

# Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Quarterly Progress Report: 1<sup>st</sup> April – 30<sup>th</sup> June 2013

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July 2013



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This document is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), under the terms of associate award cooperative agreement number AID-623-LA-11-00008. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

### **About MSH/HCSM**

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.

### **Recommended Citation**

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2013. *Management Sciences for Health/ Health Commodities and Services Management Program, Kenya, Progress Report: 1<sup>st</sup> April – 30<sup>th</sup> June 2013*. Submitted to the U.S. Agency for International Development/Kenya by the MSH/HCSM Program. Nairobi, Kenya

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## Table of Contents

Acronyms and Abbreviations .....	4
EXECUTIVE SUMMARY .....	6
HCSM ACHIEVEMENTS .....	10
Strategic objective 1: Strengthened MoH commodity management .....	10
Strategic Objective 2: Strengthened Pharmaceutical Policy and Service Delivery .....	13
Strategic Objective 3: Support to laboratory governance, commodity security and services.....	15
CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR NEXT QUARTER .....	16
HCSM Program Activity Progress Matrix .....	18

## Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ADT	ART Dispensing Tool
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
CHAI	Clinton Health Access Initiative
CHS	Center for Health Solutions
CME	Continuous Medical Education
CPD	Continuous professional development
DANIDA	Danish International Development Agency
DASCO	District AIDS and STI Coordinator
DDPC	Department of Disease Prevention and Control
DHMT	District Health Management Team
DHIS	District Health Information System
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DOP	Department of Pharmacy
DOD	Department of Defense
DRH	Division of Reproductive Health
DRHC	District Reproductive Health Coordinator
DTLC	District TB & Leprosy Coordinator
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family planning
F&Q	Forecasting and Quantification
HCSM	Health Commodities and Services Management (program)
HSCC	Health Sector Coordinating Committee
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
KEC	Kenya Episcopal Conference
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
LCM	Laboratory Commodity Management
LMIS	Logistics Management Information System

LMU	Logistics Management Unit
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
MTM	Medication Therapy Management
M&E	Monitoring and Evaluation
NAL	Northern Arid Lands
NASCOP	National AIDS & STI Control Program
NEP	North Eastern province
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PHMT	Provincial Health Management Team
PHC	Primary Health Care
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPB	Pharmacy and Poisons Board
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
PV	Pharmacovigilance
RH	Reproductive Health
RDT	Rapid Diagnostic Test
RTK	Rapid Test Kit
SDP	Service Delivery Point
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems (program)
STG	Standard Treatment Guidelines
SWAp	Sector wide approach
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development

## EXECUTIVE SUMMARY

The Health Commodities and Services Management (HCSM) program is designed to address gaps in commodity management, pharmaceutical policy and services, and laboratory systems with a goal of strengthening commodity management systems for improved health outcomes and greater impact. In line with the USAID/Kenya mission's implementation framework and the Ministries of Health national health strategic plans, MSH/HCSM program focuses on health systems strengthening in the pharmaceutical and laboratory sectors in three key technical areas:

- Commodity Management support for Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) and Health facilities
- Support to Pharmaceutical Policy and Service Delivery
- Support to Laboratory Governance, Commodity Security, and Service Delivery (implemented in collaboration with CDC-funded Strengthening Public Health Laboratory Systems (SPHLS) program)

This report covers quarter three - 1<sup>st</sup> April to 30th June 2013 – of the program's work plan II. During this period, despite uncertainty brought about by ongoing devolution of governance structures and most operational activities to the county level the program achieved the following results;

### – **Support for the development of a national Logistics Management Information System (LMIS)**

Support for the development of a national LMIS continued to be a key priority for the program during the quarter. The program conducted consultative meetings with technical counterparts at Kenya Pharma, Afya Info and MOH on the approach and concept. This formed the basis for the LMIS situation analysis that the program conducted as a result program has developed a detailed proposal for a harmonized LMIS in Kenya. This document details the current situation with the accompanying challenges, the vision of LMIS in Kenya with the benefits that will accrue to the country as result of its implementation and steps to undertaken in its implementation. In the current quarter (July-Sept 2013) the program will engage and work with partners and other stakeholders to align LMIS requirements in the commodity management. Further, to address some of the ongoing efforts by various stakeholders, HCSM developed data requirements for development of a commodity information system for CD4 and Rapid HIV Test Kits. Clinton Health Access Initiative (CHAI) is currently using these to develop a web based tool for ordering and reporting to NASCOP.

### – **Support to commodity management at the central level**

HCSM program continued to support MoH to take a greater leadership role in supply chain management and commodity security activities. The program supported all the priority programs to hold monthly commodity security committee meetings and to generate monthly stock status reports. In support to forecasting and quantification of commodities for Priority Health Programs, some of the key activities conducted include;

- Provided technical support to DOMC in the quantification and forecasting process for the 2013/2014 period. The process also involved a forecast of antimalarial drugs requirements for the period up to December 2015
- Supported the drafting of the quantification and supply plan technical report for TB commodities
- Conducted an annual national FP quantification exercise. Annual national requirements and supply plans were generated for FY2012/13 to FY2014/15. The report is currently under review by DRH.

Overall, program stock status and F&Q reports have proved to be of great importance in ensuring commodity security at central level, for instance, DOMC used this information to fast procurement of 2 million RDTs by PMI and reprogramming of GF funds to purchase RDTs to fill anticipated gaps in the supply.

### – **Commodity management skills transfer at Central level**

To ensure sustainability, HCSM has been deliberate in the design and implementation of activities, in order to ensure skills transfer, integration, and mainstreaming of approaches and tools. The program ensures involvement of MoH staff from the priority program commodity management related activities highlighted above. Additionally the program has developed

quantification curriculum materials (trainers' manuals, participants' manuals, training and curriculum guides and quantification handbooks). These materials are awaiting final review by DOP before adoption

– **Support to commodity management at the central level the peripheral level**

The reporting period marked the beginning of the transition from the province/district level operations of health management teams to county level. Due to these changes and other devolution related priorities, activity implementation slowed as HMT members were either in transition to new posts in the counties or were preoccupied with close-out activities in their previous positions and were therefore not available to participate in activities.

The program utilized these changes and started realigning its work to refocus support to the nascent county health management teams with a number of initial introductory and exploratory meetings held with a number of county representatives and teams. For instance, the program supported and provided TA to for a Health commodity planning and forecasting meeting for Machakos County and the Kiambu County Pharmacists consultative meeting. Going forward in the coming quarter and the next work plan, the program has revised its approach to its peripheral level support which will be implemented based on clearly defined strategic activities and interventions hinged on empowering the county level teams to take leadership and provide oversight for commodity management in their areas of jurisdiction.

– **Commodity management in targeted FBO and private sector**

In line with the program's whole market approach, various activities were carried out to strengthen commodity management in the FBO and private sector. The program successfully engaged the Catholic Health Commission the umbrella body for facilities managed by the Catholic Church in planning and joint implementing activities in its various dioceses. A consultative meeting was held with Kenya Episcopal Conference (KEC) national and regional health coordinators where regional plans were developed. Subsequently CM activities were jointly implemented in Machakos, Samburu, Marsabit, Kisumu, Eldoret and Kitale dioceses. A total of 84 staff from facilities in these dioceses were orientated on commodity management and support supervision conducted in 8 KEC facilities in the Catholic Diocese of Nakuru.

– **Support to Pharmaceutical Services and policies**

During the reporting period the program focused on building capacity of facility Medicines and Therapeutics Committees (MTCs), strengthening systems for medicine quality assurance & pharmacovigilance and supporting MoH to finalize policy and governance structures in readiness and facilitation for devolution. Achievements in this technical are included;

**a) Support to Pharmaceutical Services and Policies at Central level**

In support to delivery of quality pharmaceutical services and appropriate medicine use, the program in collaboration with the Ministry of Health, World Health Organization, private sector practitioners and other stakeholders to develop the Kenya Cancer management guidelines. A stakeholder forum was held to validate the 1st draft and share comments for finalization of the guideline before official launch during July-September 2013 quarter.

In support to operations research, the program provided technical assistance to DOMC in dissemination of round 5 QoC survey findings to national and county representatives. The findings highlighted the achievements made in malaria case management with regards to improved performance of indicators over the last two years. There was also an increased availability of ACTs, reporting tools and adherence to guidelines. Moreover, during the reporting period HCSM in collaboration with DOMC and KEMRI Wellcome Trust supported preparations for round 6 QoC survey by training data collectors and supporting the data collection exercise. Data entry is ongoing and report will be ready in July-September 2013 quarter.

In collaboration with the Pharmacy and Poisons Board (PPB), HCSM supported various initiatives to improve patient safety and product quality assurance. These included;

- Providing technical assistance to DRH to address efficacy related complaints on oxytocin efficacy. HCSM facilitated submission of complaints on the product to PPB and intends to audit selected facilities to assess storage conditions of oxytocin.
- Support to the official launch of the PV Electronic reporting system (PV-ERS), an event which was graced by senior MOH and Ministry of Information officials
- Support to the finalization of the HIV Pharmacovigilance orientation package
- Logistical support for courier services to facilitate transmission of ADR and poor medicinal products reports from facility level to the national pharmacovigilance center. To date over 6800 ADR and 390 poor quality medicinal reports have been received at PPB. These reports have been used to make several regulatory decisions.

With regard to pharmaceutical subsector governance, HCSM continued to provide TA to the various initiatives that are underway to revise health and pharmacy laws. For instance, HCSM contributed to finalization of the Health Bill by participating in the review of Part 9 (Regulation of medicines and medical products) and Part 10 (Procurement of health products). In support to devolution, HCSM facilitated a meeting of Interim County Pharmacists (ICPs) to orientate them on their roles and support in setting priorities for county health pharmaceutical services. In addition, a toolkit to support ICPs in delivery of quality services was disseminated. A total 55 participants drawn from 37 counties and the national level staff participated in this forum.

**b) Support to Pharmaceutical Services and policies at peripheral level**

The program continued its support to capacity building initiatives on medicine quality assurance and pharmacovigilance with activities largely conducted through partners. The role of the program was to provide training materials and technical assistance, for instance, in Nyanza, the program collaborated with EGPAF Pamoja to conduct a 3-day PV orientation for 41 HCWs from Homabay County and similarly worked with APHIAplus and KEMRI CDC to conduct trainings in Rachuonyo South, Kisumu East and Kisian. Similar support was provided to APHIAplus Western to conduct PV orientations for Vihiga and Bungoma counties.

In support to facility MTCs, the program in collaboration with Gertrude's Hospital and the International Network for Rational Use of Drugs [INRUD] supported a 5 day international course on MTCs. 15 HCWs from selected model sites were sponsored by the program to attend the meeting. In addition, the program supported two 2-day orientations on MTC for Pumwani Maternity and the Kamkunji DHMT with a total of 39 HCWs attending these orientations. Key MTC initiated and led activities in the quarter include the successful launch of the Mwea Mission Hospital Standard Treatment Guidelines and the on-going Medication Safety Self-Assessment by the Kakamega PGH MTC.

**– Support to lab supply chain**

The program supported MoH to monitor lab commodity pipelines through support to NASCOP to generate the monthly national stock status reports for HIV laboratory commodities (mainly HIV rapid test kits, CD4 reagents, blood safety commodities). These routine monitoring activities are useful in ensuring that stock-outs of key HIV laboratory commodities are avoided at national level. To make the generation of these reports easier, HCSM developed automated templates which have been used to generate the reports. Members of the HIV lab commodity security team have been oriented on these templates.

In support to capacity building of laboratory staff at the peripheral level, HCSM used the recently approved Lab commodity management curriculum and related documents to train a total of 89 TOTs drawn from all counties (at least 2 TOTs per county). At the peripheral level, the program's support to laboratory supply chain activities focused on building capacity of laboratory staff in utilizing various LMIS tools and supporting the quarterly regional feedback and data review meetings to discuss, plan and strategize on improving commodity reporting and to address emerging commodity management and

supply issues. Additionally the program organized a series of one day OJT sessions to orientate and provide lab staff with LMIS tools. These OJT and mentorship sessions were conducted in Nairobi [in collaboration with APHIAPlus], Eastern, NAL [in collaboration with APHIAPlus Kamili & Nuru ya Bonde], Nyanza and Rift Valley. About 400 HCWs received OJT and/or were mentored during these sessions.

Priorities for the program in the next quarter span across the three technical areas and include the ongoing initiative to develop a national LMIS; F&Q and supply planning for priority health programs; and support for various devolution related activities.

## HCSM ACHIEVEMENTS

### Strategic objective 1: Strengthened MoH commodity management

This area focuses on commodity management support to improve accountability at peripheral level as well as oversight and planning at central and peripheral levels. Emphasis is on ensuring uninterrupted access to health commodities at health facilities through the various interventions implemented with support from the program.

#### a) Support to Commodity management at the Central level

HCSM supported the MOH to play a bigger and effective leadership role in supply chain management and commodity security. HCSM adopted a mix of approaches including providing technical assistance and active participation in high-level stakeholder meetings, technical working groups, targeted training workshops, as well as through active support to specific initiatives. This ensured that the stock-outs of health commodities for priority health programs-HIV/AIDS, Malaria, TB and Reproductive health were largely avoided. Major collaborators in these activities included both ministries of health, priority health program (NASCO, DOMC, DRH, DLTL), KEMSA, USG partners (e.g. Kenya Pharma), and other donor agencies (DANIDA, GIZ, Clinton Foundation).

HCSM also supported NASCO to map out ART health facilities in the various regions and rationalize on the ordering points for ARVs, as part of the decentralization process. Stakeholder consensus meetings were held in Coast region, and North Eastern region. Other achievements in this area included;

#### – Pipeline monitoring of national health commodity stocks

The program supported the Ministries of Health to generate national monthly stock status reports for priority program commodities. These were used to provide strategic information to MoH and programs, donors and partners supporting the public health sector. These reports have continued to inform all key stakeholders on the national stock status and assist in making supply chain decisions such procurement planning and forestall potential stock outs. The monthly reports generated were for ARV medicines, TB, antimalarials, Family Planning and HIV Lab commodities. Specifically, DRH, NASCO, DLTL and DOMC continued to use the automated templates (developed earlier) for generation of these reports as part of the process by GoK counterparts to take stewardship.

#### – National quantifications

Timely and accurate quantification of health commodity requirements ensures that commodities are consistently available within the system. During the last quarter, HCSM provided the following support to national quantifications for the various programs:

- **HIV Program:** HCSM supported NASCO to develop and convene a program for establishing surveillance sites for collection of specific data to inform national quantification. Eight sites were established for collection of data from their pharmacy, laboratory, nutrition and clinical teams. The data collected will be used for a national quantification scheduled for July 2013 for the financial years 2013/14 and 2014/15.
- **TB Program:** HCSM supported the DLTL to finalize a national quantification of TB commodities for 2013/14 and 2014/15. Dissemination is planned for the next quarter.
- **Family Planning program:** HCSM supported DRH to undertake a national quantification of family planning commodities for 2013/14 and 2014/15. A dissemination meeting with various donors was also held where some commitments were made by donors that included KfW, USAID and UNFPA.
- **Malaria:** Provided technical support to DOMC in the quantification and forecasting process for the 2013/2014 period. The process also involved a forecast of antimalarial drugs requirements for the period up to December 2015 and has led to commitments from PMI to procure more RDTs and ACTs to cover gaps.

– **Support for the development of a national Logistics Management Information System (LMIS)**

The Ministry of Health lacks a unified and integrated logistical management information system which has therefore led to the emergence and presence of a multiplicity of parallel and duplicate systems. During the quarter, the program developed a detailed concept for harmonized LMIS in Kenya. This document details the current system with the accompanying challenges, the vision of LMIS in Kenya with the benefits that will accrue to the country as result of its implementation and steps to undertaken in its implementation. Going forward, the program has planned a high level discussion with the senior MoH officials upon which it's anticipated that a harmonized roadmap will be adopted. This is work in progress.

Further, to address some of the ongoing efforts by various stakeholders, HCSM developed data requirements and specifications for development of a commodity information system for CD4 and Rapid HIV Test Kits. NASCOP is currently using these to develop a web based tool for ordering and reporting with support from CHAI.

**b) Commodity Management Support at Peripheral level**

This was a landmark quarter in the implementation of the program's regional level activities as it marked the beginning of the transition from the province/district level operations of health management teams to county level. Due to these changes and other devolution related priorities, activity implementation slowed down because Health Management Teams members were either in transition to their new posts in the counties or were preoccupied with close-out activities in their previous positions and were therefore not available to participate in activities.

During this quarter, the program started realigning its work to refocus support to the nascent county health management teams with a number of initial introductory and exploratory meetings held with a number of county representatives and teams. For instance, the program supported and provided TA to for a Health commodity planning and forecasting meeting for Machakos County and the Kiambu County Pharmacists consultative meeting. Going forward in the coming quarter and the next work plan, the program has revised its approach to its peripheral level support which will be implemented based on clearly defined strategic activities and interventions hinged on empowering the county level teams to take leadership and provide oversight for commodity management in their areas of jurisdiction.

In spite of the above challenges, the program was able to implement the following activities;

– **Commodity Management Support for coordinating mechanisms at county level**

Two former provinces (Western & Nyanza) and 14 district level health commodity Technical Working Groups (TWGs) either met or implemented HCSM supported activities during the quarter, the focus of which was to complete on-going tasks or to plan and strategize for county level operations. In addition, the program supported two county level teams - Kiambu & Machakos to hold initial review and planning meetings to address health commodity issues.

– **Peripheral LMIS support**

During the reporting period the focus was on ensuring availability of both manual and electronic LMIS tools for commodity data management and reporting. The program facilitated dissemination of various inventory management job aids and other related documents to facilities, for example;

- Printing and distribution of FP LMIS tools (3828 SDP-CDRRs; 165 D-CDRRs; 475 DARs) to 234 districts and 3824 SDPs
- Printed and distributed 3823 Daily activity registers and 896 health facility summary forms for malaria reports to facilities countrywide

To better leverage on the resources printing and dissemination of tools is one of the activities that the program has targeted for handover to MoH and/or regional implementing partners.

HCSM also continued providing maintenance support and scale-up of the ADT and ITT. For example the program provided OJT and mentorship to 18 ADT user sites in Central and maintenance support to 13 sites in Central, NEP, Coast and Nyanza regions. The program will continue working with NASCOP and other stakeholders to support the scale-up of the tools as per NASCOP's roll-out strategy. In addition, the program will continue capacity building of additional ADT champions from the facilities & implementing partner organizations to enhance availability and access to maintenance support by ADT user sites. Overall to date ADT has been installed in over 350 sites and over 80% of all patients on ART are managed through ADT user sites.

– **Capacity building of regional level managers and facility staff for commodity management improvement**

The program continued conducting capacity building activities aimed at building skills for the regional level managers and facility staff skills for improvement in commodity management practices. During the reporting period the following activities were conducted; -

- **Orientation on commodity management:** A total of 260 DHMT and facility staff members were oriented on commodity management jointly with regional implementing partners e.g. APhiAPlus, EGPAF-Pamoja , FunzoKenya etc. The program has built sufficient pool of TOTs and champions who can now cascade these trainings to facility level staff with minimal support from HCSM, which is a more sustainable approach in the long run.
- **Supportive supervision, OJT and mentorship:** This is a key hand-on approach for providing support to facility staff by regional HMTs and commodity management champions using standardized tools and/or packages. The program through the PHMTs/DHMTs supported supportive supervision, OJT & mentorship missions in Nairobi, Central, Eastern, NAL & Rift Valley with over 90 facilities in these regions receiving support during the quarter
- **Support to model sites:** This activity was implemented in NAL and Coast regions where a total of 10 sites received support for commodity management, pharmaceutical and laboratory services improvement. The program will continue to work with regional MoH teams, implementing partners and other stakeholders to strengthen selected sites to serve as centres of excellence or learning sites where best practices can be demonstrated.

– **Capacity-building of health staff in targeted FBO and private sector sites for commodity improvement management**

In line with the program's whole market approach, various activities were carried out to strengthen commodity management in the FBO and private sector. The program successfully engage the Catholic Health Commission the umbrella body for facilities managed by the Catholic Church in planning and joint implementing activities in its various dioceses. A consultative meeting was held with Kenya Conference of Catholic Bishops (KCCB), (formerly KEC) national and regional health coordinators where regional plans were developed. Subsequently commodity management activities were jointly implemented in Machakos, Samburu, Marsabit, Kisumu, Eldoret and Kitale dioceses. A total of 84 staff from facilities in these dioceses were orientated on commodity management and support supervision conducted in 8 KEC facilities in the Catholic Diocese of Nakuru.

## **Strategic Objective 2: Strengthened Pharmaceutical Policy and Service Delivery**

This technical area focuses on interventions aimed at strengthening the health system to deliver quality pharmaceutical services at public, private and faith-based sector at all levels of care with a goal to: strengthen pharmaceutical sector governance, improve pharmaceutical services, strengthen medicines quality assurance and pharmacovigilance (PV) and improve pharmaceutical information acquisition and management. In the last quarter, HCSM continued to use a health systems strengthening approach to strengthen pharmaceutical policy implementation and service delivery at the national and county levels.

### **– Support to delivery of quality pharmaceutical services and appropriate medicine use**

To support delivery of quality pharmaceutical services and appropriate medicine use at the peripheral level HCSM continued to strengthen institutional Medicines and Therapeutics Committees (MTCs) to address gaps in service delivery and medicine use issues at that level. This is achieved through continuous capacity-building to MTC members and follow-up support on implementation of their activity plans.

Specifically the program in collaboration with Gertrude's Hospital and the International Network for Rational Use of Drugs [INRUD] supported a 5-day international course on MTCs by sponsoring 15 health care providers from selected model sites to attend the meeting. In addition, the program supported two 2-day orientation meetings on MTC for Pumwani Maternity and the Kamukunji DHMT with a total of 39 HCWs attending these orientations. Key MTC initiated and led activities in the quarter included the successful launch of the Mwea Mission Hospital Standard Treatment Guidelines and the on-going Medication Safety Self-Assessment by the Kakamega PGH committee.

At the national level, the program supported the ministry of health in collaboration with World Health Organization, private sector practitioners and other stakeholders to finalize the Kenya Cancer management guidelines. A stakeholder forum was held to validate the 1<sup>st</sup> draft and share comments for finalization of the guideline before official launch planned for the next quarter.

In support to operations research, the program provided technical assistance to DOMC in dissemination of round 5 QoC survey findings to national and county representatives. The findings highlighted the achievements made in malaria case management with regards to improved performance of indicators over the last two years. There was also an increased availability of ACTs, reporting tools and adherence to guidelines. During the last quarter, HCSM in collaboration with DOMC and KEMRI Wellcome Trust supported round 6 of the quality of care survey by training the data collectors and supporting data collection. Data entry is ongoing and report writing is to be done in the coming quarter.

### **– Support to strengthened medicine quality assurance and pharmacovigilance (PV)**

In collaboration with the Pharmacy and Poisons Board (PPB) and other stakeholders, HCSM supported various initiatives to improve patient safety and product quality assurance at national and county levels.

At the county level, HCSM supported the PPB and other stakeholders to undertake capacity building activities on medication safety and pharmacovigilance where HCSM largely provided training materials, job aids and reporting tools. For instance, in Nyanza, the program collaborated with EGPAF Pamoja to conduct a 3-day pharmacovigilance orientation for 41 health workers from Homa-Bay County and similarly worked with APHIAPlus and KEMRI CDC to conduct trainings in Rachuonyo South, Kisumu East and Kisian districts. Similar support was provided to APHIAPlus in Western region to conduct PV orientations for Vihiga and Bungoma counties.

At the national level HCSM continued to support the PPB, priority programs and other stakeholders in data acquisition and management for decision making. Other activities included:

- Support to the official launch of the PV Electronic reporting system (PV-ERS), an event which was graced by senior MOH and Ministry of Information officials
- Support to the finalization of the HIV Pharmacovigilance orientation package
- Logistical support for courier services to facilitate transmission of reports from facility levels to the national pharmacovigilance centre. To date over 6800 ADR and 390 poor quality medicinal reports have been received at PPB. These reports have been used to make several regulatory decisions.

– **Support to strengthen pharmaceutical subsector governance**

The program continued to support the Ministry of Health and mainly the Department of Pharmacy (DOP) in activities aimed at strengthening governance at the central level to allow for a coordinated and functional pharmaceutical service delivery. In addition, the annual operational plan for the Pharmaceutical Society of Kenya Association was finalized and printed. Further, HCSM provided technical and logistical support to the Department of Pharmacy to finalize pharmaceutical services administrative structures and organize a county pharmacists' forum which attracted 55 participants representing 37 counties and the national level. The proposed pharmaceutical structures will inform the establishment of County Pharmaceutical services in the devolved system and articulate the roles and responsibilities of core staff in National and county health delivery.

### **Strategic Objective 3: Support to laboratory governance, commodity security and services**

Under this strategic objective HCSM works mainly focuses on strengthening the central and peripheral level laboratory systems to increase availability and accountability for commodities. The program continued with interventions aimed at improving laboratory commodity management and supply chain both at the central and peripheral level. Achievements realized during the reporting period include:

#### **– National quantification for laboratory commodities**

During the quarter, HCSM program supported the MoH (NAS COP and DL TLD) to review the national laboratory commodity forecast and supply plan (HIV/AIDS and TB). These laboratory commodities are incorporated into the overall commodity quantifications undertaken by NAS COP and DL TLD for their commodity requirements.

#### **– Pipeline monitoring of national stock status**

During the quarter, the program supported NAS COP to generate the monthly national stock status reports for HIV laboratory commodities (mainly HIV rapid test kits, CD4 reagents, blood safety commodities). This information was used to inform procurement planning and delivery of required laboratory commodities from suppliers among other supply chain decisions. This routine monitoring has also ensured that stock-outs of key HIV laboratory commodities are avoided at national level. To make the generation of these reports easier, HCSM developed automated templates which have been used to generate the reports. Members of the HIV lab commodity security team have been oriented on these

#### **– Coordination and oversight for laboratory commodity management and security**

Effective coordination and oversight for laboratory commodity management is an important prerequisite for ensuring commodity security. At the national level, HCSM has worked to strengthen national level planning and oversight of laboratory commodity management activities. This has been done through technical support to commodity security technical working groups in the priority divisions at NAS COP, DL TLD and DOMC to provide stewardship and oversight for commodity management interventions that address the laboratory commodity challenges. Some of the activities during the quarter include the following:

- Support to NAS COP to finalize the harmonization of the HIV testing sites. This was an important activity to inform the distribution through KEMSA.
- Supported NAS COP to harmonize the distribution list for CD4 reagents.
- Provided support to NAS COP with monthly distribution planning through the allocation committee for commodity resupply to sites.
- At the regional level, HCSM supported quarterly commodity data review and feedback meetings for DMLTs in all the regions. These were aimed at addressing the low reporting on laboratory commodities and identify ways of addressing the challenges through region specific plans.

At the peripheral level, HCSM supported quarterly commodity data review and feedback meetings. These are one and a half day meetings and they were held in Nairobi, Central, Eastern, Coast, Nyanza and Western and brought together senior regional MoH lab staff [PMLTs, DMLTs & Lab in-charges] and regional implementing partners e.g. APHIAPlus and Centre for Health Solutions (CHS). Activities conducted during these meetings included reporting rate data reviews and feedback and action planning to address emergent issues regarding commodity data reporting and availability. For instance in the Coast meeting, reporting rates for RTKs and CD4 reagents were reviewed; lists of RTK SDP sites cleaned and submitted to central level and county based actions plans developed in preparation for county level operation

– **Capacity building of staff on Lab LMIS tools and laboratory commodity management**

To address the gaps in commodity management, a series of one day on-job training sessions were organized, in collaboration with APHIA plus in respective zones, in Nairobi, Eastern, NAL, Nyanza and Rift Valley to orientate and provide on job training to lab staff on the use of the lab LMIS tools. This had been identified gap in many facilities. About 400 HCWs received OJT and/or were mentored during these sessions.

– **Support to rollout of the malaria RDTs**

HCSM worked closely with the DOMC to continue supporting rollout of the malaria rapid diagnostic tests. During the quarter, HCSM implemented the following:

- Supported meeting to discuss the QA/QC system for malaria RDTs. This is still an ongoing discussion
- Supported DOMC to print and disseminate malaria tools that incorporated the RDT component

HCSM has also used a lot of the ongoing commodity management trainings through partners to sensitize on availability of malaria RDTs.

## **CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR NEXT QUARTER**

During the reporting quarter HCSM encountered a number of challenges which constrained implementation of planned activities. The current restructuring and re-organization occasioned by the new constitution are largely unclear and have pre-occupied the time of key MOH counterparts. Moreover, some competing priorities at both the central and peripheral levels resulted in the postponement or delay in the implementation of some planned activities. The program was faced by delays in transitioning some of the pre-planned activities because of reluctance by MOH counterparts to be handed over activities.

### **Lessons Learnt**

There is need for alignment of work plan to constitutional realities and understanding of devolution demands. In addition HCSM needs to continue engaging at high levels of the national and county government levels including while engaging key stakeholders.

### **Priorities for the next quarter**

The program will continue strengthening systems across the three technical areas for achievement of sustainable results. Specifically, the program will focus on skills transfer, handover and integration of implementation approaches where possible. The program in collaboration with MOH and counterparts has identified the following priorities for the next quarter (July-September 2013):

#### ***Reproductive Health/ Family Planning***

- Ongoing support to RH/FP commodity security committee meeting to ensure commodity security
- Handover the compilation/ generation of the RH/FP monthly stock status/ “2-pager” report to DRH

- Support the condom supply chain related activities especially strengthening linkage and collaboration between NASCOP and DRH and commodity tracking at lower levels
- Participation in the MNCH Taskforce/TWGs in identification of core MNCH commodities and related quantification

#### ***Division of Malaria Control/ Malaria Program***

- Finalization of data entry and report writing of the Malaria Round 6 Quality of Care Survey
- Formulation of an implementation plan for QA/QC for malaria diagnostics and support for implementation of the same
- Support to improving upstream flow for malaria commodity usage data

#### ***Division of Leprosy TB and Lung Diseases (DLTLD)/ TB Program***

- Support for monthly commodity security committee meetings and the compilation/ generation of monthly stock status reports and pipeline monitoring
- Finalization of TB/HIV Orientation package
- Support to DLTLD to upload revised LMIS forms: FCDRR tool into DHIS-2
- F&Q finalization and dissemination to stakeholders
- Finalize the MDR-TB curriculum; finalize strategic plan and guidelines for MDR-TB

#### ***NASCOP- HIV Program***

- Finalize automation of the ARV 2 pager reports for strategic information
- Decentralization – to rationalize and increase number of ordering sites nationally
- Finalize the national F&Q of HIV commodities
- Support to HIV-Pharmacovigilance activities (ADRs and product quality)

#### ***Laboratory Supply Chain***

- Capacity building of MOH staff on quantification and pipeline monitoring, and handover the generation of stock status reports
- Strengthen the national coordination of lab commodities
- Support partners to disseminate lab commodity management curricula and tools to counties

For the program's **strategic objective 2**, which addresses pharmaceutical governance, services and pharmacovigilance, the following are the priorities for the next quarter:

- Finalization and launch of Cancer management guidelines
- Finalization of the county pharmaceutical services package
- Capacity building and rollout of e-PV reporting system
- Support to PV data acquisition and management for decision making
- Support to partners to implement capacity building materials, tools and trainings

At county level, the priorities for the next quarter include:

- On-going scale-up and support to priority regions using county support package
- Enhanced support and follow-up for model sites
- Support to institutional MTCs and follow-up support for development and implementation of action plans
- Support to regional partners to rollout commodity management interventions
- Support for targeted planning and meetings with county health management teams to address system challenges including reporting rates

## HCSM Program Activity Progress Matrix

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities  (These include activities that were planned for in the last quarter, and any other new activities)	Activity Status  (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan  (Brief explanation on what will be done about the variance)
<b>Result area 1: STRENGTHENED MOH COMMODITY MANAGEMENT</b>							
<b>Intermediate Result 1: Peripheral healthcare facilities able to account for and manage commodities effectively</b>							
<b>Expected outcomes: Improve reporting rates on commodity usage from major ordering points to central level; Improved record keeping at health facilities; Reduction in proportion of facilities reporting stock outs</b>							
AOP 6: Section 3.1  Malari a Operat ional Plan FY12	Ensure functional stakeholders forums at provincial and district levels  Support the DOMC Technical Working Groups; Decentralization to the	Functional health commodity security committees at regional and district level.	AOP 6:- Table 3.1 (page 12)  Malaria Operational Plan FY12 (pg 40, 41)	<b>1: Scale up coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams</b> a) Jointly with PHMTs/county HMTs and other key stakeholders, support the existing eight (8) regional health commodity security committees and fifty (50) district health commodity security committees	Ongoing <b>The program provided ongoing support to Provincial Health Commodity TWGs</b>  <b>WESTERN</b> – Two Provincial Health Commodity TWG meetings held, key action points- to conduct data quality reviews and monitor stock status especially for RTKs- to commence on July 2013 in collaboration with HCSM & APHIA Plus  <b>NYANZA</b> – Nyanza Provincial Health Commodity TWG met to review reports from mentorship support provided to facilities and DHMTs in the region  <b>Not done</b> Central, NEP, Rift Valley, Eastern & Nairobi PHSC TWG meetings not held	Many of the planned PHCSC meetings and activities did not take place due to changes, transfers and overall uncertainty occasioned by devolution	With the transition to the county system of government, focus of support will shift to support county level health committees especially 14 identified level 1 counties <b>(Nairobi, Machakos, Mombasa, Kwale, Kisumu, Homa bay, Kakamega, Vihiga, Murang'a, Embu, Isiolo, Meru, Nakuru, Nandi)</b>

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	new county system			b) Support the regional health commodity security committees to constitute an additional 70 district committees within priority districts by September 2013	<p>Ongoing</p> <p>Provided ongoing support to county and district level health commodity committees to function, cumulatively as at the end of this quarter, the program has reached a total of 135 districts [90 in cohort 1 &amp; 45 in cohort II]</p> <p>Committees that were supported during the quarter include;</p> <p><b>CENTRAL</b></p> <ul style="list-style-type: none"> <li>- Supported Kiambu County Pharmacists Consultative Meeting where 23 Pharmacists met with their Interim County Pharmacist and agreed to form two County committees (the MTC and Commodity Security Committees) which will oversee and coordinate pharmaceutical services in the county, and through which HCSM and other partners will channel their support for commodity management.</li> <li>- Nyeri South District Health Commodity Security Committee(DHCSC) Meeting held</li> </ul> <p><b>NAIROBI</b></p> <ul style="list-style-type: none"> <li>- Njiru District Health Commodity Security Committee(DHCSC) Meeting held</li> </ul> <p><b>EASTERN</b></p> <ul style="list-style-type: none"> <li>- Seven District Health Commodity Security Committees (Embu East, Embu West, Embu North, Tharaka South, Makueni and Kathonzwani) met.</li> </ul> <p><b>NYANZA</b></p> <ul style="list-style-type: none"> <li>- Nyamira and Rachuonyo North TWG meetings held</li> <li>- Rachuonyo DHCSC TWG conducted commodity management support supervision with support from EGPAF utilizing HCSM supported tools</li> </ul> <p><b>WESTERN</b></p> <ul style="list-style-type: none"> <li>- Kakamega North, Vihiga, Emuhaya and Kakamega DHCSC held planning meetings to identify priorities for commodity management support</li> </ul>	Most of the priority district HCSCs did not meet or conduct any specific activities;	With the phasing out of districts, the level of engagement for the program with regional facilities will be at county level: hence provision of support to district level committees end this quarter

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AOP 6:Section 5.1.2  Malaria Operational Plan FY12	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 districts and SDP level in all regions  Facility staff oriented on use of these tools  ADT and ITT scaled up	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71)  Malaria Operational Plan FY12 (pg 31, 34)	<b>2: Strengthen peripheral MIS in 8 regions</b>  a) Support dissemination of standardized manual and electronic tools. This will include scale up and support of ADT and ITT user sites	<b>Ongoing</b> <ul style="list-style-type: none"> <li>- Printing and distribution of FP LMIS tools (3828 SDP-CDRRs; 165 D-CDRRs; 475 DARs) to 234 districts and 3824 SDPs</li> <li>- Printed and distributed 3823 Daily activity registers and 896 health facility summary forms for malaria program to facilities countrywide.</li> <li>- Provided support to ADT at peripheral level as follows; <ul style="list-style-type: none"> <li>o In central Province; OJT and mentorship support provided to 18 ADT user sites by HCSM supported champions and HCSM MIS team</li> <li>o In NEP; ADT installed in 1 addition site- Miathene</li> <li>o Coast: On-going &amp; maintenance support for ADT provided to 7 sites in collaboration with regional level partners. Sites covered were Bomu Medical Centre, Mariakani Clinic, Coast PGH, Likoni SDH, Mariakani DH and Tudor DH</li> <li>o Nyanza; ADT support to new sites- Disciples of Mercy &amp; Ongiello Health Centre and maintenance support provided to two sites- Rachuonyo &amp; Muhoroni DHs)</li> </ul> </li> <li>- Carried out orientation of the Help desk and remote support on ADT to targeted facilities including <ul style="list-style-type: none"> <li>o Coast Provincial General Hospital,</li> <li>o Defence Forces Memorial Hospital,</li> <li>o Igeganja District Hospital.</li> <li>o Tudor Hospital</li> <li>o Likoni District Hospital</li> <li>o Makueni DH</li> <li>o St. Joseph Shelter of Hope Voi</li> <li>o Gatundu District Hospital</li> <li>o Maragua District Hospital</li> </ul> </li> </ul>		The program will: <ul style="list-style-type: none"> <li>• Follow-up on user sites for continued support; collaborate with NASCOP for scale-up of ADT as per roll-out strategy</li> <li>• Provide capacity building to additional ADT champions from facilities &amp; implementing partner organization in order to enhance support for ADT maintenance in the regions</li> <li>• Capacity building of NASCOP staff to provide leadership</li> </ul>

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				b) Support to MOMS/MOPHS to implement nationally approved commodity management software platforms in selected sites in 2 regions by September 2013	Ongoing – Supported and provided TA to MoPHS for sensitization on Health Commodity Management Platform HCMP for Njiru District.		Focus on capacity building on data for decision making from facilities
				c) Provide ongoing OJT and mentorship on commodity MIS to facility staff	Ongoing – Conducted review of Lab inventory management practices at Riruta Health Centre, Liverpool VCT and Kibera Health Centre. Planned deployment of Lab Inventory Tracking Tool at these facilities – Responded to request from Kenyatta National Hospital for the implementation of Inventory Tracking Tool; developed requirements specification for Inventory Management process at their drug store and pharmacy units. Initiated development of a simple web based inventory management tool to be used at their stores and pharmacy units. – Participated in NASCOP orientation for surveillance sites to aid in data acquisition from ADT at the facilities for purposes of NASCOP F&Q. – Developed Lab LMIS requirements (Data elements, data sets, workflow process) for purposes of tracking of CD4 and HIV test kits  <b>Not done</b> Lab ITT deployment		Planned  Capacity building support on data for decision making  Review of appropriate implementation structure and capacity building based on new county structure
				d) Build capacity of regional MOMS/MOPHS counterparts, regional partners and organizations to cascade and support manual and electronic tools by Sept 2013	Ongoing – Held planning meetings with NASCOP on the regional/facility level ADT as well as web based ADT and provided guidance on implementation plan for the two systems. Built consensus on approach for rollout, roles and responsibilities and pre-requisite requirements. – Obtained requirements and information needs necessary to guide the F&Q exercise; developed draft conceptual design of the current business process to enable design of information dashboard to be developed by CHAI.		Consensus building meetings on mainstreaming of ADT

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<p>AOP 6:Sections 4.2.1.3 ; 4.2.4 (page 38)</p> <p>Malari a Operat ional Plan FY12</p> <p>AOP 6:Sections 4.2.1.3 (page 28)</p>	<p>Improved drug use and commodity management ensured through quarterly meetings</p>	<p>Improved commodity usage reporting rates and reduced stock-outs at the peripheral level</p> <p>Improved capacity of regional and facility staff in commodity management and in use of data for decision making</p> <p>Strengthened linkages (including feedback mechanisms) for commodity management improvement.</p>	<p>AOP 6 : Table 4.6 (page 28)</p> <p>Malaria Operat ional Plan FY12 (pg 40, 41)</p>	<p><b>3. Build capacity of regional level managers (province/county and district) and facility staff for commodity management improvement</b></p> <p>a) Build capacity of regional and facility staff on commodity management</p>	<p>Ongoing</p> <ul style="list-style-type: none"> <li>- Supported orientation of DHMT member and health care workers on commodity management as follows <ul style="list-style-type: none"> <li>- <b>In Nairobi County;</b> In Kasarani &amp; Njiru Districts a 2-day commodity LMIS orientation for 56 HCWs from the districts was conducted</li> <li>- <b>In Machakos County:</b> Support for F&amp;Q and commodity planning for the county. Workshop for Health Commodity Managers from each of the 8 districts in the county held.</li> <li>- <b>In Kiambu County, Kiambu West district:</b> 1 day commodity LMIS orientation for 21 staff held and 28 HCW sensitized on inventory management &amp; reporting</li> <li>- Lamu County - 24 HCWs from Lamu county orientated on IM, AMU, PV &amp; LMIS tools</li> <li>- 2 day commodity management orientation held for 36 Reproductive health coordinators [including 5 APHIA+ staff] from upper eastern region</li> <li>- Jointly with EGPAF Pamoja supported a 2-day orientation of 35 HCWs from Homabay on commodity management</li> <li>- 37 DHMT members from Njoro, Rongai and Koibatek orientated on IM, AMU &amp; PV</li> <li>- 23 HCWs from Vihiga orientated on IM, AMU &amp; PV. Orientation included a component on data review</li> </ul> </li> </ul> <p><b>Support to dissemination of tools and guidelines</b></p> <ul style="list-style-type: none"> <li>- New Malaria reporting tools distributed to all the Nairobi Districts</li> <li>- 1000 bin cards distributed to Thika L5 hospital to improve record keeping and accountability</li> <li>- Inventory management tools disseminated to Olkaleu DH, Embu East, Mutomo, Muranga North, Muranga South and Nyeri south Districts</li> <li>- Inventory management tools and job aids disseminated to facilities in Tana, Samburu, Meru &amp; Tharaka counties</li> <li>- Inventory Management job aids disseminated to a total of 167 facilities in</li> </ul>	<p>Many planned activities not undertaken due to competing priorities or unavailability of MOH counterparts occasioned by the on-going transition to county systems</p>	<p>Refocus commodity management support from PHMTs &amp; DHMTs to County HMTs especially level the 14 level 1 counties Intensified support to selected model sites in the counties</p> <p>On-going dissemination of job aids and CM tools</p> <p>Support for baseline assessments at county level in collaboration with county HMTs and Interim County Pharmacists</p>

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					9 districts- Taveta, Voi, Wundanyi, Mwatate, Kaloleni, Ganze, Bahari, Lamu West and Lamu East districts – 600 bin cards distributed to Webuye and Teso North district hospitals to improve record keeping & accountability <b>Support to Model Sites</b> – Support on CM to model sites in Upper Eastern- Marsabit DH, Isiolo DH, AIC Isiolo dispensary and Marsabit DH – Support on various areas of CM, pharmaceutical services & laboratory supply chain provided to 5 model sites- Port Reitz, Msambweni, Malindi, Kwale and Coast PGH		
				b) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making	No activities undertaken this quarter		
				c) Strengthen inventory management at stores (District and facility)	No activities undertaken this quarter		

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				d) Facilitate quarterly commodity data review and feedback meetings at province/county/district level.	<p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>- Supported a 2 days Nairobi County Pharmacy Consultative forum to discuss commodity management issues in the county. <ul style="list-style-type: none"> <li>o 34 staff (7 DPFs &amp; 27 Pharmacy staff) attended the meeting</li> </ul> </li> <li>- Supported DPFs and facility pharmacists' consultative forum in Machakos County. <ul style="list-style-type: none"> <li>o 24 staff attended the meeting</li> </ul> </li> <li>- Supported the NEP ART stakeholder meeting in collaboration with NASCOP during which a list of proposed new ordering sites was adopted and feedback from supportive supervision conducted in Jan-March shared</li> <li>- Supported district based review of commodity reports by DHMT prior to submission to national level Kakamega Central &amp; Kakamega North. 17 facilities were represented</li> </ul> <p><b>Not done</b></p> <ul style="list-style-type: none"> <li>- Consultative meetings/ commodity data review meetings not held in Nyanza, Eastern, Rift Valley, Western and Coast regions</li> </ul>		<p>The program will support County level pharmacy consultative forums for planning purposes</p> <p>ART Stakeholder meetings in collaboration with NASCOP</p>
AOP 6:Section 5.1.2 MoPH S/DCLM Section 3.1 Malari	Support supervisory field visits conducted 4 integrated supervisory visits to each province done and reports compiled	Integrated health commodities Support Supervision at health facilities conducted by the Regional health teams (PHMTs /county HMTs and DHMTs)	AOP 6 Table 5.2 (page 71) MoPHS/DCLM proposed AOP7, Section 3.1 Malaria Operation	<p><b>4: Support the implementation of the integrated supportive supervision package for commodity management at regional level</b></p> <p>a) Review, in line with the reorganized MoH structures, and finalize a comprehensive package for integrated supportive supervision for commodity management by April 2013</p>	<p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>- Supported DOP in the on-going revision of the supportive supervision package manual &amp; checklists to align them with the county structured</li> </ul> <p><b>Not done</b></p> <ul style="list-style-type: none"> <li>- Supportive supervision package not completed</li> </ul>		The program will collaborate with DOP to finalize supportive supervision package

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a Operational Plan FY12		Comprehensive package for integrated supportive supervision for commodity management.	al Plan FY12 (pg 39, 41)	b) Mentor regional level managers (province/ county and district) in priority districts to undertake quarterly integrated health commodity support supervision missions	<b>Ongoing</b> The program utilized existing program tools to support commodity management supportive supervision as follows <ul style="list-style-type: none"> <li>– Kamukunji District: OJT &amp; Supportive supervision provided for 31 facilities in the district</li> <li>– Muranga South (Kandara, Kigumo &amp; Muranga South): OJT &amp; SS provided to 30 facilities in these districts</li> <li>– Samburu county support supervision conducted with support from APHIA+ Imarisha</li> <li>– Assessment &amp; supportive supervision conducted in 31 health facilities in Njoro &amp; Rongai districts in collaboration with respective DHMTS</li> </ul>		
<b>Expected outcome 2: 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>							

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AOP 6: Sections 4.2.1.3 ; 4.2.4 (page 38)  Malari a Operat ional Plan FY12	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)	AOP 6 : Table 4.6 (page 28)  Malaria Operat ional Plan FY12 (pg 40, 41)	<p><b>5: Build capacity of health staff in targeted FBO and private sector sites for commodity management improvement</b></p> <p>a) Facilitate dissemination of commodity management tools and national guidelines in targeted FBO and private sector sites</p>	<p><b>Provided ongoing support to FBO and private sector as follows</b></p> <p><b>In FBO sector at central level:</b> Consultative meeting held with KEC National and regional health coordinators and the HCSM regional team to explore ways of collaboration in supporting CM in KEC sites. Regional action plans developed.</p> <p><b>In FBO sector at central level:</b></p> <ul style="list-style-type: none"> <li>– 20 facility in-charges from KEC facilities in Machakos orientated on CM</li> <li>– In collaboration with KEC Samburu, supported an orientation on IM, AMU and PV for 22 staff from FBO facilities in Samburu</li> <li>– In collaboration with KEC Marsabit, provided OJT to Laisamis Mission Hospital &amp; Sololo Mission Hospital</li> <li>– In collaboration with KEC Kisumu diocese, supported a 2-day orientation workshop on IM, PV and AMU for 27 HCWs from KEC facilities the county</li> <li>– Held sensitization &amp; planning meetings with Eldoret &amp; Kitale Diocese teams to plan for CM support activities for KEC facilities in the region</li> <li>– Supported commodity management sensitization meeting for the Catholic Diocese of Bungoma- 15 participants from six facilities attended meeting</li> </ul> <p><b>Private Sector</b></p> <ul style="list-style-type: none"> <li>– Held consultative meetings with GSN including a joint meeting with 9 Nairobi DPFs and the county pharmacists to discuss service delivery improvement in GSN supported sites in Nairobi</li> </ul> <p><b>Not done</b></p> <ul style="list-style-type: none"> <li>– No FBO related activities in Central, Eastern, Coast were conducted</li> </ul>		<p>The program will;</p> <p>Follow-up to completion activities with KEC supported facilities initiated during the quarter;</p> <p>Collaborate with KEC to support their facilities in Central, Eastern &amp; Coast</p> <p>Follow on activities initiated in Nairobi to support GSN facilities for CM improvement</p>
				<p>b) Provide OJT and mentorship on commodity management to targeted FBO and private sector sites</p>	<p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>– Supported site assessments, supportive supervision and OJT in 8 KEC facilities within the Catholic Diocese of Nakuru</li> </ul>		
<p><b>Intermediate Result 2: Strong and effective MOMS/MOPHS stewardship and technical leadership in supply chain management/commodity security</b></p>							
<p><b>Expected outcomes: Strengthened capacity of MOMS/MOPHS 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></p>							

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AOP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6)	Strengthen sector stewardship and partnerships with all stakeholders  Operations of technical working groups (TWG) strengthened (Section 5.1.2, Table 5.2, page 75)	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies	AOP 6, Table 3.1 (page 12)  Malaria Operational Plan FY12 (pg 39-41, 32, 34)	<p><b>6. Provide technical leadership for commodity security and supply chain oversight at national level</b></p> <p>Sub activities will include:</p> <p>a) Provide Technical leadership and support to regular scheduled meetings for national health commodity-related TWGs and committees</p>	<p>Ongoing</p> <ul style="list-style-type: none"> <li>- Provide ongoing support to priority program commodity security committees as follows; <ul style="list-style-type: none"> <li><b>HIV Program</b> <ul style="list-style-type: none"> <li>- 3 monthly HIV Commodity security meetings held the committee made some key recommendations for example, regional pharmacists were tasked to oversee re-distribution of ARV stocks transferred to KEMSA regional stores during the immediate period after elections</li> <li>- Harmonized list of Rapid Test kit user sites finalized.</li> </ul> </li> <li><b>Malaria program</b> <ul style="list-style-type: none"> <li>- Supported and attended 3 drug management subcommittee meetings to discuss commodity management issues.</li> </ul> </li> <li><b>TB program</b> <ul style="list-style-type: none"> <li>- Supported two commodity security committee meetings</li> </ul> </li> <li><b>FP Program</b> <ul style="list-style-type: none"> <li>- Supported revival of the monthly FP commodity LMIS TWG meetings and meetings held in April and May. Products produced included national stock status reports and updated supply plans</li> </ul> </li> </ul> </li> </ul>		
Section 5.1.2, Table 5.2, page 75 (Diseases)	Annual procurement request schedules	Health commodity supply chain audits conducted  F&Q and supply		<p>b) Support development/review and implementation of standard supply chain audit tool kit (indicators, reporting requirements, Integrated Tracer list and audit protocol)</p>	<p>On-going</p> <ul style="list-style-type: none"> <li>- The Draft Essential Medical Products/Supplies List (Including X-Ray, dental, rehabilitative care and medical supplies) was reviewed</li> </ul>		

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e prevention and control)  Table 5.34, 5.35 (AOP 6 output for MoPH S procurement) (page 118)  AOP6 Section 5.1.2; Section 3.1; Section	developed	planning for EMMS and priority health programs undertaken	Table 5.2, page 75  (Disease prevention and control)	c) Support MoMS/MoPHS to undertake supply chain audit for health commodities across various levels	No activity conducted in the reporting period	Clear demarcation of national and county level responsibilities is yet to appear from the on-going Devolution process.	
	Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done bi-annually.	Monthly Stock status summary reports generated by priority programs		d) Support MoMS/MoPHS to undertake routine stock status and pipeline monitoring, and distribution planning, where relevant	<b>HIV Program</b> <ul style="list-style-type: none"> <li>Monthly stock status reports for ARVs generated for March, April and May; and disseminated by NASCOP.</li> </ul> <b>Malaria program</b> <ul style="list-style-type: none"> <li>Provided technical support to the formulation of monthly stock status reports for antimalarial commodities. The reports led to the fast tracking of 2 million RDTs being procured by PMI and reprogramming of GF funds to purchase RDTs to fill anticipated gaps in the supply.</li> </ul> <b>TB program</b> <ul style="list-style-type: none"> <li>Supported the generation of TB monthly stock status report</li> </ul> <b>FP program</b> <ul style="list-style-type: none"> <li>Monthly stock status reports generated (2-pager using the automated package; PPMR). These reports were generated jointly by DRH, MSH, KEMSA and other partners</li> </ul>		
	Matrix of Program forecasted commodity needs in place (DLTLD); HIV commodity forecasting and quantification done	Integrated commodities tracer list finalized and disseminated for implementation	AOP 6 Table 5.14 (page 97)	e)			Continued support to the stock status reports and improvement of process to make it more responsive to new devolved structure.
		Planning for distribution of FP					

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n 5.2.6  Malaria Operational Plan FY12  DDPC AOP7  DRH draft AOP 8  HIS Indicators Manual (final draft)		commodities to district stores and SDPs supported  Identification of, and capacity building, for MOH-led central level teams on stock status monitoring, forecasting & quantification, supply planning and pipeline monitoring	DRH draft AOP 8: Security of commodities  Indicator HIS156: Percentage time out of stock for a set of 15 tracer medicines	f) Support MoMS/MoPHS to undertake forecasting & quantification and supply planning	<b>Ongoing support to priority programs</b>  <b>Malaria Program</b> – Provided technical support to the quantification and forecasting process for the 2013/2014 period. The process also involved a forecast of antimalarial drugs requirements for the period up to December 2015 and has led to commitments from PMI to procure more RDTs and ACTs to cover gaps.  <b>TB Program</b> – Support to TB commodities Quantification and supply technical report  <b>FP Program</b> – Conducted an annual national FP quantification exercise. Annual national requirements and supply plans were generated for FY2012/13 to FY2014/15. Highlights included ; o County forecasts for FY 2013/14 were generated o Peripheral stocks were included in this supply planning- previously only central level stocks were used. o DHIS-2 service statistics on consumption for 2012 were used to generate the supply plan- previously projected consumptions based on targets were used. – Finalized F&Q report (review and requantification) and sent to DRH for review.		HCSM will continue supporting Malaria program toward finalization of the report by the drug management sub-committee.  Dissemination of TB commodities Quantification and supply technical report planned for July 2013

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AOP 6: Section 5.4.8 Procurement	Ensuring security for commodities and supplies	MoH staff capacitated to undertake quantification and supply planning, stock status and pipeline monitoring	AOP 6 (page 118)	<b>7. Support central level capacity building for commodity security monitoring, leadership &amp; management</b>  a) Support review and mainstreaming of the district commodity management support package (training manual, checklists facility assessment and related materials) into MOH	No activities conducted		
		MOH staff capacitated on technical leadership and management for supply chain coordination and commodity security		b) Develop, implement and mainstream automated tools for generation of commodity stock status reports with user guidelines	FP program  – Automated template had been completed for generation of FP monthly stock status reports. These were used to generate the monthly reports but the handover to DRH has not been completed		Official handover/transition of the automated package to DRH
				c) Support development of quantification, supply planning and pipeline monitoring guidelines and schedule	Ongoing  – Consolidated and reviewed quantification curriculum materials (trainers manual, participants manual, training and curriculum guide, quantification handbooks) awaiting review by MOH/DOP		
		Stock status tools and SOPs developed and implemented		d) Provide mentorship to 30 national level staff on quantification, supply planning and pipeline monitoring	– Continued mentorship of priority health program officers on quantification and pipeline monitoring (during the quantification and monthly pipeline monitoring meetings) – Updated FP commodity supply plan (FY 2013/14 and 2014/15) generated using Pipeline		Continue to provide technical assistance to program officers on quantification and supply planning
		MoH staff from priority health		e) Provide TA to MoMS/MoPHS to develop and implement a system for redistribution of health commodities within the regions	No activity conducted		

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		programs supported to develop and implement commodity re-distribution		f) Support MoMS/MoPHS in development and adaptation of commodity management data for decision making training package	No activity conducted		
				g) Build capacity of MOH staff on technical leadership and management for supply chain coordination and commodity security	<ul style="list-style-type: none"> <li>- Technical assistance to DRH in MNH proposal- proposal completed and sent to WHO</li> <li>- TA to DRH on MNCH scale-up plan development of assessment tool on commodities and supplies</li> </ul>		
AOP 6: Section 5.1.2  Disease Prevention and control  Table 5.2. Ensuring security for commodities and supplies	Logistics Management Information System (LMIS) in place  Pharmaceutical management strengthening;  Achievement of a finalized gap analysis of current surveillance	MOMS/MOPHS supported to develop and implement a harmonized national Logistics Management Information System (LMIS) interventions for commodity data management  ADT mainstreamed	AOP 6  Table 5.2 (page 71) Table 5.16 (page 100)  MoMS Strategic Plan 2008-12	<b>8: Support design of national harmonized LMIS</b>  a) Support a stakeholders meeting to review the current LMIS sub-systems, identify gaps, propose recommendations, and build consensus on the way forward	Ongoing  <ul style="list-style-type: none"> <li>- Undertook consultative meetings with technical counterparts at Kenya Pharma, Afya Info and MOH on the approach and concept of the LMIS.</li> <li>- Conducted situation analysis &amp; developed a detailed proposal for harmonized LMIS in Kenya detailing; <ul style="list-style-type: none"> <li>o The current system with the accompanying challenges,</li> <li>o Vision of LMIS in Kenya with the benefits that will accrue to the country as result of its implementation</li> <li>o Necessary steps to undertaken in its implementation.</li> </ul> </li> </ul>		Work and engage with partners and players to align requirements in the commodity management
				b) Support a high level technical working group of key GoK members and other stakeholders to design a national strategy for an integrated national LMIS system, building on the stakeholders meetings.	No activity conducted		

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s.  Malaria Operational Plan FY12	systems including HMIS, IDSR, LMIS and Laboratory Information Management System, with clear recommendations on next steps to upgrade/redesign the systems		Malaria Operational Plan FY12 (pg 31, 34, 45)	c) Support MOMS/MoPHS in the development/review and mainstreaming of manual and electronic facility based and LMIS tools and commodity management software platforms for the management of selected commodities by September 2013	FP program – Mapping of the FP supply chain done – Development of guidelines/plan of how to develop a LMIS portal which can monitor commodity pipeline.		
				d) Mainstream ADT into NASCOP and support the interoperability of ADT with other systems including web-based.	Ongoing – Obtained agreement to have EMR TWG accountable for the monitoring and development of rollout plan for access based ADT as well as web based ADT and mapping of ADT sites		Implementation of Help Desk at NASCOP and support of framework for national co-ordination of ADT support
<b>Intermediate Results 3: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)</b>							
<b>Expected Result: 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.</b>							

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AOP 6: Section 3.1 Section 5.4.5 section 6.2	Complete establishment of sector coordination process and ICCs and SWAp secretariat	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>9. Technical support to the national coordinating mechanisms on health commodity management and related services as established in KHSSP III and other strategic MoH documents</b>	No activity conducted	Finalization of the KHSSP has been suspended until the county health offices are operational so that counties can contribute to its development.	
KHSSP III – Section 7.1  Health Sector Framework	Established sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum.			a) Technical support for development of TORs	No activity conducted		
				b) Technical support for regular meetings	No activity conducted		
<b>Result Area 2: Strengthened Pharmaceutical Services</b>							
<b>Intermediate Result 1: 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>							

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AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance	MOMS Strategic Plan 2008-2012 pg  36 (Results	<b>10. Technical support to the National Medicines &amp; Therapeutics Committee (NMTC) and facility MTCs at all levels across all sectors</b>  a) TA to the National Medicines and Therapeutics Committee (NMTC) for leadership and oversight for medicine use and clinical governance.	No activity conducted		

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		Functional hospital MTCs in existence in 30 level 4-6 hospitals across all sectors	framework strategic thrust 7)  AOP 6;  KNPP 2010 (3.6.1)  Promoting appropriate medicines use:	b) Technical support for the establishment and strengthening of Medicines and Therapeutics committees: <ul style="list-style-type: none"> <li>• Targeted interventions in level 4-6 hospitals</li> <li>• Development of guidelines on establishment of MTCs or similar structures in level 2 and 3</li> </ul>	Ongoing At central level <ul style="list-style-type: none"> <li>- In collaboration with Gertrude's Hospital &amp; the International Network for Rational Drug Use [INRUD] supported a 5 day International Course on MTC. <ul style="list-style-type: none"> <li>o 35 local &amp; international participants attended the training. The program supported 15 HCW from selected model sites to attend the meeting.</li> </ul> </li> </ul> At Peripheral level <ul style="list-style-type: none"> <li>- Supported a 2-day MTC training for staff from Pumwani Maternity and Kamukunji DHMT. 39 HCWs attended the orientation. Pumwani maternity subsequently established an MTC with the DHMT developing plans to establish MTCs in 3 facilities under their jurisdiction.</li> <li>- On-going finalization of the KNH formulary. Process completed and awaiting printing and launch during the next quarterSupported Mwea</li> <li>- Mission Hospital in the launch of the hospital Standard Treatment Guidelines. The STG was developed by the hospital's MTC with technical &amp; financial support from the program.</li> <li>- On-going support for meetings and activities for various MTCs in the Coast region- Coast PGH, Port Reitz, KPA, Malindi, Kilifi, Tudor, Kinango, Likoni and Msambweni hospitals</li> <li>- MTC initiated activities- Malindi DH in the process of starting a revolving fund 24 hr pharmacy to improve availability of medicines; On-going development of a hospital formularies and formulary lists by the KPA, Kilifi, Tudor, Kinango and Tudor MTCs</li> <li>- Conducted a CME for 10 staff in Kapsara district hospital to support the facility in establish a hospital MTC</li> <li>-</li> </ul>		Focus will be on supporting county health management teams in the formation/ establishment of county MTCs and completion of targeted activities with facility MTCs

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AOP 6 5.3.4 5.3.7 5.2.2 5.2.6	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  Pharmacy: Capacity strengthening and retooling of management support, and service delivery staff	Pharmaceutical care and management modules for pre-service level developed CPD material developed and targeted regional CPD sessions to private/community based practitioners undertaken  Pharmaceutical services related guidelines, charter, and standard operating procedures finalized and disseminated	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)  AOP 06; KNPP 2010 (3.9.3) Pharmaceutical Human Resource Utilization	<b>11. TA for improved training in commodity management and pharmaceutical care</b> a) Support for the on-going curriculum reforms at middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care and related topics	No activity conducted		Support KMTC to implement commodity management at pre-service level
				b) Technical support to development, revision and dissemination of key health commodity management manuals, SOPS, Job aids and curricula to support quality improvement and service delivery	Ongoing Revised FP SOPs and FP commodity management curriculum for SDP personnel and printed master copies.		
				c) Support to Pharmacy and Poisons Board or Pharmacy council in: <ul style="list-style-type: none"> <li>Development and implementation of CPD framework and policies</li> <li>Development and implementation of standards and guidelines for pharmacy training in the country for all cadres</li> </ul>	No activity conducted		

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PMI Kenya Malari a Operat ional Plan FY10		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 Operation al Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48) MOMS Strategic Plan 2008-2012 pg	<b>12. Support for operational research including quality of care and medicine use surveys</b> a) TA to priority health programs [NASCO, & DOMC] to conduct quality of care surveys and for use of information for evidence-based decision-making	Ongoing – Supported the dissemination of the quality of care round 5 report to National and regional level stakeholders. – Provided technical support to the conduct of the quality of care round 6 in collaboration with the DOMC. – Data entry ongoing for quality of care round 6 survey		Data analysis, report, writing and dissemination for the quality of care round 6 report.
				b) Supporting the NMTC and facility MTCs to conduct medicine use surveys at all levels to identify problems in service delivery and design and test innovative interventions	In collaboration with the Kakamega PGH MTC conducted a Medication Safety Self-Assessment targeting to improve medication use in the hospital. Activity funded by the MSH Centre for Pharmaceutical Management (CPM) through its Innovation Challenge Fund. Initial phases of activity concluded; dissemination of results on-going.		
<b>Intermediate Result 2: Strengthened medicines quality assurance and pharmacovigilance</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>							
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	PPB, Program and facility staff equipped in pharmacovigilance data management and use; including pharmacovigilance information	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results	<b>13. Support to Pharmacovigilance (PV) data acquisition, management and use for decision making</b> a) Support for sensitization of health care providers on PV; provision of guidelines and reporting tools.	Ongoing support to peripheral level work as follow: <b>NYANZA</b> – In collaboration with EGPAF Pamoja supported a 3-day PV orientation for 41 HCW from HomaBay County – Supported APHIA+ and KEMRI CDC to conduct PV trainings in Rachuonyo South, Nyamira & Kisumu East and Kisian CDC through provision of TA and training materials <b>WESTERN</b> – Provided TA and training materials to APHIA+ to conduct orientation on PV for Vihiga & Bungoma counties		

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		sharing, feedback and communication for decision making	framework strategic thrust 7)	b) TA for PV data analysis at national and facility levels	No activity conducted			
		Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-system implemented to boost reporting		c) Support to courier system for PV data acquisition	Ongoing <ul style="list-style-type: none"> <li>Ongoing support to PPB for transmission of ADR and poor medicinal products reports from facilities to PPB</li> <li>Provided technical assistance to DRH on oxytocin efficacy-related complaints and facilitated relay of 4 complaints reported by facilities through PPB</li> </ul>		Audit of selected facilities to assess storage conditions of oxytocin	
				d) Support for targeted facility based PV activities e.g. active sentinel surveillance	Ongoing <ul style="list-style-type: none"> <li>In collaboration with PPB and NASCOP conducted sentinel site support at Coast PGH.</li> </ul>			
					<b>14. Technical and operational support to PPB for Post Marketing Surveillance surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTLD, other programs and stakeholders</b>	PMS reports disseminated during the launch of the e-PV reporting system		
					<b>15. Support to targeted patient safety initiatives such as:</b>	During e-PV system launch: <ul style="list-style-type: none"> <li>MIPV newsletters disseminated</li> <li>Supported participation of USAID and PPB in radio talk show</li> <li>Supported media briefs and articles on PV and quality assurance</li> </ul>		
					b) Support for consumer reporting	No activity conducted		
					c) TA for establishment of a medication error reporting system	No activity conducted		
<b>Intermediate Result 3: Strengthened Pharmaceutical sub-sector governance</b>								
<b>Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened</b>								

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AOP 6 5.1.2; 5.2.65;  5.37  5.4.3	Disease prevention and control  Pharmacy: Ensuring security for commodities and supplies:  Technical Planning and monitoring  Pharmacy and Poisons Board: Policy formulation and strategic planning  Capacity strengthening and retooling of management support, and service delivery staff	Availability of an approved KNPP and implementation plan  Standard treatment guidelines and KEML reviewed /disseminated nationwide  • Availability of AOPs for KPA and PSK	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)  AOP 6;  KNPP 2010(3.6.1)  Promoting appropriate medicines use:	16. Strengthen health and Pharmaceutical policy and regulatory frameworks a) Ongoing technical support to the medical and health products thematic group	No activity conducted	Counterparts' focus has been on the devolution process and the thematic groups do not meet anymore.	
				b) Support the finalization of the Health policy, KHSSP III, health laws and the pharmaceutical laws	<b>On-going</b> – Contributed to finalization of the Health Bill by participating in the review of Part 9 (Regulation of Medicines and medical Products) and Part 10 (Procurement of Products). The recommendation to have one Regulatory body will be written into the Health Bill.  – MSH/HCSM is included in the working group that will review the Kenya Food and Drugs Authority Bill. The Bill will establish the one regulatory body. These reviews are under the Dept. of Standards and Regulatory Services (DSRS).		Contribute to the finalization of the Health Bill and revision of the KFDA for regulation of all health products and technologies.
				c) Support to KNPP implementation and finalization of pharmaceutical governance framework	On-going  – HCSM facilitated a meeting of Interim County Pharmacists (ICPs). The Meeting provided opportunity to identify modalities for engagement with counties through the ICPs for continued TA for pharmaceutical services. Further, a "tool kit" to support ICPs in delivery of quality services was disseminated. The ICPs developed Action Plans.		Plan for and hold a meeting for ICPs to assess progress in implementation of Actions Plans and identify challenges and opportunities for continued TA to county pharmaceutical services.
				d) Building governance capacity of PPB and NQCL and professional associations e.g. through AOPs and Strategic plan development	Supported the finalization and printed the AOP for PSK		

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				e) Technical support to DOP, SAGAs, peripheral and priority health programs to establish and institutionalize regular joint biannual planning and review meetings for pharmaceuticals services	No activity conducted	National level structures for health management and services are not yet in place.	Pro-actively respond to TA requirements from DOP and priority health programs at national level as needs get clearer.
				<b>17. Technical Support to Clinical Governance</b> a) Support the development/ review and dissemination of general, program specific and other treatment guidelines Appropriate, tools and training materials	On-going – A successful stakeholders meeting was held to present the Kenya Cancer Management Guidelines. The feedback was incorporated and the document is now ready to go to print. – TB PPM Policy and Workplace Policy Ready for printing – Supported finalization of MDR TB (PMDT) Strategic plan, treatment guidelines and curriculum. Review of Treatment guidelines ongoing – TB PPM Policy and Workplace Policy Ready for printing		Collaboratively develop a dissemination Plan;  Launch the Guidelines; -Disseminate the Guidelines.
				b) Review and adapt the existing ART mentorship and decentralization guidelines for use across all programs and all health commodities	No activity conducted		
<b>Intermediate Result 4: Improved Pharmaceutical Information Acquisition and Management</b>							
<b>Expected outcomes: National MIS that incorporates all health commodities and related services developed</b>							
		Situational analysis report on existing health commodity and patient management information systems available Comprehensive		<b>18. TA for development of a national Pharmaceutical Information System (PMIS) that incorporates health commodities and related services</b> a) Review of existing PMIS and tools at all levels and identify appropriate PMIS indicators	On going – Development of Pharmacy Information Systems : Participated in the document review meeting for the development of standards and guidelines for Pharmacy Information Systems led by Div HIS in conjunction with I-Tech.		Planned review meeting for broader stakeholder update, consensus and adoption of the guidelines.  Document review for PMIS

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		PMIS framework developed		b) Organize a stakeholder meeting to share situational analysis findings and reach consensus on recommended PMIS indicators	No activity conducted		
				c) Define a framework for implementation of a sustainable MIS	No activity conducted		
<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>							
AOP 6 NHSSP II Obj 4  (Pg 6)	Priority intervention: Strengthen the management and availability of commodities and supplies	Improved capacity for laboratory commodity management at regional level.  Reduced stock out of lab commodities at the regional level  Improved laboratory commodity reporting rates for HIV test kits from	DDPC draft  AOP 7 Sec 2: Security for Public Health Commodities	<b>19. Building capacity of regional level laboratory managers (province, county and district) and facility laboratory on commodity management</b>  a) Build capacity of 80 central and regional level lab TOTs on lab commodity management to cascade the laboratory management training to laboratory staff at peripheral level	Ongoing – Finalized and endorsed 5 Lab LCM training documents (Lab CM curriculum, Lab CM SOPs, Lab CM TOT curriculum, LCM Implementation Guide).		Print seed copies of the LCM materials
				<b>b)</b> Support the TOTs to cascade lab commodity management training to peripheral level targeting 3 trainings per region	Ongoing – Developed a roll-out LCM implementation plan to cascade the training – Supported 2 Lab Commodity Management trainings for NBTS using TOTs through NASCOP Co-Ag funding		Utilize regional partners to cascade the LCM trainings using the TOTs
				c) Support review of TB lab commodity management SOPs and job aids and disseminate SOPs for lab inventory management	– Developed laboratory commodity management SOPs including TB.		Collaborate with other partners to disseminate the lab commodity management SOPs

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		50% to 70% and Malaria RDT from 0% to 45%  Improved facility lab inventory management		d) Scale up lab LMIS orientation package (tools, training materials, SOPs and job aid) in collaboration with regional health managers and implementing partners.	Ongoing Supported lab LMIS activities as follows; <ul style="list-style-type: none"> <li>- Together with APHIA+, supported one day lab LMIS workshops in 5 districts - Kasarani, Langata, Dagoretti &amp; Kamukunji where 117 staff were oriented on lab tools</li> <li>- Lab LMIS orientation held for 36 lab in-charges and staff from 15 health facilities in Tharaka North and South</li> <li>- In collaboration with APHIA+ Kamili &amp; APHIA+ Nuru ya Bonde supported 3 DMLTs (Laikipia North/East, Tigania East &amp; Ijara) to carry out 1 day orientations on Lab Commodity Management tools- 86 HCWs from 56 facilities trained.</li> <li>- Supported four 1-day orientations on lab LMIS tools, 96 HCWs from 4 districts- Homabay, Kuria East &amp; West and Gucha orientated</li> <li>- Supported orientation on Lab LMIS tools for 30 staff from Kericho county</li> <li>- Support orientation on Lab LMIS tools for staff from Laikipia East &amp; Laikipia North</li> </ul>		
				e) Support implementation of good lab inventory management to enhance accountability of lab commodities at the facilities	No activity conducted		
				f) Support supportive supervision and mentorship on lab inventory management and data quality at the facilities	No activity conducted		
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level	Regional draft AOP 7 (Proportion of health facilities that submit	<b>20. Strengthen Laboratory Management Information Systems to improve commodity usage reporting and decision making</b> a) Review of national laboratory commodity and information flow systems	Ongoing  Supported the following activities <ul style="list-style-type: none"> <li>- Finalized harmonization of HTC list</li> <li>- Finalized harmonization of CD4 sites</li> <li>- Review and developed concept paper on the improved laboratory commodity and information flow</li> </ul>		Support a consensus and adoption meeting

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		National laboratory MIS developed	complete, timely and accurate reports to national level.)	b) Develop a laboratory LMIS strategy	Ongoing – Developed Lab ART commodities LMIS framework strategy and presented to the stakeholders (MOH and partners) and the web-tool developer (CHAI)		
				c) Facilitate dissemination of standard national LMIS and facility based manual and electronic tools	Ongoing – Manual lab commodity tools (paper and soft copies) disseminated to four regions i.e. central, Nyanza, Eastern and coast – Lab tools' art work provided to the MoH; and electronic tool in the development stage		
				d) Scaling up of lab ITT from the current 6 to 20 sites by Sept 2013	Ongoing – Assessment done in five sites in conjunction with University of Maryland to determine the capacity of Lab for installation & use of Lab ITT		Installation of Lab ITT in the 5 sites with computers
				e) Support lab commodity management and accountability at the facilities	No activity reported		
				f) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making	No activity reported		

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				g) Facilitate quarterly commodity data review and feedback meetings	<b>Ongoing</b> Provided ongoing support as follows: <ul style="list-style-type: none"> <li>– Provided operational and technical support for the Nairobi quarterly regional lab data review meeting</li> <li>– Supported the Central DMLT and lab in-charges consultative meeting with 37 HCWs attending. Staff from implementing partners CHS and APHIA+ attended. Sensitization on the use of a reporting rate tracking tool (RRTT) done; reporting trends to be monitored through the RRTT</li> <li>– Upper Eastern Quarterly lab consultative meeting held. Reporting rates and Proficiency Testing Results shared; plans for county level support together with APHIA+ discussed</li> <li>– Coast Lab Managers Review Meeting Held. Reporting rates for RTKs and CD4 reagents reviewed, Submission of cleaned lists of RTK SDPs done by DMLTs; county based action plans developed in preparation for county level operation</li> <li>– DMLT &amp; Lab In-charges quarterly consultative meeting held.</li> <li>– Commodity data review meeting conducted for Kakamega Central, Kakamega North and Vihiga. Total of 89 participants attended the meeting- Main agenda was data review and feedback on reporting by DMLTs</li> </ul>		Support for county level lab forums at county level  Focus on improving reporting rates for lab commodities and addressing issues related to stock-outs or RTKs
				h) Mapping of TB Lab diagnostic sites to support TB lab commodity usage and reporting	No activity conducted		
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria diagnosis at the facilities  Integrated	Proposed FY 2012 PMI Activities Implementation support for RDT rollout	<b>21. Support DOMC in malaria rapid diagnostic test (m RDT) roll out to the facilities</b>  a) Building capacity of lab TOTs on use of RDTs and support regional roll out to reach all frontline health workers	<b>Completed</b> <ul style="list-style-type: none"> <li>– This sub activity was completed with the health worker training. No further trainings to be conducted for now.</li> </ul>		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
		health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs		<p>b) Mentor the TOTs to undertake supportive supervision and provide OJT on use of malaria RDT and other lab commodities</p> <p>c) Support for the implementation of the QA/QC system for RDTs at facility level</p> <p>d) Providing support for upstream data flow on RDT use to aid in decision making</p>	<p>This activity was planned but has not kicked off yet.</p> <p>Ongoing – Supported and attended a lab subcommittee meeting to discuss the QA/QC system for the RDTs.</p> <p>Ongoing Supported the printing and dissemination of new malaria tools with the RDT component</p>	<p>Delays in completing the QA/QC manuals and implementation plans which will be used for this activity.</p>	<p>Planned continued support to this subcommittee for further deliberations on the QA/QC agenda</p> <p>Continued support to upstream data flow via the DHIS</p>
MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38)  AOP 6 Sec	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies.  No. of laboratory personnel	Improved coordination of laboratory commodity management activities at national and regional level;  Integrated health commodities Support Supervision at	NPHLS  AOP7  Policy formulation, implementation and evaluative; Monitor availability of test kits in the country through targeted supportiv	<p><b>22. Improve leadership, stewardship and coordination of laboratory commodity management activities at national level.</b> Interventions will include supporting the central level lab commodity committee to;</p> <p>a) Conduct annual quantification and supply planning for HIV, TB and malaria.</p>	<p>Ongoing</p> <ul style="list-style-type: none"> <li>– Supported HIV and TB program in F&amp;Q and supply plan.</li> <li>– Support HIV and TB program Bi-annual F and Q review</li> <li>– Supported the dissemination of the F&amp;Q report</li> <li>– Support to monthly HIV Lab Distribution Planning - Generation of Allocated Quantities by NASCOP-led Resupply Allocation team.</li> </ul>		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
5.2.6 (Pg 97)  AOP 6 Sec 5.1.2, Performance monitoring and evaluation	updated on laboratory skills	health facilities conducted by the PHMTs and DHMTs  Improved laboratory commodities selection during procurements at the central, regional and facility level	e supervision (Page 5)  NPHLS draft AOP 7: Train lab personnel on data management	b) Develop F& Q data collection template to support national quantification of non-program lab commodities	No activity reported		
				c) Undertake at least two lab supply chain audits	No activity conducted		
				d) Undertake routine monthly pipeline and stock status monitoring for malaria, HIV and TB programs	Ongoing – Supported generation of monthly stock status report for HIV lab commodities		
				e) Mainstream lab into priority health program commodity security committees for TB, HIV and Malaria for better management of lab commodities at national level	Ongoing – Supported priority programs to hold month meetings. Lab related issues formed part of the committee agenda		
				f) Finalize and disseminate the essential laboratory commodities essential list for use in guiding selection and procurement activities, audits and supportive supervision	Ongoing – Lab tracer list was developed and is in draft form awaiting endorsement by MoH		Finalization and endorsement by MOH