPTs. An additional set of tracer HPTs across the programs and EMMS are captured as out lined in the tool
Rapid Assessment	• A rapid assessment is undertaken with the objective of quickly determining the status of HPTs at health facilities. The assessment is limited to the list of HPT tracer items for which its availability and quantity in stock will be captured

2.2. SCOPE

Support supervision and OJT will largely aim at assessing gaps and improving management of health commodities. The focus areas should be:

Human Resources

This section in the tool captures relevant HR data to inform the assessment, on the adequacy of staff for the management of HPTs across the various pertinent departments including Pharmacy, Lab, Nursing and other relevant cadre responsible for HPTs at the facility. The data obtained gives a measure of adherence to appropriate staffing norms for the management of HPTs at health facilities

Infrastructure, equipment and Storage

The aim is to identify infrastructure and equipment constraints such as adequate secure space and cold storage. Although infrastructure constraints may prove more challenging to address, they should nevertheless be identified so as to provide an entry point for the problem to be tackled. Feedback to the county level, partners and other stakeholders may be important to advocate for resource allocation and mobilization to improve status.

Inventory Management Practices

This should be the main focus of the activity. The purpose of the review is to ensure that staff are able to order, store, distribute and issue commodities according to standard operating procedures ensuring proper documentation at every stage and accountability throughout the process. Gaps in inventory management practices should be addressed by OJT and provision of ready-made commodity management tools such as bin-cards, job aids and guidelines.

Information Management Systems

The objective of this review should be to ensure that records and registers used to track health commodities are available and up to date and staffs know how to use them. During the visit the supervisor should assess availability and use of key records needed for inventory management, issuing, dispensing, reporting and requesting re-supply for all commodities.

Stock status and commodity availability

The objective is to ensure inventory control procedures are being followed so that health products are available in quantities that will correctly meet customer needs while avoiding overstocks. When providing OJT, jointly with the facility staff review the stock levels and take action as needed. Reviewing stock status will involve conducting physical inventory, determining months of stock (MOS) available, and comparing available stock to the maximum and minimum stock levels to ensure that stock is roughly between the maximum and the minimum.

Verification of commodity data

The objective of this section is to verify the integrity of records reported for commodity data. For the most recent complete month, the quantities for dispensed/used in the DAR are tallied and captured in the tool under the DAR section, and then for the same month, capture the 'total qty dispensed' in the monthly summary form (MSF) or CDRR and in DHIS2. A comparison is then made of the aggregated quantities in the DAR, the value recorded in the monthly summary form or CDRR and then quantity entered in KHIS2. The data for DHIS2 (dispensed and SOH data), is downloaded prior to the visit.

Supply Chain Audit

The supply chain audit section seeks to validate commodity data from the most recent deliveries from KEMSA or other source, the availability of the delivery notes at the facility, and the respective quantities recorded in the bin card. An audit query may be flagged If, for any reason, the delivery note is not available, and/or the quantities issued were not recorded in the bin card, and thus having no way of confirming whether the commodities were received at the facility or not. The tool further provides a means to follow through on the specific commodity received, quantities issued from the store, as well as records on quantities dispensed at the service delivery point. This makes it possible to measure the level of accountability of the HPTs.

2.3. BEFORE SUPPORTIVE SUPERVISION

The following steps should be undertaken prior to supportive supervision. These steps may be undertaken during the CS TWG meetings, commodity data review meetings, or any other forum constituted by the commodity focal persons (county pharmacist, county medical lab coordinator and others).

1. Review existing data to identify performance gaps at health facilities and establish those HFs will be visited and those that will be supported using other modes (e.g. phone calls). Data to be reviewed includes:
   a. Previous supportive supervision data (both the aggregated summary data and individual checklists
   b. Data in the commodities dashboard derived from DHIS2

2. Determine if the existing budget is able to cover visits to all facilities that have been identified and phone calls for those that require this type of support. If the budget is inadequate, either re-prioritize the HFs to be visited (e.g. by taking the worst 15% instead of the worst 25%) or identify sources of additional funding to cover the shortfall

3. For HFs to be visited, and therefore requiring the scored supportive supervision checklist, obtain data that is required from existing records e.g.:
   a. KEMSA issues data from at least 3 complete calendar months prior to visit date: for the supply chain audit section. E.g. if visits will be conducted in April 2018, obtain the KEMSA issues data to that HF for the month of December 2017 or earlier.
   b. DHIS consumption & SOH data for the month to reviewed – the latest complete reporting period prior to the visits for which DHIS2 data is available. This is usually two months prior to the visit month; e.g. for a visit to be conducted in April, the period to be reviewed should be February as March data is unlikely to be available in DHIS during SS planning and even on the day of the visit

4. Notify facilities of the visit. Agree on the duration of the visit with the supervisee to ensure enough time is allocated for the visit

5. Review any notes or action items from the previous visit

6. Prepare a list of questions or concerns that are most critical and should be addressed during the visit

7. Make copies of the SS checklist and relevant job aids

8. Arrange for transport and allowances for the visit

2.4. DURING SUPPORTIVE SUPERVISION

For site visits, a commodity SS team may comprise 2 to 3 people: the county or sub-county pharmacist and one other S/CHMT member (lab tech, nurse or health records officer). The following is the typical itinerary during the visit:

1. Meet the facility i/c and get the go-ahead to proceed with the activity

2. Meet with the supervisee at the HF, make the necessary introductions & explain the purpose of the visit

3. For efficiency, the team may split up with one administering the checklist to the relevant HF staff and the other(s) attending to the sections requiring observation (storage, inventory records, MIS records etc.)

4. Ensure that all the relevant sections of the checklist are filled out i.e.: Human Resources; Storage & Inventory Management; Resources and Reference Materials; Commodity MIS: availability & use of records; Supply Chain in the Community; Order Fill Rates

5. Ensure all fields in the checklist are filled out e.g. if no stock card, indicate "No", if item not stocked, indicate "N/A"

6. Conduct OJT as necessary during the assessment e.g. on filling out inventory records, LMIS forms etc.

7. After filling out the checklist, arrange for a debriefing meeting with the facility i/c and other relevant HF staff to:
   a. Review action points from the previous SS visit if applicable
   b. Provide a summary of the main findings from the current visit
   c. Jointly with the HF staff identify and document on the checklist 3 – 5 action points, timelines and responsible persons to address the gaps observed

8. If using a hard copy checklist, have the HF staff and the SS team sign the checklist and make copies for the HF staff and the SS team (e.g. Sub-County pharmacists)

2.5. AFTER SUPPORTIVE SUPERVISION

For hard copy checklists
- Fill in the electronic version of the checklist (Excel or Mobile device based)
- Review for completeness and accuracy
- Submit through the prescribed channels for aggregation and archiving

Aggregation and analysis of the SS data should be done for the various section to identify scores for each health facility in each section and the aggregate score. This process is automated in the Excel file.

The sub-county and county scores can also be derived by aggregating scores for each health facility. This however requires pooling of the data from individual health facilities in an external database. When this is done, the following outputs can be derived from the SS data:
- Cross sectional analyses including list of HFs and/or SCs ranked by average overall score as well as scores for each area

- Longitudinal analysis of performance over time in the various areas for individual HFs, sub-counties and counties

The worst performing HFs should be noted and prioritized for the subsequent round of visits in accordance with the agreed upon criteria.
Summary findings from SS should be presented and discussed during the CS TWG meetings as well as other forums as appropriate within the (sub-)county. Follow up actions by the S/CHMT members may be assigned as necessary.

2.6. RECOGNITION PLAN

The recognition plan is designed to ensure the team is well-motivated and to direct their individual energies in a manner that sufficiently aligns their actions with the team goal. The following activities have been identified as possible ways to recognize good performance from supportive supervision:

Table 3 | Recognition of performance after supportive supervision

No Cost	Low Cost
• Verbal appreciation during meetings	• Certificates
• Appreciation letters	• Rotating trophy
• Standing ovation	• Low-cost gifts – pens, caps, cups, notebooks
• Appearance on notice boards/employee of the month	• Meeting refreshments
• Positive feedback for supervisors/co-workers	• Sponsorship to conferences, short courses
• Nomination to lead tasks/appointments to key committees	• Inclusion to author publications on success stories
	• Appreciation text messages

SECTION 3:
ON-THE-JOB TRAINING

3.1 BACKGROUND

The objective of this document is to provide a guide to County Health teams, service delivery implementing partners, and other stakeholders on the approach to and implementation of OJT and support supervision at health facility. It is important that a uniform and systematic approach is adopted in the implementation of this activity so as to ensure that the required benefits and results are achieved. The required tools including checklists will be provided separately as packages to be used during the actual visits.

3.2 INTRODUCTION

This activity aims at supporting facilities/ facility level staff to identify gaps or challenges in commodity management, determine the root causes of the problems and work jointly with the county level supervisors to address them. As such it incorporates elements of both support supervision and hands on OJT to address skills gaps in commodity management at facility level. It should be noted that Support Supervision in a health system provides an environment where supervisors and staff work together to establish goals, monitor performance, identify and correct problems and pro-actively improve quality services.

Definition of OJT

OJT is an alternative to classroom training where the supervisee learns on the job, while doing the job. OJT also allows for much more interaction and real work together as well as a less formal atmosphere. OJT should be an integral part of supportive supervision to ensure that supervisees are well trained and knowledgeable.

3.3 HEALTH COMMODITY OJT VISIT ACTIVITIES

At each visit to a facility, the Trainers of Trainers (ToT)/ supervisor, commodity management champions and/or service delivery implementing partners should conduct the following three minimum activities

1. Assessment using the checklist

The purpose of conducting the assessment is to identify strengths and gaps in focus areas of health commodity management. This then will help in focus the subsequent support activities including OJT/ Coaching

2. On-site discussion with staff

The purpose of this is to identify solutions to gaps identified in the assessment and to evaluate performance. The supervisor/ToT should work together the staff members to address some of the gaps identified if possible such as provide Job aids, provide stock cards etc. At the same time develop action plans with clear follow-up items and timelines with specific staffs.

3. On-the-Job Training

This is a critical component of the activity and is meant to allow staff to practice and get immediate feedback. This session should be a practicum as the staff can build and acquire the required skills from the champions/ToTs as they address the gaps practically. Demonstrate how LMIS tools are filled, sample arranging the items in FEFO etc.

3.4 APPROACH AND IMPLEMENTATION

The county Health Management Teams (CHMTs) should take leadership and ownership of the process. Partners may provide support on logistics.

Counties role;

- Select the facilities to be coached
- Select the staff who will perform the SS/OJT/Coaching
- Define deliverables
- Ensure feedback and work towards scheduled revisit plan
- Ensure the activity is part of their AOP to facilitate funding and sustainability.

Partner support may include;

- Provide training materials (OJT Package and the guidelines)
- May provide logistical support
- Provide TA as required ensuring that the activity is conducted to the required standards

3.5. PLANNING FOR OJT

The activity will be driven by the county health management teams. The teams to carry out the Coaching/OJT should meet prior to the activity to agree and discuss the following;

1. Selection of facilities

During this initial pilot, one sub-county should be selected with about 10 facilities per each of the sub-county identified for the activity. Ideally there should be a mix of facilities from all levels of care. Ideal facilities should be those one that offer services covering most of the programmatic areas include Laboratory services. Focus on HFs that have been noted to have major gaps in commodity management during either from the recent support visits or review of available data.

2. Selection of Supervisors/ToTs or Champions

This should be spearheaded by the CHMT or commodity TWG. It is recommended that each county teams performing the activity should comprise of commodity focal persons as champions/ ToTs. During the actual facility visits, each will focus in their respective areas.

3. Scheduling of visits

These visits should be planned well in advance and facilities and staffs should be informed of the visits ahead of time. This is to be communicated to facilities officially by the CHMT teams. The teams should allocate sufficient time per facility to ensure they cover as many areas within each of the selected facilities. Please refer to the OJT/SS packages and the accompanying documentation or materials.

4. Co-ordination and logistics for the visits

Please ensure that itineraries have been agreed upon. Based on this arrangement for transport or reimbursement of transport should be arranged. Other items requiring funding such as lunch allowance should be factored into the budget and in good time for planning purposes. The supervisors should be very clear about the expected deliverables to ensure desired outcomes are achieved.

3.6. DELIVERABLES

- List of the sites visited
- SS/ OJT feedback report including action plans
- Cleary filled and scored checklist
- Technical SS/ OJT report
- Number and type of Job Aids disseminated.

3.7. FEEDBACK AND MONITORING OF FACILITY PERFORMANCE

Feedback is critical, and the teams should work out modalities for ensuring timely feedback to both facilities and the CHMT on the activity. This will help promote and build their ownership for the activities including tracking progress and follow-up. It should be noted that it is important to track the performance of selected facilities over time. This then will enable supervisors/ToTs to identify poor performing facilities and implement specific strategies. Facilities have good commodity practices can be used as model sites or mentorship sites to share skills and lessons learnt with sites. Follow up visits stipulating timelines should be part of the next steps for the mentorship/OJT team.

Required

The respective CHMTs and teams should be engaged to plan for the activity in good time and this include the Sub-counties where the target facilities are situated. The following details are critical before carrying out the activity that should be shared among the teams;

1. Name of selected sub-county
2. Names of the selected facilities
3. Names of Supervisors/ ToT/Champions
4. Scheduled dates including the itineraries of the visit in each of the facilities
5. Concept budgets

The technical or team lead will then compile a master planner which will then act as a reference and reporting guideline for this activity.

LIST OF CONTRIBUTORS AND REVIEWERS

#	Name	Organization
1.	Josphat Mbuva	DHPT
2.	Stephen Njuguna	DHPT
3.	John Kabuchi	DHPT
4.	Mary Njeri	DHPT
5.	Richard Gatukui	DHPT
6.	Martha Keturah	DHPT
7.	Jonah Maina	DHPT
8.	James Riungu	Afya Ugavi
9.	Joseph Warero	Afya Ugavi
10.	Lilian Gitau	Afya Ugavi
11.	Joseph Mwangi	Afya Ugavi
12.	Victor Sumbi	Afya Ugavi
13.	Samuel Mwaura	KEMSA
14.	Samuel Wataku	KEMSA
15.	Welby Chimwani	Malaria Program
16.	Wesley Oghera	HIS
17.	Claver Kimathi	Isiolo County
18.	Beatrice Mugure	Nyandarua County
19.	David Mang'ong'o	Hecta
20.	Eunice Shankil	NVIP
21.	Maureen Nafula	World Bank
22.	Leonora Okubasu	Hecta
23.	Elizabeth Makali	Hecta
24.	Aggrey Orwenyo	Hecta
25.	Joseph Mukoko	MTaPS
26.	Eric Wakaria	ASCM

ANNEXES

Annex 1: Sample Scored Supportive Supervision Checklist

Purpose: To plan an OJT session for topics other than those specifically covered by other job aids

When to perform: Prior to and during the supervision visit

Materials needed: Copy of the SOPs manual, if applicable. Any materials related to the knowledge or skills to be developed during the OJT session

Follow these steps to prepare for an OJT session:

Step Action Notes

1. Identify the learning objective(s) for the OJT session. Learning objectives should focus on something the supervisee should know or be able to do in order to adequately perform his or her job. The learning objective should focus on what the person will be able to do to demonstrate that the knowledge or skill has been acquired.

Sample objectives are:

Knowledge-based objectives:
At the end of the OJT session, the supervisee will be able to:
- *Describe* (the process for…)
- *Identify* (the steps to …)

Skills-based objectives:
At the end of the OJT session, the supervisee will be able to:
- *Complete* (the form for…)
- *Calculate* (the re-supply quantity for …)

2. Identify how the learning objective will be achieved. Describe how the learning will take place. Select one or more learning activities based on the information/ skill that will be learned. Options include:
   - The supervisor provides information verbally to the supervisee.
   - Supervisor & supervisee review together the information in the SOPs manual.
   - The supervisor demonstrates the task for the supervisee.
   - The supervisee reviews, for example, a section in the SOP manual on his/her own.

3. Identify how the supervisee will demonstrate achievement of the learning objective.
   - For knowledge-based objectives, verification can involve having the supervisee describe, identify, or otherwise tell you the information covered by the objective.
   - For skills-based objectives, verification should involve having the supervisee perform the task covered by the learning objective.

4. Be ready to provide an opportunity for the supervisee to ask questions related to the information or skill covered during the learning activity. Ensure that the supervisee fully understands the material that was covered. Answer any questions or have the supervisee repeat the task that was covered during the learning activity.

Annex 2: Sample Scored Supportive Supervision Checklist

The collection of data from supportive supervision exercise is to be based on a mobile device-based data collection tool built off the ODK platform. The support supervision application is designed to run on ODK collect application downloadable from google play store. The ODK collect will help in displaying and managing the user forms that are accessed from a specified server that is configured into the application. This requires the user to have relevant server credentials. ODK Collect is a replacement for paper forms with support for geo-locations, images, audio clips, video clips and barcodes, as well as numerical and textual answers. ODK Collect can evaluate complex logic to control the display prompts and to impose constraints on their responses; it also supports groups of repetitive questions.

ODK Collect is designed to work offline from a cellular network / Wi-Fi during the data collection effort. Once back in the network coverage, the completed forms can be copied out of the device or sent to a server (you control) for analysis. The forms for entry are located on ODK Aggregate, a free server platform from which the application through ODK Collect, can download the form definitions, and receive completed forms. For more information on ODK go to https://getodk.org.

The ODK based electronic supportive supervision tool follows a modular based approach which facilitates concurrent data capture of the different sub-sections at the same to reduce the time spent at a facility. For instance, if there are many persons involved in the supervision activity, all individuals will be required to download and install the ODK in their smartphones prior to arrival at the facility to mitigate network connectivity issues.

The team will nominate one person who will be responsible to fill the "Facility information – Facility staff, supportive supervision team, and action points from previous visit form" while all other team members are present. This form constitutes the base variables which will be used to integrate all other forms at the ODK server level using queries. After completion of this form – the team will disperse and fill the different sub sections. We recommend that the data collectors review what they have captured in the system before submission to ascertain if all variables are correctly filled based on the information provided by the service providers.

The mobile application provides interfaces for the capture of data from the supportive supervision checklist

A total of 22 forms have been designed to facilitate data capture as listed below: -

1. Facility information, Human resources and capacity for commodity management and review of previous visits action points
2. Action points (to be discussed and filled at the end of the visit)
3. Functionality of key committees and/ or structures
4. Patient safety & product quality
5. Storage area assessment
6. Inventory management
7. Availability and use of commodity data collection and reporting tools

8. Verification of commodity data
9. Guidelines and job aids for commodity management
10. Supply chain audit
11. On-the-job training
12. Inventory management (addendum)
13. Supply chain audit (addendum): additional items
14. Tracer list for essential health products
15. Additional health facility background information
16. Sources of HPT
17. HPT structures & systems
18. Emergency orders (EO)
19. Expired HPT
20. Overstocked and short-dated HPT
21. Health facility assessment summary/action plan
22. Storage area assessment (addendum)

The forms are to be filled in a flexible manner depending on the type of supervision being undertaken. The mobile application provides interfaces for use applicable to the following use cases

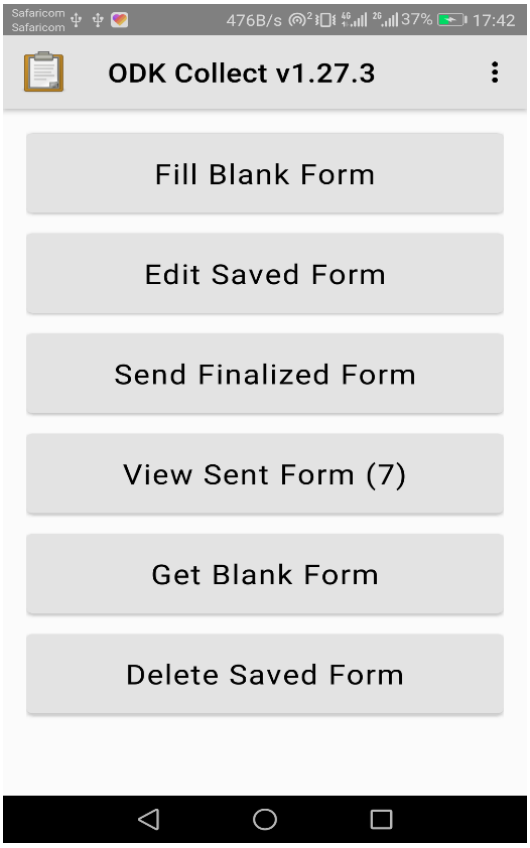
- Basic Supervision
- Supply Chain Audit
- Comprehensive supervision
- Rapid Assessment (Emergency supervision)

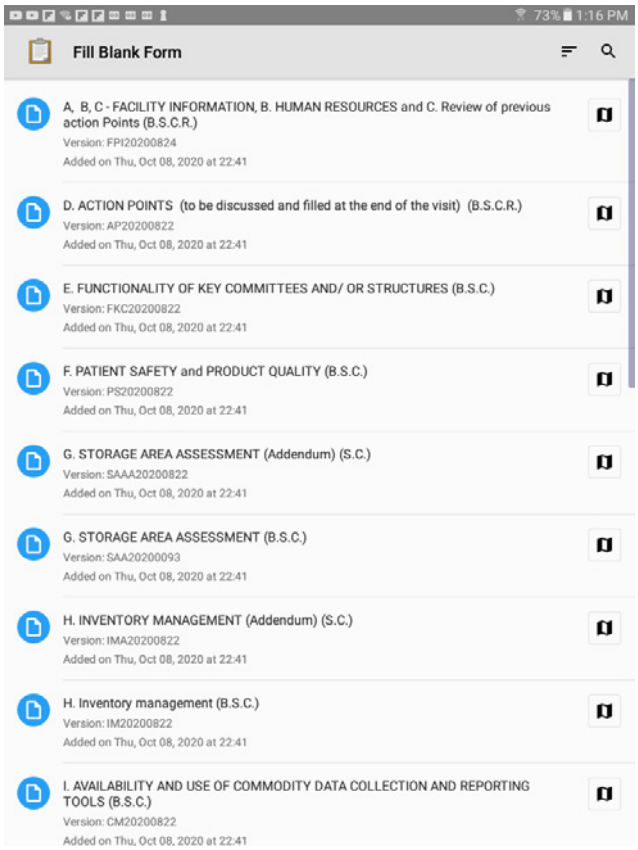
The basic requirement for data collection from the supportive supervision are the following

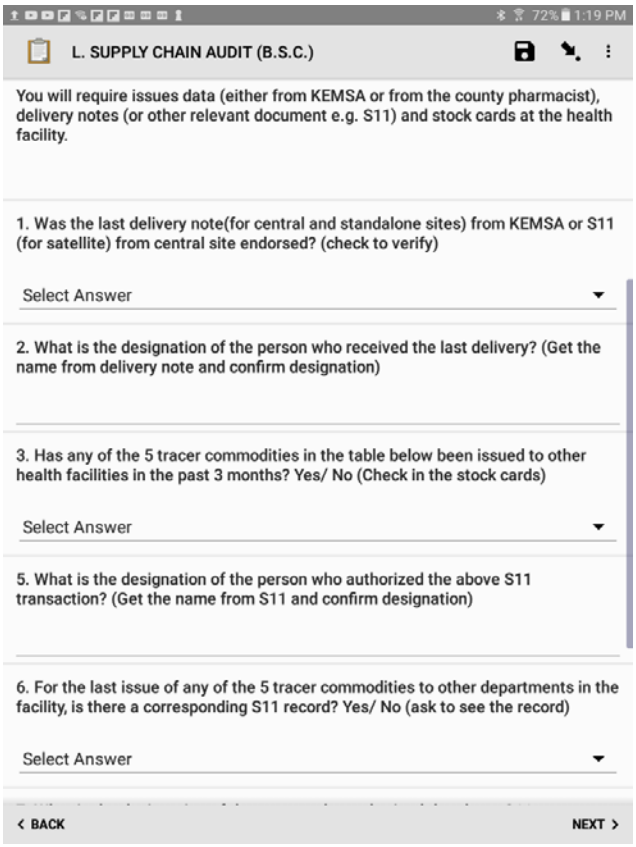
- Android phone/tablet
- Internet connectivity for downloading the ODK collect app and data submission/ uploading
- Download and configuration of the ODK application, and specification of server settings
- Download of the mobile supportive supervision tool forms for data entry
- Data capture and form submission

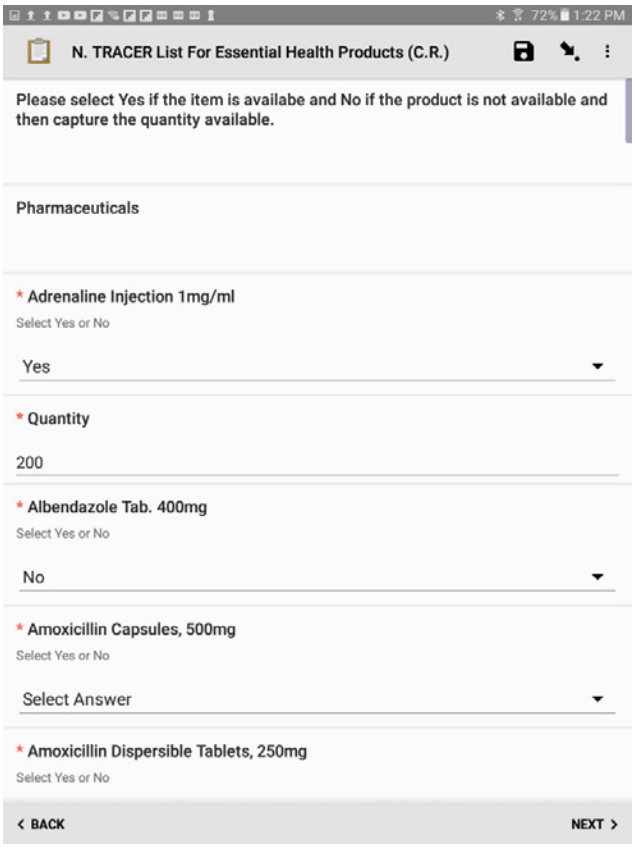
Once the data is captured and uploaded to the server, the summary data is visualized through a DHIS2 reporting interface and additional analysis outputs from PowerBI.

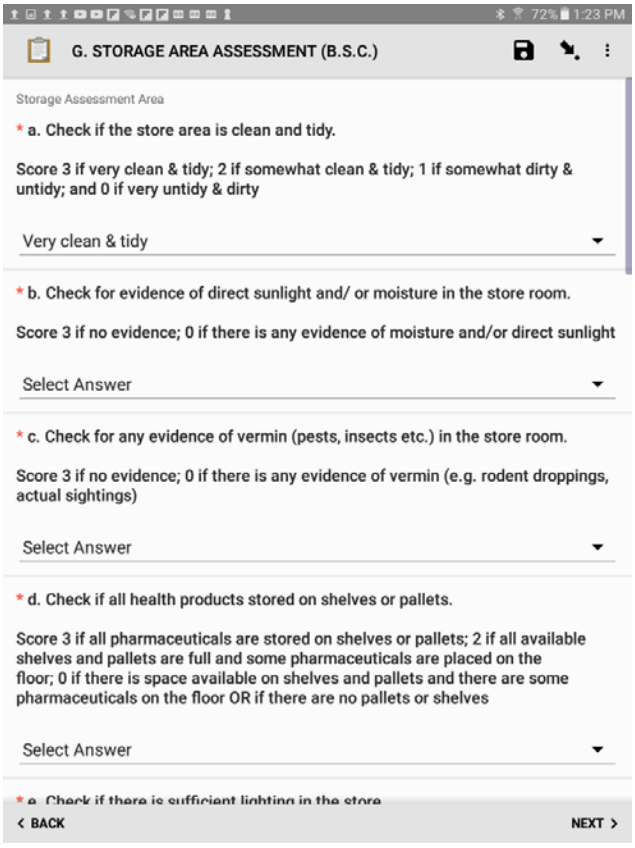
Below are sample interfaces from the ODK collect app

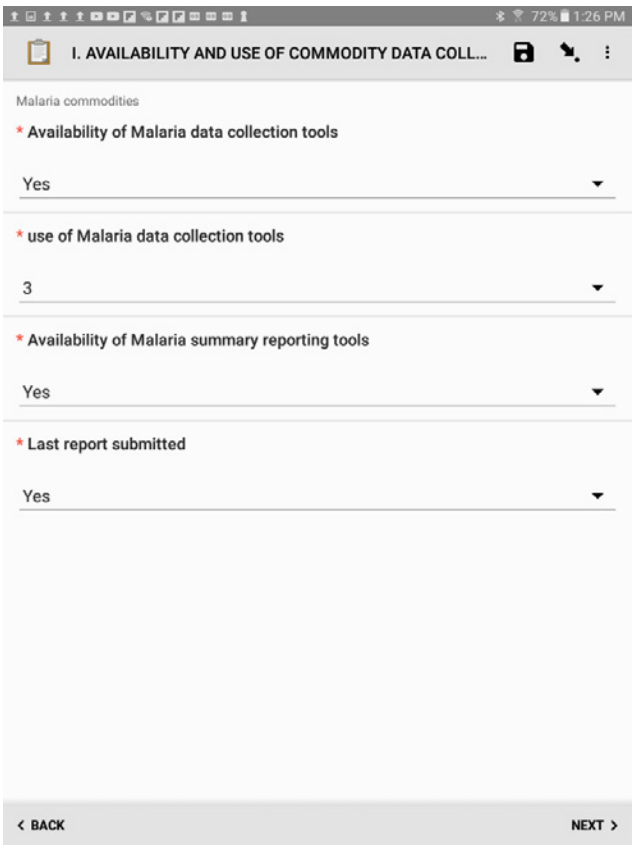

Safaricom
Safaricom
476B/s
37%
17:42
ODK Collect v1.27.3
Fill Blank Form
Edit Saved Form
Send Finalized Form
View Sent Form (7)
Get Blank Form
Delete Saved Form

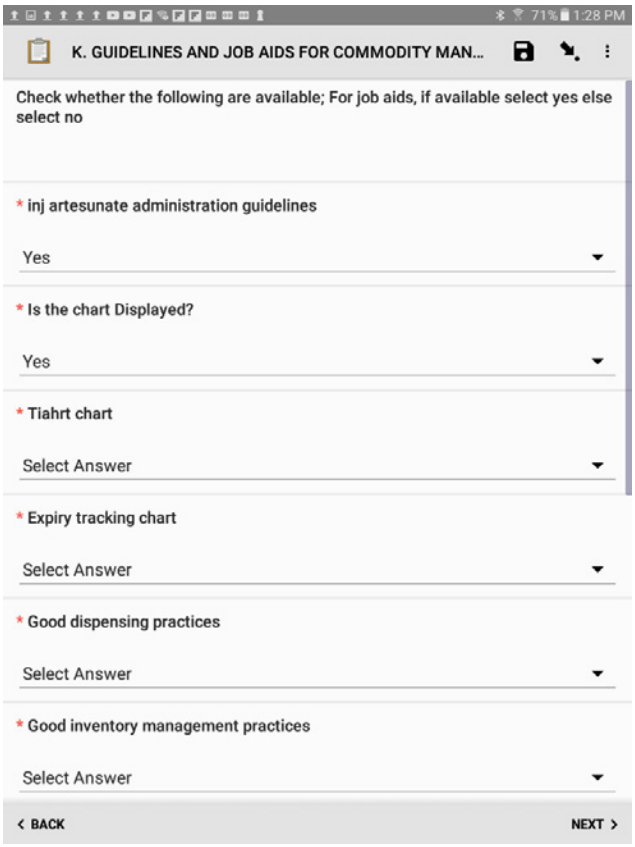

73%
1:16 PM
Fill Blank Form
A, B, C - FACILITY INFORMATION, B. HUMAN RESOURCES and C. Review of previous action Points (B.S.C.R.)
Version: FPI20200824
Added on Thu, Oct 08, 2020 at 22:41
D. ACTION POINTS (to be discussed and filled at the end of the visit) (B.S.C.R.)
Version: AP20200822
Added on Thu, Oct 08, 2020 at 22:41
E. FUNCTIONALITY OF KEY COMMITTEES AND/ OR STRUCTURES (B.S.C.)
Version: FKC20200822
Added on Thu, Oct 08, 2020 at 22:41
F. PATIENT SAFETY and PRODUCT QUALITY (B.S.C.)
Version: PS20200822
Added on Thu, Oct 08, 2020 at 22:41
G. STORAGE AREA ASSESSMENT (Addendum) (S.C.)
Version: SAAA20200822
Added on Thu, Oct 08, 2020 at 22:41
G. STORAGE AREA ASSESSMENT (B.S.C.)
Version: SAA20200093
Added on Thu, Oct 08, 2020 at 22:41
H. INVENTORY MANAGEMENT (Addendum) (S.C.)
Version: IMA20200822
Added on Thu, Oct 08, 2020 at 22:41
H. Inventory management (B.S.C.)
Version: IM20200822
Added on Thu, Oct 08, 2020 at 22:41
I. AVAILABILITY AND USE OF COMMODITY DATA COLLECTION AND REPORTING TOOLS (B.S.C.)
Version: CM20200822
Added on Thu, Oct 08, 2020 at 22:41


72%
1:19 PM
L. SUPPLY CHAIN AUDIT (B.S.C.)
You will require issues data (either from KEMSA or from the county pharmacist), delivery notes (or other relevant document e.g. S11) and stock cards at the health facility.
1. Was the last delivery note(for central and standalone sites) from KEMSA or S11 (for satellite) from central site endorsed? (check to verify)
Select Answer
2. What is the designation of the person who received the last delivery? (Get the name from delivery note and confirm designation)
3. Has any of the 5 tracer commodities in the table below been issued to other health facilities in the past 3 months? Yes/ No (Check in the stock cards)
Select Answer
5. What is the designation of the person who authorized the above S11 transaction? (Get the name from S11 and confirm designation)
6. For the last issue of any of the 5 tracer commodities to other departments in the facility, is there a corresponding S11 record? Yes/ No (ask to see the record)
Select Answer
< BACK
NEXT >


72% 1:22 PM
N. TRACER List For Essential Health Products (C.R.)
Please select Yes if the item is availabe and No if the product is not available and then capture the quantity available.
Pharmaceuticals
* Adrenaline Injection 1mg/ml
Select Yes or No
Yes
* Quantity
200
* Albendazole Tab. 400mg
Select Yes or No
No
* Amoxicillin Capsules, 500mg
Select Yes or No
Select Answer
* Amoxicillin Dispersible Tablets, 250mg
Select Yes or No
BACK
NEXT


72% 1:23 PM
G. STORAGE AREA ASSESSMENT (B.S.C.)
Storage Assessment Area
* a. Check if the store area is clean and tidy.
Score 3 if very clean & tidy; 2 if somewhat clean & tidy; 1 if somewhat dirty & untidy; and 0 if very untidy & dirty
Very clean & tidy
* b. Check for evidence of direct sunlight and/ or moisture in the store room.
Score 3 if no evidence; 0 if there is any evidence of moisture and/or direct sunlight
Select Answer
* c. Check for any evidence of vermin (pests, insects etc.) in the store room.
Score 3 if no evidence; 0 if there is any evidence of vermin (e.g. rodent droppings, actual sightings)
Select Answer
* d. Check if all health products stored on shelves or pallets.
Score 3 if all pharmaceuticals are stored on shelves or pallets; 2 if all available shelves and pallets are full and some pharmaceuticals are placed on the floor; 0 if there is space available on shelves and pallets and there are some pharmaceuticals on the floor OR if there are no pallets or shelves
Select Answer
BACK
NEXT


72% 1:26 PM
I. AVAILABILITY AND USE OF COMMODITY DATA COLL...
Malaria commodities
* Availability of Malaria data collection tools
Yes
* use of Malaria data collection tools
3
* Availability of Malaria summary reporting tools
Yes
* Last report submitted
Yes
BACK
NEXT


71% 1:28 PM
K. GUIDELINES AND JOB AIDS FOR COMMODITY MAN...
Check whether the following are available; For job aids, if available select yes else select no
* inj artesunate administration guidelines
Yes
* Is the chart Displayed?
Yes
* Tiahrt chart
Select Answer
* Expiry tracking chart
Select Answer
* Good dispensing practices
Select Answer
* Good inventory management practices
Select Answer
BACK
NEXT

Annex 3: Supportive Supervision Data Collection Tool

v.1.3 (Mar 2020)

INTEGRATED SUPPORTIVE SUPERVISION & SUPPLY CHAIN AUDIT TOOL

A. FACILITY INFORMATION *(items in red font must be filled in order to view the summary scores)*

Facility Name:		Sub-County:	
County:		Facility level:	
Facility MFL Code:		GPS coordinates:	
Ownership:		*SSV team incld'd partner?*	
Date of visit:		*Name of partner org:*	

Facility Staff	Name	E-mail Address	Phone No.
Facility in charge			
Pharmacy contact person:			
Laboratory contact person:			
Commodity nurse:			
Nutrition contact person:			

SUPPORTIVE SUPERVISION/ AUDIT TEAM

	Name	Affiliation *(MOH, AU etc)*	Designation *(CMCC, CP etc)*	Phone No.
1.				
2.				
3.				
4.				

B. HUMAN RESOURCES AND CAPACITY FOR COMMODITY MANAGEMENT

Staff situation as at the end of the month preceding the supportive supervision visit. Fill separately for pharmacy, laboratory and nutrition

Cadre	Number employed by:			Total	*No. with basic commodity management training*
	County	*Partners*	*Hospital board*		
Pharmacists					
Pharmaceutical Technologists					
Commodity Nurse					
Other:					
Total Pharmacy					
Lab technologists					
Lab technicians					
Other:					
Total Laboratory					
Nutrition Officer					
Other:					
Total Nutrition					

v.1.3 (Mar 2020)

C. REVIEW OF PREVIOUS VISITS ACTION POINTS

1. When did this health facility receive the last commodity supportive supervision visit? *Check in the visitors' book or any other source*
2. Review the action points agreed upon at the last commodity supportive supervision visit and indicate the status below. For '*Status* ' indicate '*done*' *or* '*not done*'

	Previous action point	Responsible	Date Due	Status
i.				
ii.				
iii.				
iv.				
v.				

3. Establish from facility staff the reason(s) for not completing the action points agreed upon at the previous visit

D. ACTION POINTS *(To be discussed and filled at the end of the visit)*

	SMART Action Point	Responsible Staff	By when?
i.			
ii.			
iii.			
iv.			
v.			

E. FUNCTIONALITY OF KEY COMMITTEES AND/ OR STRUCTURES

1. Does the facility have a *functioning* Medicines & Therapeutics Committee? *NA for non-hospitals*
2. *If yes,* how many meetings has the MTC had in the last 12 months? *(confirm with minutes)*
3. Does the facility have Continuing Medical Education (CME) system/ structure?
4. *If yes,* how often are the CMEs done?
5. Does the facility have a functional Quality Improvement Team (QIT)?
6. *If yes,* how many meetings has the QIT had in the last 12 months? *(confirm with minutes)*
7. Does the facility have a functional departmental Work Improvement Team (WIT)?

F. PATIENT SAFETY & PRODUCT QUALITY

1. Are there ADR reporting forms in the clinical areas (OPD, CCC etc.)?
2. Are there poor quality medicines reporting forms in the pharmacy?
3. In the last 6 months, have you come across any products with *suspected quality problems* ?

		Category	*Generic Name*
4.	*if yes,* list the category *(ARV, anti-malarial, anti-TB, FP, diagnostic, other)* and the generic name of the product		

v.1.3 (Mar 2020)

G. STORAGE AREA ASSESSMENT

Visually inspect the storage area and all the records and registers. Use the guide below each parameter to assign a score. Assess any additional storage areas for health products using the assessment checklist for additional storage areas

	Parameter	Score
a	Check if the store area is clean and tidy. *Score 3 if very clean & tidy; 2 if somewhat clean & tidy; 1 if somewhat dirty & untidy; and 0 if very untidy & dirty*	
b	Check for evidence of direct sunlight and/ or moisture in the store room. *Score 3 if no evidence; 0 if there is any evidence of moisture and/or direct sunlight*	
c	Check for any evidence of vermin (pests, insects etc.) in the store room. *Score 3 if no evidence; 0 if there is any evidence of vermin (e.g. rodent droppings, actual sightings)*	
d	Check if all health products stored on shelves or pallets. *Score 3 if all pharmaceuticals are stored on shelves or pallets; 2 if all available shelves and pallets are full and some pharmaceuticals are placed on the floor; 0 if there is space available on shelves and pallets and there are some pharmaceuticals on the floor OR if there are no pallets or shelves*	
e	Check if there is sufficient lighting in the store. *Score 3 if there is sufficient natural or artificial lighting in working order covering all areas in the pharmacy store; 0 if the light is not adequate to enable reading of the stock cards and medicine package labels*	
f	Check if there is a functioning thermometer to monitor the temperature of the main store. *Score 3 if thermometer present & functional; 0 if there's no thermometer*	
g	Check if the store temperature chart is filled out until the previous working day. *Score 3 if the chart is filled out until the previous working day; 0 if the chart has not been filled out until the previous working day or if no chart available*	
h	Check if there is a functioning thermometer to monitor the temperature of medicines fridge. *Score 3 if thermometer present & functional; 0 if there's no thermometer*	
i	Check if the fridge temperature chart is filled out until the previous working day. *Score 3 if the chart is filled out until the previous working day; 0 if the chart has not been filled out until the previous working day or if no chart available*	
j	Check if health products are arranged with arrows pointing up; identification labels, expiry dates, and manufacturing dates clearly visible; and in accordance to FEFO (i.e. earliest expiry at the front) *Score 3 if all the conditions are met; 0 if any of the conditions not met*	
k	Check if there are any insecticides or hazardous materials in the health products storage area *Score 3 if none of the above present; 0 if any of the above present*	
l	Check if the store is secured with a lock and key and has burglar proofing *Score 3 if all the above conditions are met; 2 if secured with lock and key but no burglar proofing; else 0*	
m	Check whether expired and/or unusable items are kept separate from other stock *Score 3 if these are stored separately from other items, 0 if they're not*	
n	Check whether all the expired health products in the store are recorded in the FO58 register (or other suitable register with all the data required - name of item, qty expired, value, reason for expiry etc.). *Score 3 if all expiries are recorded in the FO58 register and their value computed OR there are no expired items and the register is available; 2 if all expiries are entered in the register but value not computed OR there are no expired items and there is no register; 0 if there are expired items and these are not entered in the register*	
o	Check for a functional fire extinguisher and/or sand bucket placed near the entrance *Score 3 if either of the two is available and near entrance; 2 if either is available but not near entrance; 0 if neither is available*	

	Score for storage of health products	*Score for Main Store*	*Score for Other Stores*	*Denominator Main Store*	*Denominator Other Stores*	%

H. INVENTORY MANAGEMENT

Use stock cards in the store to fill out this section; For ***(B)*** *and* ***(C)*** *check the* ***most recent 3 complete months*** *in the stock card; for* ***(E)*** *calculate the average monthly consumption (* ***AMC****) using the* ***most recent 6 months issues data***

NOTE: *Fill out all the relevant input cells.*

Group	*Item Description*	*(A) Stock Card Available? Yes/ No*	*(B) No. of stock counts done*	*(C) No. of days out of stock*	*(D) Stock card balance*	*(E) AMC from stock card issues*	*(F) Expiries in the last 6 months? Yes/ No*	*(G) Actual physical stock on visit day*	*Current MOS*
For items not normally stocked, enter "NA" under the third column. Failure to enter "NA" will result in lower scores									
Malaria	AL 6s								
	artesunate inj								
	malaria RDTs								
	LLINs								
FP/ RMNCAH	DMPA inj								
	1 rod implant								
	oxytocin inj								
	ORS-Zinc co-pack								
HIV	TDF/3TC/EFV 300mg/300mg/400mg								
	ABC/3TC paed								
	TDF/3TC/DTG 300mg/300mg/50mg								
	HIV screening test								
EMMS	paracetamol 500mg tab								
	amoxicillin 250mg DT								
	adrenaline inj								
	latex gloves								
Other	MMR vaccine								
Score for inventory management			*Numerator:*	*0*	*Denominator:*	*255*	*% score:*	*0%*	

v.1.3 (Mar 2020)

I. AVAILABILITY AND USE OF COMMODITY DATA COLLECTION AND REPORTING TOOLS

Score for use of commodity data collection tools (DAR, electronic dispensing tools): Score 3 if tools in use till previous working day and all opening & closing balances updated; 2 if tools in use till previous working day but opening & closing balances not updated; 0 if tools not in use

Product Category	Names of Tools		Data Collection Tools		Summary Report'g Tools		
	Data Collection	Reporting	Available?	Use (see above)	Available?	Last report submitted?	
Malaria commodities	Malaria Commodities DAR	Malaria Monthly Summary Report					
FP commodities	FP DAR	FP CDRR					
ARV medicines	DAR; Electronic Dispensing Tool	F-CDRR; MAPS					
HIV screening test	DAR	F-CDRR					
Essential medicines							
Medical supplies							
Score for commodity tools	Numerator:	0	Denominator:	72	% score:	0%	

J. VERIFICATION OF COMMODITY DATA

- For the most recent complete month, tally the quantities dispensed/used in the DAR & enter the total in the 'DAR' column below; for the same month, check the 'total qty dispensed' in the monthly summary form (MSF) or CDRR and in DHIS2 and enter in the corresponding columns below; for DHIS2 dispensed and SOH data, download this from DHIS2 prior to the visit

- If item is not stocked at the facility, indicate "No" in the first data entry column

Period (month & year) for which records were assessed: Malaria: HIV: FP:

Group	Item Description	Stocked at this facility?	Qty dispensed (or used for test kits)			Physical Count (from CDRR/ MSF & DHIS2)		Variance: Cons & SOH		
			DAR	MSF/ CDRR	DHIS2	MSF/ CDRR	DHIS2	DAR vs MSF	MSF vs DHIS2	MSF vs. DHIS2
Malaria	AL 6s									
	AL 12s									
	AL 18s									
	AL 24s									
	SP tabs									
	Artesunate inj									
	Malaria RDTs									
HIV	TDF/3TC/EFV 300mg/300mg/400mg									
	ABC/3TC 120/60mg 30s									
	HIV screening test									
	TDF/3TC/DTG 300mg/300mg/50mg									
FP	DMPA									
	1 rod implant									
	2 rod implant									

	COC									
	IUCD									
Score for commodity data		*Numerator:*	*0*	*Denominator:*	*0*	*% score:*				

K. GUIDELINES AND JOB AIDS FOR COMMODITY MANAGEMENT

Check whether the following are available; For job aids, if available, check if displayed on the wall (or other suitable place) for easy reference

Document	*Available?*	*Displayed?*
inj artesunate administration guidelines		
Tiahrt chart		
Expiry tracking chart		
Good dispensing practices		
Good inventory management practices		
Good record keeping practices		
Good storage practices		

Document	*Available?*
Kenya Malaria Treatment Guidelines *(Latest version)*	
National FP Guidelines *(Latest version)*	
Guideline on Use of ARVs for Treating & Preventing HIV Infection in Kenya *(latest version)*	

Score for guidelines & job aids	*Numerator:*	*0*	*Denominator:*	*51*	*% score:*	*0%*

L. SUPPLY CHAIN AUDIT

You will require issues data (either from KEMSA or from the county pharmacist), delivery notes (or other relevant document e.g. S11) and stock cards at the health facility.

1	Was the last delivery note(for central and standalone sites) from KEMSA or S11 (for satellite) from central site endorsed? *(check to verify)*	
2	What is the designation of the person who received the last delivery? *(Get the name from delivery note and confirm designation)*	
3	Has any of the 5 tracer commodities in the table below been issued to other health facilities in the past 3 months? Yes/ No *(Check in the stock cards)*	
4	*If Yes above,* is there a corresponding S11 record for each transaction? Yes/ No *(ask to see the S11 duplicate record)*	
5	What is the designation of the person who authorized the above S11 transaction? *(Get the name from S11 and confirm designation)*	
6	For the last issue of any of the 5 tracer commodities to other departments in the facility, is there a corresponding S11 record? Yes/ No *(ask to see the record)*	
7	What is the designation of the person who authorized the above S11 transaction? *(Get the name from S11 and confirm designation)*	

v.1.3 (Mar 2020)

Obtain the information required for the sections below from ***KEMSA Issues Report*** *(from the county pharmacist),* ***delivery notes*** *at the health facility and* ***stock cards***

8. Enter information for the **most recent deliveries** from KEMSA or other source *(including the date of delivery for each in the row below)*

HIV: AL 24s: EMMS: FP:

Description	*Unit of issue*	*Qty ordered*	*Qty issued by KEMSA*	*Item received? Yes/No*	*Delivery note available?*	*Qty on delivery note*	*Qty entered in bin card*	KEMSA vs. d-note	D-note vs. bin card
AL 24s	*24s*								
DMPA inj	*vial*								
TDF/3TC/DTG adult	*30 tabs*								
Amoxicillin 250mg DT									
HIV screening test	*test*								

9. For the commodities above, complete the section below using information from the stock cards. NB: 'Total qty issued as per stock card' includes all stock issued to user depts as well as to other health facilities (i.e. negative adjustments).

Description	*Unit of issue*	*Qty on hand before most recent delivery*	*Qty received from delivery*	*Total SOH after most recent delivery*	*Total qty issued as per stock card*	*+ve adj (indicate source below)*	*Actual physical count on day of visit*	*Actual SOH = Expected?*	*Score*
AL 24s	*24s*								
DMPA inj	*vial*								
TDF/3TC/DTG 300mg/300mg/50mg	*30 tabs*								
Amoxicillin 250mg DT									
HIV screening test	*test*								

10. For the commodities above, complete the section below using information from the ***daily activity registers (DAR) -*** *either hardcopy/ manual or electronic. For* ***negative adjustments*** *(i.e. issues to other HFs) please confirm that the recipient HFs received these commodities either by visiting them or calling them up & asking them to confirm the date & quantities received.*

Description	*Unit of issue*	*Qty on hand in disp area before most recent delivery*	*Total qty issued to disp area since most recent delivery*	*Total qty dispensed in the DAR since most recent delivery*	*Total qty issued out to other HFs since most recent delivery*	*-ve adj confirmed received by other HFs*	*Actual physical count in disp area on day of visit*	*Issues to disp area acc'd for?*	*-ve adj acc'd for?*	*Score*
AL 24s	*24s*									
DMPA inj	*vial*									
TDF/3TC/DTG 300mg/300mg/50mg	*30 tabs*									
Amoxicillin 250mg DT										
HIV screening test	*test*									

11. Indicate below the source of any positive adjustments in the table above

Score for supply chain audit	*Numerator:*	*0*	*Denominator:*	*0*	*% score:*

M. On-the-job Training

If the supportive supervision team conducted OJT during the visit, indicate the details below. Select ONLY topics for which OJT was conducted and capture ALL the staff details below

Topic of OJT *(select from list; if not listed, select "other" and list below). Options:* *- Receiving* *- Storage Practices* *- Issuing* *- Reporting & Requesting* *- Information management* *- Pharmacovigilance*	
Specify other topic here →	

Details of staff members for whom OJT was conducted

	First Name	Second Name	*Gender*	ID Number	Phone No.	Cadre	Position
1.							
2.							
3.							
4.							
5.							
6.							
7.							

N. Additional Comments

---------- END ----------

v.1.3(Mar 2020)

INTEGRATED SUPPORTIVE SUPERVISION & SUPPLY CHAIN AUDIT TOOL

H. INVENTORY MANAGEMENT (Addendum)

Use stock cards in the store to fill out this section; For ***(B)*** *and* ***(C)*** *check the* ***most recent 3 complete months*** *in the stock card; for* ***(E)*** *calculate the average monthly consumption (****AMC****) using the* ***most recent 6 months issues data***

NOTE: *Fill out all the relevant input cells. For the addendum, leaving entire row blank does not result in lower scores*

Group	Item Description	(A) Stock Card Available? Yes/ No	(B) No. of stock counts done	(C) No. of days out of stock	(D) Stock card balance	(E) AMC from stock card issues	(F) Expiries in the last 6 months? Yes/ No	(G) Actual physical stock on visit day	Current MOS
For items not normally stocked, enter "NA" under the third column									
Malaria	AL 12s								
	AL 18s								
	AL 24s								
	SP tabs								
FP/ RMNCAH	COC								
	IUCD								
	Male Condom								
	Chlorhexidine 7.1%								
HIV	Nevirapine liquid								
	cotrimoxazole 960mg tabs								
	ATV/r 300/100mg tabs								
	LPV/r 80/20mg/mL								
Nutrition	FBF								
	RUSF								
	RUTF								
	Vitamin A								
Vaccines	BCG								
	Penta								
	Polio (IPV)								
Score for inventory management			*Numerator:*	*0*	*Denominator:*	*0*	*% score:*		

v.1.3(Mar 2020)

L. SUPPLY CHAIN AUDIT (Addendum): Additional items

Obtain the information required for the sections below from ***KEMSA Issues Report*** *(from the county pharmacist),* ***county procurement documents*** *(if procured from other sources),* ***delivery notes*** *at the health facility and* ***stock cards.***
NOTE that the quantity issued by KEMSA has been found to differ from the delivery note quantity in some cases in the past; therefore assess these two parameters separately and compare the findings

8. Enter information for the **most recent deliveries** from KEMSA or other source *(including the date of delivery for each in the row below)*

HIV: Malaria: EMMS: FP:

Description *(select from dropdown list)*	*Unit of issue*	*Qty ordered*	*Qty issued by KEMSA/ Other Supplier*	*Item received? Yes/No*	*Delivery note available?*	*Qty on delivery note*	*Qty entered in bin card*	KEMSA vs. d-note	D-note vs. bin card
1 Rod Implant	*Sets*								
Oxytocin injection 10 I.U	*amp*								
Anti-rabies immunoglobulin,	*vial*								
Electrolytes	*pk of 200*								

9. For the commodities above, complete the section below using information from the stock cards. NB: 'Total qty issued as per stock card' includes all stock issued to user depts as well as to other health facilities (i.e. negative adjustments).

Description	*Unit of issue*	*Qty on hand before most recent*	*Qty received from delivery*	*Total SOH after most recent delivery*	*Total qty issued as per stock card*	*+ve adj (indicate source below)*	*Actual physical count on day of visit*	*Actual SOH = Expected?*	*Score*
1 Rod Implant	*Sets*								
Oxytocin injection 10 I.U	*amp*								
Anti-rabies	*vial*								
Electrolytes	*pk of 200*								

10. Indicate below the source of any positive adjustments in the table above

B 10 of 17

v.1.3 (Mar 2020)

TRACER LIST FOR ESSENTIAL HEALTH PRODUCTS

#	Name of Item, Description/Form/Strength		Available?	Qty In Stock
	Pharmaceuticals			
1	Adrenaline Injection 1mg/ml	Ampoule		
2	Albendazole Tab. 400mg	Tablet		
3	Amoxicillin Capsules, 500mg	Capsule		
4	Amoxicillin Dispersible Tablets, 250mg	Tablet		
5	Benzyl penicillin Injection 5 MU	Vial		
6	Chlorhexidine gel, 7.1% (as digluconate) (20 g tube)	Tube		
7	Cotrimoxazole Tablets, 480mg	Tablet		
8	Gentamicin Injection, 40mg/2ml	Ampoule		
9	Hydrocortisone Injection 100mg	Vial		
10	Insulin, Premix (short acting +intermediate acting) Human [30 regular + 70 NPH) Injection 10ml Bottle	Vial /Bottle		
11	Loratadine Tablets, 10mg	Tablet		
12	Magnesium Sulphate Injection, 500mg/mL (50%), 10mL	Ampoule, 10mL		
13	Metronidazole Tablet, 400mg	Tablet		
14	Midazolam Injection 5mg/ml,3ml	Ampoule		
15	Nystatin oral suspension 100IU/ml	24ml Bott.		
16	ORS Co-Pack (4 sachets of low osmolarity ORS (500ml formulation) + 10 tablets of dispersible zinc sulphate tablets 20mg)	Pack		
17	Oxytocin Injection 10 I.U.	Ampoule		
18	Paracetamol Syrup/Suspension, 120mg/5ml	60ml Bottle		
19	Paracetamol Tablets, 500mg	Tablet		
20	Sodium chloride, 0.9% (isotonic), (500mL bottle)	Bottle		
21	Sodium hypochlorite solution 4-6%	5Lt. Jar		
22	Tetracycline Eye Ointment,1%, tube	Tube		
	Medical Supplies			
23	Autoclaving Tape,3/4"	Piece		
24	Bandage, Cotton, L/Woven BP (5 cm x 4.5m)	Roll		
25	Catheter, Foley's, 18FG 30mL 2-way	Piece		
26	Cord Clamp	Piece		
27	Cotton Gauze Plain, 36" x 100yds, 1,500g	Piece		
28	Cotton Wool, Absorbent, 400g	Piece		
29	Drystar DT5 B Films 25 x 30cm	Piece		
30	Dryview DVE Laser Imaging Film ,25 x 30cm (10 x12 inch) Carestream	Piece		
31	Gloves, Latex, Examination, Medium	Pair		
32	Gloves, Surgical, Size 7.5 (Sterile)	Pair		
33	IV cannula 18G	Piece		
34	IV cannula 20G	Piece		

TRACER LIST FOR ESSENTIAL HEALTH PRODUCTS

#	Name of Item, Description/Form/Strength		Available?	Qty In Stock
35	IV infusion Giving Set with Air Inlet	Piece		
36	Maternity Pad, 26cm x 9cm x 1cm	Pack(10)		
37	Nasal Prongs for Oxygen Delivery, Adult Size	Piece		
38	Nasal Prongs for Oxygen Delivery, Pediatric Size	Piece		
39	Safety Boxes (WHO Specifications), Any size	Piece		
40	Solusets for Fluids	Piece		
41	Suction Catheter with Regulatory Valve, 16 FG	Piece		
42	Surgical Blade with Handle, Size 23	Piece		
43	Suture Nylon No.2/0,3/8 Circle, 45mm, 100cm, RCN	Piece		
44	Suture Polyglactin 2/0 75cm On 40Mm ½ Circle RBN	Piece		
45	Syringe 2mL + needle 23G x 1"	Piece		
46	Syringe 5mL + needle 21G x 1.5"	Piece		
47	**Zinc Oxide Strapping, 7.5cm x 4.5m**	Roll		
	Laboratory			
48	Grouping Syrum Anti A	10mls bottle		
49	Grouping Syrum Anti B	10mls bottle		
50	Grouping Syrum Anti D	10mls bottle		
51	Anti-Human Globulin	10mls bottle		
52	Anti-Human Globulin Bovine Albumin	10mls bottle		
53	Glucose Test Strips	25 Tests		
54	Distilled water	5 Litres		
55	Formaldehyde - 40%	2.5 Litres		
56	Glycerol	2.5 Litres		
57	Haemoglobin Cuvettes[Diaspect,Mission,Hemoque 201+ and 301+]	200 Pieces		
58	Lugol's iodine 3.5%	500ml		
59	Pregnancy Test Kit	Kit		
60	Syphilis (VDRL) Test Kit	Kit		
61	Urinalysis 10 parameter test strips	100 strips		

2) **Additional Health Facility Background Information**

		Figure	Comments
a)	Catchment population		
b)	Average no. general outpatients/month (1)		
c)	Number of beds		
d)	Average total no. inpatients/month (2)		

1) General outpatients only: Exclude special clinics, e.g. MCH, FP, ART, TB, etc ☐
2) Calculate the figure using data from records for the three-month period preceding current visit☐

3) **Sources of HPT**

	Type of Commodity	Source	Supply Method	Freq	Regular (Y/N)	Date Last Received	Comments
a)	HPT						
b)	Essential Medicines (MS)						
c)	Reproductive Health Supplies						
d)	HIV/AIDS Supplies						
e)	TB/Leprosy medicines						
f)	Vaccines						
g)	Laboratory Supplies						
h)	Dental Supplies						
i)	X-ray Supplies						

Sources **K** = KEMSA, **M** = MEDS, **LP** = Local Procurement, **O** = Other (specify)

Supply Methods: **A** = Push System(items and amounts are predetermined elsewhere and supplied
B = Pull System (Facility estimates and orders its own replenishment)
O = Other (specify)

4) **HPT Structures & Systems**

a) Is there a functioning tender/procurement committee?
b) If a) = Yes, minutes seen?
c) Is a waiver system used?

If Yes, briefly describe how it works

If No, Explain why it is not used

5) **Emergency Orders (EO)**

a) Have any EO been placed in the last 3 months?

b) If Yes, What was the reason for EO?

c) Briefly describe procedure followed to obtain EO:

d) No. of times EO placed in last 3 months

6) Expired HPT

a) Are there any expired HPT?

If Yes, list the expired item as shown below

	Expired HPT Description (Name/Strength/Pack Size)	Reason for Expiry	Quantity (Packs)	Estimated Value* (KES)	Source
1					
2					
3					
4					
5					

* Use current value given in KEMSA list where available

7) Overstocked and Short-Dated HPT

a) Are there any overstocked HPT

If Yes, list them below:

	Overstocked HPT Description (e.g. name/strength/pack size)	**Source**
1		
2		
3		
4		
5		

b) Are there any short-dated HPT that may expire ?

If Yes, list them below:

	Short-dated HPT Description (e.g. name/strength/pack size)	**Source**
1		
2		
3		
4		
5		

c) Has the HF made arrangements to redistribute the short-dated or overstocked HPT items listed in a) and b) above

8) Additional Comments/Information

9) **Summary of Main Issues/Challenges/Gaps Identified/Agreed Interventions**

10) **Health Facility Assessment Summary/Action Plan**

	Issue Identified	Underlying Cause	Desired Result	Action Required	Responsible Person	Resources Needed	Completion Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Supportive Supervision Planning Tools

1) **Form 1: Activity Schedule**

County:		Period (mmm/yy): From			to						No. of HFs to Visit					
					Activities											
#	Health Facility	MFL #	Name of in Charge	Mobile No	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
	Approved By:				Designation:						Date:					

p/s - Send a copy of this schedule for each facility to be visited

INTEGRATED SUPPORTIVE SUPERVISION & SUPPLY CHAIN AUDIT TOOL

PERFORMANCE SUMMARY:

To see the facility scores below, the following must be entered in section A of the checklist: **facility name, county, sub-county, MFL code, date of visit** and **SSV team incld'd partner?**

	Area Assessed (max score)	max score	**Commodity Management**			**Performance Category**
			Numerator	Denominator	% Score	
1.	Resolution of Previous Action Points	10				
2.	Storage of Health Products	20				
3.	Inventory Management	30				
4.	Availability & Use of Commodity MIS Tools	10				
5.	Verification of Commodity Data	10				
6.	Guidelines & Job Aids	5				
7.	Accountability for Commodities	15				
	Total Score	100	**0.0**	**0**		

KEY				
	Excellent:	80% to 100%	Average:	50% to <65%
	Good:	65% to <80%	Poor:	<50%


USAID

MINISTRY OF HEALTH
Afya House, Cathedral Road,
P.O. Box:30016–00100, Nairobi, Kenya.

Telephone: +254-20-2717077
Email: ps@health.go.ke