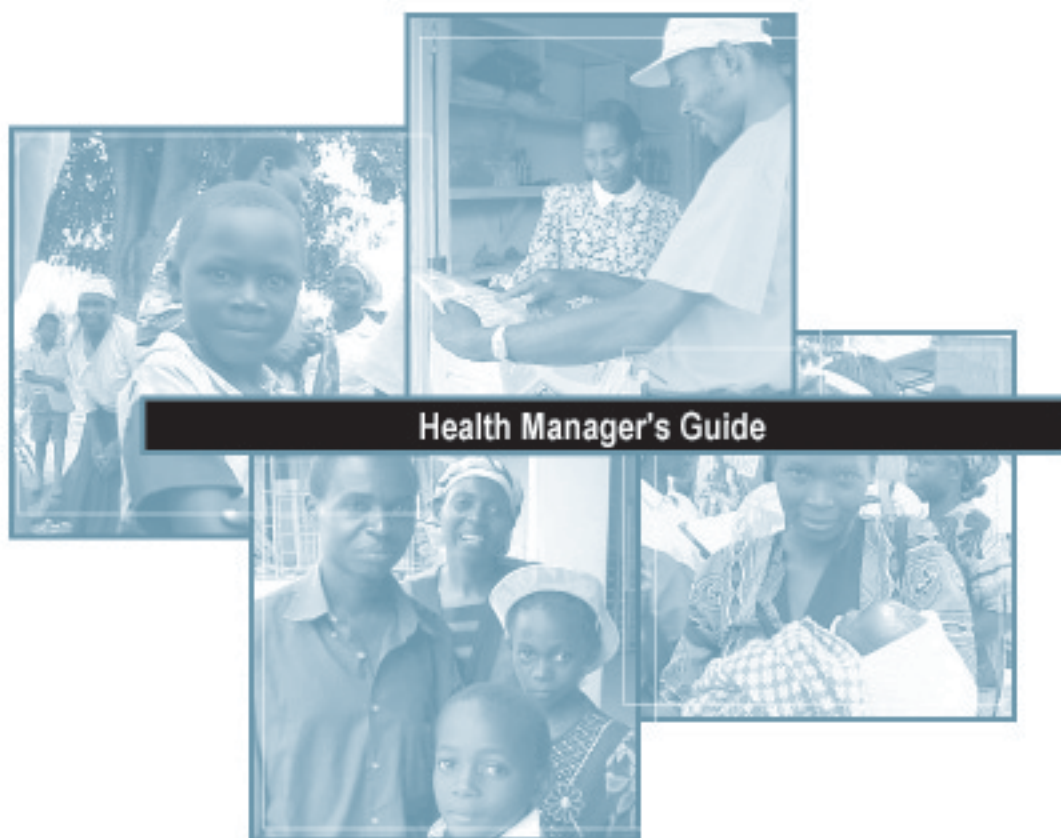


QUALITY

ASSURANCE

PROJECT



Vendor-to-Vendor Education to Improve
Malaria Treatment in the Private Sector:
A "How-To" Manual for District Managers

May 2002



1. Choosing a Vendor-to-Vendor Team

For a district interested in launching Vendor-to-Vendor, the first step is to appoint a team of about five members to oversee and implement the activity. This group will be referred to as the VTV team. At least two members of the team should be from the District Health Management Team, so that they can negotiate for access to transport and other supplies that may be needed. It is recommended that the team be led by someone who has public health outreach experience. At least one member of the team should have a clinical background to address malaria treatment issues. A pharmacist is also valuable for discussing drug-related issues. Finally, the team should have a computer-literate member who can enter data on the wholesalers into the computer.

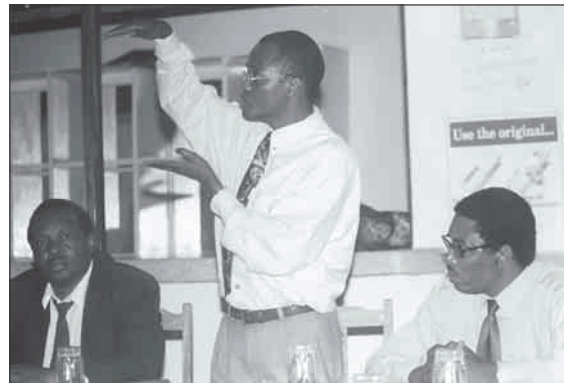


The VTV team plans activities

The ideal VTV team has:

- A public health outreach specialist, such as public health officer or medical social worker
- A clinician who treats malaria
- A pharmacist who knows anti-malarial drugs
- Someone who can enter data into a computer

All team members must be able to carry out Vendor-to-Vendor activities as part of their normal workload. Members should be willing to meet regularly at the district health headquarters for meetings. They should also be willing to walk around the urban and peri-urban areas of the district and meet with wholesalers.



Meeting with wholesale pharmacy owners and pharmaceutical company representatives



VTV team member meets with wholesale pharmacy attendant

2. Inventory of Wholesalers

2.1 Which information to collect

Because VTV relies on wholesalers as the communicators of the malaria guidelines, it is important to have information on all of the wholesalers who live in the district or serve the district. Generally there will be two types of wholesalers: (1) Static – wholesale pharmacies and wholesale general shops that sell anti-malarials and other over-the-counter medicines; and (2) Mobile – independent drug vendors who usually move around on motorcycles and sell anti-malarials to retail outlets. The best way to organize information on the wholesalers is to create a database or spreadsheet (see Tables 1 and 2).

For static wholesalers, the following information should be gathered:

- 1) Date – when the information was obtained.
- 2) Name of the wholesale outlet – either pharmacy or general shop
- 3) Location – where the outlet can be found (a street address, or proximity to a known landmark, e.g., “opposite ABC school”)
- 4) Township – name of the town where outlet is situated
- 5) Name of the owner
- 6) Number of attendants – total number of counter attendants that work at the outlet
- 7) Sell approved drugs – whether outlet is currently selling the recommended anti-malarial drugs

Other desirable information to collect from the static wholesalers is:

- Postal address, if any
- Phone number, if any

- Main sources of drugs
- Main anti-malarial drugs sold
- Average daily number of customers

Note: The VTV team should feel free to add any further information to the database if they feel it would assist them in planning for training of wholesale counter attendants. However, they should be careful not to turn the inventory into a major data collection exercise.

For mobile wholesalers, the following information should be collected:

- 1) Date – when the information was obtained
- 2) Name of the mobile wholesaler
- 3) Contact address, if any
- 4) Number of retail outlets served – Estimated number of retail outlets and private clinics to which the mobile wholesaler sells anti-malarial drugs
- 5) Where purchase stocks – Where the mobile wholesaler purchases the drugs that he then sells to retail outlets. As mobile vendors are constantly moving around, the best way to contact them in the future may be through this establishment. (For instance, in Bungoma district the VTV team found that most mobile vendors got their supplies from one wholesaler, “Pema Shop”. To inform the mobile vendors of the planned training course, the team left the invitation letters at Pema’s and they were distributed to the mobile vendors when they came in to purchase stocks.)
- 6) Whether sell approved drugs – whether the vendor is currently selling the recommended anti-malarial drugs

Table 1

Sample Spreadsheet for Static Wholesalers

Date	Name of Wholesale Outlet	Location	Township	Name of owner	Number of attendants	Sell approved drugs?
21/9/01	Kwanza Pharmacy	Next to Post Office	Bungoma	Sarah Musaba	3	Yes
23/9/01	Papa General Shop	At junction with M1 & Bungoma road	Webuye	Joseph Okwenda	5	No

3. Conducting Formative Research

After carrying out the inventory, the VTV team conducts formative research with malaria clients, private drug outlets and wholesalers. The purpose of the formative research is to gain an understanding of the prevailing malaria treatment knowledge and beliefs of customers and retailers, as well as the problems faced by drug sellers (wholesale and retail). This information will assist the team in the design of both the job aids and the training of the wholesalers.

When collecting this information, the team should not try to educate others on correct treatment practices. Rather, at this stage, the VTV team should be “listeners” and observers only. It is important that the team learn about all the misperceptions and concerns that the public and drug outlets have about anti-malarial drugs and treatment. The team should also learn about issues that may inhibit customers from using the recommended anti-malarials and why retailers may not sell them.



A focus group participant

The following formative research should be conducted:

1. **In-depth interviews of retailers (shopkeepers) and wholesalers.** These are structured interviews where a team member asks specific questions to a shopkeeper. A questionnaire is developed by the team and members are encouraged to probe more deeply during the interviews. About 15-20 retail drug outlets in both urban and rural areas should be interviewed, and about 10 wholesalers. (A sample interview form is in **Appendix A**, page 21.)
2. **Focus group discussions (FGD) with malaria clients.** These are informal discussions with caretakers of young children. A discussion guide with open-ended questions (not yes-or-no questions) is developed by the team. One team member leads the discussion by asking the questions and another team member should take notes of the responses. Several members of the group should answer the question so that all opinions are voiced. Some information the team should learn from the FGD is: what caretakers do when a child is ill with fever, what drug(s) they think are most effective for malaria, how they feel about receiving advice from a shopkeeper, if they understand that there is a difference among drugs, etc. (A sample focus group discussion guide is in **Appendix B**, page 23.)

Guidelines for Focus Group Discussions

- 8-12 clients per FGD
- 3 FGDs: 1 urban, 2 rural
- Clients' age: 20-50
- Mix of male and female clients
- Follow a FGD guide
- One VTV team member should take careful notes, trying to capture clients' terminology

3. **Mystery shopper visits.** Members of the VTV team, who did not participate in the inventory, should visit 15 retail and 5 wholesale establishments. They should pretend to be parents with a sick child at home (2-years-old). They should ask for something to treat malaria. They need to have enough money with them to buy the recommended drug(s). After leaving the outlet, they should note down the following:

- ◆ what drugs and in what quantities they were sold, if any
- ◆ what information or advice they were given, if any.

Based on the responses, the VTV team should calculate the number of answers given to each of the questions from the interviews. They should also compile a list of the drugs sold, the quantities, and what information was given. They should then make a list of the misperceptions and concerns of clients and shopkeepers. They should try to organize the list with the most common misperceptions and misinformation at the top.



A mystery shopper on her way to a retail shop



Some of the drugs purchased by the mystery shoppers

Based on the information collected, the VTV members will know what common misperceptions and problems need to be addressed in the job aids and the training. They will also be able to identify knowledge gaps that need to be filled.

Some issues that may be discovered through the formative research are:

- Retailers and clients do not know the recommended anti-malarial drugs
- Clients do not know that some drugs are not recommended
- Retailers do not know the proper dose of the recommended anti-malarial
- Retailers sell incomplete doses of anti-malarial drugs
- Retailers sell drugs that are not recommended
- Retailers do not tell clients the full dose
- Retailers do not write down the full dose

4. Job Aids

The next step is for the VTV team to develop job aids (posters) to communicate the malaria guidelines and messages regarding correct treatment. First the team should decide what messages the job aids will contain, based on the formative research. Then the team should work with an artist to design the job aids' layout and illustrations. The job aids are pre-tested several times with the target population. Both job aids should be produced in a language understood by all customers and retailers in the district. (In Kenya, the job aids were produced in Kiswahili, not English. See **Appendices C and D**, pages 25-27.)

It is recommended that the VTV team produce two types of job aids.

1. The **shopkeeper job aid** is for the shopkeeper or retail drug outlet attendant to consult when selling anti-malarial drugs. It is to be hung prominently in the shop so that the shopkeeper can easily use it when serving clients. The job aid should probably contain:
 - ◆ symptoms of malaria
 - ◆ a dosage chart of the approved anti-malarials
 - ◆ treatment advice to give to customers
 - ◆ common situations faced by shopkeepers and suggestions on how to deal with them
2. The **client job aid** is to be placed at the drug outlet to communicate to clients that anti-malarials are available there. The job aid reminds people to treat malaria properly and depicts the approved anti-malarials in their actual packaging.

4.1 Components of the Shopkeeper Job Aid

The shopkeeper job aid is to be used by the retailer or private clinician when dispensing anti-malarials. It should probably contain the following components:

- *Symptoms of malaria.* List and show an illustration of the main symptoms of malaria. The retailer should ask the client if the main symptom—fever—is present to ensure that the client or his/her child has malaria.

- *Dosage chart for the recommended anti-malarials.* The dosage charts should be shown for recommended treatment for all relevant age groups. This chart needs to be large enough so that it can be seen from a distance. If sulfadoxine-pyremethamine (SP) is recommended, appropriate accompanying anti-pyretics should also be listed.
- *Any important advice that the retailer should give the client.* The job aid should remind the retailer to give the client specific information about the malaria treatment, such as the need to go to a health center or hospital if the client does not get better. The VTV team will need to determine which are the most important messages based on the formative research.
- *Situations that the retailer might encounter and advice on how to handle them.* Illustrations and descriptions should explain situations where a retailer may experience difficulties in following the malaria treatment guidelines. Advice is given on what the shopkeeper should do. For example if the client asks for another anti-malarial, the shopkeeper should tell the client which is the recommended anti-malarial and explain why it is the best.

4.2 Components of the Client Job Aid

The purpose of the client job aid is to announce to the public which are the approved anti-malarial drugs and where they can be purchased. It is particularly important to emphasize that these drugs are appropriate for children under one. The client job aid will be placed outside retail shops and pharmacies, or at the counter where clients can see it easily. One of its purposes is to let clients know that effective anti-malarial drugs are available there.

There are three main components to the client job aid are:

- *Title phrase.* This should be a catchy slogan to grab the readers' attention. "*Tibu malaria sawa sawa*", "Treat malaria effectively" was used in the Bungoma client job aid. This phrase was then also used on caps and T-shirts which were given to the wholesale attendants and mobile vendors.

-
- *Where effective anti-malarials can be bought.*
There should be an illustration of a retailer dispensing the correct anti-malarials and text to demonstrate that shopkeepers are selling the drugs and are capable of giving advice.
 - *The approved anti-malarials in their actual packaging.* In Kenya, anti-malarials underwent quality control tests in November 1999. When the job aids were produced in March 2000, only five brands of SP were approved for treating malaria. The client job aid shows these five brands of SP in their actual packaging so that the client can easily identify them. If no specific brands have been approved by the government, then the job aid should promote the particular type of drug, such as SP. The most popular brands of the drug could be shown on the job aid as examples.

4.3 Pre-testing the Job Aids

Once the team has determined the messages that will be conveyed on the job aids, they should work with a graphic artist to produce a draft that contains the text and illustrations. Next, the draft job aids need to be pre-tested with the target population.

Pre-testing the Shopkeeper Job Aid

- The shopkeeper job aid should be pre-tested with 4-5 shopkeepers.
- Ask them to read each section of the job aid and then ask them to explain in their own words what they understand.
- Ask them what they think each illustration means.
- Ask if they cannot understand any part of it.
- Ask them if they disagree with any part of it.
- A team member should take notes of the feedback given by the shopkeepers.

Pre-testing the Client Job Aid

- The client job aid should be pre-tested with 8-10 caretakers of small children (female and male). This can be done at a health facility or marketplace.

- Ask them to read and explain the job aid. This can be done in small groups in order to avoid embarrassing anyone who is not literate.
- Ask them what they think each illustration means.
- Ask them if they cannot understand any part of it.
- A team member should take notes of the feedback given by the clients.

After pre-testing the graphic artist should revise the job aids. The revised job aids should then be pre-tested once more: the shopkeeper job aid with 2-3 shopkeepers, and the client job aid with 4-6 clients. After the second round of pre-testing, the job aids should be finalized.

4.4 Producing the Job Aids

In producing the job aids, the team should:

- Decide how many job aids will be printed. This should be based on the estimated number of retail drug outlets in the district. Remember to add extra for wholesale owners and others from the DHMT who will want copies. (For Bungoma district, which has nearly 1 million people, the VTV team decided to produce 1500 of each type of job aid.)
- Avoid using ALL CAPITAL LETTERS, except for titles.
- Obtain price quotes from several printers for paper that will not tear easily.
- The shopkeeper job aid will probably need to be larger than the client job aid since it contains more information.
- The shopkeeper job aid should be hole-punched so that it can be hung easily inside the shop.

5. Agreement Forms

When counter attendants and mobile vendors distribute job aids and communicate malaria guidelines to drug retailers they will also ask the retailer to sign an agreement form. The purpose of the agreement is twofold:

- For the retailers to agree to follow the malaria guidelines
- To track which retailers received job aids

The agreement booklets should be made in triplicate, with:

one page for the counter attendant or mobile vendor,



A wholesale counter attendant explains job aid to retailer

one page for the retailer, and

one page for the DHMT that will be collecting the agreements.

Each agreement form should have a simple statement printed on it, such as:

“I acknowledge that I received today a job aid and information on the new malaria treatment guidelines, which I will do my best to follow.” This statement should be written in the same language as the job aids. Below this statement should be space to print the name of the retailer, the name of the outlet, the sublocation of the outlet, the date, and the signature of the retailer. There should also be space for the signature of the mobile vendor or counter attendant. Each agreement form should have a different number, for ease of later tracking.

The counter attendant or mobile vendor should do the following after educating the retailer on the job aids:

- Show retailer how to fill out the agreement form, ensuring that it is legible.
- Ask the retailer to sign his or her name.
- Write the serial number from the agreement form on the shopkeeper job aid.
- Sign the form themselves.
- Give one copy to the retailer and keep the other two copies.

The mobile vendor should either return the completed forms to the supplier or to the District Health Office. The VTV team will collect forms from the wholesale outlets during monitoring visits.

Whenever a job aid is issued (be it for the first time, or as a replacement), a new agreement form should be filled out.

6. Orientation of Wholesale Owners

An orientation meeting should be held for the owners of static wholesale outlets: both wholesale pharmacies and wholesale general shops or supermarkets. The meeting has several purposes: 1) to explain the VTV intervention to the owners and obtain their cooperation; 2) to convince the owners that their counter attendants should participate in communicating the malaria guidelines; and 3) to have owners sign up their counter attendants for a one-day training session.

The meeting should be no more than three hours long and should be scheduled late in the day or on a weekend, because owners generally do not like to leave their establishments during operating hours. One orientation should be held in each major urban area of the district. Team members should ask a few wholesalers which is the best time for a meeting. To get higher attendance, the VTV team may wish to ask a local Rotary or Lions' Club chapter or the equivalent to assist in inviting wholesale owners to come to the orientation meeting. One of these organizations might even be willing to host the gathering and/or to provide refreshments.



Orientation meeting with wholesale owners



Counter attendant at wholesale pharmacy

The following topics should be covered during the orientation meeting:

- Description of the Vendor-to-Vendor intervention
- Why the owners' support is necessary
- Responsibilities of the counter attendants

A sample hand-out that can be given to wholesale owners is found in **Appendix E**, page 28. The owners should also receive one copy of each job aid.

Note: Because of the importance of achieving cooperation from all the wholesale owners, the VTV team should visit all owners who missed the orientation sessions in order to give out the hand-out and sign up counter attendants for the training.

7. Training the Mobile Vendors and Counter Attendants

One-day sessions should be held to train the counter attendants and mobile vendors in the malaria guidelines and how to communicate them to retailers. Because their jobs differ, separate training sessions should be held for counter attendants and mobile vendors. There should be no more than 20 participants per session. All team members should act as facilitators during the training

The team will need to develop a training curriculum and the following documents:

- Facilitator's Manual – a guide for the facilitator's to use during the training session (see **Appendix F**, page 30)
- Participant's Handout – main points of the training so that participants do not need to take notes (see **Appendix G**, page 36)
- Checklists for counter attendants and mobile vendors (see **Appendices H and I**, pages 39-40)
- Quiz for the participants (see **Appendix J**, page 41).

The documents in the appendices are those used in Bungoma district. They can be used as examples and should be tailored by the VTV team to fit the specific situation in the district.

The following main components should be included in the training curriculum:

1. Introduction and Climate Setting

- ◆ Participants and facilitators introduce themselves.
- ◆ Explain objectives of the day.

2. Explanation of Vendor-to-Vendor

- ◆ Explain that through this activity counter attendants and mobile vendors will educate drug retailers on correct malaria treatment.
- ◆ Discuss why the private sector is involved
- ◆ Explain the responsibilities of counter attendants and mobile vendors
- ◆ Discuss why they should participate in Vendor-to-Vendor

3. General Information on Malaria

- ◆ Give information on malaria worldwide, in country and in district

- ◆ Explain what causes malaria
- ◆ Discuss signs and symptoms of malaria, both uncomplicated and severe

4. Malaria Treatment Guidelines

- ◆ Explain the recommended treatment for malaria
- ◆ Present approved anti-malarials

5. Presentation of Job Aids

- ◆ Explain and discuss Job Aids

6. Inter-Personal Communication Skills

- ◆ Discuss how to effectively communicate with the retailers

7. Agreement Forms

- ◆ Explain purpose of agreement forms
- ◆ Practice filling out agreement forms

8. Practice with Job Aid

- ◆ Participants study Job Aids, and clarify any issues with it
- ◆ Practice educating using Job Aid
- ◆ If possible, mock encounter with real shopkeeper (VTV team should organize to have 4-5 actual shopkeepers come for that session)

9. Administer Malaria Quiz

- ◆ Give ten-question quiz and have participants score each other.
- ◆ Make sure all understand which answers are correct and why.

10. Discussion and Questions

- ◆ Inform participants that awards will be made after the activity is evaluated using mystery shoppers.

11. Distribution of Materials

- ◆ Participants receive job aids and agreement forms
- ◆ Participants also receives certificates of attendance, caps and/or T-shirts

After the one-day training, counter attendants and mobile vendors will be ready to begin distributing job aids and educating retailers on the malaria treatment guidelines.

8. Monitoring

About 2-3 months after training, VTV team members should make monitoring visits to all of the trained counter attendants and mobile vendors. The purpose of the visit is to: (1) check malaria knowledge using a ten-question quiz, (2) collect agreement forms, (3) answer any questions that the wholesalers might have, and (4) supply the wholesaler with more job aids or agreement booklets, if necessary.

1. Quiz

A ten-question true or false quiz should be administered to the trained wholesalers. Appendix J is the quiz used in Bungoma district. The quiz should contain questions on topics that were covered during the training. The team member should do the following:

- ◆ Read the questions aloud to the wholesaler
- ◆ Circle the answer given
- ◆ Correct the quiz
- ◆ Show the wholesaler which questions(s) he or she answered incorrectly and explain the correct answer

2. Agreement forms

- ◆ Ask to see the agreement forms that the wholesaler has collected
- ◆ Take the “Office” copy from each pair of agreement forms

3. Questions

- ◆ Ask the wholesaler if he or she has any questions or has encountered any problems while educating retailers on the malaria guidelines.
- ◆ If the wholesaler has distributed only a few or no job aids, ask why and discuss how he or she can improve.

4. Supplies

- ◆ If the wholesaler has less than five of each job aid, give them 10 more (depending on availability)

Monitoring the counter attendants is straightforward, as the VTV team member visits them at their place of employment. It is also advisable for the VTV member to discuss the activity briefly with the wholesale owner as well, if he or she is available. This is particularly important if it does not appear that the attendant(s) have been distributing the job aids. The owner may need to be reminded of the importance of this activity.



VTV team member resupplies mobile vendor with job aids

Monitoring of the mobile vendors may be more difficult. A VTV team member may need to spend a couple of days at the mobile vendors' distributor before encountering most of those who were trained.

A VTV team may wish to monitor how counter attendants actually communicate malaria guidelines to retailers. One approach they can use is “mystery shopkeeping.” A DHMT member not known to the counter attendants poses as a shopkeeper needing to buy anti-malarial drugs for his store. The member should visit about five wholesale pharmacies or general shops. Afterwards, he or she should meet with the other VTV team members to discuss what happened. Corrective action with the wholesale owners may need to be taken.

9. Evaluate with Mystery Shoppers

About six months after training, the team will conduct data collection using mystery shoppers to determine which retail outlets have received the job aids and how well they follow the malaria guidelines. Mystery shoppers (also called simulated clients) are regular people who pose as customers seeking anti-malarial drugs. Mystery shoppers are very useful as data collectors as the retailer does not know that he or she is being observed and will act normally.

Data collection should be conducted for about 2 weeks. Data collectors are divided into four teams of two mystery shoppers and one supervisor. Each team visits about eight to ten drug outlets per day. It is best if outlets are randomly selected, so that the district can estimate coverage of the activity. A recommended approach is that the district randomly choose a certain number of sublocations, and then all outlets in the sublocation are visited.

Mystery shoppers

Mystery shoppers should be recruited by members of the DHMT. Requirements for mystery shoppers include:

- Ability to read, write, and speak English;
- Availability for all days of data collection;
- Willingness to pretend to be a parent of a sick child;
- Of parental age (between 18 and 45).

Ten candidate mystery shoppers participate in a two-day training. The training should include:

- Introduction to the Vendor-to-Vendor project;
- Introduction to and practice of mystery shopper scenarios (see below);
- Introduction to the data collection tools;
- Practice using the tools, both in classroom and in the field; and
- Standardization among data collectors.

The eight most qualified candidates will be invited to participate in the data collection exercise.

Scenarios

The scenarios describe how the mystery shopper will act when he or she enters a drug outlet. The team should prepare two scenarios, depending on what issues are important. In Bungoma district, the team was interested in knowing if retailers sold SP to small children, and whether they would sell someone an ineffective drug (chloroquine-based) if it were requested.

For the first scenario, shoppers posed as mothers with a nine-month old child sick at home. They told the shopkeeper that they thought the child had malaria and they asked the shopkeeper what they should buy for the child. For the second scenario, shoppers posed as fathers with a two-year old child sick at home. They told the shopkeepers that they wanted to buy Malariaquin (a popular brand of CQ). This was the only information that the mystery shoppers gave the shopkeepers without prompting. They had standardized answers to other questions that the shopkeeper might ask, such as: the child's age, how long the child

Scenario 1:

You are a parent with a sick child at home. You tell the shopkeeper that you think the child has malaria. You ask the shopkeeper what you should buy for the child.

How to answer questions the shopkeeper might ask:

Child's age – 9 months

Child's gender – male

Child's weight – 8 kg

Where you live – Nearby village or town

Have you taken child to a health center for this illness – no

Has child gotten a blood slide for this illness? – no

How long has the child been sick? – since yesterday

Symptoms – fever, chills

Has child ever had a reaction to medicine? – no

Is child breastfeeding? – yes

Has child taken anti-malarial within last 3 weeks? – no

Do you want to purchase a full dose? – yes

Do you have child's health card? – no

Do you have any drugs at home? – no

If shopkeeper gives you a choice of drugs, say you want what they think is best

has been sick or the child's symptoms. The complete mystery shopper scenarios from Bungoma district are shown. Since the evaluation included some rural areas, the mystery shoppers also each invented a reason to be at that drug outlet if someone suspected them of not being from that area.

What Mystery Shoppers Do When They Enter a Shop or Clinic:

- Say that the child at home is sick with malaria or ask for particular drug, depending on scenario
- Do not offer any other information
- If the shopkeeper asks any other questions, answer them according to the scenario
- Purchase the drug recommended
- Exit shop
- Once out of sight of the shopkeeper and not in too public of an area, complete Mystery Shopper Recording Form

Scenario 2:

You are a parent with a sick child at home. You tell the shopkeeper that you want to buy Malarquin. If the shopkeeper tries to sell you SP, you say you do not have enough money, but in the end you find the money to buy what is recommended.

How to answer questions the shopkeeper might ask:

Child's age – 2 years

Child's gender – male

Child's weight – 15 kg

Where you live —Nearby village or town

Have you taken child to a health center for this illness? – no

Has child gotten a blood slide for this illness? – no

How long has the child been sick? – since yesterday

Symptoms – fever, chills

Has child ever had a reaction to medicine? – no

Is child breastfeeding? – yes

Has child taken anti-malarial within last 3 weeks? – no

Do you want to purchase a full dose? – yes

Do you have child's health card? – no

Do you have any drugs at home? – no

Note: To avoid raising suspicion, mystery shoppers should not to walk together or speak to each other. They should also be careful not to be seen getting in or out of vehicles together.

Supplies for Mystery Shoppers:

- Mystery Shopper Recording Form (see **Appendix K**, page 42, for an example used in Bungoma district) – each mystery shopper should take at least 15 copies each day of data collection
- Money to purchase drugs – depending on the price of anti-malarials, but about US\$5.00 a day per mystery shopper
- Pencils, eraser, pencil sharpener

Supervisors

Supervisors are used to gather information from the retail outlets after the mystery shoppers have made their visits. Unlike the mystery shoppers who pose as actual clients, the supervisors identify themselves as MOH employees and ask the outlet attendant questions from the Supervisor Recording Form (see **Appendix L**, page 44, for an example used in Bungoma district). There should be one supervisor for each pair of mystery shoppers. The supervisors can be the VTV team members themselves or other employees of the MOH. The supervisors participate in the same two-day training as the mystery shoppers.

Responsibilities of the Supervisor:

- Determine which outlets the team visits.
- Record names and locations of all outlets visited
- Interview outlet attendant, using Supervisor Recording Form
- Review Mystery Shopper Recording Form to make sure they are filled out properly and legibly.
- Match the 2 Mystery Shopper Recording Forms with the 1 Supervisor Recording Form for each drug outlet.

What Supervisor Does When Visiting Outlets:

- The supervisor enters the drug outlet only after **both** mystery shoppers have visited

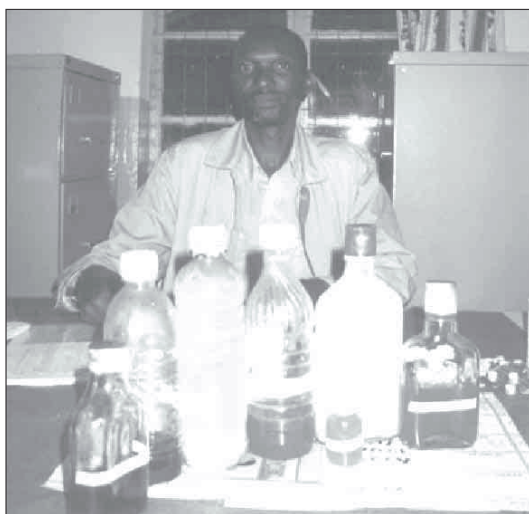
- The supervisor identifies him/herself as a member of the DHMT and states that he/she wants to ask a few questions about malaria treatment.
- The supervisor asks the questions on the Supervisor Recording Form and fills in the answers.

Supplies for Supervisors:

- Pencils, eraser, pencil sharpener, blue pen
- At least 15 copies of the Supervisor Recording Form each day

Logistics

- 1-2 vehicles will be needed to transport teams to the data collection sites. Teams in urban areas can move on foot or by local transport.
- It may be helpful to have a Public Health Technician from the area assist the team to locate outlets.
- At the end of each day of data collection, all drugs purchased by the mystery shoppers should be given to the study team leaders and the money surrendered. New money should be allocated each day, for ease of accounting. The team should decide what to do with the efficacious drugs. (One suggestion is to donate them to the district hospital.) Inefficacious drugs should be destroyed.



VTV member with some of the drugs from the mystery shopping

Data Analysis

After the data has been collected, the team should tabulate how well the different types of outlets performed in the various areas, such as:

- What drugs were dispensed
- What dosages were dispensed
- What advice was given
- What drugs are being stocked
- How useful were the job aids

Examples of tables and graphs that can be developed are shown below and at right. All of these are based on data from Bungoma district.

Figure 2
Reported usefulness of job aids

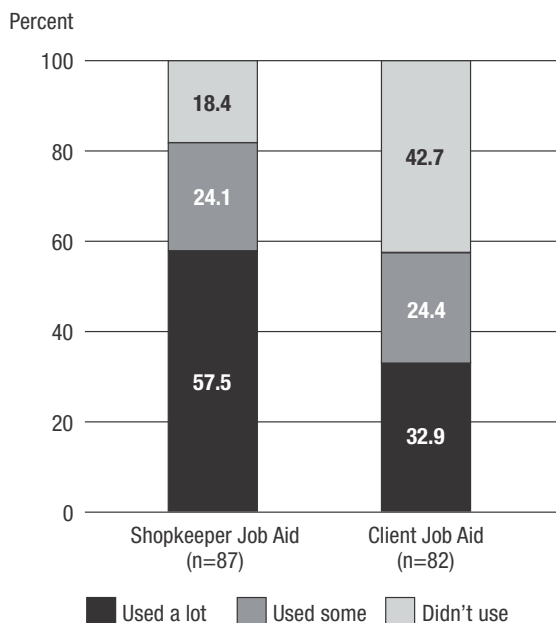


Table 3
Percent of outlets with anti-malarial drug types in stock

	Type of outlet			
	Shop/Kiosk (N=187)	Pharmacy/ Chemist (N=46)	Private clinic (N=19)	Total (N=252)
SP-based	21.4	93.5	73.7	38.9
AQ-based	78.1	93.5	73.7	80.6
CQ-based	34.8	67.4	36.8	40.9

Notes: SP=sulfadoxine-pyrimethamine (first-line drug); AQ=amodiaquine (second-line drug); CQ=chloroquine (to be sold by prescription only); N=number of outlets.

Table 4
Anti-malarial drug types sold to mystery shoppers, doses told, whether sold with anti-pyretic, and whether sold as a syrup (in percent)

	Shop or kiosk (N=374)	Small pharmacy (N=92)	Private clinic (N=38)	Wholesale pharmacy or shop (N=30)
Drugs sold to shoppers				
SP-based	13.1	23.9	7.9	50.0
AQ-based	31.6	54.3	31.6	46.7
CQ-based	13.9	16.3	21.1	3.3
Other anti-malarial	0.3	0.0	5.3	0.0
Not an anti-malarial	6.4	2.2	0.0	0.0
Not sold anything	34.8	3.3	34.2	0.0
Overall*				
Told correct dose	20.5	41.6	12.0	66.7
Wrote correct dose	2.9	21.3	8.0	50.0
Sold with anti-pyretic	32.0	67.4	76.0	63.3
Sold as a syrup (bottle)	1.2	61.8	56.0	63.3

Notes: SP=sulfadoxine-pyrimethamine (first-line drug); AQ=amodiaquine (second-line drug); CQ=chloroquine (to be sold by prescription only); N=number of mystery shopper visits (2 per outlet).

*Of shoppers who purchased SP, AQ or CQ.

10. Presentation of Results and Awards

After conducting the evaluation, the VTV team should make a presentation in the district of the findings. The presentation should also be an opportunity to brainstorm about how the intervention should be improved in order to make further strides. Ideally, representatives from the wholesale owners, mobile vendors, and retail outlets should attend the presentation.



Presentation of award to exemplary retail shop owner

Because malaria treatment guidelines change often and new anti-malarial drugs come onto the market, it is advisable to conduct a VTV exercise annually or bi-annually. The suggestions that arise from the participants in a dissemination meeting can be used to improve the VTV activity in the future.

At the close of the presentation, it is recommended that the VTV team give awards. The awards provide recognition of the outstanding performers and give encouragement to others. Awards should be given for the most outstanding communicators of job aids among the wholesale attendants and mobile vendors. These can be based on the number of agreements (receipts) collected from the wholesalers, the number of outlets visited by shoppers which were displaying job aids, or the performance of the retail outlets visiting by mystery shoppers.

Awards should also be given to the exemplar retail outlets. These are outlets that sold mystery shopper efficacious drugs in the right quantities and also gave them accurate and complete information

Awards can be as inexpensive as a certificate of excellence. Samples of efficacious drugs, wall clocks, or informational materials can also be given.

Conclusions

Vendor-to-vendor education is a low-cost intervention that any district in a malaria endemic area can implement. It creates a unique public-private partnership to improve malaria treatment practices in a district. The activity has been proven to work successfully in a rural district of Kenya.

Activities to support VTV can occur at the community and national level. At the community level, efforts to increase consumer demand for effective anti-malarial drugs would be a highly useful complementary activity. In Bungoma district in 2002, the district is implementing a “neighbor-to-neighbor” education activity that assists and motivates neighbors in villages to educate each other on correct malaria treatment.

At the national level, the Ministry of Health and Pharmaceutical Board can support the activity by stepping up efforts to ensure that ineffective anti-malarial drugs do not reach the districts, that drug packaging is correct and legible, and that prices are regulated.

Vendor-to-vendor activities can also be introduced to improve compliance with other treatment guidelines, such as for acute respiratory illnesses or diarrhoeal diseases. However, districts should be careful not to overload the vendors with information. It is probably



A mobile vendor helps improve retail prescribing practices with a job aid

wisest to focus on one set of treatment guidelines per training session.

Districts should feel free to make any adaptations in the VTV approach, training curriculum, or tools to fit their particular needs and budgets. Ideally, the activity would be repeated annually or bi-annually in order to reinforce continually the nation’s malaria treatment guidelines.

Siku tatu baadaye

Nafuna, mtoto wako nimchangamfu sana! Amepona?

Ndio, ulisema ukweli kuhusu madawa za SP! Hata mtaalamu wa madawa alinicleza kwamba SP ni bora.

Ndio! SP inafaa! Wakati mtoto ana joto mwilini tumia madawa za SP haraka kuponya malaria.

USHAURI WA NANDAKO

Habari, Nandako. Mtoto wangu ana joto mwilini. Nadhani ana malaria. Naenda kwa duka: la dawa kununua dawa ya maji.

Pole sana, Nafuna. Nadhani mtoto wangu pia ana malaria. Lakini nitanunua dawa ya SP kama Orodar, Fansidar ama Falcidin. Vile Wizara ya Afya inavyopendekeza katika karatasi haki. Ungetuma SP pia.

Sina hukika. Nataka kuona mtaalamu atapendekeza nini. Nitakuona baadaye.

WAAMBIE MAJIRANI WAKO

1. Uliza dawa za SP kama Orodar, Fansidar, na Falcidin.
2. Tiba kamili ya malaria.
3. Salama kwa wote (hata kwa watoto wachanga).
4. Bei nafuu kwa maana inamezwa mara moja tu.
5. Inamezwa na Panadol.

Watoto waweza kufa haraka pasipo matibabu kamili. Maumivu yakizidi, muone daktari mara moja.
(SP ni sulfadoxine-pyrimethamine)

Logos: Ministry of Health, AMREE, QA, and others.

Part of the consumer education materials used in neighbor-to-neighbor activity

APPENDIX A

Vendor-to-Vendor Formative Research

Sample Interview Guide for Retail Outlets

Greetings. I am here today to ask you a few questions about malaria in the community. I hope that you can spare a few minutes to answer these questions.

1. Who are you? (to respondent)

Owner of shop

Relative of owner

Employee of owner

Other _____

2. Do you sell any medicine here? Yes No
(if no, stop here and go to another outlet)

3. What medicines are you currently selling for malaria?

Name of drug	Price per tab	Dosage you recommend	
		Child (Under one year)	Adult

4. About how many people bought anti-malarial drugs from here yesterday (or the last day you were open)? _____

5. What anti-malarial do you sell the most often? _____

6. What do you think are the main signs or symptoms of malaria? (tick all mentioned)

- fever/chills • stomach ache • headache • loss of appetite
- joint pains • body weakness • vomiting • diarrhea

Other: _____

-
7. Which anti-malarial drug or combination of drugs do you think is the best for children under age one?
Why?
8. Which anti-malarial drug or combination of drugs do you think is the best for adults?
Why?
9. Are there any drugs now commonly sold for malaria that you don't think are very effective? Yes No
If yes, which ones?
10. [If SP is NOT mentioned]: Have you ever stocked fansidar or metakelfin? Yes No
If yes, why are you not stocking them now?

If no, would you be willing to stock them? Why or why not?
11. When a client asks for a drug that you do not think is very effective, what do you do?
12. If a client does not want to buy a complete dose, what do you do?
13. If a mother comes to you and says that she has a very sick child at home, and asks for advice, what do you do?
14. What problems do you face when selling anti-malarial medicines? Please explain.
15. If we were to produce information for you on malaria treatment, what language would you prefer it to be in?

Thank you for your time.

APPENDIX B

Vendor-to-Vendor Formative Research

Sample Focus Group Discussion Guide for Malaria Clients

1. Where did you first go for treatment the last time you or your child had malaria? Why?
2. For private outlets: Did you tell the attendant or shopkeeper what you wanted, or did he or she recommend something to you? Which drug?
3. Did you tell the attendant how much you wanted, or did he/she recommend a certain amount?
4. Were you given any other advice? If so, what?
5. How much did you pay for the treatment the last time?
6. Have you ever gotten credit if you do not have money?

-
7. What do you think is a reasonable price for a full dose of anti-malarials for an adult? For a child?

 8. Which drugs do you think are most effective for treating malaria in adults? In children? Why?

 9. Are there any drugs that you have purchased in the past to treat malaria that you though were not very effective? If yes, which ones?

 10. Do any anti-malarials give side effects for children under one? If yes, please describe.

 11. Do you think that injections are better than tablets for treating malaria? Why or why not?

 12. For children, do you think syrups are better than tablets? If so why?

 13. Do you have any other comments about malaria treatment?

Thank you for your participation.

APPENDIX C

Shopkeeper Job Aid (translation follows)

DAWA ZA MALARIA ZINAZOPENDEKEZWA

DALILI ZA MALARIA:



- Joto mwilini
- Kutapika (hasa watoto)
- Kuumwa na kichwa
- Maumivu ya viungo

Hivi ndivyo vipimo kamili vya tiba ya malaria kumezwa mara moja:

UMRI	SP: Fansidar, Falcidin, Orodar ama Laridox	Na	Panadol ama Elymol Dawanol, Cosmol
Miezi 2-11	☐	(1/2) na	☐ (1/2)
Miaka 1-4	☐	(1) na	☐ (1/2)
Miaka 5-8	☐	(1 1/2) na	☐ (1/2)
Miaka 9-14	☐	(2) na	☐ (1)
Miaka zaidi ya 15	☐	(3) na	☐ (2)

Joto mwilini likiendelea, tumia Panadol kwa kipimo hicho kila baada ya masaa sita kwa siku tatu.



MASHAURI KUHUSU TIBA MPYA YA MALARIA

1. Madawa ya SP yanapendekezwa kama tiba ya kwanza ya malaria.
2. Madawa ya tembe za SP ni bora na bei nafuu kuliko madawa aina ya maji.
3. Mgonjwa asirudie kutumia madawa ya SP hadi baada ya wiki tatu.

SP inafaa hata kwa watoto wachanga

Mteja akiuliza aina ya dawa ambazo hazijapendekezwa (kama dawaquin, malarquin na homaquin)...



Shauri:

Pendekeza aina ya SP (Fansidar, Falcidin, Orodar ama Laridox) na Panadol kwa sababu:-

1. Inafaa zaidi
2. Siyo chungu
3. Inamezwa mara moja tu
4. Ni bora kwa dhamana

Mteja akisema ana mtoto mgonjwa nyumabani na anataka dawa



Shauri:

- Uliza kama mtoto ana joto mwilini. Ikiwa ndivyo:-
- Uliza umri wa mtoto.
- Angalia vipimo vya madawa hapo juu.
- Muuzie na mueleze vipimo sawa.

Kama mteja hana pesa za kutosha kununua kipimo kamili cha madawa haya...



Shauri:

1. Ikiwezekana, mkopeshe kipimo kamili.
2. Isipowekekana, mshauri mteja ampeleke mtoto kwa kituo cha afya.
3. Kamwe, usiuze kipimo kisicho kamili.

Mteja akisema mtoto hajapata nafuu ama ni mgonjwa sana...



Shauri:

Eleza mteja ampeleke mtoto kwa kituo cha afya mara moja.

As of March 2000, these anti-malarial drugs passed quality control standards in Kenya.



Wangari District Health Management Team

Agreement serial number



[Title] **RECOMMENDED ANTI-MALARIAL DRUGS**

[Upper left box with mother and child]

Symptoms of malaria:

- **Body fever**
- Vomiting (especially children)
- Headache
- Joint aches

[Upper right box with dosage chart]

Here are the most effective treatments of malaria that should be taken one time:

AGE	SP: Fansidar, Falcidin, Orodar or Laridox	And	Panadol or Elymol, Dawamol, Cosmol
2-11 months	(½)	and	(1/4)
1-4 years	(1)	and	(½)
5-8 years	(1 ½)	and	(½)
9-14 years	(2)	and	(1)
More than 14 years	(3)	and	(2)

If the fever continues, use Panadol in these dosages every 6 hours for 3 days.

[Caption under sleeping infant] SP is effective even for very young children

[Middle: Sentences under dosage chart]

ADVICE REGARDING THE NEW TREATMENT OF MALARIA

1. SP drugs are recommended for the first treatment of malaria.
2. SP drugs as tablets are the best and a better value than any syrup.
3. A sick person should not use these drugs again for 3 weeks.

[Lower left box of shopkeeper showing drugs]

If a customer comes and asks for drugs that are no longer recommended (like dawaquin, malarquin or homaquin)...

Advice: Recommend an SP drug (Fansidar, Falcidin, Orodar or Laridox) and Panadol because:

1. It works better.
2. It is not bitter.
3. One needs to take it only once.
4. It is a better value.

[Bottom left box of customer giving shopkeeper money]

If a customer does not have enough money to buy a full dose...

- Advice:**
1. If possible, extend credit to the customer.
 2. If this is not possible, advise the customer to get the full dose from a health center.
 3. Never sell the customer an underdose of the drug.

[Lower right box of shopkeeper pointing to dosage chart]

If a customer says that she has a sick child at home and wants a drug...

- Advice:**
- Ask if the child has fever. If yes:
 - Ask the age of the child.
 - Look at the treatment schedule shown above.
 - Sell and explain to her the correct dose of the drug.

[Bottom right box of shopkeeper directing mother to hospital]

If a customer says that the child is not getting better or is very sick...

Advice: Tell the customer that she should take the child immediately to a health facility.

[Note at bottom]

As of March 2000, these anti-malarial drugs passed quality control standards in Kenya. Agreement serial number_____.


[Logos at bottom]

AMREF, Ministry of Health/Bungoma District Health Management Team, USAID, Quality Assurance Project

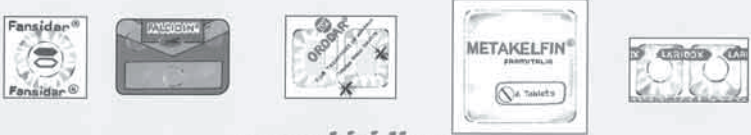
APPENDIX D

Client Job Aid (translation follows)


TIBU MALARIA SAWA SAWA!
Mwenye duka anaweza kukushauri na kukuuzia.



Tumia Mojayapo ya Madawa haya, hata kwa watoto wachanga:



Maumivu yakizidi muone daktari
As of March 2000, these anti-malarial drugs passed Quality control standards in Kenya.



[Title] **TREAT MALARIA CORRECTLY!**

[Subtitle] Your store can advise you.

[Picture of woman purchasing Fansidar from a shopkeeper for her sick children.]

[Text below picture] Use one of these drugs, even for a very young child:

[Pictures of Fansidar, Falcidin, Orodar, Metakelfin and Laridox]

[Curved text] If the sick person does not get better, see a doctor.

[Note at bottom] As of March 2000, these anti-malarial drugs passed quality assurance standards in Kenya.

[Logos at bottom]

AMREF, Ministry of Health/Bungoma District Health Management Team, USAID, Quality Assurance Project.

APPENDIX E

Sample Guide for Orientation Session with Wholesale Owners

Note: This session should be led by the VTV team.

Purpose

It is important that shopkeepers and private practitioners know the current malaria treatment guidelines so that the residents of the District receive effective treatment for malaria. Whenever customers buy anti-malarial drugs at a shop, pharmacy, or clinic, they should receive an effective treatment that is not expired. They should also purchase the correct dosage (whether for a child or for an adult) and receive correct instructions on how to take the drug and what to do if the sick person does not get better.

Strategy: Vendor to Vendor

The District Health Management Team is seeking to create a partnership with you, the wholesale sellers of drugs. Because you interact daily with retailers such as shopkeepers, chemists and private doctors, we wish to enlist your cooperation in communicating the malaria guidelines to them. There are too many shops and private clinics in this district for health workers to reach them all and it would be difficult to bring them all together for a training. Instead, we hope that when a shopkeeper or private practitioner comes to buy drugs at a wholesale pharmacy or supermarket, they will receive a brief orientation in the malaria treatment guidelines. (We will also ask for the cooperation of mobile vendors who sell to shops.)

We have created a job aid to help shopkeepers and private practitioners dispense anti-malarial drugs. Shopkeepers and pharmacists should place the job aid where they can use it when they sell drugs. We have also printed a poster to inform clients of the recommended treatment and that shops are now able to sell it.

Why we need your support

As the owners of wholesale pharmacies and shops, we need your help to make this activity successful. We need you to support this activity in the following ways:

1. Allow your attendant(s) to participate in a one-day training session, to be held on a work day. The attendants will learn how to use the job aid to communicate the malaria guidelines to shopkeepers and private practitioners.
2. When a shopkeeper or other private practitioner comes in to buy drugs for malaria, allow your attendant to orient them on the new malaria guidelines. This may mean that other attendants need to serve the customers while one attendant is giving the orientation.

Why you should support this activity:

- You will be supplying shops and chemists with the most effective malaria drug.
- By selling the most effective drug you will get positive feedback and you will have a good reputation in the community.

-
- Retailers will respect you for giving them information that assists them to sell drugs.
 - You will help the community to fight malaria.
 - **You will be saving lives**, especially of babies and children under 5 years.

Responsibilities of attendants:

The following is what we expect of your attendants after they attend the one-day training:

1. When a shopkeeper comes in to buy malaria drugs, explain which drugs the government now recommends as the most effective treatment for malaria.
2. Explain to the shopkeeper or other private practitioner that these drugs can now be sold without a prescription at any shop, not just pharmacies or chemists. Show proof if necessary.
3. Give the shopkeeper or other private practitioner a job aid, explain how to use each section and tell them to hang it in the shop where they can easily use it when someone wants to buy a malaria drug. (*Note: if they have already received a job aid from someone else, do not give them another one.*)
4. Ask the shopkeeper or other private practitioner to explain the job aid back to you so that you know that he or she has understood it.
5. Give these key messages:
 - SP is not too strong for young children
 - Panadol should always be given with SP, even if the child is not feverish
 - If you treat malaria right the first time you will save money later
6. Tell the shopkeeper or private practitioner to hang the job aid where he can easily see it when serving clients.
7. Give the shopkeeper a poster to hang at the shop where clients can see it.
8. Ask the shopkeeper or other private practitioner to sign an agreement saying that they have received the job aid and will follow the new guidelines. Sign the agreement yourself. Give one copy to the shopkeeper or other private practitioner; keep the other copy. Once you have 15 receipts, please submit them to the District Health Officer.
9. When the shopkeeper or private practitioner returns, ask them if they have any questions about the malaria treatment guidelines or about the job aid.

Do you have any questions or comments? [Encourage discussion.]

We also want you to know that the wholesale outlet which educates the most shopkeepers and private doctors will receive an award from the District Health Office.

Thank you for your participation in this important activity.



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