

# **Management Sciences for Health Health Commodities and Services Management Program Work Plan: October 1, 2013–September 30, 2014**

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Revised October 2013



MSH/Health Commodities and Services Management

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## **About Management Sciences for Health/Health Commodities Services Management Program**

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

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## ACRONYMS

ADR	adverse drug reaction
ADT	ARV Dispensing Tool
AIDS	Acquired Immune Deficiency Syndrome
AMPATH	Academic Model Providing Access to Health
AL	Artemether-Lumefantrine
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	antiretroviral therapy
ARV	antiretroviral
CDC	US Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CPD	Continuing Professional Development
DANIDA	Danish International Development Agency
DHMT	District Health Management Team
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DON	Department of Nursing
DOP	Department of Pharmacy
DRH	Division of Reproductive Health
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family Planning
F&Q	Forecasting and Quantification
GOK	Government of Kenya
HCSM	Health Commodities and Services Management [program]
HIV	Human immunodeficiency virus
HIS	Health Information Systems
HMT	Health Management Team
HSS	Health System Strengthening
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Interagency Coordinating Committee
IEC	Information Education and Communication
IMC	International Medical Corps
ITT	Inventory Tracking Tool
KEMSA	Kenya Medical Supplies Authority
KMTC	Kenya Medical Training College
KNDI	Kenya Nutritionists and Dieticians Institute
KNPF	Kenya Health Policy Framework
KNPP	Kenya National Pharmaceutical Policy
KPA	Kenya Pharmaceutical Association
PSK	Pharmaceutical Society of Kenya
LMIS	Logistics Management Information System
MIS	Management Information System

MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
M&E	Monitoring and Evaluation
NASCOP	National AIDS & STI Control Program
NBTS	National Blood Transfusion Services
NGO	nongovernmental organization
NHSSP	National Health Sector Strategic Plan
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
NQCL	National Quality Control Laboratory
OJT	On the Job Training
PHC	Primary Health Care
PHP	Public Health Programs
PMI	President’s Malaria Initiative
PMIS	Pharmaceutical Management Information System
PMS	Post Marketing Surveillance
PPB	Pharmacy & Poisons Board
PQMP	Poor Quality Medicinal Product
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
RDT	Rapid Diagnostic Test
PSK	Pharmaceutical Society of Kenya
RTK	Rapid Test Kits
PV	Pharmacovigilance
QA	Quality assurance
QC	Quality Control
OI	Opportunistic Infections
QoC	Quality of Care
RDT	Rapid Diagnostic Test (kits)
RH	Reproductive Health
RTK	(HIV) Rapid test kits
SADR	Suspected Adverse Drug Reaction
SDP	Service Delivery Point
SOP	Standard Operating Procedure
TA	Technical Assistance
TB	Tuberculosis
ToR	Terms of Reference
TWG	Technical Working Group
UON	University of Nairobi
USAID	US Agency for International Development
USG	United States Government
WHO	World Health Organization

# BACKGROUND

## Introduction

The main goal of Kenya’s Health Policy 2012–2030 is to attain the highest possible health standards in a manner responsive to the population needs. The policy aims to achieve this goal through supporting provision of equitable, affordable, and quality health and related services at the highest attainable standards to all Kenyans.<sup>1</sup> Furthermore, the Kenya Health Sector’s Strategic Plan (KHSSP 2012-2017) titled “Transforming health: accelerating attainment of health goals” provides an overall framework for achievement of health impact.

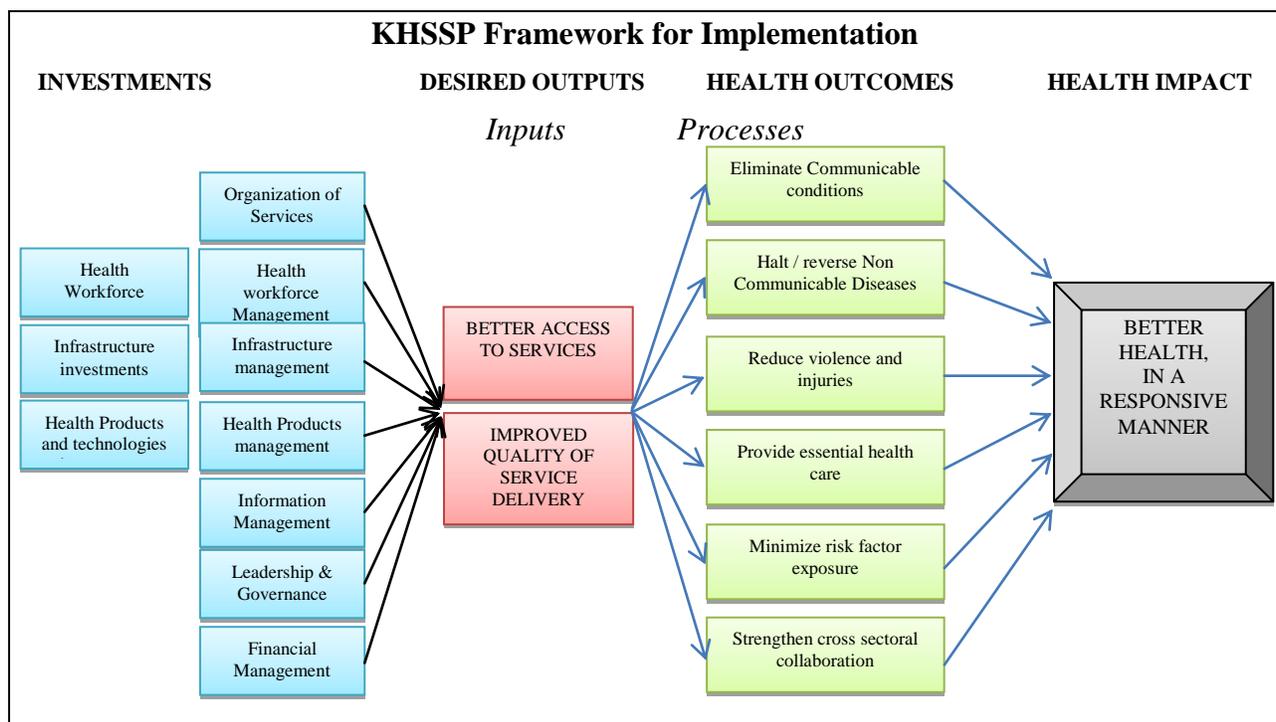


Figure 1. KHSSP Framework for implementation

One of the key investment that needs to be prioritized to attain better health for the approximately 40.5 million Kenyan beneficiaries<sup>2</sup> is the provision of safe, good quality and adequate health products and technologies, and manage them appropriately to ensure that they are accessible to all Kenyans when needed. This is a huge financial undertaking and requires that the Government’s annual expenditure on health accounting for 29 percent of the total expenditure on health be supplemented through support (approximating 35 percent of the total health expenditure) from development partners.<sup>3</sup>

<sup>1</sup>Kenya’s Health Policy 2012–2030

<sup>2</sup> World Bank, <http://data.worldbank.org/country/kenya>

<sup>3</sup> National health accounts: country information Kenya. Geneva, World Health Organization, 2009/2010. [http://www.who.int/nha/country/ken/kenya\\_nha\\_2009-2010.pdf](http://www.who.int/nha/country/ken/kenya_nha_2009-2010.pdf)

Supply Chain Mapping within the Kenya Health Sector

Value Stream - Status as at September 2013

Kenya Programs: TB, Malaria, FP, HIV-Lab, ART,EMMS

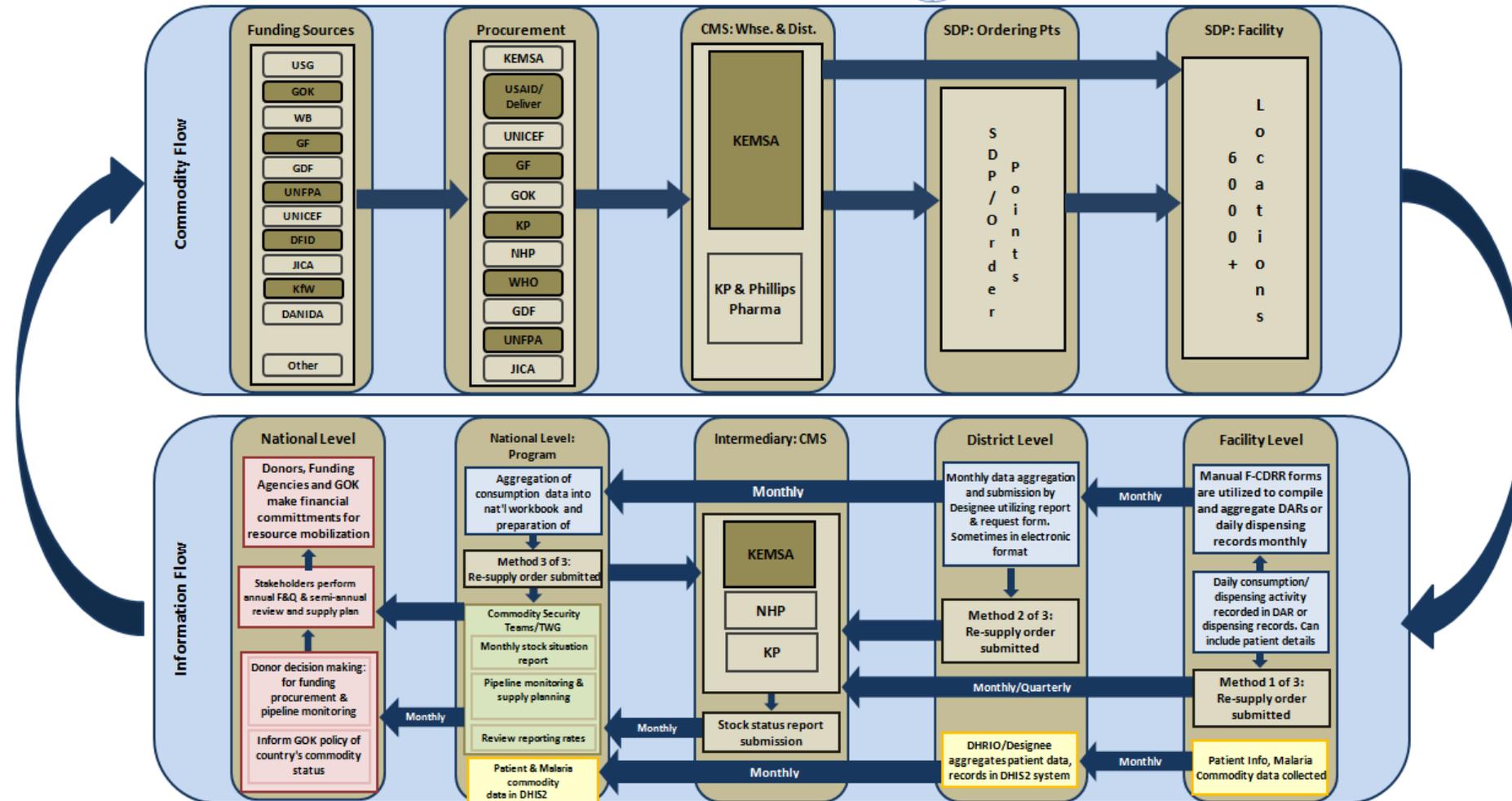


Figure 2. Commodity and Information Flow within Kenya's Supply Chain

The current flow of health commodities and information in the Kenya logistics system is described in Figure 2. It shows the complexity of the task, of providing adequate and safe health products and technologies and ensuring their good management. The map outlines roles and interactions from the funding sources, procurement agencies, service delivery points, health facilities, and national level program entities as well as highlights the staging processes for warehousing and distribution, reporting cycle from the health facilities and processes involved in the aggregation, resupply, and national level use of the information at program donor and stakeholder levels.

### **USAID/Kenya Support through Health Commodities and Services Management Program**

Support from the US Agency for International Development (USAID) to the health sector focuses on creating an enabling environment, structure, and supporting systems with a goal of sustainably improving health services and outcomes. It is well known that health outcomes and services in Kenya are hampered by the irregular supply of health commodities at public sector delivery points, as well as poor quality of pharmaceuticals in the private sector. The problem is aggravated by inappropriate use of the available commodities, system-wide service delivery challenges, and overall weak governance structures resulting in poor leadership and coordination especially within the pharmaceutical and laboratory sub-sectors of the health system. For this reason, USAID/Kenya prioritizes support to the strengthening health commodity and pharmaceutical management systems so that high quality health commodities and services can be delivered in the most effective and efficient manner throughout the health system.

The Health Commodities and Services Management (HCSM) Program is one of USAID/Kenya's mechanisms designed to strengthen health commodity and pharmaceutical management systems in line with USAID's goal. While HCSM is associated with supply chain and logistics mechanisms, it also addresses a wide range of commodity and pharmaceutical management issues that help improve overall health outcomes such as governance, standards for pharmaceutical services, pharmacovigilance, rational medicine use and drug resistance, integrating new health technologies, and the role of the private sector. To ensure its contribution to the achievement of health outcomes, the HCSM program aligns its interventions with the relevant Kenyan Government priority health program strategies that work to contain conditions causing major disease burden (namely HIV and AIDS; maternal, neonatal and child health conditions; malaria; and tuberculosis) and with US government's goals and objectives as envisioned in the USAID Kenya Five Year Implementation Framework for the Health Sector (2010-2015). Overall, HCSM's main objective is to support the implementation of the following:

- The Kenya National AIDS Strategic Plan (2009/10 –2012/13) and the draft KHSSP, (July 2012–June 2017) outlines the key HIV program goals and expected achievements in the areas of commodity management. These are echoed by the US President's Emergency Fund for AIDS Relief's (PEPFAR) Country Operational Plan (2013). Overall, the government aims at provision of cost-effective prevention, treatment, care and support services, informed by an engendered rights-based approach to realise universal access, which is undertaken by all stakeholders involved in the Health sector service delivery.

- The Division of Malaria Control, through the National Malaria strategy (2009–2017), aims at providing parasitological diagnosis and effective treatment to all (100 percent) of suspected malaria cases presenting to health facilities countrywide. The US President’s Malaria Initiative (PMI) through its Malaria Operational Plan (2013) aims at helping the national malaria control program achieve set goals. PMI hopes that by 2015, 85 percent of government health facilities will have diagnostics and artemisinin-based combination therapy available for the appropriate diagnosis and treatment of uncomplicated malaria and that that 85 percent of children under age 5 with suspected malaria will have received the combination therapy within 24 hours of onset of symptoms.
- The Division of Reproductive Health (DRH), through the Kenya National Reproductive Health (DRH) strategy (2009-2015) is focused on enhancing the reproductive health status of all Kenyans by increasing equitable access to reproductive health services; improving quality, efficiency, and effectiveness of service delivery at all levels; improving responsiveness to the client needs; and to reduce unmet need for family planning, unplanned births as well as socioeconomic disparities in Contraceptive Prevalence Rate. USAID/Kenya’s Family Health program aims to improve and expand the quality, access, and use of facility and community based family planning (FP), reproductive health (RH), and maternal and child health services.
- The Division of Leprosy Tuberculosis and Lung Diseases (DLTLD)’s overall objective is to reduce the burden of lung disease in Kenya and render Kenya free of tuberculosis (TB) and leprosy. The DLTLD Strategic Plan 2011-2015 outlines the key targets of DLTLD to increase case detection rate of bacteriologically confirmed TB from 72 percent to 80 percent by 2015; and to successfully treat 90 percent of registered TB cases by 2015. USAID support to Kenya for TB aims at increasing the proportion of incident TB cases identified and treated to over 95 percent of all forms of TB in all counties; thereby reducing disparities between regions (or counties) and further increasing case notifications.

Launched on April 1, 2011, and designed to run through March 30, 2016, HCSM has used PEPFAR, PMI, and other USAID funding to work as a national level partner with peripheral reach to contribute to strategic KHSSP target categories as follows—

- Reduce the percentage of time out-of stock (in days per month) for essential medicines and medical supplies (EMMS) through attainment of health input and process investment targets in the areas of health products, health leadership and health information
- Improve access to services and quality of care through attainment of health investment output targets
- Improve the elimination of communicable disease conditions, provision of essential health services and minimize exposures to health risk factors through attainment of health and related service outcome targets

## Accomplishments to Date

Through support from HCSM alongside stakeholders and partners, significant strides have been made to provide target populations in Kenya access to affordable, quality health commodities, and services at all time. The table below summarizes some of the key achievements made by Kenya's health programs through HCSM's contributions from April 2011 through September 2013.

### HIV/AIDS

- ARV Dispensing Tool (ADT) has continued to be the tool of choice by health workers at ART service delivery points for dispensing ARVs as it facilitates accountability and reporting. The total number using the tool to 364 by end September 2013 (213 ordering points and 151 satellite sites). By September 2013, about 81% of patients are being served at health facilities using the ADT. Trainings have been undertaken in all regions and at least 395 health workers have been reached so far
- There have been zero stock-outs of ARVs at the central level resulting from HCSM's technical assistance (TA) to the National AIDS and STI Control Program (NASCOP) on monthly commodity stock status and pipeline monitoring, support to the central level HIV commodity security committee and the annual forecasting and quantification<sup>4</sup> for HIV and AIDS commodities.
- ART reporting rates have remained high throughout the implementation period and increased marginally from 84 percent at the start of the project to 94 percent currently (as at end July 2013). HCSM provided support to ongoing decentralization of ART pharmaceutical commodity management in Coast and North Eastern province (NEP) regions, and also supported the monthly follow up of non-reporting sites through the HIV commodity security committee.

### Malaria

- There is improved availability of malaria diagnostics in health facilities with 90 percent now able to provide malaria diagnostics services. HCSM provided support to the quantification and forecasting of rapid diagnostic test (RDTs) kits needs as well as the formulation of an RDT kits roll-out plan in Kenya that serves as an implementation and resource mobilization instrument.
- Improved adherence to malaria treatment guidelines with 55 percent of suspected malaria cases treated in accordance with the guidelines from 28 percent in 2010. Furthermore, Only 17 percent of patients testing negative for malaria were treated with any antimalarials, compared to 53 percent at baseline in 2010. HCSM provided support to the training on the use of RDTs for 3,000 out of a total of 3,500 health workers employed in

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<sup>4</sup> *Quantification refers to both forecasting and supply planning. However, in the Kenya context and in this document, the term Forecasting and Quantification has been used. It should be noted that whereas it appears incorrect, it's not meant not to distort the meaning but just make it applicable for the Kenya context since that's how it's understood.*

facilities where RDTs are meant to be distributed. HCSM also supported the development and dissemination of RDTs testing job aids to 3,000 facilities, representing around 86 percent of the total requirement in the country.

- An uninterrupted supply of antimalarials at Kenya Medical Supplies Authority (KEMSA) and also in facilities countrywide, where 80 percent of facilities have had ACTs in stock all year round. HCSM has built capacity for appropriate forecasting and quantification and routinely undertakes central level stock status monitoring.

### **Tuberculosis**

- The TB program saw an improvement in the availability of commodity tracking tools at the facility level from 78 percent in 2011 to 87 percent in the 2013. HCSM provided support to the review, printing, and dissemination of Logistics Management Information System (LMIS) tools to all the 2,818 (100 percent) TB treatment sites in Kenya through their respective district stores.
- At the central level, there have been no stock-outs of anti-TB drugs for the last year. HCSM provided support to the annual quantification of TB commodities with a follow-on partners' meeting to mobilize resources to bridge the financial gap. Funding commitments were obtained that closed the financial gap to guarantee commodity security. Monthly stock status reports and pipeline monitoring facilitated by HCSM ensured that timely actions were taken to avert stock-outs of key commodities.

### **Family Planning**

- At the central level, there have been zero stock-outs of Depot Medroxyprogesterone Acetate (DMPA) and male condoms since April 2011. Reduced stock-out levels have also been recorded for other FP commodities. At the facility level, 18 percent of sampled facilities reported stock-outs of DMPA compared to 26.4 percent at baseline in 2011. HCSM provided support for commodity security through support to quantification activities and monthly pipeline monitoring and stock status reporting as well as automation of the national stock status reports.
- There has been an increase in the availability of FP commodity tracking tools in the country with 96.7 percent of sampled facilities in January 2013 having the daily activity register, compared to 87 percent at the start of the project. HCSM support included review and distribution of LMIS tools to 234 districts out of 281 districts and 3,824 Service Delivery Points (SDPs) out of a total of 4107, representing 91 percent of all SDPs.

### **Laboratory**

- Improved inventory management demonstrated by the availability and use of laboratory stock cards which has risen to 79% in 2013 from the baseline level of 52% in 2011. This has been achieved through enhanced dissemination of laboratory inventory tools to 95%

of all facilities and intensive capacity building using mentorship and OJT to laboratory staff in over 300 facilities.

- Improved CD4 and Rapid Test Kits (RTK) reporting rates from 30% in 2011 to 60% in 2013. Some former districts have achieved very high reporting rates such as Kiambu East consistently maintaining reporting rates of over 90%. This can be attributed in part to the training of all regional lab managers (DMLTs, PMLTs and PMLSOs) on how to use lab LMIS and inventory management tools by central level MoH focal persons with support from the project.
- Contributed to continuous availability of HIV laboratory commodities at the central level. Specific activities towards this goal include the program's support to NASCOP for quantification and pipeline monitoring for HIV commodities and the training and mentorship of all target central level lab staff (10) on quantification.

### ***Pharmaceutical Services***

- Reports for poor quality medicines received at the Pharmacy and Poisons Board (PPB) have increased from 175 (June 2011) to 489 currently representing over 170 percent increase in reporting. This information has led to several regulatory actions being undertaken by the PPB like recalls, withdrawal of market authorization and closure of a pharmaceutical company. HCSM has supported integration of Post Marketing Surveillance across all priority health programs.
- Reports for adverse drug reactions (ADRs) received at PPB have increased from 1459 (Sept 2011) to over 7690 currently representing over 420 percent increase in reporting. Over 80 percent of the reports are related to ARVs and this information was used for review of the 4th edition ART guidelines in 2011. Subsequently there is increased vigilance for monitoring ADRs, 12 HIV-ADR surveillance sites have been identified and plans for cohort event monitoring are underway. HCSM has supported the PPB in the development and launch of an innovative integrated electronic pharmacovigilance reporting system for ADRs and poor quality medicines in the current year. Since May 2013, 648 ADRs and 57 poor quality medicines reports have been submitted and captured into the system
- Availability of the essential medicines list and pharmaceutical service charters at facilities increased from 16 percent and 15 percent at baseline in 2011 to 53.5 percent and 29 percent respectively in 2013. These resources guide clinical practice and service delivery at the facility and district level and promote rational medicines use. HCSM has also provided support to the dissemination of the Pharmaceutical Charter and standard operating procedures (SOPs).

## **Devolution and implications on Commodity and Pharmaceutical Management Systems**

While HCSM and other partner efforts to improve availability and appropriate use of quality health products is yielding desired health outcomes, the declaration of the Kenya Constitution 2010 and the on-going devolution of government functions to county level have ushered in a new era for the county's health system as it prescribes a radical change in the way the sector is managed and services provided to the population. A devolved government in Kenya means that there are two levels of government: one national government and 47 devolved governments of the counties. County governments are distinct from the national government with executive and legislative arms (no judiciary) and both levels are inter-dependent and are to conduct functions on the basis of consultation and cooperation. The devolved government also means a far-reaching change of roles of the governments in provision of health services; some of these roles are exclusive, concurrent and residual.

- The national level, including the MOH, is *exclusively* responsible for the national referral health facilities, health policy regulation and standards, capacity building, and technical assistance to counties whereas the counties are responsible for county health services.
- *Concurrent* functions of the two levels include resource mobilization, disease prevention and control, monitoring and evaluation, health information systems, human resource management, partnerships, and procurement of health products and technologies.
- *Residual* functions for the national level include regulation of health products and technologies; setting norms and standards, regulation of health professionals, health research and regulation of medical training institutions.

As the devolution aims to guarantee the right to health care with a declaration that all Kenyans are entitled to the highest attainable standard of health including the right to health care services, the transfer of functions, powers, and authority from the central level to the 47 counties is accompanied by both opportunities and challenges for program planning.

### ***Opportunities***

Because of the maintained role of the national level in the areas of health policy regulation and standards as well as capacity building and technical assistance to counties, investments made over the years can be built upon. HCSM can continue to focus on the national level and play a leadership role in providing commodity management and pharmaceutical and laboratory services; it can also provide priority counties with targeted technical assistance.

Investments previously made in developing policies, regulatory frameworks and legislation; selecting national essential health products and technologies; developing guidelines and standards; developing health commodity management systems, tools and budgets; and dissemination and capacity building of the periphery can be built upon for the benefit of this new health system.

**Challenges**

Devolution implications along the health commodity and pharmaceutical management framework are summarized in figure 3.

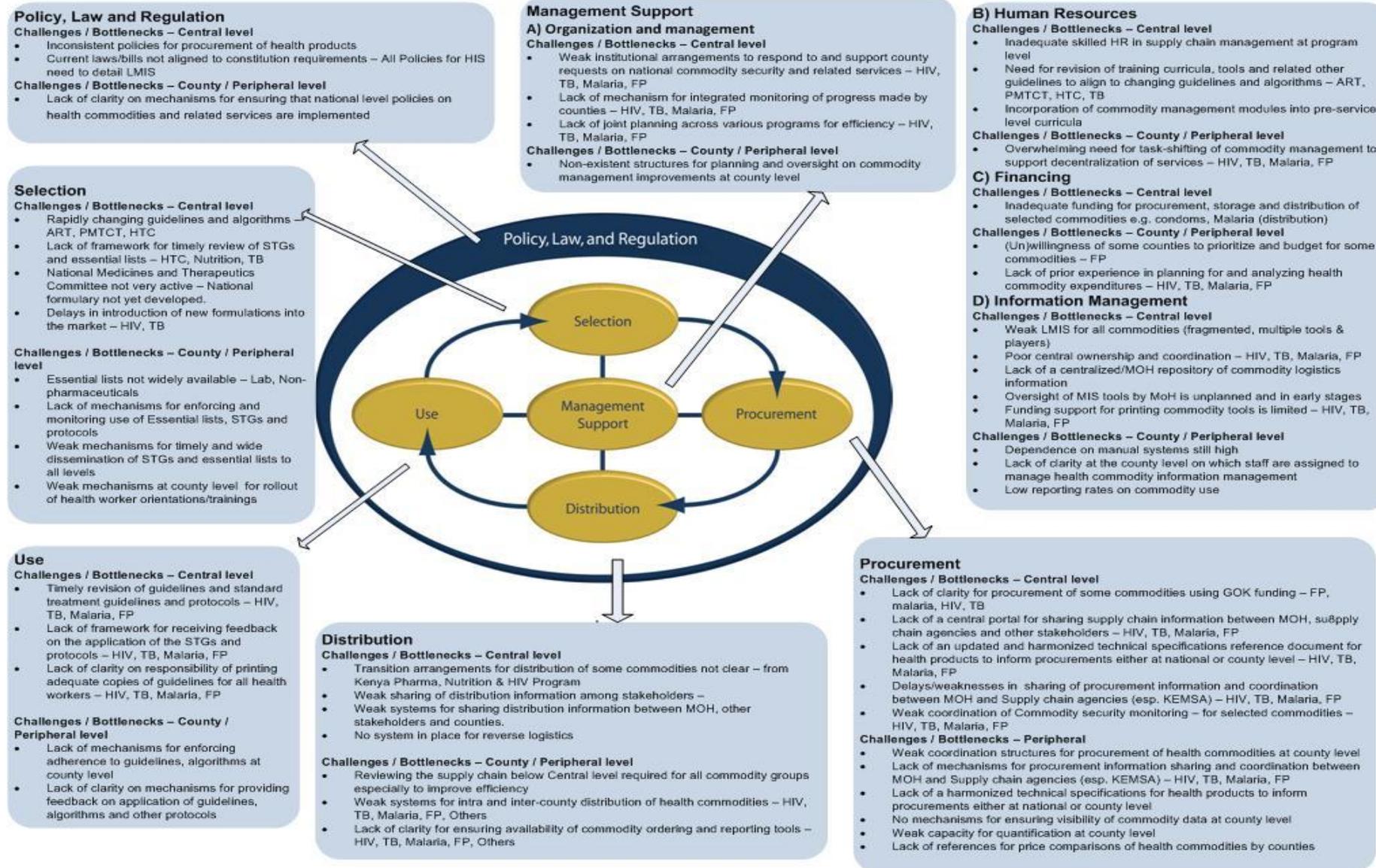


Figure3. Challenges to achieving outcomes as outlined by the pharmaceutical management cycle (Ref MSH)

**Table 1. Devolution Challenges, Opportunities, and Gaps for HCSM Technical Assistance**

<b>Pharmaceutical management cycle component</b>	<b>Role of Country versus National Level</b>	<b>Devolution Related Challenges</b>	<b>Opportunities/Gaps for HCSM Technical Assistance</b>
Selection	County will adopt/adapt national commodity guidelines based on priorities whilst national level will be responsible for selection of national essential health products and technologies (commodity) list	<ul style="list-style-type: none"> <li>• Meeting unique county demands</li> <li>• Inadequate dissemination of guidelines</li> <li>• Irregular reviews of STGs, EMLs, and other guidelines</li> <li>• Revision of HIV training curricula, tools and related other guidelines to align to guidelines, e.g. roll-out of the drug combination HAART to all PMTCT sites</li> </ul>	<ul style="list-style-type: none"> <li>• Review of materials, tools and the other related guidelines</li> <li>• Dissemination and use at county level</li> <li>• Monitoring and evaluation (M&amp;E) of availability and use for subsequent reviews.</li> </ul>
Procurement	County will concurrently procure health commodities with national level. In addition, national level will continue to provide guidelines and regulations for procurement of health commodities	<ul style="list-style-type: none"> <li>• Lack of capacity for quality assurance and price comparisons at county level—parallel procurement mechanisms exist</li> <li>• Counties must determine their needs but have weak capacity</li> <li>• Reliable, timely, accurate consumption and stock data unavailable</li> <li>• Weak standardization and skills transfer for forecasting and quantification process</li> <li>• Poor coordination of commodity security monitoring</li> <li>• Weak LMIS and PMIS</li> <li>• Poor procurement information sharing and coordination between programs, donors, and supply chain agencies (especially KEMSA)</li> </ul>	<ul style="list-style-type: none"> <li>• Guidelines for MOH and counties for undertaking forecasting and quantification, supply planning, procurement planning</li> <li>• Innovative tools for forecasting and quantification</li> <li>• Develop national technical specifications for commodities</li> <li>• Strengthen commodity security governance structures</li> <li>• Improve national LMIS</li> </ul>
Distribution and Storage	County will disseminate and implement distribution guidelines/standards and store and distribute health commodities (e.g., RH/FP) while national level (KEMSA) will develop guidelines and standards, continue to distributes program commodities and EMMS; MEDS will distribute to FBO sector; and Kenya Pharma distributes PEPFAR-funded ARVs	<ul style="list-style-type: none"> <li>• Weak capacity for local distribution and re-distribution at county level</li> <li>• Transition of Kenya pharma functions to KEMSA likely to happen but still unclear</li> <li>• Poor distribution information sharing and coordination between programs and supply chain agencies (esp. KEMSA)</li> <li>• No system in place for reverse logistics</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen commodity security governance structures</li> <li>• Develop guidelines for supply chain management including re-distribution</li> </ul>

Pharmaceutical management cycle component	Role of Country versus National Level	Devolution Related Challenges	Opportunities/Gaps for HCSM Technical Assistance
Use	County will disseminate and implement policies, guidelines and tools developed by national level for appropriate use of medicines and commodities	<ul style="list-style-type: none"> <li>• Timely revision of STGs and other guidelines</li> <li>• Enforcing adherence to guidelines, algorithms at county level</li> <li>• Inadequate dissemination and promotion of guidelines</li> <li>• No clear framework for M&amp;E and receiving feedback on use of STGs and algorithms</li> </ul>	<ul style="list-style-type: none"> <li>• Review of materials and guidelines</li> <li>• Support pharmacovigilance and post-market surveillance of ARVs and other medicines.</li> <li>• Develop a framework for monitoring use of STGs, algorithms, and other protocols</li> </ul>
Management Support <i>Human Resources</i>	County will identify HRH needs, recruit and deploy human resources while national level sets standards, disciplinary control and capacity building	<ul style="list-style-type: none"> <li>• Inadequately skilled HR in supply chain management at program level</li> <li>• Pharmaceutical/commodity management not fully integrated into pre-service curricula</li> <li>• Inadequate HR capacity – understaffing</li> <li>• Task-shifting for commodity management, especially in health centres and dispensaries</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate commodity management into pre-service curricula</li> <li>• Review and integrate commodity management related training curricula, tools and related guidelines</li> </ul>
Management Support <i>Financing</i>	County will be responsible for budgeting and fund allocation whilst national level is responsible for policy formulation and development of budgets for procurement	<ul style="list-style-type: none"> <li>• Inadequate funding for selected commodities (e.g. condoms)</li> <li>• Inaccuracy of consumption data</li> <li>• Many parallel commodity grants from partners with different purposes</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for additional GoK funding, use of GF support</li> <li>• Capacity build on commodity management and data for decision making</li> </ul>
Management Support <i>Information Management</i>	County will implement health systems while national level will develop health commodity management systems, policies and standards	<ul style="list-style-type: none"> <li>• Lack of clarity at the county level on which staff are assigned to manage health commodity information management</li> <li>• Dependence on manual systems still high</li> <li>• Low reporting rates</li> <li>• Poor central ownership and coordination</li> <li>• Lack of a centralized/MOH repository of commodity logistics information</li> <li>• Oversight of MIS tools by MOH is unplanned and in early stages</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize National LMIS Framework</li> <li>• Advocate for formation of a national level LMIS-TWG</li> <li>• Refine LMIS for all commodities and provide standards and guidelines for commodity information management</li> <li>• Transition to use of electronic</li> </ul>

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*Background*

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<b>Pharmaceutical management cycle component</b>	<b>Role of Country versus National Level</b>	<b>Devolution Related Challenges</b>	<b>Opportunities/Gaps for HCSM Technical Assistance</b>
Policy, legal, regulation	County will be responsible for policy implementation and some policy formulation whilst national level will develop policies, regulatory frameworks, and legislation	<ul style="list-style-type: none"><li>• Funding support for printed tools limited</li><li>• Policies for health information system need to detail LMIS</li><li>• Some laws and bills not aligned to the current constitutional requirements</li><li>• Enforcement and adherence to policies by counties</li><li>• Counties may desire to formulate own policies</li></ul>	tools and reporting system  <ul style="list-style-type: none"><li>• Support to development and review of health related commodity policies, guidelines, regulatory frameworks and legislation.</li></ul>

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The broader challenges from HCSM's perspective are that:

- The magnitude of the change is huge and complex
- There are still unresolved issues, e.g., handling human resources and health commodities
- There is not enough information/communication about what is going on
- There is confusion of roles between national and county levels/institutions
- The national level is struggling to devolve some of their functions, resulting in delays in planning and execution
- The resources required for operationalizing the change is large (devolution is expensive)
- There exists weak or limited capacities (in some counties) to carry out certain functions
- Adjusting to changes in roles and responsibilities at all levels of the health system: government, leadership will require some effort
- County level decision making will mean multiple engagements as there are many governments to deal with
- The new legal frameworks will require the set-up of many governance boards
- There will be a greater need for coordination
- USAID will require reports by county

With the current understanding and through consultations and an ongoing analysis of the situation, HCSM will continue to adapt its strategic approach to ensure added value and impact of USAID-funded interventions. The interventions in this HCSM work plan (from October 1, 2013 and September 30, 2014) are selected already as a result of consultations held with USAID/Kenya staff, priority MOH divisions (e.g. NASCOP, Division of Malaria Control [DOMC], DLTLD), Department of Pharmacy, Pharmacy and Poisons Board, KEMSA, National Public Health Laboratory Services, Mission for Essential Drugs and Supplies (MEDS), collaborating stakeholders, multidisciplinary teams from health facilities, counties, and other implementing partners.

## STRATEGIC APPROACH

### **Problem Statement**

There is a need to ensure that establishment of devolved county structures in Kenya does not adversely affect the gains made in access to affordable health commodities and services as this would constrain the achievement of health outcomes despite available funding and significant disease control efforts made by important health program such as HIV and AIDS, malaria, maternal and child health, and TB.

### **Portfolio Vision/Goal**

Specific funding has been pledged to HCSM by USAID/Kenya for implementation of this work plan. As with previous work plans, a health system strengthening approach will be pursued to achieve sustainability; however, to improve health outcomes, the work plan will predominantly focus on HIV and AIDS prevention, care, and treatment through funding from PEPFAR; malaria through PMI; and family planning, maternal, neonatal and child health through additional funding.

### ***USAID Health Team Expectations***

Funding sources and expectations of HCSM as dictated by USAID/Kenya's operational planning documents are shown on the next few pages.

**Funding Source:** HIV and AIDS funding to HCSM: \$ 2,791,598

**Planning Document:** PEPFAR Country Operational Plan (COP) FY13

**Approach USAID expects HCSM to use:** Work collaboratively with the National AIDS Control Council (NACC) and MOH departments (NASCOP, NPHLS, NBTS, DLTLTD, DRH, PPB, and Department of Pharmacy), implementing partners and other stakeholders to support management of the commodities required for HIV and AIDS diagnosis, care, and treatment. System strengthening activities are expected to target decentralization, strengthening of peripheral level structures, and task shifting activities, including support policies and guidelines.

*National level work:* At the national level, support development and implementation of policies and structures that will guide and oversee health commodity management and related services at the peripheral level. Target strengthening structures such as the HIV and AIDS commodity Technical Working Groups (TWGs), procurement and Supply Chain interagency coordinating committee (ICC), national medicines and therapeutic committee, national laboratory commodity committee. Work with the regulatory authorities and the training institutions to promote quality pre-service, internship and continuous professional development programs for efficient supply chain of HIV and other health commodities and quality service delivery. Improve quality of care and retention of patients started on ART by working with NASCOP and PPB to promote adherence through improved appointment keeping, adherence monitoring, defaulter tracking, and monitoring and reporting of adverse drug reactions (ADRs) and post-market surveillance of ARVs.

*Peripheral level work:* Work to strengthen systems for health commodity management primarily at the health facility level and at the community level to a limited extent in line with the community strategy. At the peripheral level, work to support the county and district health teams to provide stewardship, and oversight on commodity management interventions including mentorship, providing tools, on-the-job training in specific areas, strengthening planning skills, and using data for decision making. HCSM will also initiate additional stock level monitoring through use of electronic tools including mobile technology in priority counties to reduce stock-outs. HCSM will work with MOH and other stakeholders to initiate structures for motivating MOH staff based on performance to promote good commodity management practices.

**Expected results:** Key expected results include improved integration of services, national level commodity requirements planning and use of data for decision making, stock-status monitoring at national and peripheral level, facility commodity usage reporting of ARV medicines(>90 percent) and HIV laboratory reagents (75 percent).

**Funding Source:** Malaria funding to HCSM: \$1,750,000

**Planning Document:** PMI Malaria Operational Plan FY13

**Approach USAID expects HCSM to use:** Support and monitor malaria diagnosis and treatment. Support malaria diagnosis: Provide implementation support for roll-out of rapid diagnostic tests. Specifically, provide funding for training, supportive supervision and monitoring of implementation of the RDT nationwide roll-out plan, including implementation of the quality assurance and quality control system, to ensure adherence to the DOMC policy guidelines for treatment and laboratory diagnostics. Work with the DOMC and implementing partners to provide technical assistance and program implementation from the community to district and provincial levels to ensure a functional and robust laboratory diagnostics system for malaria.

Provide technical assistance for supply chain management at peripheral level. Target lower levels of the antimalarial supply chain from district to facility level in the highly endemic districts. Heighten monitoring of program commodities including artemether-lumefantrine, sulphadoxine-pyrimethamine, and RDTs. Improve LMIS reporting rates. Provide technical and financial support to the DOMC, Division of Pharmacy, and district pharmacists for quantification of medicine and diagnostic needs, procurement, distribution and supervision of stock monitoring, on-the-job training and collection of antimalarial drug consumption data. Monitor quality of care for malaria case management and the LMIS to assess stock-outs through the end-use verification tool.

**Expected results:** Key expected result is to have 100 percent of fever cases which present to a health worker receive prompt and effective diagnosis and treatment by 2015.

**Funding Source:** Family planning funding to HCSM: \$300,000

**Planning Document:** USAID/Kenya Operational Plan FY13

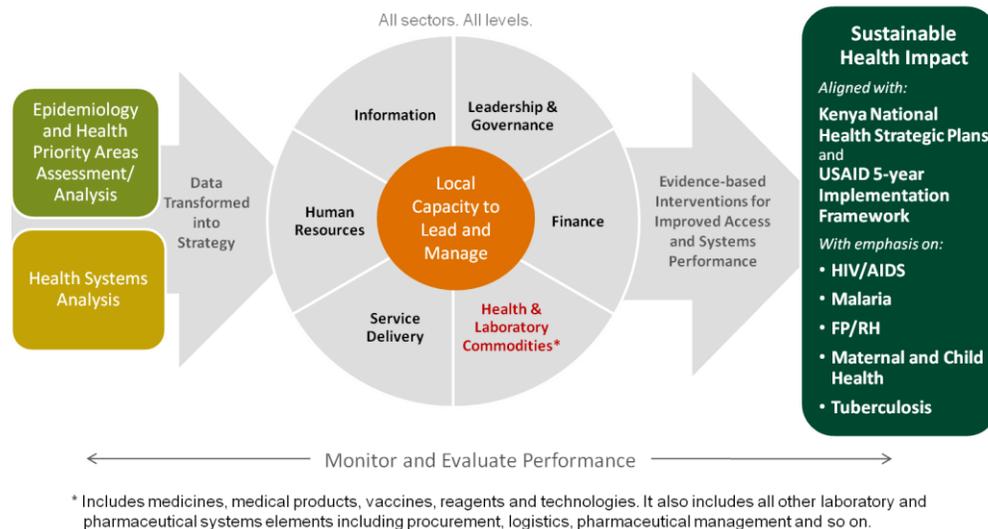
**Approach USAID expects HCSM to use:** Leverage HIV and AIDS funding. Work at national and peripheral levels.

Strengthen commodity management systems at facilities and county level, handover of key roles like forecasting and quantification to the Division of Reproductive Health, strengthen coordination and harmonization between government of Kenya and partners. Adapt two-page reports to capture peripheral level information/data adequately and follow up on warranted actions. Strengthen regional coordination

mechanisms in light of devolved government. Support to FP commodity technical working group (TWG) to enable them go beyond traditional logistics role and begin to anticipate problems and provide solutions.

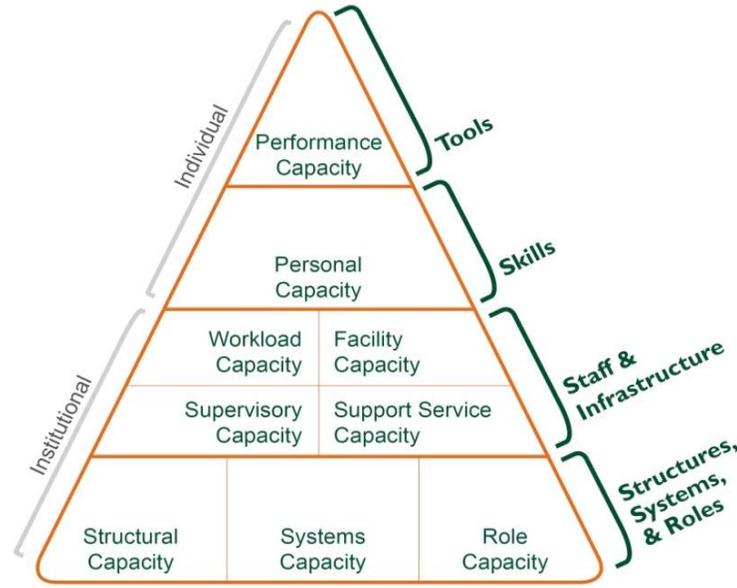
**Expected results:** Key contributions to increase use of modern FP methods to 52 percent by 2015.

HCSM’s systems-strengthening approach to overcoming challenges highlighted in the pharmaceutical management system is based on the implementation model developed by Management Sciences for Health (MSH) (figure 4).



**Figure 4. Health Systems Strengthening Implementation Model (Ref MSH)**

This health system strengthening (HSS) implementation model seeks to build local capacity and systems for management and oversight of laboratory and pharmaceutical services using evidence-based interventions, piloted and scaled up as necessary. As HCSM uses this HSS model, it will further ensure sustainability by utilizing a systematic capacity building approach to MOH and other partners using the MSH capacity-building model (figure 5).



Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning*. 19(5): 336-345.

**Figure 5. MSH Capacity Building Model**

The capacity building model addresses both individual and institutional capacity and considers all the elements from structural to performance capacity of a system in the design and roll-out of interventions. In rolling out various interventions within this work plan, HCSM will enter into strategic collaborations with other partners.

In attainment of the results expected of this work plan, HCSM will build on previous work plan achievements and continue to strengthen both national and peripheral levels in commodity management. Working through provincial health management teams (PHMTs), HCSM has utilized a phased scale-up approach in the past—initially working in target priority districts and gradually rolling out similar interventions to other districts. HCSM’s target for work plan I was 50 districts with an additional 70 districts targeted in work plan II. To date, HCSM has succeeded in rolling out interventions to a total of over 130 districts spread out in all of the 8 former provinces. Because the program is entering its third year of implementation, the focus will be on finalizing and handing over approaches to MOH and mainstreaming the various products and activities initiated in the first two years. At the national level, HCSM will work with the priority health programs, MOH departments, and divisions to build capacity and transfer skills to government officers to facilitate handover of earmarked activities including commodity quantification and the production and compilation of strategic information reports used for supply planning and pipeline monitoring. The program will continue to use mentorship, on-the-job training, and the monitoring-training-planning (MTP) quality improvement approaches for both institutional and individual capacity building and skills transfer. In FY 14, HCSM will focus on the county level, establishing systems in high priority counties first, to strengthen management of health commodities and related services.

## HCSM's Approach to County Level Support

Considering the vastness of the country, the large number of counties and consultation with USAID-Kenya team, the HCSM team proposes to initially focus and work intensively in 13 counties from the Nyanza, Western and Coast regions as shown in the table 2 below. The remaining 34 counties will receive lower level support through technical assistance for selected activities through collaboration with regional partners. HCSM will undertake a county capacity assessment to identify gaps and prioritize areas for strengthening. Within the county health management teams, HCSM will support establishment of county health commodity Technical Working Groups (TWGs) in the 13 priority counties to provide oversight and a coordinating role for commodity management and through which support by various partners can be channeled. In addition HCSM program will support the scale-up of County Medicines and Therapeutics Committees (MTCs) in Kisumu, Kakamega and Mombasa counties for providing oversight for selection and appropriate use of medicines and health commodities as best practices. The following criteria have been considered for selection of priority counties:

1. High need counties based on disease burden for different public health priorities and particularly HIV and Malaria.
2. Nyanza and Western regions were identified as having challenges in the management of HIV Laboratory commodities
3. The malaria Map produced in the year 2009 by *Noor et al* shows that malaria burden is concentrated along the lake region in the Nyanza and western regions of the country. The coastal region also bears high malaria burden with the Mombasa, Kilifi and Kwale counties being the most affected.

**Table 2: Prioritization of counties by HCSM**

Cluster	Region ( Former provinces)	Priority Counties
1	Nyanza	Kisumu, Homa Bay, Siaya, Kisii, Nyamira, Migori
2	Western	Kakamega, Vihiga Bungoma, Busia
3	Coast	Mombasa, Kilifi, Kwale

With a focus on both the national and county levels, the HCSM program will be informed by lessons learned during the past two years to continue building on existing systems using its core principles and approaches adopted at program initiation. These include promoting country-led and country owned initiatives; promoting integration of approaches and tools for pharmaceutical and laboratory systems across public health programs; building on existing and new collaboration and linkages with stakeholders, donors, and implementing partners to scale-up interventions; adopting a sector-wide systems strengthening for commodity management and service delivery to include both faith-based organizations and private sectors; and identification and scale-up of innovative strategies to address health system challenges and improve access to services.

HCSM will adapt approaches and guiding principles to suit the national-county devolved governance structure. The standardized package of interventions for the counties includes the following:

1. Undertaking a county capacity assessment to identify gaps and prioritize areas for system strengthening

This will incorporate a baseline assessment of the health commodity management systems at in HCSM priority counties to identify gaps and propose recommendations for system strengthening.

2. Developing and establishing county-level commodity management oversight structures

This will involve advocacy and support for the establishment, institutionalization and mainstreaming of County Health Commodity Security Committees/TWGs in the priority counties. A key emphasis will be on building their capacity in quantification, commodity management, good procurement practices, and pipeline monitoring. Other key areas include strengthening commodity management M&E through support supervision and building capacity of committees on the use of data for decision making. Overall, these committees are to provide leadership in ensuring commodity security within their respective counties.

3. Strengthening collaboration and leverage opportunities with regional implementing partners to address key challenges, including:

- Capacity building of county facilities through orientations on commodity management, OJT & mentorship through partners utilizing their county-based mentorship and support teams to improve on quantification, inventory management, use of LMIS tools and reporting as required.
- Improving commodity storage at county level through implementing/ supporting good storage practices.
- Integrated Commodity supportive supervision (see above). This will include strengthening capacity for support supervision including mainstreaming and provision integrated SS guidelines, checklist and related tools.
- Dissemination of commodity management tools and materials.
- Dissemination of guidelines and policy documents.

4. Targeting support to specific facilities through regional partners and focal champions to improve commodity management practices, strengthen appropriate medicines use and apply best practices

- Improve commodity use/ best practices through support for county level model sites/ centers of excellence to serve as learning sites.
- Strengthen selected facility Medicines & Therapeutics Committees to address commodity use and pharmaceutical service delivery issues. Through the National Medicines & Therapeutics Committees, the program will also advocate for establishment of similar structures at county level.

5. Strengthening LMIS, commodity consumption reporting and use of information for decision making

This will be aligned to the initiative to develop a national integrated LMIS, which will inform data and information requirements at county level. Integral elements of this support includes dissemination of both manual and electronic tools and capacity building to improve use of these tools, reporting and data for decision-making. In selected priority counties, the program will actively support monitoring of commodity reporting rates through the use of the reporting rate tracking tools or other similar tools.

6. Strengthening the laboratory supply chain system

This will involve targeted capacity improvement of laboratory managers at the central level for stewardship and coordination of the laboratory supply chain. In addition, HCSM will provide technical assistance to the priority county laboratory managers to plan for and provide oversight on laboratory commodity management. A key focus will be on improving accountability for lab commodities and strengthening the use of data for decision making at both central and county level. Improved collaboration with regional partners will be done for successful cascading of interventions.

Specific TA will be provided in response to national and county roles under the devolution:

- Establishment of independent county health systems/departments.
  - Since provincial and district health structures have been phased out, technical assistance (TA) will be required for the transition to and establishment of county health management structures. HCSM will establish proper structures, systems, and standard procedures for decision making and oversight for commodity management and related services in the priority counties.
- Enhanced mandate of the county health management teams compared to provincial health management teams (PHMTs) and DHMTs. Enhanced functions are expected to include the following:
  - Quantification and procurement of health products and technologies. TA will have to be structured to comprehensively address all the elements of the HPT management cycle, including selection, procurement (e.g., capacity building on forecasting and quantification, good procurement practices, data for decision making), distribution (specifically address issues related to storage of commodities at county level, e.g., developing standards for warehousing and storage requirements, and distribution to and between facilities), use and management support, e.g., planning and budgeting; and organization of information systems
  - Health information systems —TA will be required to ensure that county information systems are properly aligned to the national information system frameworks and able to feed into it.

- Human resource management and development—TA will be required to support set-up/restructuring and/or organization of county pharmaceutical services e.g. staff establishments for the various levels, roles, responsibilities and reporting relationships at county level.
- Shared responsibility for public-private partnerships and resource mobilization. This implies that both the national and county governments can approach donors for funding and that counties have powers to enter into PPPs. Counties may approach HCSM for specific support depending on their priorities.
- Complete management oversight, supportive supervision, human resource development, monitoring and evaluation for county health facilities for commodity management.
- Ongoing strengthening of central level to undertake its national level mandate in management of health commodities and related services, specifically policy and guidelines and standards development, capacity building, quality assurance, regulations and research to mention but a few. With clearly delineated roles between national and county health services, HCSM technical assistance will be restructured to address priority and emerging needs at both national and county levels.

## Key Partnerships

A key tenet of HCSM’s implementation approach has been to collaborate with and leverage other key partners working in Kenya to achieve access to quality health care. A summary of key partners and collaborators by HCSM work areas is shown in table 3 below:

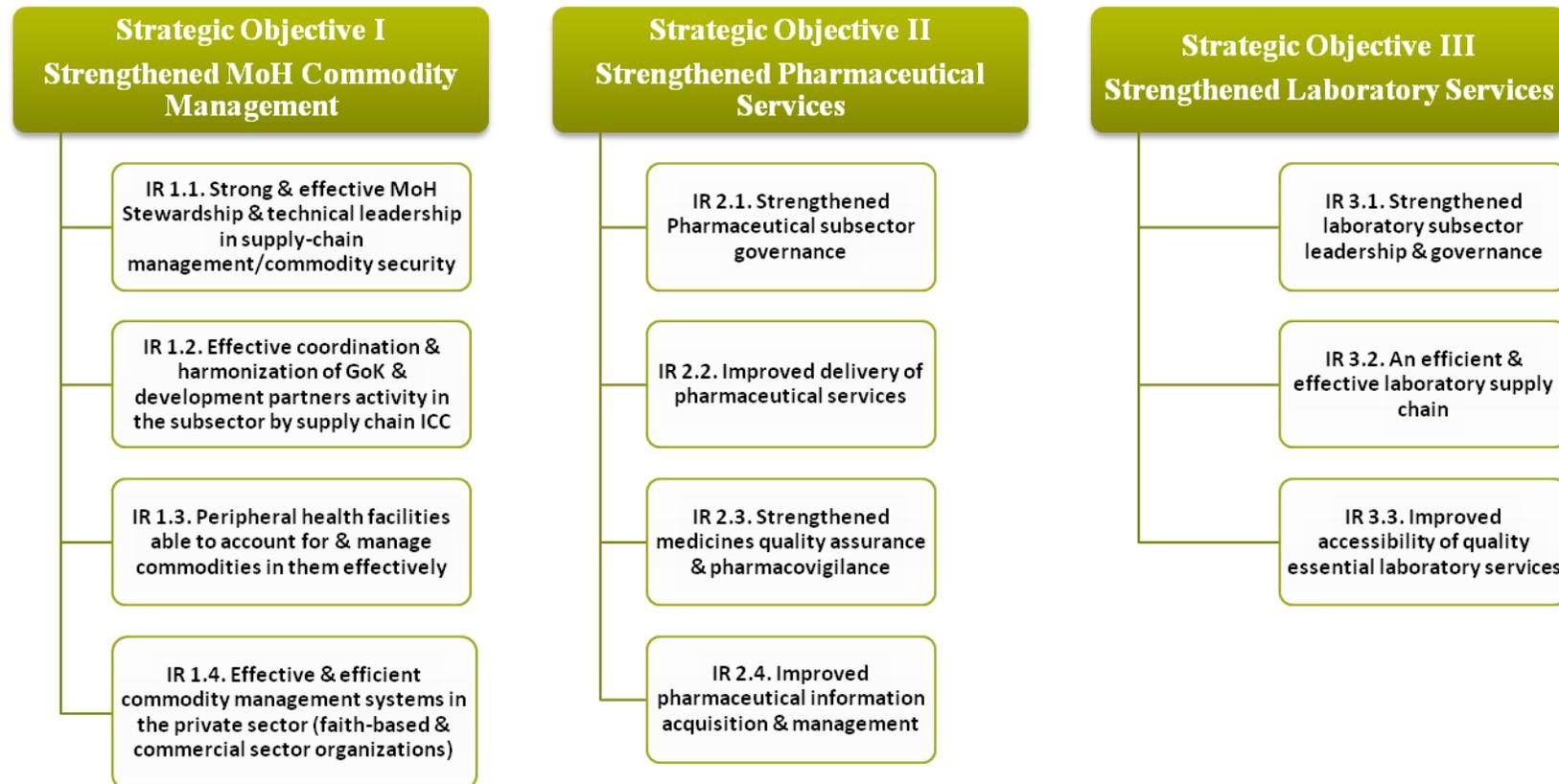
**Table 3: Key partners with whom HCSM collaborates**

ORGANIZATIONS	Area of collaboration with HCSM		
	Commodity Management	Pharmaceutical Policy & Services	Laboratory
• USG Agencies and Partners – APHIAplus, CDC Partners, FUNZO, AfyaInfo, PSI	X	X	X
• Faith Based Sector: MEDS, CHAK, KCCB	X	X	X
• KEMSA	X		X
• MOH & Counties	X	X	X
• WHO	X	X	X
• DANIDA	X	X	
• Tupange	X		
• DFID	X		
• CHAI	X		X
• UNFPA	X		
• University of Nairobi	X	X	X
• KMTC	X	X	
• Marie Stopes	X	X	
• PPB		X	
• PSK		X	
• KPA		X	
• KMLTTB			X
• KEMRI Welcome Trust		X	X
• AKMLSO			X

Collaboration with regional stakeholders and implementing partners mentioned above such as APHIAPlus projects will enable the cascading of interventions to priority counties

## Results Framework

The results framework for HCSM contributes to the Government of Kenya’s Health Strategic plan. It also contributes to intermediate result 2.4 *Strengthened Commodity Management Systems* of USAID/Kenya’s 2010-2015 results framework where it is aligned with expectations of HCSM by the USAID health team under the various technical priority areas within PEPFAR, PMI and POP. The three key strategic objectives of the HCSM results framework and their respective intermediate results are outline below:-



## PLANNED ACTIVITIES

Driven by changes in the constitution, the Government of Kenya has over the last year begun to effect the devolution of government roles from central to county level. As part of this process the Ministry of Health is undergoing significant re-structuring at the central level and the county governments are in the formative stages of development. Under these circumstances, the activities under this work plan are premised on the underlying theme of transition to support the ongoing re-definition of roles and ensure that the counties develop the capacity to manage health commodities. The work plan acknowledges the different levels of readiness and demands at different levels of the system, and aims to provide support that is well aligned and pragmatic.

### **Technical Area I—Ministry of Health and Health Facilities Commodity Management Support**

This area focuses on strengthening systems for commodity management support at the central and peripheral level. At the central/national level, the support has been channeled through the priority programs (HIV, TB, malaria and RH/FP). HCSM has been providing this TA through the responsible MOH divisions (NASCOP, DLTLD, DOMC and DRH respectively). Additionally, HCSM program has worked with the parent MOH departments (Pharmacy, Nursing and National Public Health Laboratory Services).

This year, activities in this technical area will include providing technical assistance to MOH and other key stakeholders at central and county levels in strengthening commodity management. HCSM program will build on the accomplishments in previous work plans and work towards achieving four key intermediate results. Specific activities are listed below each respective IR.

#### ***IR 1.1 Strong and effective MoH stewardship and technical leadership in supply chain management/commodity security***

To adequately support supply chain and commodity management systems nationally, HCSM will continue its work to strengthen MOH technical leadership and stewardship to take a larger leadership role in supply chain management and commodity security. At the central level, efforts will involve continued work with the priority health programs - Malaria, ART, FP & MNCH, Tuberculosis - with a focus on systems strengthening to promote skills transfer, integration and institutionalization of approaches for sustainability. HCSM will also assist the MOH to identify and prioritize interventions that ensure national commodity security.

Under this IR, HCSM will undertake the activities outlined below.

##### ***Activity 1.1.1: Provide skills transfer in commodity security and supply chain oversight at national level***

Building of technical leadership and capacity at the central MOH level for health commodity forecasting and quantification, supply and distribution planning, stock status and pipeline monitoring will focus on integration. The program will use health commodity TWGs and

commodity security committees to transition commodity security and oversight roles to MoH and enhance evidence based decision making

Sub-activities will include:

1. Conduct a national level commodity security and supply chain management gap analysis and come up with recommendations to address the gaps.
2. Support MOH to implement recommendations and address the identified gaps
3. Develop and disseminate guidelines and related materials to be used for skills transfer and mentorship.
4. Provide technical assistance to national health commodity-related TWGs and committees.

**Expected results:** MoH focal persons able to independently undertake forecasting and quantification and supply planning, stock status and pipeline monitoring; Guidelines and related materials developed and implemented; Annual quantification exercises, quarterly revisions of supply plans and procurement plans, monthly stock status and pipeline monitoring reports available, commodity and LMIS related analysis reports available for decision making.

*Activity 1.1.2: Support development of a national harmonized LMIS strategy and implement appropriate interventions*

The country lacks a comprehensive, integrated and harmonized health commodity logistics management information system (LMIS). A common strategy to guide the design and implementation of a suitable model is yet to be developed and adopted. Consequently, the situation is characterized by the presence of multiple and vertical systems that do not interfere with each other, lack of co-ordination and oversight from MOH and lack of clear ownership and use of LMIS data. The impact of this is poor quality data, low commodity reporting rates, various reporting formats and schedules, weak coordination among various key stakeholders, and challenges with data management at both national and peripheral levels for informed decision making.

The project proposes to support a number of interrelated activities aimed at achieving improvement in commodity reporting rates in the short term while at the same time addressing the longer term solution of a national LMIS. The activities to be undertaken are:

- Support to MoH to include HIV, FP and TB commodities data collection and reporting systems to the DHIS-2, including the design of dashboards and decision-support platforms
- Support the upgrading of the ARV dispensing tool (ADT) its institutionalization into MoH and development of a national level database
- Engaging with high level policymakers and other stakeholders to obtain their buy-in and involvement for the development of a national LMIS
- Facilitate the set-up and operation of a Technical Working Group (TWG) to oversee the development process for the national LMIS
- Support the design and development of a national LMIS strategy and framework

**Expected results:** National health commodity LMIS framework developed and adopted by MoH; improved reporting of HIV, FP, Malaria and TB commodities consumption data from all levels.

***IR 1.2 Effective coordination and harmonization of GoK and development partners' activity in the subsector***

HCSM proposes to defer activities under this IR to work plan Year 4 following stabilization of MOH governance structures after devolution.

***IR 1.3 Peripheral health facilities able to account for and manage their own health commodities effectively***

HCSM's peripheral level support will focus on working with select county health management teams, regional implementing partners and other stakeholders to establish TWGs in the 13 priority counties to provide oversight and co-ordinate commodity management activities. Through the leadership of these TWGs and working with other partners, the program proposes to strengthen commodity management through the following activities.

*Activity 1.3.1: Support the establishment of County level Commodity Security Governance structures in priority counties in collaboration with CHMT, regional implementing partners and other stakeholders.*

Under this activity HCSM will support the establishment of the county level commodity governance structures in the 13 priority counties, specific sub-activities include:

- Support the development of county level terms of reference for Commodity Security Committees/TWGs.
- Support establishment/constitution of county health commodity security committees within the county health management teams (CHMTs) in priority counties in collaboration with other partners.
- Provide TA for operationalization of county health commodity TWGs in priority counties through support for action-plan development and implementation

**Expected results:** Functional Commodity Security committees/TWGs in priority counties with clearly defined Terms of Reference (TORs), activities/action plans and holding regular scheduled quarterly meetings; improved county level commodity management.

*Activity 1.3.2: Support to CHMT for improved commodity management at facility level in collaboration with other stakeholders.*

Through the stewardship of the County Commodity TWG and in collaboration with regional implementing partners, HCSM will provide support for the implementation of a defined package of interventions for commodity management improvement at the county level. This will include:-

- a. Undertake a county capacity assessment in priority counties to identify gaps and prioritize areas for system strengthening
- b. Support to county-level stakeholder mapping and role clarification.
- c. Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors.
- d. Support for implementation of quarterly integrated supportive supervision by the county health management teams.

**Expected results:** Improved county level commodity management practices demonstrated by better inventory management and reduced health commodity stock-outs; county commodity system improvement plans developed

*Activity 1.3.3: Support peripheral level commodity usage reporting and use of commodity information for decision-making in 13 priority counties.*

The aim of this activity is to improve reporting rates primarily for PHP commodities. It is expected that this increased capacity will also support delivery of other health commodities and promote use of locally generated commodity information for local decision-making. The following sub-activities will be implemented

- Facilitate CHMTs to provide capacity building in the area of commodity reporting through on-the-job training, mentorship and sensitization on the use of commodity reporting systems and improvement of data quality.
- Support to MOH and target counties for the scale-up of ADT and strengthening of ADT support at peripheral level
- Support to CHMT for improved monitoring of commodity reporting rates through application of targeted interventions including use of technology.

**Expected results:** Improved peripheral commodity reporting and data quality.

*Note: All activities under this IR will be closely linked progress made in Activity 1.1.2.*

#### ***IR 1.4 Effective and efficient commodity management systems in the private sector (faith-based and commercial sector organizations)***

HCSM will build on the work started with the faith-based organization FBO sector facilities through the umbrella organizations including Kenya Conference of Catholic Bishops (KCCB) Health Commission, and the Christian Health Association of Kenya (CHAK). HCSM through these national offices will work with diocese/ regional health coordinators and the County Health Management teams to provide support for commodity management improvement in FBO facilities. This will be through strengthening of strategic linkages and integration of FBO and private sector target activities within the county support plans.

**Activity 1.4.1:** Support to FBO and private sector sites to effectively and efficiently manage and use health commodities through engagement of CHMT and commodity focal persons.

\*\*\* This activity will be done under Activity 1.3.2 above to cover public, private and FBO sectors

**Expected results:** Improved availability of commodity management tools and national guidelines in targeted private sector and FBO facilities.

To fast track realization of results in the areas of Forecasting, Quantification and LMIS, HCSM proposes to focus on the prioritized activities in table 4 below in the 1<sup>st</sup> quarter.

**Table 4: Proposed Milestones under Forecasting& Quantification and LMIS for Quarter 1: Oct-Dec 2013**

Objective	Activities	Oct-Dec 2013
<b>Forecasting and Quantification (F&amp;Q)</b>		
<b>County Level</b>		
Strengthen commodity oversight & coordination	Conduct rapid orientation sessions on quantification and pipeline monitoring for CHMTs in Nyanza and Western regions	X
	Support county CHMTs to undertake routine pipeline monitoring and take corrective actions	X
<b>Central Level</b>		
Strengthen commodity oversight & coordination	Development/Dissemination of National and County level F&Q guidelines and training materials	X
	Conduct F&Q role gap analysis for priority health programs	X
	Initiate National F&Q transition plan for PHPs	X
<b>Logistics Management Information System (LMIS)</b>		
<b>County Level</b>		
Strengthen Commodity information management	Support deployment of electronic data collection and reporting tools	X
	Support development of county level information requirements	X
	Provide support to scale up of ADT	X
Strengthen commodity oversight & coordination	Capacity building and skills transfer on ADT to county health teams & partners	X
<b>Central Level</b>		
Strengthen Commodity	Support incorporation of logistics data for FP, TB, HIV into DHIS2	X

information management	Design LMIS dashboards (FP, Malaria, HIV, TB) into DHIS2 platform for decision support for PHP & stakeholders	X
	Establish and setup and operationalization of help desk for facility electronic tools at NASCOP	X
	Train a core NASCOP team and provide relevant tools for support for facility electronic tools	X
	Advocate for formation of high level national LMIS coordinating mechanism (e.g. National LMIS-TWG)	X
	Support initial activities for MoH TWG at central level for LMIS	X
	Initiate upgrade of ADT to web-based platform	X

## Technical Area II—Support To Pharmaceutical Policy and Service Delivery

This technical area focuses on improving and strengthening governance and service delivery in the pharmaceutical sector to promote access to quality, efficacious and safe medicines and health commodities. Under this area, the HCSM program will work with the Department of Pharmacy (DOP), the regulatory body PPB, National Quality Control Laboratory, professional organizations, training institutions, priority health programs and the county health system. Technical assistance is directed at facilitating the DOP to provide a clear strategic vision for a well-coordinated, effective and efficient pharmaceutical sector anchored in appropriate policy, legislative and regulatory frameworks. Additionally, support is provided towards assurance of medicines quality and safety in use (pharmacovigilance) for improved health outcomes.

This year, HCSM will collaborate with other stakeholders to improve systems that deliver quality pharmaceutical services in public, private and faith-based sectors at the national and county levels. At the national level, challenges identified include urgent need to review various policy documents, guidelines and standards for delivery of quality pharmaceutical services. At the county level, the need for strengthening oversight structures for improving access to and rational use of quality and safe medicines have been identified.

### ***IR 2.1 Strengthened Pharmaceutical Sub-sector Governance***

HCSM will continue to support MOH in collaboration with other stakeholders in development of policies, guidelines and standards at the national level whereas the focus at county level will be dissemination, implementation and use of policies and guidelines for improved pharmaceutical services. Further support will be directed at the legislative frameworks i.e. finalization of the pharmacy practice bill and the Health Products and Technologies Bill in line with the constitution and MOH policy direction in collaboration with other partners and the regulatory boards.

*Activity 2.1.1: Contribute to strengthening of health and Pharmaceutical policy and regulatory frameworks*

HCSM will support MOH in collaboration with various stakeholders (Regulatory Boards, WHO, DANIDA, professional associations training institutions), in the provision of technical assistance for the overall strengthening of the policy and regulatory frameworks. Specifically, HCSM will:

- Contribute to the finalization of health policies, health bill, pharmacy practice laws and the health products and technologies regulatory bill.
- Support development of the pharmaceutical strategy or KNPP implementation plan
- Provide TA to finalization and dissemination of the Pharmaceutical Governance Framework, i.e., structure and roles and functions of pharmaceutical cadres at both national and county levels.
- Assist MOH to build governance capacity of key pharmaceutical sector departments/agencies or organizations such as the DOP, PPB, and NQCL and professional associations, e.g. through support for development of annual operational plans (AOPs) and strategic plans.

**Expected results:** Health Products and Technologies and Pharmacy Practice bills finalized, Pharmaceutical strategy or KNPP implementation and monitoring plan available

*Activity 2.1.2: Technical support to Clinical Governance*

Provide TA to MOH and other stakeholders to develop and rollout interventions that improve clinical governance. These ensure health care providers provide consistent high quality services to clients. Specifically, HCSM will:

- Provide TA to MOH in formulation/ review and dissemination of general and program-specific standard treatment guidelines and protocols (e.g. ART treatment guidelines, cancer management guidelines and appropriate medicine use (AMU) guidelines), tools and training materials.
- Assist MOH and county teams to disseminate materials and sensitize health care workers on pharmaceutical governance documents (e.g. operation manuals, Pharmaceutical Charter and SOPs), through various media, including the DOP website.

**Expected results:** National and program-specific guidelines, SOPs, tools, pharmaceutical charter and operation manuals available and disseminated to county health management teams

***IR 2.2 Improved Delivery of Pharmaceutical Services***

HCSM will support interventions that strengthen human and institutional capacity for improved medicine use at national and county levels. Priority activities will involve establishing or strengthening Medicines and Therapeutics Committees (MTCs) at national, county and county referral facilities. HCSM will undertake interventions to build capacity for MTCs to improve various aspects of medicine use through operational research and utilization of the resultant information. Other interventions will include short term measures like in-service training and continuous professional development for health sector-wide providers as well as long term

measures for sustainability (e.g. inclusion of commodity management and pharmaceutical care training modules at pre-service training).

**Overall expected outcomes:** Functional MTCs at national and county level; Evidence of activities undertaken by MTCs, county and facility MTCs, pharmaceutical management and care topics inculcated into pre-service training institutions.

*Activity 2.2.1: Technical support to improved medicine use practices at national and county level in targeted counties in Nyanza, Western and Coast regions*

Functional MTCs are mechanisms that ensure fundamental decisions on medicines management and use are made at all levels of care. They provide a forum for pharmacists, clinicians and administrators to rationalize demands for quality medical products against financial constraints. In the past two years, HCSM has supported capacity building initiatives for medicines quality assurance and pharmacovigilance in collaboration with other partners. In addition, selected priority hospitals have been supported to establish MTCs. In collaboration with other partners, the HCSM program will expand this work by supporting the MOH to develop relevant guidelines at national level for implementation by county health management teams and in targeted model hospitals.

The specific sub-activities will include:

- Technical assistance to strengthen the National MOH medicine use governance structures e.g. NMTC to undertake its stewardship and oversight role of developing policies, guidelines and standards for improved medicine use and clinical governance. This will include support for the NMTC's development of strategic direction, revision of terms of references, action plan implementation and development of a blueprint for a functional NMTC secretariat.
- Provide TA to MOH to establish functional county MTCs in Kisumu, Kakamega and Mombasa which will oversee appropriate medicine use practices at county level, as well as oversee dissemination of appropriate medicine use policies, guidelines within the counties.
- Assist MOH in review and dissemination of various policies, guidelines and standards ( e. g. National Treatment Guidelines, EMLs and essential products and technologies lists, formularies, SOPs and Service Charters) as may be appropriate.
- In support of PPB and DOP, provide TA to the development and pilot-testing of tools for medication error reporting/ monitoring systems in collaboration with other stakeholders such as WHO and DANIDA.
- Strengthen the MOH to undertake supportive supervision and mentorship through the review and structured dissemination of supportive supervision guidelines, manuals and checklists.

**Expected results:** Functional national and priority county medicines and therapeutics committee in place with revised terms of reference and calendar of activities.

*Activity 2.2.2: Capacity building for improved health commodity management and pharmaceutical care*

This on-going activity is designed to address human resource and institutional gaps for commodity management and pharmaceutical care in all sectors for quality services delivery and improved health outcomes. Specific collaboration on human resource development will be sought with the regulatory authority, professional organizations, training partners (e.g. Funzo-Kenya) and training institution such as the Kenya Medical Training College (KMTC) and the University of Nairobi (UON). To standardize the delivery of pharmaceutical services and promote pharmaceutical care, HCSM will continue using multi-faceted interventions targeting MOH, regulatory authority, the pre-service, in-service and CPD training providers; professional organizations and the private sector. This will be achieved through the following sub-activities:

- Incorporate commodity management and pharmaceutical care topics into middle and tertiary level training institutions as part of pre-service curriculum reforms.
- Continued technical support to MOH, county health management teams in priority counties and other partners in development, revision and dissemination of key health commodity management manuals, SOPs, job aids, and curricula; and implementation to support quality improvement and service delivery.
- Support to the Regulatory body and/or the Pharmacy council in development and implementation of CPD framework and policies. Additionally HCSM will support the development and implementation of standards and guidelines for pharmacy training in the country for all cadres.
- Collaborate with the MOH, regulatory authority, professional associations, private sector and other stakeholders to develop and implement standards for pharmacy practice.

**Expected results:** Commodity management curricula, SOPs, job aids and manuals available and disseminated to counties; commodity management and pharmaceutical care topics incorporated at pre-service level, pharmaceutical CPD guidelines available and disseminated to counties.

*Activity 2.2.3: Support for operational research including quality of care and medicine use surveys*

HCSM will collaborate with the MOH through Priority Health Programs (PHPs), KEMRI Wellcome Trust, the Department of Pharmacy, the NMTC, county MTCs and other stakeholders to implement operations research for quality of care and to inform policy formulation. HCSM has continued to support the Division of Malaria Control to conduct quality of care surveys whose results are used or translated to evidence-based interventions and policy. The specific sub-activities are:

- TA to priority health programs [NASCO, DOMC] to conduct operational research, including quality of care for use of information for evidence-based decision-making. This will include the bi-annual DOMC quality of care survey and NASCO OR on use of OI and pediatric ART commodities in forecasting and quantification surveillance sites.
- Collaborate with other partners in supporting the NMTC and selected county and facility MTCs to conduct medicine use surveys to identify problems in service delivery, design and test innovative interventions.

**Expected results:** Annual or as required surveys on priority MOH health commodity management and service delivery issues undertaken; case management quality of care determined and progress monitored over time; operational, tactical and strategic decisions informed by best evidence.

### ***IR 2.3 Strengthened Medicine Quality Assurance and Pharmacovigilance***

HCSM will build on the efforts accomplished to-date in strengthening medicines quality assurance and pharmacovigilance systems. Significant achievements include the development and launch of the PV e-reporting system to support data acquisition, dissemination of reports on PMS surveys for ARVs, Malaria and TB medicines; and scale-up of active reporting through establishment of ART sentinel sites. A collaborative approach with all stakeholders will be adopted but the special needs of the public health priority programs such as Malaria, HIV/AIDS, FP and TB will be addressed. The program will support the PPB, NASCOP and other programs to expand and strengthen systems for data acquisition, management and use. Jointly with other stakeholders, HCSM will design and implement an enhanced and effective dissemination strategy for patient safety information.

**Overall expected Outcomes:** Improved reporting of suspected adverse drug reactions and poor quality medicinal products (evaluated by numbers of Suspected Adverse Drug Reaction [SADR] and Poor Quality Medicinal Products [PQMP]); Regulatory decisions undertaken, improved capacity of health care workers to identify and report SADR and PQMPs; improved awareness by health care workers and the public on medicine safety

#### ***Activity 2.3.1: Support to PV data acquisition, management and use for decision making***

HCSM will continue to support the PPB to roll-out the PV system and improve on patient safety. This work will build on the successes from the previous work. Collaboration and linkages between the various programs and/or MOH divisions will be strengthened. Specifically, the following sub-activities will be implemented through the PPB:

- Capacity building on PV for health care workers including dissemination of guidelines and reporting tools. This will be done in collaboration with CHMTs and other implementing partners.
- Support PPB to Roll-out the PV electronic reporting system.
- Support PPB to disseminate and obtain feedback on PV information.
- Strengthen sentinel or active surveillance sites to boost reporting on PV

**Expected results:** PV e-reporting system implemented; improvement in reporting of ADRs and poor quality medicinal products; and increase in reporting from active surveillance/ sentinel sites.

Activity 2.3.2: Technical and operational support to PPB for regulation of health products and Post Marketing Surveillance (PMS) activities in collaboration with NASCOP, DOMC, DLTL, other programs and stakeholders

The Kenya Health Policy Framework (KHPF) proposes formation of one national regulatory body for health products and technologies. HCSM will support development of the appropriate Bill. In the intervening period, Cap 244 still provides the legal framework for regulation of medicines and the pharmaceutical sector. HCSM will support PPB in initiating devolution of the regulatory function.

This is an on-going activity and in the past year, HCSM program provided support for analysis, report writing and dissemination of PMS reports for TB, HIV and Malaria for surveys conducted in the preceding years. HCSM will continue to support and build capacity of MOH and PPB for PMS including integration of PMS across all programs and expanding the surveys to cover other non-programmatic medicinal products. Specific activities include:

- Support the MOH and PPB to develop a PMS strategy/framework under the devolved system.
- Support to PPB, MOH and other stakeholders to plan for and implement PMS activities.

**Expected results:** Regulatory functions that can be implemented at the county level identified. Post Marketing Surveillance Framework available and disseminated.

Activity 2.3.3: Support to PPB and other stakeholders for targeted patient safety initiatives:

- Dissemination of patient safety information - HCSM will strengthen PPB capacity for enhanced provision of PV feedback to health care workers and consumers through various mechanisms and media. This will also include identification of alternate channels for dissemination of safety information, over and above the existing ones (the *e-Shot* and the Medicines Information and Pharmacovigilance Newsletter - *The Lifesaver*). The capacity building will also aim at packaging and presenting information through use of Mass media (radio adverts, press releases), and targeted campaigns.
- Support PPB on rolling out consumer reporting and community level medicine safety initiatives, in collaboration with World Health Organization and other stakeholders.

**Expected results:** Patient safety information available, mechanisms for dissemination of patient safety information scaled up; consumer reporting on patient safety developed.

## ***IR 2.4 Improved Pharmaceutical Information Acquisition and Management***

The Pharmaceutical Management Information System (PMIS) integrates pharmaceutical data collection, processing into information that enables evidence-based decision making for managing pharmaceutical services at all levels. As it encompasses commodity logistics information, ultimately PMIS supports decision-making related to broader pharmaceutical services.

The proliferation of multiple and vertical program-specific systems for commodity data information and acquisition and lack of integration has impeded scale-up and wider use of these systems. To address these challenges, HCSM will work with MOH specifically DOP, PPB, KEMSA, Priority Health Programs, and other key stakeholders to review current MIS requirements and tools and support the development of a systematic approach/strategy to build a comprehensive PMIS framework covering both commodity security and pharmaceutical service delivery. The emphasis will be on strengthening the MOH to drive the whole process of building and implementing the PMIS framework, which will also link up with the initiatives under the LMIS.

**Overall expected outcome:** Situational analysis report on existing health commodity and patient information systems, stakeholder consensus and a comprehensive framework for strengthening/ integrating/ implementing PMIS in the country.

*Activity 2.3.4: TA for the development of a national PMIS that incorporates all health commodities and related services*

HCSM, in collaboration with the MOH, DOP, PPB, KEMSA, Priority Health Programs, Afya Info and other stakeholders will conduct a situational analysis on PMIS and develop a conceptual framework for PMIS in Kenya. This will take on the review of existing PMIS and tools at all levels and identify appropriate pharmaceutical services indicators as well as identify any data elements that may be required for integration. The end goal is the development of an overall comprehensive PMIS by 2016. Sub-activities include the following:

- Support MOH to conduct an inventory and review of existing PMIS tools at all levels; and identify and/or develop appropriate pharmaceutical services indicators.

**Expected results:** Situational analysis report on existing health commodity and patient management information systems

### **Technical Area III—Support to Laboratory Governance, Commodity Security and Service Delivery**

The laboratory subsector has been noted to have some of the most significant challenges within the health system. At the national level, weak capacity by MOH for leadership and stewardship of the national laboratory supply chain and commodity security has been identified as a major challenge. Other challenges identified include weak systems for collection and use of commodity data for decision making, poor coordination of various stakeholders for laboratory commodity systems.

At the peripheral level, specific challenges have included weak capacity at county and facility level for management of laboratory commodities, lack of accountability and tracking mechanisms for laboratory commodities and poor infrastructure for management of laboratory commodities.

This result area will focus on building and strengthening laboratory sub-sector leadership both at the national and the county level to be able to support laboratory commodity supply and management activities across all levels of health service delivery. In order to achieve the overall

objective of this technical area, HCSM will collaborate with the CDC-funded Strengthening Public Health Laboratory Systems (SPHLS) project which is also being implemented by MSH. SPHLS results are defined below and contribute to IR3.1 and IR3.3 within the HCSM framework.

### ***IR 3.1 Strengthened Laboratory Subsector Leadership and Governance***

The achievement of this IR is being catered for by SPHLS. HCSM will leverage achievements made by SPHLS shown below.

### ***IR 3.2 An Efficient and Effective Laboratory Supply Chain***

HCSM recognizes that strengthening the laboratory supply chain requires a systematic approach that entails development of the laboratory strategy to support the supply chain, strengthening the system structures for oversight and capacity on aspects such as quantification, pipeline monitoring and supply chain coordination.

Building on work done in the past, HCSM in collaboration with other implementing partners (e.g. FUNZOKenya, APHIA Plus, etc) will continue to strengthen the MOH on laboratory supply chain systems to ensure improved availability and accountability for laboratory commodities. At central/national level, HCSM will strengthen capacity of MOH to provide stewardship and leadership for national commodity security. Similarly, the program will work with other partners and stakeholders to strengthen the national system for laboratory commodity usage reporting as part of the on-going efforts to establish a comprehensive laboratory LMIS. Additionally, HCSM will advocate to the Kenya Medical Laboratory Technologists and Technicians Board for incorporation of laboratory commodity management into pre-service training curricula.

At the county level, HCSM in collaboration with partners will strengthen capacity of county health teams for laboratory commodity management in Nyanza, Western and Coast regions. This will be through a variety of interventions including commodity management trainings, mentorship and on-the-job trainings, provision of laboratory commodity management tools and job aids, strengthening support supervision activities and targeted technical assistance to model sites on laboratory commodity systems. The primary focus will be to enhance the capacity of county health teams to plan for and provide stewardship on overall laboratory improvement interventions.

**Overall expected outcomes:** Functional laboratory commodity committees in the priority counties; improved coordination and oversight on laboratory supply chain; improved inventory management practices for laboratory commodities; improved reporting on HIV RTKs and CD4 laboratory commodity usage from the current 60 percent to 75 percent.

*Activity 3.2.1: Build capacity of county laboratory managers and facility laboratory staff on commodity management and oversight in priority counties*

In collaboration with MOH and regional partners, HCSM will work to build capacity of the county health management teams and facility staff in Nyanza and Western regions on laboratory

commodity management and oversight. To ensure sustainability HCSM will support the county lab managers to promote the use of a continuous quality improvement approach (MTP) with follow-up of activity implementation and documentation of results to show the impact of training and other related capacity building activities. HCSM will support the county lab managers to improve reporting rates primarily for HIV Lab commodities. It is expected that this increased capacity will promote use of locally generated commodity information for decision-making and triangulation.

Specific sub-activities include:

- Capacity build Lab county coordinators and CHMT on supply chain management and coordination, including supply chain and facility mapping and conducting data review.
- Support target county health teams to conduct integrated supportive supervision (Initially Lab specific and subsequently integrated)
- Strengthen and support CHMTs to undertake capacity building through OJT, mentorship & CMEs on the use of manual & electronic tools, lab commodity tracking and reporting systems.

**Expected Results:** Improved reporting and documentation of HIV laboratory commodity usage from the current 60 percent to 75 percent for both RTKs and CD4 reagents; reduced stock-outs; improved accountability for lab commodities; reduced losses of laboratory commodities; increased number of facilities with access to the available tools (e.g. laboratory inventory tracking tool (Lab ITT)).

*Activity 3.2.2: Strengthen Laboratory MIS at National Level to improve commodity usage reporting, and decision making*

At the national level, HCSM is working with NPHLS, DDFS, and other stakeholders to review laboratory commodity LMIS to develop a comprehensive strategy on strengthening of the laboratory LMIS. This will also be in tandem with the overall LMIS strategy and framework for all commodities. Specific sub-activities under this work plan include:

- Work with MOH to develop an LMIS framework for laboratory commodities and review existing Lab LMIS tools. (Refer to activity 1.1.2).
- Support MoH to design automated data collection and tracking system for RTKs, CD4 reagents and malaria RDTs through use of innovative technology.

**Expected results:** National laboratory commodity LMIS framework set-up; improved reporting of laboratory commodity usage data; and innovative use of technology solutions.

*Activity 3.2.3: Support MOH in malaria Rapid Diagnostic Test roll out in facilities in Coast, Nyanza and Western regions.*

HCSM will continue to support the MOH and partners in monitoring the usage of malaria RDT countrywide in line with malaria case-management guidelines. The following sub-activities will be implemented:

- Support the National Malaria control program to develop and implement a QA/QC system to ensure adherence to RDT policy guidelines.
- Strengthen selected county health teams and lab county malaria services coordinators in supportive supervision to enhance test performance and data collection for RDT use.
- Support the National Malaria control program to undertake quality assurance visits to selected counties and facilities.
- Continued support to consumption data gathering for RDTs from facilities to the county and national levels to enhance accountability.

**Expected results:** Improved capacity of health workers in RDT use; improved coverage of malaria diagnosis in public health facilities from the current 70 percent to 80 percent by the end of the work plan year; and improved adherence to malaria treatment guidelines from the current 50 percent to 70% in facilities located in the selected counties.

*Activity 3.2.4: Improve leadership, stewardship and coordination of laboratory commodity management activities at national level*

HCSM will continue to work to strengthen leadership and stewardship at the national level to ensure lab commodity security by implementing the following activities:

- In collaboration with SPHLS and other stakeholders, HCSM will work with MOH to establish a national lab commodity coordinating mechanism
- Support MOH to finalize and disseminate the lab essential commodity and tracer lists.
- Strengthen the MOH capacity to undertake national quantification, pipeline monitoring and distribution planning for priority lab commodities (HIV, Malaria and TB commodities)
- Develop capacity building materials to strengthen HIV Lab supply chain management and coordination such as quantification, pipeline monitoring and redistribution.
- Strengthen MOH and partners such as FUNZOKenya and APHIAPlus. to implement the lab commodity management training (LCM) curriculum, the LCM TOT and Lab SOPs.

**Expected results:** Improved availability and monitoring of laboratory commodities; availability of rationalized essential laboratory commodities and tracer lists.

To fast track realization of results in this area laboratory supply chain, HCSM proposes to focus on the prioritized activities in table 5 below in the 1<sup>st</sup> quarter

**Table 5: Proposed Milestones for HIV/ Laboratory Support for Quarter 1: Oct-Dec 2013**

Objective	Activities	Oct-Dec 2013
<b>Facility/County Level</b>		
Increase reporting rates	Provide relevant commodity management tools and job aids	X
	Undertake one day district orientation to address commodity management skills gap (Nyanza, Western)	X
	Facilitate focal persons within county health management teams to follow up on reporting	X

	Orientation of county health management teams on data analysis and use (Nyanza, Western)	X
Reduce stock outs	Undertake facility and supply chain mapping to identify supply chain gaps (Nyanza, Western)	X
	Initiate tracking of commodities targeting problem spots in target counties	x
	Undertake rapid orientation sessions to address commodity management gaps (Nyanza, Western)	X
<b>Central Level</b>		
Strengthen commodity oversight & coordination	Obtain senior level MoH commitment to strengthen Lab commodity Management central coordination	X
	Finalize and disseminate the Essential Lab Commodity List	X
	Initiate use of dashboards for lab commodity pipeline monitoring and decision support	X
	Initiate comprehensive review of Lab commodity supply chain structures	X
	Work with MOH and relevant partners to conduct a stakeholder dissemination meeting for LCM and lab SOPs	X

### ***IR 3.3 Improved accessibility of quality essential laboratory services***

The achievement of this IR is being catered for by SPHLS. HCSM will work closely with SPHLS to leverage efforts.

### **Collaboration and synergy with Strengthening Public Health Laboratory Systems (SPHLS)**

Intermediate result areas 3.1: Strengthened laboratory subsector leadership and governance and 3.2: Improved accessibility of quality essential laboratory services are implemented by the strengthening Public Health Laboratory Systems Program, also an MSH program under the Center for Pharmaceutical Management.

The table below summarizes the activities that SPHLS has been supporting in the last four years.

**Table 6: Ongoing SPHLS activities**

<b>Intermediate Result Area</b>	<b>SPHLS Activities</b>
<b>IR 3.1:</b> Strengthened laboratory subsector leadership and governance	<ul style="list-style-type: none"> <li>• Support to the activities of the Laboratory Interagency Coordinating Committee (Lab ICC).</li> <li>• Supported and coordinated an Orientation and consultative forum for all 47 county laboratory coordinators and national program laboratory staff for establishing working relationships, linkages, and sharing policies and tools</li> <li>• Development of National laboratory policy 2012 (in progress) and</li> </ul>

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	<p>National laboratory strategic plan 2012-2016 ( in progress)</p> <ul style="list-style-type: none"><li>• Development of Strategic Plan 2012-2017 for Kenya Medical laboratory Technicians &amp; Technologists ( KMLTTB)- officially launched and in use.</li><li>• Development of laboratory infrastructure guidelines (complete)</li><li>• Development of Laboratory equipment Management Guidelines (complete)</li><li>• Development of specimen referral guidelines- (complete)</li></ul>
<p><b>IR 3.2:</b> Improved accessibility of quality Essential laboratory services</p>	<ul style="list-style-type: none"><li>• Contribution to Quality management systems (QMS)</li><li>• In collaboration with AMREF, support provision on of an external quality assurance program in 61 facilities in CCN and selected hard to reach districts/ counties.</li><li>• Contribution to infection prevention through capacity strengthening of staff to improve biosafety and safe phlebotomy practices of all health care workers.</li></ul>

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HCSM work in improving laboratory supply chain systems is dependent upon the existence of strong governance structures and a conducive policy environment. Likewise, the successful laboratory service delivery is dependent on uninterrupted supply of laboratory commodities at the point of use. Both HCSM and SPHLS recognize the interdependent nature of their work and will continue working together in the coming work plan year to achieve the required outcomes.

## **TECHNICAL RESOURCES**

In achieving the program objectives, MSH will utilize its in-country and home office technical staff as well as government counterpart staff mentored over the previous years to implement activities. Emphasis will be to ensure adequate linkages and capacitation to MOH and other counterparts at the central and peripheral levels, especially at country level and with other implementing partners and stakeholders them to take up their roles in systems improvements. HCSM has reorganized its staff to ensure that there is adequate coverage for the counties in line with the devolution, while maintaining critical contractual support to the central level MOH. Following midterm review and consultations with the funding partner, it has been agreed that HCSM adopts a model of focusing its peripheral resources and demonstrating best practices in three regions of the country. The regions have been selected on the basis of disease burden as well as other systemic deficiency considerations. It is expected that this re-focused approach via fewer geographical sites will ensure innovation and pre-testing of best practices prior to national-wide scaling up through government and other implementation mechanisms.

The current MSH/HCSM team comprises well-trained professionals, with combined experience to enable them the mandate of health systems strengthening at national and country levels. Currently, HCSM boasts of a staff complement of 4 management staff, 20 technical staff, with

wide experiences in public, faith-based, corporate and private sectors with training that ranges from public health, medical, pharmaceutical, and nursing, to laboratory, information, and communication expertise. The HCSM leadership will continuously review the skills mix of the staff and ensure they match the emerging support needs of the counterparts especially with the changing governance structures. To ensure that all staff members align to the changing structures, the MSH leadership continuously trains and re-orient its staff compliment (current and new staff). This enables staff to embrace the new knowledge and practices. Additional staffing needs will be reviewed and updated according to the approved original award budget.

### **MSH/HCSM Management Team**

HCSM has now a full complement of its key personnel after the recent hire of the Finance Director, Joseph Ngahu. The HCSM senior management team comprises the Chief of Party, two Deputy Chiefs of Party, the Director of Finance and Operations, the regional coordinator and the M&E Adviser. The three areas of the project (Commodity Management, Pharmaceutical Policy and Services, and Laboratory Systems and Services) are distributed equally under two technical leadership arms of the project. Dr. Joseph Mukoko will lead the commodity management and laboratory services teams, whereas Dr. Ndinda Kusu will act as technical lead for health systems strengthening arm that also covers the pharmaceutical policy and services.

### **Peripheral Focused Support Approach**

Historically the HCSM project from its inception has had its peripheral staff co-located within the regional implementing partner zones (*APHIAplus*) to coordinate and provide TA for peripheral level work. They supported county clusters and ensured systematic implementation of peripheral level activities, as well as to coordinate activity implementation through the regional partners. Moving forward and in line with the new HCSM paradigm of focused direct support to limited geographical locations of Coast, Nyanza and Western regions, the program will figure out a way to embed technical resources within counties, sub-counties and possibly satellite inter-regional support team at a geographically strategic location to boost extra MSH resources the regional teams, especially Nyanza and Western. It is proposed that the county support team be coordinated by an HCSM regional manager to ensure consistency in activity implementation across the counties. Coast region will be supported directly by the Nairobi based central team. It is important to note that HCSM is proposing a restructuring, rationalizing and re-organizing its LOE without necessarily increasing the value of LOE on the program. The peripheral staff will oversee activities within the three selected regions within the counties. The HCSM model of working with MOH and implementing partners will still be the gist of our approach, however, this time with increased oversight and quality control from HCSM to document and verify delivery of best practices.

The peripheral teams will engage with the regional and county partners to undertake mentoring and capacity building, as well as work to promote and support implementation of pharmaceutical and health systems strengthening practices, approaches, and tools through the counties. They will also work with other US government implementing partners (e.g., *APHIAplus*, Walter Reed, and CDC) and other stakeholders in the region to ensure harmonized support to county priorities in the areas of health commodity management, pharmaceutical services and laboratory commodity systems support.

### **Central Support Team**

The program will continue to have a health program liaison for each of the four priority programs, HIV/AIDS, TB, Malaria, FP/RH/maternal and neonatal child health. The program liaisons will assure that HCSM continues to address the specific needs of priority health programs, and ensure adequate linkage with the counties for various interventions. A critical aspect will be identifying opportunities for harmonization and integration of approaches.

### **Additional Technical Support**

The management team will continuously review the needs of the counterparts. The team will work closely with MSH home office team for technical oversight and draw on their expertise on a need basis. Areas where support will be sought include forecasting and supply planning, information systems, laboratory systems and other areas as may be determined.

## **PROGRAM MANAGEMENT**

### **Technical Activity Coordination and Monitoring**

This activity comprises work plan development, technical activity coordination, implementation monitoring, routine M&E activities, budget and progress monitoring, reporting, meetings and communications with USAID/Kenya and collaborators. This will include oversight activities from the MSH home office, as well as in-country coordination activities. Typically this will entail coordination meetings with MSH home office, scheduled visits by specific managers and technical advisors from MSH home office, meetings with USAID mission, as well as scheduled visits by USAID team and home office counterparts among others. This technical activity coordination will allow for full utilization of technical resources and effective linkage of HCSM activities with those of MoH and other partners.

### **Office Management and Operations**

Administration and operations for the program are supported by a MSH country operations management unit (COMU), with MSH staff members shared with all MSH Kenya projects, thereby helping to assure financial and operational efficiencies, compliance with procurement procedures and leverage resources. The COMU ensures provision of the day to day running of the office and includes administrative support, provision of stationery and supplies, utilities, equipment among others. These are necessary for the smooth running of the project activities. Over the next work plan period, HCSM will also continuously review the inventory (laptops, desk computers, telephone system) and replace based on need. Additional aspects on operations will include vehicle maintenance, maintenance of office security systems, minor office refurbishments and upgrading of the office telephone system.

## **KNOWLEDGE MANAGEMENT PLAN**

MSH/HCSM recognizes the importance of effective knowledge management and communications in accelerating the use and impact of its interventions. To be credible, the HCSM will ensure that its advocacy work, results, knowledge, and impact stories are communicated to key constituents in a timely and efficient manner. The information that is generated from our work will be presented in forms that highlights its usefulness and credibility and can be used by interested parties beyond the local stakeholders where the activities are undertaken.

The program has already developed a communications strategy that guides HCSM's communication practices and various target audiences using the appropriate channels, in a timely manner and in suitable formats. In summary, HCSM's communications strategy which guides the knowledge and management plan has the following key objectives:

1. Convey key messages about the role of proper policy and regulation in commodity management, pharmaceutical and laboratory services.
2. Sharing impact/result stories that help position HCSM as a leader in role in improving all aspects of health systems strengthening and supply chain management.
3. Guide HCSM technical team to proactively think about effectively communicating their outputs to achieve better outcomes and impacts.
4. Enable the HCSM to manage its institutional memory more effectively.

The communications plan that follows outlines the strategies that will be put in place to support the achievement of the project IRs, and to communicate to key stakeholders what MSH/HCSM and its collaborators are doing.

The Knowledge and Communication plan will focus on three areas:

### **Capacity Building for Knowledge and Information Exchange**

The objective here is to share information on the project, unique approaches, lessons learned, best practices, and proven tools and approaches with MOH, our health sector partners and with other programs and donors. Being a systems strengthening project, HCSM would like to empower our counterparts so as to be effective communicators of the knowledge gained. HCSM will undertake an activity to help in building the capacity of internal (staff) and external (counterparts) in communications skills. Specific topics of focus will include report writing, preparation of presentations and posters, abstract writing, website management and content development for specific partners (e.g. Department of Pharmacy), how to write success stories, media engagement interviewing skills and photography skills. Besides training, communication tool kits for MOH and collaborating partners to use will also be developed.

## **Communication for Results**

HCSM will share program activities and achievements, including the ones implemented in collaboration with partners to a wide audience that includes USAID/Washington, USAID/Kenya, the Government of Kenya, MOH, the US Government, MSH worldwide, colleagues in the global health and development communities, the media, and the Kenyan and American people and our partners. This will require the use of different print, online and electronic media platforms as listed below.

### ***Mass Media***

Since program inception, HCSM has utilized the mass media in sharing impact stories and project results. HCSM will continue utilizing the mass media to communicate key messages on specific aspects of program activities. This includes interviews and studio appearance on national radio and TV spots, talk shows, news bulletins and documentaries while for print media we will use news features, editorials, commentaries and blog articles. We shall also arrange for media field trips/visit where possible or necessary. A key output in the work plan year 3 will be the development of a HCSM documentary highlighting the impact of HCSM work in all three technical areas.

### ***Online Communication and Social Media***

The web has become the most widely used vehicle for disseminating and accessing information. Therefore, we will work with MOH counterparts to ensure that key achievements are incorporated into the counterpart websites for enhanced visibility of the project activities. HCSM will also contribute to USAID editorial plan which includes submission of project articles to USAID Kenya website, PEPFAR and PMI website, and USAID face book and Twitter pages as well as photo-sharing platforms like Flickr. Internally, HCSM will also utilize MSH Kenya's website where HCSM's key information and knowledge products will be made accessible.

### ***Publications***

HCSM knowledge is captured in both printed and electronic formats where applicable. Over the past two years, HCSM has produced a number of printed publications that help to ensure that knowledge acquired during project implementation is widely shared. This includes manuals, booklets, newsletters, papers, job aides, leaflets and brochures. During this work plan year (FY14) we shall work to link success stories or articles to the publications as well as develop abstracts, posters and presentations to ensure that the knowledge is shared widely. In sharing success stories, our key output will be a Bi- Annual newsletter (online and print) HCSM recap and a monthly bulletin with highlights from program activities.

### ***Participation at Conferences***

Presentation of abstracts and posters at major international events relevant to health systems strengthening is a key feature of the HCSM communication plan. As much as this is an important

part of sharing our knowledge and expertise, attendance at such events is strategic and can help ensure that we only participate in highly relevant international/national events. Target events will include -critical stakeholders meetings, major workshops, policy meetings, thematic conferences and donor coordination meetings.

## **MONITORING AND EVALUATION**

### **Performance Management**

The HCSM program will be managed to deliver results as per the PMP. The senior management team will meet weekly to provide managerial, financial and technical oversight to the project. The team will also coordinate technical assistance to MOH counterparts and collaboration with partners, and monitor program progress to assure that technical mandates are being met. The two technical leads will be responsible for the day-to-day management of technical work, supervision of staff, and coordination of work plan activities. These technical leads will work with staff to ensure that technical objectives are clear, work plans and budgets are realistic, and that activities are carried out effectively and efficiently in their respective technical areas. Additionally, technical leads will ensure close linkage with MOH and other implementing partners in activity implementation.

Monthly planning and review meetings will be conducted to ensure there the team is able to share lessons especially due to the variability across the counties and review implementation strategies. Focus will be on the results management and the targets as set in the performance monitoring plan.

The program will use both routine and periodic data to track program implementation and assess whether the program is achieving the desired results as highlighted above. M&E unit will build on systems so far established and where necessary establish the relevant system to collect the following data.

### ***Program output data***

These are data that will be obtained directly from implementation of the proposed program activities, for example the number of facilities (model sites) whose supportive supervision was facilitated by HCSM program. Programmatic progress will also be measured against activity implementation plans.

On a quarterly basis the program will measure and report on the proportion of activities, outputs, and results achieved against the targets and timelines set in the annual work plans. In addition, the program will assess and report, in the annual progress report, on the overall progress achieved in realizing intended outcomes and key milestone targets. These data will be obtained from activity reports submitted by the HCSM technical staff leading implementation of the same.

### ***Routine National MIS Systems***

The program has prioritized support to development and implementation of a national LMIS during the work plan period. The program will use this system to provide data to measures progress on commodity supply chain indicators such as facility commodity consumption and request reporting rates, stock-outs of both pharmaceutical, non-pharmaceutical and laboratory commodities, existence of expiries etc. Pending the development of this harmonized system the program will use the existing MIS systems and tools (LMU, Kenya Pharma, etc.), where

applicable, to measure some of these indicators. On the other hand the data source for patient related information required for commodity forecasting and quantification will be sourced from the national Health Information System (DHIS II) and key government agencies and implementing partners.

### ***Surveys and special studies***

MSH/HCSM will provide sound evidence on the status of program implementation and the expected outcomes at various stages by conducting or supporting surveys and operational research. For example the program provides technical support to DOMC in planning, and implementation of Malaria Quality of Care surveys. HCSM incorporates questions that assess stock-outs of key commodity and availability of commodity management and pharmacovigilance reporting tools.

During these surveys qualified data analyst with experience in analyses of health data will be incorporated in the survey team right from the survey design to the report writing stage. This will ensure that the questionnaires are designed appropriately and that the data collected provides an objective measures for the selected indicators. The results obtained from these studies will be fed into the HCSM M&E database.

### **Program Reporting**

The program will build on already established internal reporting mechanisms within MSH to track activities, outputs, and products. In addition, the following mechanisms will be used to enhance reporting and results dissemination—

- Quarterly technical review meetings will be conducted in house to enable project staff to review progress in activities implementation against the annual work plan and decide on any remedial actions that may be required to address activities that fall behind schedule
- Periodic technical and financial progress (quarterly, semi-annual and annual) and ad-hoc reports will be shared with USAID/Kenya clearly highlighting actual activity performance against the set targets. These forums will also be used to review targets and re-align activity implementation if required.
- Tailored feedback reports on progress of work plan implementation (achievements, variance, best practices and lesson learned) will also be shared during the regular technical working group meetings and other relevant forums with the relevant GOK ministries, national programs, private sector and FBO/NGOs organizations that HCSM will be supporting.
- HCSM will ensure representation by key project staff in all the relevant GOK technical working group meetings. The technical working group meetings are usually held quarterly and will serve as a good forum for HCSM to share project results and best practices not only with GOK but also with other implementing partners and funders.

### ***Data quality assurance***

As a system strengthening program, HCSM will work to ensure data quality is maintained and MoH staff and implementing partners use standardized data collection tools for example, DARs and FCDRRs, that comes with clear instructions on their use. The program will work with

priority program to review, update and harmonize these tools as need arises and support their rolls out by providing seed copies and user guides.

For program PMP a detailed indicator reference sheet has been developed to provide clear definitions of all the parameters to guarantee uniformity in measurement of indicators. Additionally the program has developed output level performance indicators to augment the PMP outcome level indicators and to ease in tracking work plan implementation. Data verification for these indicators will be incorporated into normal activity implementation and also scheduled with the activity monitoring field visits.

During surveys and special studies M&E program staff will lead development of protocols and the subsequent data cleaning and analysis to ensure optimal design, data collection and analysis.

In situations where the program require use of data generated by partners and third parties (e.g., health management information system or the APHIAPlus project), efforts will be made to work with the third parties in addressing data quality issues which may include data quality audits.

### **Financial Management and Accountability**

The MSH Kenya office maintains high standards for financial resource management to assure accountability and efficiency. This is done through a common platform for finance and operations (the COMU) which ensures the use of shared resources, thereby minimizing duplication.

Financial tracking will be part of the routine project tracking and control reporting mechanism. The HCSM Director of Finance and Operations will prepare and present to USAID periodical financial reports, as required, to assure update financial progress monitoring, particularly tracking and reporting expenditure against budget. MSH headquarters has a formal internal audit department that conducts periodic internal audits of field offices. The internal audit will help the office self-assess and improve the level of compliance with MSH and USG policies and regulations in the areas of internal control and compliance with contracts/agreements.

## BUDGET AND FUNDING

The total budget for the FY 14 work plan for HCSM activities equals \$5,178,935 USD. Approximately \$1,000,000 of this budget is pipeline funding from the just ending fiscal year.

The budget breakdown is as follows:

YEAR	PEPFAR	MALARIA	Reproductive Health and Family Planning
2011	2,724,690	0	0
2013	66,907	1,175,000	300,000
TOTAL	2,791,598	1,175,000	300,000

The funding breakdown for PEPFAR and PMI funding is as follows:

### PEPFAR

Component Funding	USD
HTXS	66,907
HBHC	148,070
HTXS	222,106
HTXD	1,480,704
HLAB	740,352
OHSS	133,459
TOTAL	2,791,598

### PMI

Component Funding	USD
Diagnostics	500,000
Supply Chain Management	575,000
Quality of Care	100,000
TOTAL	1,175,000

## ANNEX A. WORK PLAN IMPLEMENTATION MATRIX

October 1, 2013 – September 30, 2014

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
<b>Result area 1: STRENGTHENED MOH COMMODITY MANAGEMENT</b>												
<b>Intermediate Result 1: Strong and effective MOH stewardship and technical leadership in supply chain management/commodity security</b>												
<b>Expected outcomes: Strengthened capacity of MOH and priority health programs for oversight and supervision of supply chain and commodity security at central and peripheral levels and ability to identify and address gaps in health commodity management</b>												
Section 5.1.2, Table 5.2, page 75 (Disease prevention and control)  Table 5.34, 5.35 (AOP 6 output for MoPHS procurement) (page 118)	Operations of technical working groups (TWG) strengthened (Section 5.1.2, Table 5.2, page 75)  Annual procurement request schedules developed	F&Q and supply planning for priority health programs undertaken  Monthly Stock status summary reports generated by priority programs	AOP 6, Table 3.1 (page 12)  Malaria Operational Plan FY13  Table 5.2, page 75 (Disease prevention and control)	<b>Activity 1.1.1: Provide mentorship for skills transfer in commodity security and supply chain oversight at national level</b>  a) Conduct a national level commodity security and supply chain management gap analysis.	Operations of Technical Working Groups (TWGs) strengthened  Annual procurement request schedules developed (Section 5.48, Table 5.34 and 5.35, page 118)	Active participation and support to technical leadership in key health commodity related TWGs and committees  Provide technical leadership to MoH to establish functional commodity security committee	HCSM, key MoH program staff, KEMSA & other supply chain partners, county partners, other stakeholders	x	x	x	x	
AOP6 Section 5.1.2; Section 3.1; Section 5.2.6  Malaria Operational Plan FY13  DLTLD strategic plan 2011-2015 S.O.6  DRH draft AOP 8	Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done bi-annually.  Matrix of Program forecasted commodity needs in place (DLTLD); HIV commodity forecasting and	Planning for distribution of FP commodities to counties  Ensuring security for commodities and supplies  Health commodity supply chain audits conducted  ADT mainstreamed to NASCOP	AOP 6 Table 5.14 (page 97) DRH draft AOP 8: Security of commodities Indicator HIS156: Percentage time out of stock for a set of 15 tracer medicines MoH staff capacitated to undertake quantification and supply planning, stock	b) Support MOH to implement recommendations and address the identified gaps  c) Develop and disseminate guidelines and related materials to be used for skills transfer and mentorship.  d) Provide technical assistance to	Multiyear commodity plan updated and procurement plan developed; Health commodities procured and distributed to facilities and other service sites; AL available at health facilities (Section 5.1.2, Table 5.2, page 71)	Technical support to MoH staff to undertake routine stock status and pipeline monitoring, annual F&Q and mid-year review ( yearly for PHPs) and supply planning Identification of, and mentorship of MOH-led central level pipeline monitoring teams Implementation of health supply chain audits using reviewed						

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
HIS Indicators Manual (final draft)  AOP 6: Section 5.4.8 Procurement	quantification done		status and pipeline monitoring MOH staff capacitated on technical leadership & management for supply chain coordination and commodity security Stock status tools and SOPs developed & implemented	national health commodity-related TWGs and committees.	Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done biannually (Table 5.14, page 97)	audit toolkit Guidelines and standardized approaches for quantification and supply planning developed.  Pipeline monitoring tool implemented in priority health programs Develop and implement mentorship plan for national level staff on quantification supply planning and pipeline monitoring						
AOP 6: Section 5.1.2 Disease Prevention and control  Table 5.2. Ensuring security for commodities and supplies.  Malaria Operational Plan FY13	Logistics Management Information System (LMIS) in place  Pharmaceutical management strengthening; Achievement of a finalized gap analysis of current surveillance systems including HMIS, IDSR, LMIS and Laboratory Information Management System, with	MoH supported to develop and implement a harmonized national Logistics Management Information System (LMIS) interventions for commodity data management	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100)  DLTLD Strategic Plan 2011-2015 National Reproductive Health Strategic Plan 2009-2015 Malaria Operational Plan FY13 KHSSP 2013-2018	<b>Activity 1.1.2: Support development of a national harmonized LMIS strategy and implement appropriate interventions</b>  a. Support to MoH to undertake transition of data collection and reporting systems to DHIS-2 for HIV, FP and TB commodities including the design of dashboards and decision-support platforms	e) Health commodities supply is constantly monitored and LMIS strengthened ;  f) Tracking report on the visibility of commodities along the supply chain for avoidable losses and	Support formation of a high-level MoH governance committee and technical working group to design national strategy for an integrated national LMIS system and oversee the process  Support pilot deployment of LMIS solution framework in selected counties	HCSM, MoH, DoP, KEMSA, key MoH programs, partners, Afyalnfo	X	X	X	X	

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
	clear recommendations on next steps to upgrade/redesign the systems			b. Support the upgrading of the ARV dispensing tool (ADT) and mainstreaming into MoH  c. Engaging with high level policymakers and other stakeholders to obtain their buy-in and involvement for the development of a national LMIS  d. Facilitate the set-up and operation of a Technical Working Group (TWG) to oversee the development process for the national LMIS  e. Support the design and development of a national LMIS strategy and framework	wastages done biannually (Section 5.2.6, Table 5.14, page 97)							
				g) Functional LMIS at all health facilities (electronic and manual tools) (MoMS Strategic Plan, page 36)								

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
<b>Intermediate Results 2: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the supply chain ICC</b>												
<b>Expected outcome: Effective, integrated, coordinated approach to management of health commodities</b>												
AOP 6: Section 3.1 Section 5.4.5 section 6.2  KHSSP 2013-2018  Health Sector Framework	Complete establishment of sector coordination process and ICCs and SWAp secretariat  Established sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum.	Availability of TORs and evidence of functionality of the ICC(s) focusing on pharmaceutical services as well as health products and technologies and related issues.	AOP 6:- Table 3.1 (page 12); Table 5.31, (page 116); Section 6.2 (pg 124)	<b>Activity 1.2.1: Technical support to the national coordinating mechanisms on health products and technologies management and related services as established in KHSSP 2013 – 2018.</b>  ****HCSM proposes to defer activities under this IR to work plan Year 4 following stabilization of MOH governance structures.	Established national coordinating mechanisms and rationalization of the ICCs in line with the health systems strengthening framework	Provide technical support to the established TWGs that impact on health commodities and service management	HCSM, MoH, Donors and Partners, other ICC members			X	X	

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
<b>Intermediate Result 3: Peripheral healthcare facilities able to account for and manage commodities effectively</b>												
<b>Expected outcomes:</b> Improved commodity management demonstrated by improved inventory management and reporting and reduction on stock-outs for EMMS and programmatic health commodities												
AOP 6: Section 3.1  PEPFAR COP FY12  Malaria Operational Plan FY13	Ensure functional stakeholders forums at county level  Decentralization to the new county system	Functional health commodity security committees at county level	Regional AWP (drafts); output of stakeholder meeting  AOP 6:- Table 3.1 (page 12) Kenya Operational Plan FY12 Malaria Operational Plan FY13	<b>Activity 1.3.1: Support the establishment of County level Commodity Security Governance structures in priority counties in collaboration with CHMT, regional implementing partners and other stakeholders.</b>  a. Support the development of county level terms of reference for	Regional stakeholder forums or committees for commodity management established	Functional commodity TWGs established in 47 counties with oversight of commodity management by Sept 2014	HCSM, MoH-CHMT, regional implementing partners (e.g. APHIAPlus), other USG partners, donor organizations e.g. DANIDA, FBO & provide sector	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				Commodity Security Committees/TWGs.  b. Support establishment/constitution of county health commodity security committees within the county health management teams (CHMTs) in priority counties in collaboration with other partners.  c. Provide TA for operationalization of county health commodity TWGs in priority counties through support for action-plan development and implementation.								
AOP 6: Section 3.1  Malaria Operational Plan FY13	Ensure functional stakeholders forums at county level	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level Improved capacity of regional and facility staff in commodity management and	Regional AWP (drafts); output of stakeholder meeting	<b>Activity 1.3.2: Support to CHMT for improved commodity management at facility level in collaboration with other stakeholders.</b> a. Support to county-level stakeholder mapping and role	Improved drug use and commodity management ensured	Improved use of health commodities ensured in target counties	HCSM, MoH-CHMT, regional implementing partners (e.g. APHIAPlus), other USG partners, donor organizations e.g. DANIDA,	X	X	X	X	

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
		in use of data for decision making Strengthened linkages (including feedback systems) for commodity management improvement		clarification. b. Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors. c. Support for implementation of quarterly integrated support supervision by the county health management teams			FBO & provide sector					
AOP 6:Section 5.1.2  Malaria Operational Plan FY13	LMIS tools reviewed, printed and disseminated  LMIS tools revised, printed and distributed to SDPs  Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS)	Use of facility-based and LMIS manual and electronic tools scaled up at the county and SDP level  Facility staff oriented on use of these tools  ADT and ITT scaled up	Regional AWP (drafts); output of stakeholder meeting	<b>Activity 1.3.3: Support peripheral level commodity usage reporting and use of commodity information for decision-making in 13 priority counties</b>  a. Facilitate CHMTs to provide capacity building in the area of commodity reporting through on-the-job training, mentorship and sensitization on the	LMIS tools printed and disseminated to SDPs	Improved reporting of health commodity data for priority health programs	HCSM, APHIAPlus, Regional Implementing Partners, MoH, County health management teams, Priority health programs, supply agencies,	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				use of commodity reporting systems and improvement of data quality.  b. Support to MOH and target counties for the scale-up of ADT and strengthening of ADT support at peripheral level  c. Support to CHMT for improved monitoring of commodity reporting rates through application of targeted interventions including use of technology.								
<b>Intermediate Results 4: Effective and efficient commodity management systems in the private sector (faith-based and commercial sector organizations)</b>												
<b>Expected Result: Improved availability and use of commodity management tools and national guidelines in targeted private sector and FBO facilities; Improved capacity of FBO and private sector staff in commodity management</b>												
AOP 7, Malaria Operational Plan	Improved drug use and commodity management ensured through quarterly meetings	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level (targeted FBO and private sector sites)	Regional AWP (drafts); output of stakeholder meeting  PEPFAR COP FY12	<b>Activity 1.4.1: Support to FBO and private sector sites to effectively and efficiently manage and use health commodities through engagement of CHMT and commodity</b>	Improved drug use and commodity management ensured through quarterly meetings (Section 4.2.1.3)	Availability and use of commodity management tools and national guidelines in targeted private and FBO	HCSM, FUNZO Kenya, FBO and private sector sites and partners (e.g. GSN), county HMTs, Regional	X	X	X	X	

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				<p><b>focal persons.</b></p> <p>*** This activity will be done under Activity 1.3.2 above</p>		facilities	partners, MOH					
<b>RESULT AREA 2: STRENGTHENED PHARMACEUTICAL SERVICES</b>												
<b>Intermediate Result 1: Strengthened Pharmaceutical sub-sector governance</b>												
<b>Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened</b>												
<p><b>Draft KHPF –</b> Section 5.2.6;</p> <p><b>Sessional Paper 4;</b> Sections 3.2;</p>	<p>Disease prevention and control Pharmacy: Ensuring security for commodities and supplies:</p>	<p>Availability of strategic documents: KHPF; KHSSP; Sessional Paper 4; KNPP-Implementation Plan;</p>	<p>MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)</p>	<p><b>Activity 2.1.1: Contribute to strengthening of health and Pharmaceutical policy and regulatory frameworks</b></p>	<p>KHSSPIII, Pharmacy laws/bills and KNPP implementation plan available Reviewed</p>	<p>Technical assistance for development of KNPP implementation and Support to revision of the strategic and</p>	<p>HCSM; MOH; DOP;PPB; KMLTTB; KNC;KNDI;</p>	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
3.2; 3.9; Section 5.1-213 Section; 4.1 - 195 4.2; -204  Draft Health Bill Part 9 (Product Regulation) AOP 6 5.1.2; 5.2.65; 5.37 5.4.3	Technical Planning and monitoring Pharmacy and Poisons Board: Policy formulation and strategic planning  Capacity strengthening and retooling of management support, and service delivery staff	Health Products Regulatory Bill.  Availability of AOPs and strategic plans	AOP 6;  KNPP 2010 (3.6.1) Promoting appropriate medicines use:	a. Contribute to the finalization of the health policies, Health Bill, the pharmaceutical practice laws and development of the Health Products and Technologies Regulatory Bill.  b. Support development of the Pharmaceutical strategy or KNPP implementation plan and the dissemination of the Policy.  c. Support finalization and dissemination of the Pharmaceutical Governance Framework..  d. Support to MOH to build governance capacity of key pharmaceutical sector departments, agencies or organizations such as PPB, NQCL & professional associations e.g. through support for AOPs and Strategic plan development.	decision making systems for improved governance	AOP for KPA by Dec 2012 Support to Governance tools and SOPs	WHO, DANIDA					
<b>KNPP Sessional</b>	Pharmacy: Ensuring security	Availability of a KNPP implementation	MOMS Strategic Plan 2008- 2012 pg	<b>Activity 2.1.2: Technical Support to Clinical Governance</b>	KHSSPIII, Pharmacy laws/bills and	Technical assistance for development of	HCSM; MOH;	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
Paper 4; Sections 3.2; 3.2; 3.9; Section 5.1-213 Section; 4.1 - 195 Section 4.2; - 204	for commodities and supplies:	plan Standard treatment guidelines and KEML reviewed /disseminated	36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use:	a. Support the development/ review and dissemination of general, program specific and other treatment guidelines Appropriate, tools and training materials b. Dissemination and sensitization of health care workers on the Pharmaceutical governance documents e.g. operation manual, Charter, SOPs through various media including the DOP website	KNPP implementation plan available Reviewed decision making systems for improved governance	KNPP implementation Support to Governance tools and SOPs Support to development/ review of standard clinical guidelines	DOP; PPB; WHO, DANIDA; Regional Implementing partners; CHAK; KCCB					
<b>Intermediate Result 2: Improved delivery of pharmaceutical services</b>												
<b>Expected outcomes: Functional Medicines and Therapeutics Committees at all levels and improved institutional capacity for rational medicine use and pharmaceutical service delivery</b>												
Sessional Paper 4; Sections - 3.6.1 – 120, - 130	Pharmacy: Ensuring security for commodities and supplies	-Functional, strengthened NMTC for policies, guidelines and oversight for pharmaceutical services and care -County MTCs established -Revised & updated SCGs and KEML	MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)	<b>Activity 2.2.1: Technical Support to Medicines use practices at national and county level in select counties</b> a. TA to strengthen the National MOH Medicines Use governance structure e.g. NMTC for improved for improved stewardship and oversight role of	Functional NMTC and County MTCs  MTCs established	Functional NMTC and targeted 14 county MTCs  MTCs operationalized in targeted model sites	HCSM, MOH, DANIDA, APHIA Plus, County HMT, WHO	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
		Revised AMU Guidelines -Blueprint for county pharmaceutical stores -Revised SS materials - Pharmaceutical SOPs, standards	AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use:	developing policies, guidelines and standards for improved medicine use and clinical governance. b. Support for establishment and operationalization of county MTCs in Kisumu, Kakamega and Mombasa c. Support MOH to review and disseminate National Treatment Guidelines, EMLs and essential products and technologies lists, formularies, pharmaceutical service charter, SOPs, norms, standards and other reference documents as may be appropriate. d. Support to development of tools for medication error reporting/ monitoring systems. e. Support to MOH to strengthening SS - review and structured dissemination of SS guidelines, manual and checklist.	in all level 4-6 facilities	September 2014						

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
Sessional Paper 4 – 3.9.3 -157-162  AOP 6 5.3.4 5.3.7 5.2.2 5.2.6	% staff who have undergone CPD (Draft KHSSP)  Capacity strengthening and retooling of management support, and service delivery staff  KMTC: Policy formulation and strategic planning  Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff  Standards and Regulatory Services	Pharmaceutical care and management modules for pre-service level developed  CPD material/ guidelines developed  & disseminated.  Pharmaceutical services related guidelines, charter, and standard operating procedures finalized and disseminated  Pharmacy practice standards developed		<b>Activity 2.2.2: Capacity building for improved health commodity management and pharmaceutical care</b>  a. Support middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care into curricula.  b. Technical support to development, revision and dissemination of key health commodity management manuals, SOPS, Job aids and curricula  c. Support to PPB in development and implementation of CPD framework and policies. - Support the development and implementation of standards and guidelines for pharmacy training in the country for all cadres  d. Collaborate with MOH, regulatory authority, professional associations, private	EMMS incorporated into pre- and in-service training curricula for core health workers (MOMS Strategic plan, Table 6.7, page 37) CPD guidelines developed /reviewed and implemented. Generic curriculum developed	Health commodity management /EMMS guidelines and curriculum available Pharmaceutical management SOPs and charter disseminated Develop Pharmacy practice standards Develop and disseminate CPD guidelines and materials by September 2014	UON, KMTC, PPB, MOH, training institutions, PSK, APHIA Plus, County HMTs, MTCs, Programs	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				sector players and other stakeholders to develop and implement standards for pharmacy practice								
Sessional Paper 4; section 145  PMI Kenya Malaria Operational Plan FY13		Rational use and availability of key anti-malarials and ARVs determined; Overall management of HIV and malaria plus quality care improved	Malaria M&E plan (page 56) PMI Kenya Malaria Operational Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48)  MOMS Strategic Plan 2008- 2012 pg	<b>Activity 2.2.3: Support for operational research including quality of care and medicine use surveys</b>  a. TA to priority health programs [NASCO, DOMC, DLTLD]. Conduct operational research, including quality of care surveys.  b. Support to the NMTC, County MTCs and selected facility MTCs to conduct medicine use surveys to identify problems in service delivery, design and test innovative interventions.	Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done biannually (Table 5.14, page 97) Functional NMTC and facility MTCs	Provide TA to Quality of care survey for antimalarials  TA to MTCs to undertake medicine use surveys	HCSM, MOH, KEMSA, KEMRI Welcome Trust, NASCOP, DOMC, County HMTs		X		X	
<b>Intermediate Result 3: Strengthened medicines quality assurance and pharmacovigilance (PV)</b>												
<b>Expected outcomes: Improved capacity of health care workers to identify and report SADR and PQMPs; Improved reporting of SADR &amp; PQMPs and improved awareness by health care workers and the public on medicine safety</b>												

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	PPB, PHP Programs and county health teams equipped in PV data management and use; PV guidelines and reporting tools available E-PV system implemented Mechanisms for PV information sharing and feedback for decision making in place	AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)	<p><b>Activity 2.3.1: Support to PV data acquisition, management and use</b></p> <p>a. Capacity building on PV for health care workers and dissemination of guidelines, reporting tools in collaboration with CHMTs and other partners;</p> <p>b. Support for Roll-out of the Pharmacovigilance electronic reporting system;</p> <p>c. Support PPB to disseminate and obtain feedback on PV information</p> <p>d. Strengthen sentinel sites to boost reporting on PV</p>	Utilization of PV data for decision making	e-PV electronic reporting system implemented PV guidelines, and tools available Capacity building of PPB, county and facility staff to acquire, manage and utilize PV data for decision making	PPB, MOH, DOP, PHPs, WHO, Other implementing partners	X	X	X	X	
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-system implemented to boost reporting	AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)	<p><b>Activity 2.3.2: Technical and operational support to PPB for regulation of health products and Post Marketing Surveillance (PMS) activities in collaboration with PPB, priority health programs and stakeholders</b></p> <p>a) Support to PPB to review devolution of</p>	Market surveillance and strategies to counter counterfeits implemented	TA to support PMS activities Development of PMS strategy /framework / guidelines under devolved system TA to development of guidelines on devolved regulatory function for pharmaceutical sector						

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				regulatory functions for the pharmaceutical sector  b) Support to PPB to develop a PMS strategy/framework under the devolved system  c) Support to PPB, MOH and other stakeholders to plan for and implement PMS activities								
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	Patient safety information available  Consumer reporting system developed  Improved capacity of health workers on medication error reporting	AOP 6  MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)	<u><b>Activity 2.3.3:</b></u> <b>Support to PPB and other stakeholders for targeted patient safety initiatives:</b> a) Dissemination of patient safety information (e.g. Newsletters, e-shot, mass-media, campaigns)  b) Support for the roll-out of consumer reporting system	Consumer reporting tools for ADRs developed and disseminated  Patient safety information regularly shared	Support to risk communication and consumer-reporting system/tools		x	x	x		

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
<b>Intermediate Result 3: Expected outcome 4: Improved Pharmaceutical Information Acquisition and Management</b>												
<b>Expected outcome: National P MIS that incorporates Pharmaceutical Management and related services developed</b>												
HIS Strategic Plan 2009-2013 KNPP – Sessional Paper 4 of 2012. Section 3.8- 147		PMIS indicators developed PMIS conceptual framework developed		<b>Activity 2.3.4: TA for the development of a national Pharmaceutical Management Information System (PMIS) that incorporates all health commodities and related services</b>  a. Support MOH to conduct a review of existing PMIS tools at all levels and identify appropriate pharmaceutical services indicators	Support the development of a systematic approach/strategy to build a comprehensive PMIS framework covering both commodity security and pharmaceutical service delivery	Situational analysis report on existing health commodity and patient management information systems Stakeholder consensus and a comprehensive framework for strengthening/ integrating/ implementing PMIS in the county	MoH, DOP, PPB, KEMSA, and other stakeholder		x	x	x	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
<b>Result area 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY</b>												
<b>Intermediate Result: An efficient and effective laboratory supply chain</b>												
<b>Expected outcome: Improved management of laboratory commodities</b>												
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved capacity of laboratory managers and staff to manage lab commodities effectively  National laboratory MIS developed	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level)	<p><b>Activity 3.2.1: Build capacity of County laboratory managers and facility laboratory staff on commodity management and oversight</b></p> <p>a. Capacity build Lab county coordinators and CHMT on supply chain management and coordination, including supply chain and facility mapping and conducting data review.</p> <p>b. Support target county health teams to conduct integrated supportive supervision (Initially Lab specific and subsequently integrated)</p> <p>c. Strengthen and support CHMTs to undertake capacity building through OJT, mentorship &amp; CMEs on the use of manual &amp; electronic tools, lab commodity tracking</p>	Functional county commodity TWG  Improved commodity management for lab commodities	TA to the County health teams to establish and operationalize County Commodity TWGs  TA to capacity building on lab commodity management in collaboration with other partners	HCSM, MOH, USG, APHIAPlus, other regional partners, NPHLS, KEMSA	X	X	X	X	

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				and reporting systems.								
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved reporting rates on laboratory commodities at county and national level	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level)	<p><b>Activity 3.2.2: Strengthen Lab LMIS at the national level to improve commodity usage, reporting and decision making</b></p> <p>a. Support to MOH to develop an LMIS framework for lab commodities (Ref# Activity 1.1.2)</p> <p>b. Support to MOH to design nationally approved commodity management software platforms and pilot in target counties and/or facilities.</p>		Improve lab commodity reporting rates, focusing on HIV, TB and malaria	HCSM, MOH, APHIPlus, NPHLS, KEMSA, Regional partners	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria diagnosis within the counties Integrated health commodities Support Supervision at health facilities conducted by the county teams	Proposed FY 2012 PMI Activities Implementation support for RDT rollout	<p><b>Activity 3.2.3: Support MoH in malaria Rapid Diagnostic Test (mRDT) rollout in facilities</b></p> <p>a. Support the National Malaria control program to develop and implement a QA/QC system to ensure adherence to RDT policy guidelines.</p> <p>b. Strengthen selected county health teams and lab county malaria services coordinators in supportive supervision to enhance test performance and data collection for RDT use.</p> <p>c. Support the National Malaria control program to undertake quality assurance visits to selected counties and facilities.</p> <p>d. Continued support to consumption data gathering for RDTs from facilities to the county and national levels to enhance</p>	Improved capacity of health workers in RDT use	Support capacity building and rollout on use of RDTs	HCSM, MOH, NPHLS, DOMC	X	X	X	X	

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AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				accountability.								
MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38)  AOP 6 Sec 5.2.6 (Pg 97)  AOP 6 Sec 5.1.2, Performance monitoring and evaluation	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies.  No. of laboratory personnel updated on laboratory skills	Improved coordination of laboratory commodity management activities  Essential lab commodity lists developed and implemented  Functional national lab commodity TWG	NPHLS AOP7 Policy formulation, implementation and evaluative; Monitor availability of test kits in the country through targeted supportive supervision (Page 5) NPHLS draft AOP 7	<b>Activity 3.2.4: Support to MOH stewardship and coordination of laboratory commodity management at national level</b>  a. In collaboration with SPHLS and other stakeholders, HCSM will work with MOH to establish a national lab commodity coordinating mechanism  b. Support MOH to finalize and disseminate the lab essential commodity	Commodity Management Guidelines for storage, and inventory management operational  Mentorship training for laboratory staff on commodity management (DDPC AOP 7 draft, Sec 3)	Capacity building of MOH to coordinate the laboratory supply chain	HCSM, MOH, USG, NPHLS, NBTS, DDFS, KEMSA	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

AOP Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2013/2014 Quarterly Timelines				Annual Budget
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
				<p>and tracer lists.</p> <p>c. Strengthen the MOH capacity to undertake national quantification, pipeline monitoring and distribution planning for priority lab commodities (HIV, Malaria and TB commodities)</p> <p>d. Develop capacity building materials to strengthen HIV Lab supply chain management and coordination such as quantification, pipeline monitoring and redistribution.</p> <p>e. Strengthen MOH and partners such as Funzo-Kenya, APHIAPlus. to implement the lab commodity management training (LCM) curriculum, the LCM TOT and Lab SOPs</p>								



*Annex A. Work Plan Implementation Matrix*

## ANNEX B. ANTICIPATED STTA AND INTERNATIONAL TRAVEL

Activity Name	Name of Traveler	Destination	No. Of Trips	Total Cost
Technical Activity Coordination - Regular Program Management and Technical Oversight	TBD	KENYA, Nairobi	4	\$22,372
Technical Activity Coordination - HCSM staff to HO	CPD, DCPD, or FM	UNITED STATES, Virginia-ARL	2	\$12,768
Attendance at International Conference	TBD	TBD	2	\$8,494
Attendance at International Conference	TBD	TBD	1	\$5,593
Attendance at International Conference	TBD	TBD	1	\$4,990
Strengthen laboratory services: STTA	Catherine Mundy	KENYA, Nairobi	1	\$6,384
MIS technical support to MOH: STTA	Kyle Duarte	KENYA, Nairobi	1	\$6,384
Improve pharmaceutical services: STTA	Jude Nwokike	KENYA, Nairobi	1	\$6,384
CPD R&R	CPD	TBD	3	\$4,604
<b>TOTAL</b>				<b>\$77,973</b>

**ANNEX C. ACTIVITY BUDGET MATRIX**

No.		Amount (US\$)
1.	Technical activity coordination and monitoring	198,871
2.	Provide skills transfer in commodity security and supply chain oversight at national level	462,443
3.	Support design and implementation of a national harmonized LMIS strategy	283,132
4.	Support the establishment and operation of 13 County Health Commodity Security Committees / Technical Working Teams in collaboration with CHMT, regional implementing partners and other stakeholders	150,000
5.	Support to CHMT for improved commodity management at facility level in collaboration with other stakeholders.	330,803
6.	TA for peripheral level LMIS, improved commodity usage reporting and use of information for decision-making	267,203
	Contribute to strengthening of Health and Pharmaceutical policy and regulatory frameworks	80,000
7.	Technical support to Clinical Governance	70,000
8.	Technical support to improved medicine use practices at national and county level in targeted counties in Nyanza, Western and Coast regions	242,903
9.	Capacity building for improved health commodity management and pharmaceutical care	125,744
10.	Support for operational research including quality of care and medicine use surveys	141,398
11.	Support to PV data acquisition, management and use	180,252
12.	Technical and operational support to PPB for regulation of health products and Post Marketing Surveillance (PMS) activities in collaboration with PPB, NASCOP, DOMC, DLTLD, other programs and stakeholders	120,803
13.	Support to PPB and other stakeholders for targeted patient safety initiatives	135,582
14.	TA for the development of a national Pharmaceutical Management Information System (PMIS) that incorporates all health commodities and related services	136,579
15.	Build capacity of county laboratory managers and facility laboratory staff on commodity management	121,531
16.	Strengthen Laboratory Management Information Systems to improve commodity usage, reporting and decision-making	380,212
17.	Support DOMC in malaria Rapid Diagnostic Test (mRDT) roll out in facilities	170,931
18.	Improve leadership, stewardship and coordination of laboratory commodity management activities at national level	244,554
19.	Regional/County Support ( Nyanza, Western and Coast)	327,824
20.	Management and Operations	1,008,170
21.	<b>Total</b>	<b>5,178,935</b>