

Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Quarterly Progress Report: 1st January - 31st March 2013

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MSH/Health Commodities and Services Management

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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.

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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
ITT	Inventory Tracking Tool
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 two - 1st January upto 31st March 2013 – of the program's work plan II. During this period, the program reached a number of key milestones across all the three technical areas despite challenges occasioned by the heightened political activities and the national elections and uncertainty brought about by the planned devolution of governance structures and most operational activities to the county level.

Support for the development of a national Logistics Management Information System (LMIS) continued to be a key priority for the program during the quarter. Strategically and informed by the fragmented approach to LMIS, the various piecemeal initiatives and the need to have some functional system to address current LMIS needs, the program adopted a two-pronged approach:-

- In the interim supporting the use of the existing systems specifically the DHIS-2 as the conduit for commodity data reporting. Already Malaria reports have been uploaded onto the DHIS resulting in a significant improvement in reporting rates
- Advocacy and planning for a standalone integrated national commodity LMIS developed under the stewardship of MoH in the long run

Concurrent with the above, the program continued collaborating with CHAI to support the Ministries of Health in the development of the Health Commodity Management Platform (HCMP) with the goal of integration with DHIS-2 and the national LMIS once developed and operational. Other key LMIS related activities included providing technical assistance to NASCOP in the implementation of an LMIS for nutrition products; support for the development of EID and VL consumption reporting tools (EID & VL FCDDR); and the introduction of a help desk utility for remote support for the ARV Dispensing Tool (ADT) at the health facilities.

In addition, under Strategic Objective-1 strengthened MOH commodity management- the program continued to support MoH to take a greater leadership role in supply chain management and commodity security activities. For example, HCSM supported all the priority programs to hold monthly commodity committee meetings and to generate monthly stock status reports. Support for priority programs to automate production of the "2-pagers" is complete and is an initial step towards fully transitioning development of stock status reports to MoH. Some key activities during the quarter include support to Division of Malaria Control (DOMC) to review the 2012/13 F&Q reports and technical assistance to DRH to review the 2012/13 and 2013/14 quantification for FP/RH

commodities resulting in a revised commodity supply plan. The program also supported DLTD to quantify commodity requirements for TB for 2013/14 and 2014/15.

At the peripheral level, the program continued working with regional health management teams (PHMT & DHMTs) to improve stewardship for commodity management and security and for capacity building of both regional level managers and facility staff. By the end of the quarter, the program in collaboration with regional implementing partners was providing support to all the 8 PHMTs and 108 DHMTs to implement activities aimed at improving commodity management and security within their respective areas. For instance, support was provided to the Rift Valley PHMT to convene a provincial disaster preparedness meeting and visit 12 hot spot districts to assess and ensure commodity security during the election period. However, in line with the planned and on-going devolution and re-organization of health services around county structures, the program plans to transition its support from provincial & district level to the county level in the coming months.

Under Strategic Objective 2 - Strengthened Pharmaceutical Policy and services - 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 for devolution. During the quarter, the program supported capacity building activities in 21 hospitals to strengthen their MTCs including orienting 113 staff from 18 facilities in Western & Coast provinces.

In collaboration with the Pharmacy and Poisons Board (PPB), HCSM supported various initiatives to improve patient safety and product quality assurance. These included finalization of the PV E-reporting systems (now awaiting the official launch); TA for the review of the ARV Cohort Event Monitoring (CEM) protocol and the on-going support for PV data acquisition and management for decision making. By the end of the quarter, over 6000 ADR reports and over 330 poor quality medicine reports had been received at PPB with some of the regulatory actions taken include the issuance of 7 national alerts on medicine safety issues and 3 suspected poor quality medicines quarantined.

With regard to the pharmaceutical subsector governance, HCSM continued to provide TA to the various initiatives that are underway within MoH. The program provided TA to the Department of Pharmacy to develop an operational and organization framework to guide delivery of pharmaceutical services at the county level and continued providing TA to the various thematic groups working on revising both the health and the pharmaceutical sub-sector laws as required under the new constitution. Support for the development of the national cancer guidelines continued during the quarter with finalization and launch targeted for the next quarter.

Under Strategic Objective 3 - Support to lab governance, commodity security & services – the program focuses on strengthening the central and peripheral level laboratory systems to increase availability and accountability for commodities. Key achievements include the support to strengthening the laboratory commodity systems:

- Finalization, approval and adoption by MOH of three key capacity building curricula & manuals namely Trainers and Participants manual for TOT course for Effective Management of Medical Laboratory commodities; Trainers guide and participants manual for effective management of laboratory commodities; and SOP for effective management of laboratory commodities. National rollout of these materials will begin from the next quarter.
- Trained 10 national level laboratory staff on use of simple tool for generation of monthly stock status report for laboratory commodities. The national stock status reports were generated for HIV laboratory commodities on a monthly basis.
- Trained 93 staff & DHMT members from all 9 Nairobi districts trained on Malaria RDT. This marked the completion of the scheduled training targeting health workers countrywide where a total of 3002 health workers were trained as part of the national rollout of malaria RDTs (achieved 94% of national target).

- Strengthening leadership and coordination for lab commodity management and security
 - A National HIV lab commodity TWG has been established, TORs developed. Three HIV lab commodity sub -committee established from the TWG and TB lab commodity team now part of the TB commodity security team.
 - Provided TA to the Lab ART allocation sub-committee including development of TORs.

In implementing activities, HCSM encountered the challenge of balancing the uncertainties with devolution and competing priorities among counterparts, which delayed activity implementation and transitioning of some targeted activities. Moving forward, HCSM priorities support towards one national LMIS and activity implementation aligned to the devolved national-county governance structure.

HCSM ACHIEVEMENTS

1. 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 development of national integrated logistics management information system (LMIS)

The development of a functional, national integrated logistics management information system (LMIS) is a key focus area for the HCSM Program during this 2012-2013 work plan period and is a cross-cutting activity across the three HCSM focus areas. HCSM has adopted a two-pronged approach toward this;

- Support to the commodity information systems
- Support to one national LMIS

i. Support to the Commodity Information Systems

During the reporting period, besides supporting distribution of LMIS tools on need basis the following were achieved;

- The program provided technical assistance to NASCOP in organizing of National Launch of Nutrition data management system, National TOT curriculum, development of Orientation package, and finalization of draft rollout plan. This package was pre-tested with during the orientation of Walter Reed Project supported sites and selected high volume faith based sites.
- Provided TA to the development of EID and Viral Load consumption reporting tool (EID & VL FCDRR) and disseminated to the facilities and is supporting development/distribution of condom tracking tools for peripheral level (non-health facilities)
- Given that over 80% of ARVs dispensed to patients is managed using ADT, the program worked with other implementing partners towards:
 - ensuring interoperability of ADT with other EMRs, for example;
 - Held technical briefing meeting with FACES to deliberate and support the interoperability of ADT with Open MRS. During the briefing, preliminary timelines were agreed for test environment development.
 - Held meeting with I-TECH and discussed alignment of rollout strategy and creation of collaborative framework for ADT implementation.
 - 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
 - Introduced Help desk concept and electronic job aids and tools to NASCOP in a process that will see them play a more involved role in the management and oversight of ADT
- Developed an abstract in conjunction with Liverpool LVCT titled: *Use of computer-based tool to monitor World Health Organization early warning indicators for ART: A case study of Liverpool VCT Care & Treatment*

in Kenya. Abstract selected for presentation as a poster exhibition at the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention in July 2013.

- Disseminated various inventory management job aids and other related documents to 366 facilities including 474 expiry monitoring charts; 276 thermometers; 77 Basic Inventory management manuals, 146 tablet counters & 276 calculators
- Support for District Pharmaceutical Facilitators & Pharmacy In-charges for commodity data review and feedback meetings in 5 regions (Eastern, Western, Nairobi, Coast, Nyanza, NAL/Upper Eastern) and other consultative meetings at provincial, district or county levels.

ii. Support to design and implementation of one National 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. To address this challenge MSH/HCSM program has been collaborating with the Ministries of Health (MoPHS/MoMS) in advocacy and stakeholder engagement for development of one national LMIS. HCSM realizes that development of one agreed national LMIS could take time given the need for stakeholders' engagement and buy-in, implementation challenges and other logistical consideration. As a result, the program has proposed a two-pronged approach towards this:

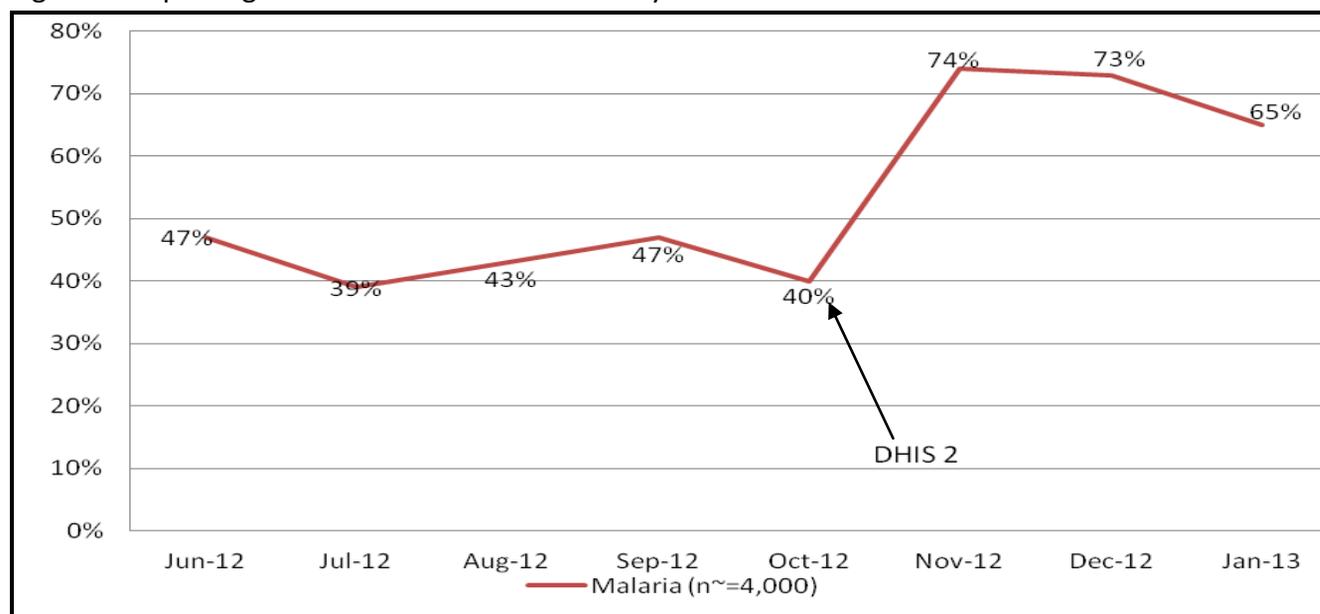
- Use of the existing systems-DHIS 2 and have commodity data consumption and reporting as a rider in the interim period.
- Support to an integrated national LMIS in the long run

a) Use of DHIS2 for commodity reporting from the facilities in the interim

As a national level system, DHIS2 is currently the only widely accepted reporting system with sufficient structures in place for support. HCSM and other stakeholders supported the national Malaria program to incorporate Malaria commodity reporting into DHIS2. In December 2012, the ministry of health through the office of Director of Public Health and Sanitation (MOPHS) issued a directive to the effect that reporting for Malaria consumption and request data was to be reported using DHIS-2.

HCSM provided data entry and logistical support to DPFs countrywide resulting in the improvement of facility reporting rate for antimalarials, from an average of 45% using the LMIS system through KEMSA to an average of about 70% using the DHIS2 as shown in figure below.

Figure 1: Reporting rate trend for Anti-malarials by health facilities



Additional use of DHIS 2 for reporting anti-malarials by the DOMC improved the usage reporting rates, which resulted in improvement of the DOMC Global Fund grant performance rating for Kenya from C to A2.

An evaluation of the DOMC experience with the use of DHIS-2 has been done with HCSM support and a draft report is due to be presented to the DPHS, other program staff and other stakeholders. The program will use this opportunity to champion for and get buy-in from the ministry on use of DHIS-2 for commodity reporting in the interim. The program has already had discussions with other priority programs, including laboratory commodities, to explore use of DHIS-2 for commodity reporting especially in the interim period. These discussions are currently at an advanced stage, for example, M&E department of DRH is currently working with the Division of HIS to update the FP commodity reports in the DHIS-2. Additionally HCSM has since mapped DPF's and DHRIOs countrywide thus providing a base from which the other programs could adopt. The immediate benefits of this approach will be increased reporting rates (as noted for malaria program) and stakeholders and devolved unit (eg. Counties) buy-in since the approach is builds upon the already existing system.

b) Support to an integrated national LMIS in the long run

As reported in the previous quarterly progress report (October 2012-December 2012) the program has collaborated with CHAI in piloting a Health Commodity Management Platform a web-based Commodity Tracking tool in 3 health facilities in Nairobi. This tool was developed by CHAI in collaboration with Strathmore University and is intended to be rolled out nationally starting with Nairobi County. The initial implementation demonstrated that full rollout of the system will have significant benefits to the system however, a number of issues will require to be addressed and a systems approach applied for successful implementation.

In the interest of having a holistic approach to addressing the wider LMIS issues, HCSM has initiated discussions with the Ministry to develop a comprehensive concept paper that will aim to guide the rollout of a national integrated LMIS. This is work in progress.

b) Commodity Management Support at Peripheral level

During the quarter, the program continued supporting commodity management at peripheral level through 2 main activities namely

- Support/ scaling up coordinating mechanisms for health commodity security at provincial & district levels
- Building capacity of regional level managers and facility staff for commodity management improvement through a number of activities including orientation on commodity management; OJT & mentorship; support supervision; dissemination of various tools and support for model sites and district stores

i. Support/ scaling up coordinating mechanisms for health commodity security at provincial & district levels

Five of the eight provincial commodity TWGs and **33 district TWGs** either met or continued implementing priority activities as per their specific work plans. Examples of the key activities implemented by these committees include;

- Rift Valley TWG convened a provincial disaster preparedness meeting and visited 12 hot spot districts to assess commodity security issues during the election period.
- Western- The PHCS TWG revised its TORs & established priorities for the region with regard to CM support and activities and at district level support supervision conducted by the Lugari & Kakamega North TWGs
- Nyanza- The PHCS TWG conducted DHMT & facility visits to 14 districts in the region to support CM activities and reporting

However, specific challenges were experienced main ones being the slowdown of activities due to the elections and the uncertainty occasioned by the planned devolution. Key lessons learnt by the program in supporting these TWGs is that they require strong leadership supported by good administrative structures and well constituted regional health management teams. Going forward, the program will seek to have similar structures set up at county levels and for sustainability, have them embedded and mainstreamed at that level.

ii. Building capacity of regional level managers and facility staff for commodity management improvement

To complement activities of the regional TWGs, the program also undertook capacity building of regional level managers and facility staff for commodity management improvement through the implementation of the district intervention package. Key outputs during the quarter include:

- Orientation of **203 PHMT & District HMT members and 145 facility staff** on commodity management
- Technical assistance to the DHMTs/ PHMTs to conduct integrated commodity focus supportive supervision in a total of **556 facilities in 18 districts**.
- Dissemination of various inventory management tools in collaboration with other implementing partners and supported **7 model sites** and **7 district stores** to improve commodity management practices.
- The program supported a number of feedback and data review meetings at either provincial or district levels. These meetings which brought together various stakeholders were organized to allow the regional teams review reporting rates for the various commodities and strategize on how to address challenges bedeviling

commodity reporting. Additionally consultative meetings bringing together DPFs, pharmacy in-charges and other stakeholders (e.g. APHIAplus, Kenya Pharma and KEMSA) were convened in 5 of the regions

The above activities were augmented by specific LMIS related activities to support reporting including dissemination of manual & electronic LMIS tools and capacity building and OJT on the use of the same. In addition, the program continued to pilot the District Reporting Rate Tracking Tool (DRRTT), which is designed to help regional managers track reporting of the various health commodities enabling them identify facilities that are consistently not reporting for easier follow-up. The DRTT was disseminated to 64 districts in Eastern, Western and Coast regions.

Moving forward the program will aim to strengthen and mainstream commodity support supervision at county level, build capacity of commodity management champions to take leadership for commodity management at this level and focus on selected model sites to showcase interventions and to serve as learning sites.

c) Support to commodity management in Faith Based Organization and private sector

In order to achieving an effective and efficient commodity management system in faith based facilities and private sector, the program in collaboration with FBO and private sector stakeholders conducted the following activities;

- Collaborated with FUNZO Kenya and MEDS in the training of 90 health care providers on commodity management. This included provision of training curricula, commodity management job aids and tools. Participants were drawn from Nairobi, Rift Valley and Eastern Provinces.
- Held two consultative meetings held with MEDS to identify areas of synergy. An initial meeting with KEC Health commission secretariat and CHAK teams were also held. Gaps in commodity management have since been identified and the program will be working toward solving these challenges
- Selected FBO sites were included in distribution of thermometers, calculators, Appropriate Medicine Use (AMU) guidelines and job aids in Kinango, Kwale, Mombasa (Kisauni and Mvita) and Kilindini (Changamwe and Likoni).
- Staff from Kenya Ports Authority (KPA) and St. Lukes hospital in Coast oriented on MTCs
- Engaged Catholic Medical Mission Board (CMMB) on FBO and private sector sites Work plan sharing with CMMB pharmacist. Training for FBO facilities to be undertaken in April on commodity management, AMU and PV
- Provided OJT to COGRI staff on review of institutional standard operating procedures (SOPs).
- In collaboration with NHP and NASCOP, selected high volume FBO sites oriented on new Nutrition data management system, and provided with orientation materials
- Various OJT, supportive supervision and orientation trainings conducted with inclusion of FBO/Participants from FBO sites as follows; Supportive supervision activities during with 63 FBO sites were covered; MTC orientation in 3 FBO facilities and orientation on Inventory Management, Appropriate Medicine Use & Pharmacovigilance provided to 6 participants from FBOs sites.

HCSM program will continue to support faith based and private sector organizations in the coming quarter in line with programs focus on this area.

d) Commodity security at Central level

At the central level, HCSM program has continued to support MoH to take a greater leadership role in supply chain management and commodity security activities. HCSM supported the priority programs to hold monthly commodity committee meetings and to generate the monthly stock status reports. HCSM has been supporting priority programs to automate the national stock status reports (“2-pagers”) as an initial step towards fully handing over of preparation of the national stock reports to MoH counterparts. Generation of the “2-pagers” for malaria, FP and TB is automated, with Pipeline software up to date for malaria and FP programs. HCSM also trained 3 DLTLD staff on use of the automated “2-pager” tool. However the planned handover of this activity to priority programs’ staff has not happened as scheduled for example, handing over to DRH for FP program did not happen due to competing priorities among DRH program officers. The program will continue to build capacity of program officers to independently generate the reports.

Additional achievements realized during the reporting period include the following:

- In curriculum development, HCSM provided technical assistance to DRH in development of a trainer’s module on commodity management to be included in the national integrated condom training manual. The manual is now complete and ready for launch.
- Supported NASCOP to produce one comprehensive stock status report for the division. This is an attempt to integrate the reports for their various programs (ART, lab, nutrition, PMTCT etc) which have been presented as independent reports in the past.
- Supported priority programs commodity security meetings as follows:
 - Provided technical assistance to DOMC during the quarterly malaria Case management TWGs meeting. Commodity security issues were discussed during the meeting.
 - Provided technical assistance to DRH to review and disseminate F&Q results for FP/RH.
 - Provided technical support to ARV TWG meeting during which it was noted that there was a need for review of paediatric ART commodity needs based on national targets and scale up trends.
- Stakeholder review of forecasting and quantification, pipeline monitoring and quantification handbooks conducted. Technical guidance provided to key public health programs in the development of draft integrated F&Q, supply planning and pipeline monitoring schedules
- In forecasting and quantification for health commodities HCSM provided technical assistance to;
 - DOMC to review the 2012/13 F&Q report, 2 staff were mentored on quantification, supply planning and pipeline monitoring
 - DRH to review 2012/13 and 2013/14 quantification after revision of targets, revised supply plan was generated. One staff was mentored on quantification, supply planning and pipeline monitoring.
 - DLTLD on quantification of TB commodities for 2013/14 and 2014/15.

Additionally HCSM provided technical assistance in development of MNH commodity & supplies list and provided technical inputs for quantification of MNH commodities as part of proposal to UN commission on life-saving commodities for women and children.

2. Strategic Objective 2: Strengthened Pharmaceutical Policy and Service Delivery

This strategic objective focuses on interventions aimed at strengthening health systems 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. During this quarter, HCSM continued to use a health systems strengthening approach to strengthen pharmaceutical policy implementation and service delivery at the national and peripheral levels.

a) 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 utilizes 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 following capacity building activities were conducted in collaboration with regional implementing partners to strengthen institutional MTCs in the following regions:

- Central Province: 32 MTC members and departmental heads in Kiambu District hospital orientated on MTCs and good procurement practices. MTC activity implementation review meetings held in Thika level 5 & Nyeri PGH
- Western Province: Orientated 25 staff on MTCs done for 9 facilities in Lugari District:
- Coast Province: 88 staff from 9 hospitals oriented on development of TORs and MTC activity implementation plans developed.
- Rift valley: Follow support for implementation of MTC action plans done in 9 hospitals
- Nyanza province: 4 district hospitals (Migori, Siaya, Homa Bay & Nyamira) were assessed for functionality and provided with MTC guideline. Additionally HCSM conducted a follow-up on MTC formulary implementation at Kisii level 5 Hospital & Jaramogi Oginga Odinga Teaching and Referral Hospital
- Nairobi province: Provided support for finalization of the Kenyatta National Hospital formulary. Printing and launch scheduled for April 2013.

At the national level, HCSM provided technical assistance in the review and finalization of UoN Preceptorship program and logbooks. Pharmaceutical management and care topics were incorporated into the UoN preceptorship program and logbooks. Additionally HCSM supported a UoN preceptor's workshop during which mentorship knowledge and skills were imparted. Additionally 82 pharmacy students from UoN were trained on commodity management during the elective term period. The students were provided with Pharmacovigilance (PV) and Appropriate Medicine Use (AMU) job aids and tools.

In support to operations research, the program provided technical assistance to DOMC finalizing QoC survey report writing. The report has since been finalized and disseminated to stakeholders during the malaria inter-agency committee (MICC) meeting. The findings highlight 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. The quality of care surveys are important in

Kenya as they provide a means of measuring case management indicator targets set out in the National Malaria Strategy (2009-2017).

b) Support to strengthened medicine quality assurance and pharmacovigilance (PV)

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

At the peripheral level, HCSM supported the PPB and other stakeholders to undertake the following:

- ADR sentinel site forum for facility staff from 12 ART sentinel sites in collaboration with NASCOP during which best practices were shared and orientation in causality assessment of ADRs done.
- Disseminated PV reporting tools to over 200 sites in collaboration with Funzo, MEDS and WRP.
- Sensitization of Health Workers on Pharmacovigilance as follows;
 - Nyanza: Orientation on PV conducted in Kisumu East with 40 participants attending and a follow-up support to boost reporting provided to Nyamira DH & Kisii Level 5 Hospital
 - Coast: Orientation on PV for 49 participants during the Coast ART Commodity Stakeholders Meeting
- CPGH sentinel site follow-up support visit conducted in collaboration with NASCOP & PPB where 38 staff orientated and materials disseminated.
- Printing of the 3rd edition of the National Medicines and Pharmacovigilance (MIPV) Newsletter completed and disseminated to key stakeholders. Over 1000 newsletters disseminated to healthcare providers through PSK, KEMRI-WRP, KEMSA and FunzoKenya/ MEDS.

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 the following:

- Support to finalization of the PV Electronic reporting system (PV-ERS) and preparations for its launch initiated. Additionally 23 PPB staff and 24 staff from ART ADR sentinel surveillance sites were oriented on the electronic PV reporting system.
- Technical review of the ARV Cohort Event Monitoring (CEM) Protocol jointly with NASCOP and PPB
- Provided logistical support for courier services to facilitate transmission of reports from facility levels to the national pharmacovigilance centre, and tactical support to PPB to fast track data entry of PV reports into the national database. So far, over 6,000 ADR reports and over 330 poor quality medicinal reports have been received at PPB. These reports have been used to make several regulatory decisions including national communication alerts for 7 products and the quarantine of 3 products.

c) Support to strengthen pharmaceutical subsector governance

The program continued to support activities aimed at strengthening governance at the central level to allow for a coordinated and effectively functioning pharmaceutical sector and devolution. The strategic plan for Kenya Pharmaceutical Association was launched and draft guidelines for cancer management in Kenya developed. Additionally HCSM provided technical support to the Department of Pharmacy to review, align and finalize pharmaceutical services administrative structure. The recommended structures will inform the establishment of

County Pharmaceutical work in the devolved system and articulate the roles and responsibilities of core staff in National and county health delivery.

3. 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:

- The following documents developed in the previous quarter were approved for use for capacity building of health care providers by Head, Department of Diagnostic Services/National Blood Transfusion Services, Ministry of Medical services and Head National Public Health Laboratory Services, Ministry of Public Health & Sanitation.
 - Trainers and Participant manual for TOT course for Effective Management of Medical Laboratory Commodities
 - Trainers Guide and Participants Manual for Effective Management of Laboratory Commodities
 - Standard Operating Procedures for Effective Management of Laboratory Commodities
- Supported 3 DMLTs (Igembe North, Igembe South & Fafi Districts) to carry out 1-day orientation in lab commodity management & LMIS tools for their facilities.
- Supported DOMC to updated manual LMIS tools to include malaria RDTs.
- Supported DOMC to train 93 staff & DHMT members from all 9 Nairobi districts on Malaria RDTs. This marked the completion of the scheduled training targeting health workers countrywide. A total of 3002 health workers were trained in the use and reporting of RDTs (94% achievement based on national target). Pursuant to the training the program has initiated a mentorship program targeting the trained health care worker, in Nyanza for example, Mentorship on Inventory management for RDT provided to 26 health facility workers in Kisumu East.
- The program provided TA in to NASCOP on development of concept paper on proposed lab commodity and information system and on transition of procurement, warehousing and distribution of lab commodities from SCMS to KEMSA. The draft plans have been presented to the stakeholders.
- Supported a supply chain audit in three facilities in Loitokitok and Lamu to identify causes of pilferage of HIV rapid test kits.
- In support to lab activities leadership and coordination the program conducted the following activities
 - A National HIV lab commodity TWG has been established, TORs developed. Three HIV lab commodity sub -committee established from the TWG and TB lab commodity team now part of the TB commodity security team
 - Provided TA to the Lab ART allocation sub-committee including development of TORs
 - Supported quarterly Lab review meeting for Bungoma, Busia, Kakamega and Vihiga counties

For Lab commodity stock status monitoring HCSM provided technical assistance to the MOH lab staff to adopt the newly developed tool for the generation of monthly stock. 10 Lab staff were trained on the use of the automated tools.

CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR NEXT QUARTER

Challenges

During the quarter, the project encountered a number of challenges, which constrained implementation of planned activities. The weak administrative structures in some of the new districts contributed significantly to low reporting rates because of poor coordination and oversight from the DHMT level. The required 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. There has also been inconsistent understanding of the HCSM's mandate by some partners, staff and counterparts resulting in high demands, delayed transitioning of activities and reluctance by some partners to scale up collaborative activities for various reasons.

Priorities for the coming quarter

Under strategic area 1, a key priority for the program will be the development of a national level LMIS. The program envisages working with all stakeholders to clearly define the scope and map required systems, processes and resources in the implementation of a national integrated LMIS.

The program will also focus on close monitoring of the commodity pipelines and support planned forecasting and Quantification (F&Q) to ensure consistent availability of commodities within the system, despite the changing systems and/or structures.

In addition, the program has identified the following priorities for the next quarter under the various MoH programs:

Reproductive Health/ Family Planning

- Ongoing support to RH/FP commodity security committee meeting to ensure commodity security
- Completion of printing and the dissemination of FP commodity tools
- Transition 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
- Support to MNCH Taskforce in identification of core MNCH commodities and related quantification

Division of Malaria Control/ Malaria Program

- Support for wider dissemination of the results of the Malaria Round 5 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

- Dissemination of the revised TB LMIS tools
- Support for monthly commodity security committee meetings and the compilation/ generation of monthly stock status reports and pipeline monitoring
- Development 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

NASCOP- HIV Program

- Automation of the ARV 2 pager reports for strategic information
- Decentralization – to rationalize and increase number of ordering sites nationally
- Roll-out of LMIS for HIV nutrition commodities
- F&Q- Identification of surveillance sites and process development
- Support to HIV-Pharmacovigilance activities (ADRs and product quality)

Laboratory Supply Chain

- Finalize the mapping of the HIV lab sites to inform commodity distribution and minimize duplication in distribution
- Capacity building of MOH staff on quantification and pipeline monitoring, including the generation of stock status reports
- Strengthen the national coordination of lab commodities
- Dissemination of 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:

- Cancer guidelines development and dissemination
- Development of options/position paper for essential Health products and technologies under devolution
- Capacity building and launch 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 regional level, the priorities for the next quarter include:

- On-going scale-up and support to priority regions using district/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
- Roll-out of Laboratory Commodity Management training in all regions utilizing TOTs in collaboration with regional HMTs and implementing partners
- Support for quarterly DMLTs planning and feedback/ consultative meetings addressing lab commodity management and reporting

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)
Result area 1: STRENGTHENED MOH COMMODITY MANAGEMENT							
Intermediate Result 1: Peripheral healthcare facilities able to account for and manage commodities effectively							
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							
AOP 6: Section 3.1 Malaria Operational Plan FY12	Ensure functional stakeholders forums at provincial and district levels Support the DOMC Technical Working Groups; Decentralization to the new county system	Functional health commodity security committees at regional and district level.	AOP 6:- Table 3.1 (page 12) Malaria Operational Plan FY12 (pg 40, 41)	1: Scale up coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams 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 Provincial Commodity TWGs – Five [Western, Nyanza, North Eastern, Eastern, Rift Valley] of the Eight PHCS either met and/or were supported to conduct activities in their action plans Illustrative activities conducted • Nyanza- The PHCS TWG conducted DHMT & facility visits to 14 districts in the region to support CM activities and reporting • Rift Valley- Convened a Provincial disaster preparedness meeting and visited 12 hot spot districts to assess and address commodity security issues during the election period • Western- The PHCS TWG revised its TORs & established priorities for the region with regard to CM support and activities District commodity TWGs – 33 district TWGs [Nairobi 8, Nyanza 4, Coast 6, NAL 6, Western 2 & Central/ Eastern 7] met/or were support to implement activities in their work plans addressing CM and security issues Illustrative activities conducted – Nairobi - Joint commodity security meeting held for DPFs from all the 8 districts to address commodity management/ security issues where KEMSA & KP attended – Coast - Review of TORs and drafting of action plans for 2013 by six DHSCs – Western - Support supervision conducted by the Lugari & Kakamega North TWGs	Three provincial and 57 districts did not meet or conduct any activities during the quarter due to competing priorities; slowdown of activities due to the elections and uncertainty occasioned by the planned devolution	PHCSC Meetings to plan transition for commodity oversight to devolved units Initiate support to interim county health Management staff to establish health commodity TWGs or similar structures with oversight for commodity management/ Security Support for strategic DHSC Meetings to prepare and pave way for county level support for commodity management Implementation of DHSC action plans however program shifting focus to

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				b) Support the regional health commodity security committees to constitute an additional 70 district committees within priority districts by September 2013	Ongoing New HCSCs constituted in 18 districts [Nyanza 2, Coast 6, NAL 7, Rift Valley 4] cumulatively 108 DHSC have been formed/ constituted. Illustrative activities – NAL - Support to 5 new TWGs [Maara, Chuka, Tana Delta, Bura & Galole] to develop TORs and action plans – Coast - support to the 5 new TWGs- Taveta, Taita, Kaloleni, Kilifi & Lamu to draft ToRs and action plans for 2013	Planned to support 70 new DHSC but this overtaken by approach to support counties instead	support county level committees
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)	2: Strengthen peripheral MIS in 8 regions a) Support dissemination of standardized manual and electronic tools. This will include scale up and support of ADT and ITT user sites	Ongoing ADT and ITT installation, trouble shooting, maintenance and support – ADT installed in 1 site [Disciples of Mercy HC in Nyanza] – Provided to 20 facilities - Rift Valley 3 (Naivasha, Eldama Ravine & Naivasha), Nyanza 8 (Keroka DH, Nyamira, Kimilili, Bondo, Got Agulu, Kisumu DH & JOOTRH), Western 5 (Vihiga DH, Vihiga HC, Butere DH and Alupe DH), Nairobi 3 (SOS Medical Clinic, Mama Lucy DH, Kayole 2 SDH), Coast 1 (Bomu Hospital) – Responded to request for support and conducted site visit and assessment of inventory management requirements for KNH. Planned deployment of inventory Tracking Tool to be implemented at the drug stores and pharmacy units Manual Tools – Provided TA to organization of National Launch of Nutrition for HIV data management system, National TOT, development of Orientation package, and finalization of draft rollout plan. o Package pre-tested with orientation of WRP sites and selected high volume FBO sites. – Reviewed of ARV LMIS. Draft reviewed tools have been developed – Review of ARV supply chain and expansion of decentralization in Coast. o New ARV Ordering points for Coast province indentified. 36 district and facility staff sensitized on decentralization. – Provided support to distribution of district of manual LMIS tools on need bases e.g. Manual CDRRs for TB and Lab		

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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 <ul style="list-style-type: none"> – Support to HCMP- in collaboration with CHAI supported the sensitization of Nairobi DPFs on HCMP in preparation for roll out in 90 Nairobi facilities – Draft concept note for implementation of HCMP submitted and is currently under revision with MoH counterparts 		
				c) Provide ongoing OJT and mentorship on commodity MIS to facility staff	Ongoing NAL/Upper Eastern Provided OJT & mentorship conducted in 8 facilities in 5 districts (Igembe North 2, Igembe South 2, Tigania West 1, Tigania East 1, Isiolo Central 2) through DPFs to support improvement of CM in the target facilities Developed abstract in conjunction with Liverpool LVCT titled: Use of computer-based tool to monitor World Health Organization early warning indicators for ART: A case study of Liverpool VCT Care & Treatment in Kenya. Abstract selected for presentation as a poster exhibition at the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention in July		
				d) Build capacity of regional MOMS/MOPHS counterparts, regional partners and organizations to cascade and support manual and electronic tools by Sept 2013	Ongoing support to use of electronic facility MIS tool at the peripheral level as follows <ul style="list-style-type: none"> – Held technical briefing meeting with FACES to deliberate and support the interoperability of ADT with Open MRS – Agreed on preliminary timelines for test environment development. – Held meeting with I-TECH and discussed alignment of rollout strategy and creation of collaborative framework for ADT implementation. <ul style="list-style-type: none"> ○ Obtained list of sites for planned rollout and status on current sites where interoperability with ADT has been achieved. ○ Agreed to setup framework for future collaboration during implementation. 		

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AOP 6:Sections 4.2.1.3; 4.2.4 (page 38) Malaria Operational Plan FY12 AOP 6:Sections 4.2.1.3 (page 28)	Improved drug use and commodity management ensured through quarterly meetings	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level Improved capacity of regional and facility staff in commodity management and in use of data for decision making Strengthened linkages (including feedback mechanisms) for commodity management improvement.	AOP 6 : Table 4.6 (page 28) Malaria Operational Plan FY12 (pg 40, 41)	3. Build capacity of regional level managers (province/county and district) and facility staff for commodity management improvement a) Build capacity of regional and facility staff on commodity management	Ongoing <ul style="list-style-type: none"> - Collaborated with FUNZOKenya and MEDS in the training of 90 health care providers on commodity management. This included provision of training curricula, commodity management job aids and tools. Participants were drawn from Nairobi, Rift Valley and Eastern Province Provided orientation on commodity management as follows <ul style="list-style-type: none"> - 203 PHMT/DHMT members oriented on commodity management (Western- 27 PHMT members, NAL/Upper Eastern- 14 DHMT members from Chuka & Maara districts, Coast- 94 DHMT members from 13 districts oriented, Eastern- 54 RH coordinators and DPFs from 31 districts in lower Eastern and Rift Valley- 14 DHMT members from Gilgil district). - 145 facility staff orientated on orientation on commodity management (Coast- 36 Pharmaceutical Technologists orientated on the EMMS pull system to improve quantification, IM and storage, Rift Valley-17 Health facility staff from Naivasha district, NAL/Upper Eastern- 92 staff from Samburu North, East and Central orientated on CM with support from Aphia plus Imarisha; Mentorship & OJT on CM provided to staff from 26 facilities in Kisumu East District Supportive supervision; Provided commodity focused supportive supervision conducted in 556 facilities in 18 districts as follows <ul style="list-style-type: none"> - Nyanza- 15 facilities in Homa Bay & 28 facilities in Rachuonyo - Western- 14 facilities in Lugari District & 15 facilities in Kakamega North - Rift Valley- 18 facilities sites in Molo & 16 sites in Nakuru - NAL- Isiolo 5 facilities, Lagdera & Dadaab 6 facilities, Tharaka North 12 facilities & Tharaka South 14 facilities - Central & Eastern- 2 districts, Embu East & Muranga North reaching 88 facilities - Nairobi- 6 districts (Westlands, Langata, Njiru, Embakasi, Dagoretti & Kasarani) supported to conduct SS covering 325 facilities Dissemination of inventory management tools <ul style="list-style-type: none"> - Various IM job aids and accessories disseminated to 366 facilities including 474 expiry monitoring charts; 276 thermometers; 77 Basic Inventory management manuals, 146 tablet counters & 276 calculators Model site assessment & Interventions Total of 7 model sites supported as follows: <ul style="list-style-type: none"> - NAL/ Upper Eastern-Model site assessment conducted in 5 model sites- Marsabit DH, Laisamis DH, Isiolo DH, Nyambene DH & Garba Tulla DH - Coast- Commodity management support provided to one model site- Port Reitz - Nyanza-Baseline assessment of the Chulaimbo RHTC 		

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				<p>b) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making</p>	<p>Ongoing</p> <p>Ongoing dissemination & capacity building in priority district to use District Reporting Rate Tracking Tool</p> <p>The electronic district reporting rate tracking tool (DRRTT) disseminated to 64 districts as follows:</p> <ul style="list-style-type: none"> – Eastern- Disseminated the DRRTT to 23 districts for use in monitoring district reporting rate trends – Western- Disseminated the DRRTT to 28 districts in the province – Coast- Disseminated the DRRTT to 13 districts in the province 		
				<p>c) Strengthen inventory management at stores (District and facility)</p>	<p>Ongoing</p> <ul style="list-style-type: none"> – Implementation of district stores interventions – Nairobi- Stores in 6 districts supported in implementation of district stores intervention package – Central/ Eastern- One district store- Embu supported to implement good inventory management 		

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				d) Facilitate quarterly commodity data review and feedback meetings at province/county/district level.	Ongoing Support for DPF & Pharmacy In-charges meetings and other consultative meetings at provincial, district or county levels- consultative meetings held in 5 regions as follows: <ul style="list-style-type: none"> – Eastern- supported consultative meeting for lower Eastern DPFs & facility pharmacy-in charges for commodity data review & feedback. 25 DPFs and facility in-charges attended. ICAP (1) & KP (2) attended – Western- support DPF & Pharmacy in-charges forum for Western Province. 32 participants took part including representatives from Kenya Pharma and KEMSA – Nairobi- 4 DCSC meetings supported where commodity data review was part of the agenda; Joint commodity security committee meetings held for DPFs where KEMSA & KP attended [see also under activity 1 above] – Coast- Coast ART Commodity stakeholders Review meeting held. 49 participants including DASCOS, DPFs, Kenya Pharma, MOH facility staff attended. Key tasks including reviewing reporting rates from the KEMSA & KP pipelines and identification of non- reporting sites. A final list of central, standalone & satellite sites from Coast Province drawn – Nyanza- One day data review and feedback meeting held in Kisumu East district- 40 participants drawn from the district attend – NAL/Upper Eastern- Participated in Data review meetings in Samburu county (Samburu Central, East & North) funded by APHIA plus Imarisha 		
AOP 6:Section 5.1.2 MoPHS/DCLM Section 3.1 Malaria Operational Plan FY12	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) Comprehensive	AOP 6 Table 5.2 (page 71) MoPHS/DCLM proposed AOP7, Section 3.1 Malaria Operational Plan FY12 (pg	4: Support the implementation of the integrated supportive supervision package for commodity management at regional level a) Review, in line with the reorganized MoH structures, and finalize a comprehensive package for integrated supportive supervision for commodity management by April 2013	Ongoing Initiated discussion toward development of comprehensive package for integrated supportive supervision. The review is scheduled in the current quarter		The review and development of a comprehensive package for integrated supportive supervision for commodity management is scheduled in the current quarter

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		package for integrated supportive supervision for commodity management.	39, 41)	b) Mentor regional level managers (province/ county and district) in priority districts to undertake quarterly integrated health commodity support supervision missions	Ongoing Supportive supervision, OJT and mentorship as well as distribution of IM accessories completed as follows: – Westlands - 30 facilities – Langata - 60 facilities – Njiru - 32 facilities – Embakasi - 74 facilities – Dagoretti - 49 facilities – Kasarani – 80 facilities Conducted supportive supervision in 18 sites in Molo and 16 sites in Nakuru Central jointly with the DHMT	This activity is dependent on finalization of comprehensive package for integrated supportive supervision for commodity management.	
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							
AOP 6:Sections 4.2.1.3; 4.2.4 (page 38) Malaria Operational 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 Operational Plan FY12 (pg 40, 41)	5: Build capacity of health staff in targeted FBO and private sector sites for commodity management improvement a) Facilitate dissemination of commodity management tools and national guidelines in targeted FBO and private sector sites b) Provide OJT and mentorship on commodity management to targeted FBO and private sector sites	Ongoing – Two consultative meetings held with MEDS to identify areas of synergy in Initial meeting with KEC Health commission secretary and CHAK team held. Gaps in commodity management identified during the initial meeting. – FBO sites included in distribution of thermometers, calculators, AMU guidelines and job aids in Kinango, Kwale, Mombasa (Kisauni and Mvita) and Kilindini (Changamwe and Likoni). – Staff from Kenya ports authority (KPA) and st Lukes hospital in Coast oriented on MTCs – Engaged CMMB on FBO and private sector sites Work plan sharing with CMMB pharmacist. Training for FBO facilities to be undertaken in April on commodity management, AMU and PV Ongoing – Various OJT, SS and orientation trainings conducted with inclusion of FBO/Participants from FBO sites as follows; Supportive supervision activities during with 63 FBO sites were covered; MTC orientation in 3 FBO facilities and orientation on Inventory Management, Appropriate Medicine Use & Pharmacovigilance provided to 6 participants from FBOs sites. – Provided OJT to COGRI staff on review of institutional standard operating procedures (SOPs). – Nutrition: In collaboration with NHP and NASCOP, selected high volume FBO sites oriented on new Nutrition data management system, and provided with orientation materials		

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Intermediate Result 2: Strong and effective MOMS/MOPHS stewardship and technical leadership in supply chain management/commodity security							
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.							
AOP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6) Section 5.1.2, Table 5.2, page 75 (Disease prevention and control) Table 5.34, 5.35 (AOP 6 output for MoPHS)	Strengthen sector stewardship and partnerships with all stakeholders Operations of technical working groups (TWG) strengthened (Section 5.1.2, Table 5.2, page 75) Annual procurement request schedules developed Tracking report on the visibility of commodities along the supply chain	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies Health commodity supply chain audits conducted F&Q and supply planning for EMMS and priority health programs undertaken Monthly Stock status summary reports	AOP 6, Table 3.1 (page 12) Malaria Operational Plan FY12 (pg 39-41, 32, 34) Table 5.2, page 75 (Disease prevention and control)	6. Provide technical leadership for commodity security and supply chain oversight at national level	Ongoing Ongoing support to priority programs commodity security committees as follows; – TA to malaria Case management TWGs to discuss commodity security held every quarter. – TA to DRH for 2 commodity security meetings to review and disseminate F&Q results for FP/RH. – TA to DLTLD for 2 commodity security meetings – HIV care & treatment: 3 monthly Commodity security meetings held.		
				b) Support development/review and implementation of standard supply chain audit tool kit (indicators, reporting requirements, Integrated Tracer list and audit protocol)	Ongoing • Proposed Integrated Tracer List was updated to include dental, X-Ray and Rehabilitative Care products in the list. The update list is awaiting official launch		
				c) Support MoMS/MoPHS to undertake supply chain audit for health commodities across various levels	No activity planned within the quarter		
				d) Support MoMS/MoPHS to undertake routine stock status and pipeline monitoring, and distribution planning, where relevant	Ongoing – Provided support in generation of automated 2 pagers reports for all priority programs – Generation of 2-pagers for malaria, FP and TB is automated. Pipeline monitoring software tool updated for malaria and FP programs o For example, pipeline review meetings held with ARV TWG showed need for review of annual Paed ART targets.	Reports not generated independently by DRH as planned initially due to competing priority by DRH	Continued capacity building of program staff on use of pipeline software and generation of national stock status reports.

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<p>procurement) (page 118)</p> <p>AOP6 Section 5.1.2; Section 3.1; Section 5.2.6</p> <p>Malaria Operational Plan FY12</p> <p>DDPC AOP7</p> <p>DRH draft AOP 8</p> <p>HIS Indicators Manual (final draft)</p>	<p>for avoidable losses and wastages done bi-annually.</p> <p>Matrix of Program forecasted commodity needs in place (DLTLD); HIV commodity forecasting and quantification done</p>	<p>generated by priority programs</p> <p>Integrated commodities tracer list finalized and disseminated for implementation</p> <p>Planning for distribution of FP commodities to district stores and SDPs supported</p> <p>Identification of, and capacity building, for MOH-led central level teams on stock status monitoring, forecasting & quantification, supply planning and pipeline monitoring</p>	<p>AOP 6 Table 5.14 (page 97)</p> <p>DRH draft AOP 8: Security of commodities</p> <p>Indicator HIS156: Percentage time out of stock for a set of 15 tracer medicines</p>	<p>e) Support MoMS/MoPHS to undertake forecasting & quantification and supply planning</p>	<p>Ongoing</p> <p>Provided technical assistance to:</p> <ul style="list-style-type: none"> - DOMC to review the 2012/13 F&Q. Malaria CIPR forms sent to USAID for secondary purchases. - DRH to review 2012/13 and 2013/14 quantification after revision of targets. Revised supply plan generated. - DLTLD on quantification of TB commodities 		

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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)	7. Support central level capacity building for commodity security monitoring, leadership & management	Ongoing		
		MOH staff capacitated on technical leadership and management for supply chain coordination and commodity security		a) Support review and mainstreaming of the district commodity management support package (training manual, checklists facility assessment and related materials) into MOH			
		Stock status tools and SOPs developed and implemented		b) Develop, implement and mainstream automated tools for generation of commodity stock status reports with user guidelines	Ongoing	Transition of stock status development not done for DRH due to competing priority in DRH	Continued support to counterpart staff to generate stock status reports (DRH, DOMC, TB) Handover of automated package to counterparts for generation of stock status reports
		MoH staff from priority health programs supported to develop and implement commodity re-distribution		c) Support development of quantification, supply planning and pipeline monitoring guidelines and schedule	Ongoing		
				d) Provide mentorship to 30 national level staff on quantification, supply planning and pipeline monitoring	Ongoing mentorship to priority program staff		

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				e) Provide TA to MoMS/MoPHS to develop and implement a system for redistribution of health commodities within the regions	No activity planned during the reporting period		
				f) Support MoMS/MoPHS in development and adaptation of commodity management data for decision making training package	Ongoing development of handbooks		To be finalized during next quarter
				g) Build capacity of MOH staff on technical leadership and management for supply chain coordination and commodity security	TA to DRH on MNCH commodity quantification <ul style="list-style-type: none"> – Dissemination of MNH assessment report – TA to development of MNH commodity & supplies list – Technical inputs for quantification of MNH commodities as part of proposal to UN commission on life-saving commodities for women and children 		
AOP 6: Section 5.1.2 Disease Prevention and control Table 5.2. Ensuring security	Logistics Management Information System (LMIS) in place Pharmaceutical management strengthening;	MOMS/MOPHS supported to develop and implement a harmonized national Logistics Management Information System (LMIS) interventions for commodity data	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100) MoMS Strategic Plan 2008-12	8: Support design of national harmonized LMIS 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"> – Support of framework for Malaria commodity reporting into DHIS2 – Consensus building and support of counterpart meetings for TB, FP, HIV & Lab towards facilitating reporting of commodity data to DHIS2 		

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for commodities and supplies Malaria Operational Plan FY12	Achievement of a finalized gap analysis of current surveillance systems including HMIS, IDSR, LMIS and Laboratory Information Management System, with clear recommendations on next steps to upgrade/redesign the systems	management ADT mainstreamed	Malaria Operational Plan FY12 (pg 31, 34, 45)	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.	Ongoing – Held 2 consultative meeting with Director MoPHS to generate common approach. Advised on gaps and shortfalls on current approach		
				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	Ongoing – Held planning meetings with NASCOP on the regional/facility level ADT as well as web based ADT and provided guidance on development of an implementation plan for the two systems.		
				d) Mainstream ADT into NASCOP and support the interoperability of ADT with other systems including web-based.	Ongoing – Held planning meetings with NASCOP that helped build initial consensus on roles and responsibilities for NASCOP and partners – Developed and tested Help desk concept with related electronic job aids and tools which has been adopted by NASCOP in a process that will see them play a more involved role in the management and oversight of ADT		
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)							
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.							
AOP 6: Section 3.1 Section 5.4.5 section 6.2 KHSSP III – Section	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	AOP 6:- Table 3.1 (page 12); Table 5.31, (page 116); Section 6.2 (pg 124)	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 a) Technical support for development of TORs	No activity conducted during the reporting period	Finalization of the of KHSSP has been suspended until the county health offices are operational so that counties can contribute to its development	Participation in the finalization of the KHSSP in June, 2013

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7.1 Health Sector Framework	Established sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum.	and related issues.		b) Technical support for regular meetings	No activity conducted during the reporting period	process	
Result Area 2: Strengthened Pharmaceutical Services							
Intermediate Result 1: Improved delivery of pharmaceutical services							
Expected outcomes: Functional Medicines and Therapeutics Committees at all levels and improved institutional capacity for rational medicine use and pharmaceutical service delivery.							
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance Functional hospital MTCs in existence in 30 level 4-6 hospitals across	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	10. Technical support to the National Medicines & Therapeutics Committee (NMTC) and facility MTCs at all levels across all sectors a) TA to the National Medicines and Therapeutics Committee (NMTC) for leadership and oversight for medicine use and clinical governance.	No activity conducted during the reporting period	Activity overshadowed and superseded by on-going re-organization and preparation for devolution at MOH	Engage DOP to reactivate planned support to the NMTC

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		all sectors	AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use:	Technical support for the establishment and strengthening of Medicines and Therapeutics committees: <ul style="list-style-type: none"> • Targeted interventions in level 4-6 hospitals • Development of guidelines on establishment of MTCs or similar structures in level 2 and 3 	Ongoing Capacity building of facility/Institutional MTCs- Total of 21 facilities supported as outlined below <ul style="list-style-type: none"> – Central/ Eastern- 32 MTC members and departmental heads from Kiambu District hospital orientated on MTCs and good procurement practices. In addition 2 MTCs- Thika level 5 & Nyeri PGH supported to hold planning and activity review meetings – Western- 25 staff from 9 facilities- Lumakanda DH, Mukumu Mission Hospital, Emuhaya SDH, Kimilili SDH, Port Victoria DH, Cheptais SDH, Matungu SDH, Sirisia SDH & Mt. Elgon DH- orientated on MTCs – Coast- 88 Staff from 9 hospitals in Coast Province- KPA, Tudor DH, Mariakani DH, Kwale DH, Kinango DH, Msambweni DH, Likoni DH and St. Lukes Mission Hospital Kaloleni orientated on MTCs. Outputs- TORs and MTC action plans developed On- going support to facility MTCs <ul style="list-style-type: none"> – Western- Conducted follow-up support to Kakamega PGH MTC; Provided TA in the finalization of the hospital formulary – Rift Valley- follow-up and support for implementation of MTC action plans for 9 facilities- Kericho DH, Kapsara DH, Kapenguria DH, Lodwar DH, Kitale DH, Burnt Forest SDH, Huruma SDH, Uasin Gishu DH and Endebess DH – Nairobi- on-going support for finalization of the Kenyatta National Hospital formulary. Printing and launch scheduled for April 2013 – Nyanza- Assessment of functionality and dissemination of MTC guidelines to reactivate MTCs done targeting 4 hospitals- Migori, Siaya, Homa Bay & Nyamira. Follow-up on MTC formulary implementation at Kisii level 5 Hospital & JOOTRH 		

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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	11. TA for improved training in commodity management and pharmaceutical care	Ongoing – Provided technical assistance in the review and finalization of UoN Preceptorship program and logbooks. ○ Pharmaceutical management and care topics were incorporated into the UoN preceptorship program and logbooks. – Supported UoN preceptors workshop during which mentorship knowledge and skills were imparted. ○ 82 UoN students trained on commodity management during the elective term period. The students were provided with job aids and tools.		
				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	No activity conducted during the reporting period		
				c) Support to Pharmacy and Poisons Board or Pharmacy council in: • Development and implementation of CPD framework and policies • Development and implementation of standards and guidelines for pharmacy training in the country for all cadres	No activity conducted during the reporting period		

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PMI Kenya Malaria Operational 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 Operational Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48) MOMS Strategic Plan 2008-2012 pg	12. Support for operational research including quality of care and medicine use surveys a) TA to priority health programs [NASCOP, & DOMC] to conduct quality of care surveys and for use of information for evidence-based decision-making	Done – Quality of care survey report written and findings disseminated to stakeholders during the malaria inter-agency committee (MICC) meeting. Key highlights include : – Improvement in performance of indicators in malaria case management over the last two years – increased availability of ACTs, reporting tools and adherence to guidelines.		
				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	No activity conducted during the reporting period		
Intermediate Result 2: Strengthened medicines quality assurance and pharmacovigilance							
Expected outcomes: Improved capacity of health care workers to identify and report SADR and PQMPs; Improved reporting of SADR & PQMPs and improved awareness by health care workers and the public on medicine safety							

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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 sharing, feedback and communication for decision making Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-system implemented to boost reporting	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	13. Support to Pharmacovigilance (PV) data acquisition, management and use for decision making	Ongoing as follows; <ul style="list-style-type: none"> - Sensitization of Health Workers on PV as follows <ul style="list-style-type: none"> o Nyanza- 1 hour CME on PV conducted in Kisumu East with 40 participants attending; follow-up support to boost reporting provided to Nyamira DH & Kisii Level 5 Hospital o Coast- 49 participants orientated on PV during the Coast ART Commodity Stakeholders Meeting - Over 6000 ADR reports and 300 poor quality medicinal reports received at PPB. Subsequently 7 E-shot alerts have been issued and 3 products quarantined. - PV Electronic reporting system (PV ERS) finalized and preparations for its launch initiated. 23 PPB and 24 ART ADR Sentinel Surveillance staff trained on the PV ERS. - Disseminated PV reporting tools to over 200 sites through HCSM, MOH, Funzo, MEDS, WRP. - Provided technical input during the review of the ARV Cohort Event Monitoring (CEM) Protocol. 		
				a) Support for sensitization of health care providers on PV; provision of guidelines and reporting tools.	Ongoing <ul style="list-style-type: none"> - ADR sentinel sites forum held. Resulted in sharing of best practices, sensitization of 19 facility staff on causality assessment and e-PV tool in collaboration with NASCOP and PPB 		
				b) TA for PV data analysis at national and facility levels	Ongoing <ul style="list-style-type: none"> - The program continued providing resources for the courier services to facilitate transmission of reports from facility level to the national pharmacovigilance centre. - Provided tactical support to PPB to fast track entry of PV reports into the national database. 		
				c) Support to courier system for PV data acquisition	Ongoing <ul style="list-style-type: none"> - Supported NASCOP to conduct a knowledge and experience-sharing forum for 19 ART ADR Sentinel Surveillance staff from 12 sites to enhance causality assessment skills and utilization of PV data. - CPGH sentinel site follow-up support visit conducted in collaboration with NASCOP & PPB. 38 staff sensitized and materials disseminated. 		
				d) Support for targeted facility based PV activities e.g. active sentinel surveillance			

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				14. Technical and operational support to PPB for Post Marketing Surveillance surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTL, other programs and stakeholders	Discussions on Integrated PMS activities which pull resources from the priority programs initiated with senior MOH officials. Post market surveillance reports for ARVs, anti-malaria and anti-TB medicines printed.		
				15. Support to targeted patient safety initiatives such as: a) Dissemination of patient safety information (e.g. Newsletters, e-shot, mass-media, campaigns)	Completed – Printing of the Lifesaver completed. – Lifesaver disseminated to key stakeholders and over 1000 healthcare providers through PSK and KEMRI-WRP. – Dissemination of Lifesaver to facilities through KEMSA and FunzoKenya/ MEDS on-going – Seven national E-shot alerts issued on suspected poor quality medicinal products.		
				b) Support for consumer reporting	No activity planned during the reporting period		
				c) TA for establishment of a medication error reporting system	No activity planned during the reporting period		
Intermediate Result 3: Strengthened Pharmaceutical sub-sector governance							
Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened							
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	Availability of an approved KNPP and implementation plan Standard treatment guidelines and KEML reviewed /disseminated nationwide Availability of	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010(3.6.1	16. Strengthen health and Pharmaceutical policy and regulatory frameworks a) Ongoing technical support to the medical and health products thematic group	No activity planned	Meetings of the Health Products and Technologies Thematic Group suspended until the finalization of the KHSSP.	
				b) Support the finalization of the Health policy, KHSSP III, health laws and the pharmaceutical laws	No activities planned		

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	Board: Policy formulation and strategic planning Capacity strengthening and retooling of management support, and service delivery staff	AOPs for KPA and PSK) Promoting appropriate medicines use:	c) Support to KNPP implementation and finalization of pharmaceutical governance framework	Ongoing • The Dept. of Pharmacy has reviewed, strengthened and aligned the governance structures developed in Quarter 2 with HCSM TA. The recommended structures will inform the establishment of County Pharmaceutical work in the devolved system and articulate the roles and responsibilities of pharmacists' in county health delivery...		
				d) Building governance capacity of PPB and NQCL and professional associations e.g. through AOPs and Strategic plan development	Ongoing – Strategic Plan for the KPA launched		
				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 activities planned for this Quarter.	Awaiting devolved structures	
				17. Technical Support to Clinical Governance a) Support the development/ review and dissemination of general, program specific and other treatment guidelines Appropriate, tools and training materials	Ongoing – Development of Cancer Management Guidelines in Kenya almost complete.		
				b) Review and adapt the existing ART mentorship and decentralization guidelines for use across all programs and all health commodities	No activity planned		
Intermediate Result 4: Improved Pharmaceutical Information Acquisition and Management							
Expected outcomes: National MIS that incorporates all health commodities and related services developed							

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		Situational analysis report on existing health commodity and patient management information systems available Comprehensive PMIS framework developed		18. TA for development of a national Pharmaceutical Information System (PMIS) that incorporates health commodities and related services a) Review of existing PMIS and tools at all levels and identify appropriate PMIS indicators b) Organize a stakeholder meeting to share situational analysis findings and reach consensus on recommended PMIS indicators c) Define a framework for implementation of a sustainable MIS	Ongoing – Thematic team reviewing framework and requirements of PMIS, desktop review of similar initiatives undertaken with a review of Namibia technical report Implementation of PMIS currently ongoing No activity planned within the quarter Ongoing HCSM has been ongoing collaborating with I-TECH in an initiative led by Division of HIS and DOP aimed at developing PIS standards for the country	 Draft PMIS framework and concept to be developed first	
Result area 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY							
Intermediate Result: An efficient and effective laboratory supply chain							
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 50% to	DDPC draft AOP 7 Sec 2: Security for Public Health Commodities	19. Building capacity of regional level laboratory managers (province, county and district) and facility laboratory on commodity management 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	Completed – The following documents developed in the previous quarter were approved for use for capacity building of health care providers by Head, Department of Diagnostic Services/National Blood Transfusion Services, Ministry of Medical services and Head National Public Health Laboratory Services, Ministry of Public Health & Sanitation. – Trainers and Participant manual for TOT course for Effective Management of Medical Laboratory Commodities – Trainers Guide and Participants Manual for Effective Management of Laboratory Commodities – Standard Operating Procedures for Effective Management of Laboratory Commodities Ongoing – LCM documents (LCM TOT, LCM, SOPs, Implementation guidelines) finalized and used to trained 89 TOT on Lab commodity Management		

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		70% and Malaria RDT from 0% to 45%		b) Support the TOTs to cascade lab commodity management training to peripheral level targeting 3 trainings per region	No activity planned during the reporting period		
		Improved facility lab inventory management		c) Support review of TB lab commodity management SOPs and job aids and disseminate SOPs for lab inventory management	No activity planned during the reporting period		
				d) Scale up lab LMIS orientation package (tools, training materials, SOPs and job aid) in collaboration with regional health managers and implementing partners.	Ongoing – NAL/ Upper Eastern- Supported 3 DMLTs (Igembe North, Igembe South & Fafi Districts) to carry out 1 day orientation in lab commodity management & LMIS tools	Orientation on Lab LMIS tools not done in 6 regions	
				e) Support implementation of good lab inventory management to enhance accountability of lab commodities at the facilities	Ongoing – Nyanza - Assessment, OJT and Mentorship done for 42 facilities in 14 districts (1 hospital & 2 health centres per district) by the Nyanza TWG champions, PMLSO & Deputy PMLSO – In Western province – 4 laboratory managers participated in the orientation conducted for the PHMT & provincial TWG group. – In collaboration with with APHIAplus team conducted support supervision in Kimilili DH and Vihiga DH to address data quality and reporting rate concerns for health commodities including lab commodities. In collaboration with APHIA plus Conducted DMLTs and Lab in-charges meeting for Vihiga, Kakamega, Bungoma and Busia County, which focused on data for decision making with participants, reviewing data for the last six months. 69 participants took part including 4 from APHIAplus, 2 HCSM and KEMSA (1).	Lab OJT & Mentorship not done in 6 regions	Planned for next quarter in collaboration with regional partners
				f) Support supportive supervision and mentorship on lab inventory management and data quality at the facilities	No activity planned during the reporting period		

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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 National laboratory MIS developed	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level.)	<p>20. Strengthen Laboratory Management Information Systems to improve commodity usage reporting and decision making</p> <p>a) Review of national laboratory commodity and information flow systems</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - Development and presentation of concept on proposed lab commodity information flow management to the stakeholders - Support to the review of EID and Viral Load consumption reporting tool (EID & VL FCDRR) to be availed online via EID website <ul style="list-style-type: none"> o Additionally supported the training of EID and Viral Load sites in Laboratory commodity Management 		
				<p>b) Develop a laboratory LMIS strategy</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - Development of concept paper on transition of procurement, warehousing and distribution of lab commodities from SCMS to KEMSA, which has been presented to the stakeholders 		
				<p>c) Facilitate dissemination of standard national LMIS and facility based manual and electronic tools</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - Distribution of lab tools to the facilities in Central, Rift Valley, Eastern and Western province. The tools distributed includes; <ul style="list-style-type: none"> o MOH 643- 1717 o MOH 642 - 1358 o Stock cards - 29,255 o Expiry chart - 1517 o Stickers - 710 o Top-up 27,130 o Temp charts - 15,457 o Quantification Job aid - 676 		
				<p>d) Scaling up of lab ITT from the current 6 to 20 sites by Sept 2013</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - In collaboration with university of Maryland PACT project six facilities in Nairobi region have been identified for support in the use of Lab ITT. Facilities identified were: <ul style="list-style-type: none"> - Karen HC; Kibera DO HC; Ngara HC; Waitthaka HC; Riruta HC; Liverpool VCT and Mathare Sub District Hospital 		
				<p>e) Support lab commodity management and accountability at the facilities</p>	<p>Ongoing</p> <ul style="list-style-type: none"> - Provided logistical support to NASCOP to undertake an investigation into test kit pilferages in targeted facilities in Loitokitok and Lamu. The case is ongoing through the high court for the identified potential culprits 		

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				f) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making	–		
				g) Facilitate quarterly commodity data review and feedback meetings	Ongoing – Western- In collaboration with APHIA+ conducted DMLTs and Lab in-charges meeting for Vihiga, Kakamega, Bungoma and Busia counties focusing on use of data for decision-making. 69 participants attended including those from APHIA plus & KEMSA.	The meetings did not take place in the other 7 regions	
				h) Mapping of TB Lab diagnostic sites to support TB lab commodity usage and reporting	Completed mapping of TB diagnostic testing sites. The list will be used to inform commodity supply and reporting.		
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 health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs	Proposed FY 2012 PMI Activities Implementation support for RDT rollout	21. Support DOMC in malaria rapid diagnostic test (mRDT) roll out to the facilities a) Building capacity of lab TOTs on use of RDTs and support regional roll out to reach all frontline health workers	Completed – Nairobi- 93 staff & DHMT members from all 9 Nairobi districts trained on Malaria RDT o This marked the completion of the scheduled training targeting health workers countrywide. A cumulative total of 3002 health workers were trained on the use and reporting of malaria RDTs – Updated LMIS tools to include RDTs		
				b) Mentor the TOTs to undertake supportive supervision and provide OJT on use of malaria RDT and other lab commodities	Ongoing – Nyanza- Mentorship provided to 26 health facility workers in inventory management for RDT in Kisumu East		
				c) Support for the implementation of the QA/QC system for RDTs at facility level	No activity planned during the reporting period		
				d) Providing support for upstream data flow on RDT use to aid in decision making	No activity planned during the reporting period		

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MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38) AOP 6 Sec 5.2.6 (Pg 97) AOP 6 Sec 5.1.2, Performance monitoring and evaluation	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies. No. of laboratory personnel updated on laboratory skills	Improved coordination of laboratory commodity management activities at national and regional level; Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs Improved laboratory commodities selection during procurements at the central, regional and facility level	NPHLS AOP7 Policy formulation, implementation and evaluation; Monitor availability of test kits in the country through targeted supportive supervision (Page 5) NPHLS draft AOP 7: Train lab personnel on data management	<p>22. Improve leadership, stewardship and coordination of laboratory commodity management activities at national level.</p> <p>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>	TA to DLTLD to quantify TB laboratory commodities		
				b) Develop F& Q data collection template to support national quantification of non-program lab commodities	No activity planned during the reporting period		
				c) Undertake at least two lab supply chain audits	No activity planned during the reporting period		
				d) Undertake routine monthly pipeline and stock status monitoring for malaria, HIV and TB programs	Ongoing – Provided TA to training of 10 central Lab staffs on automated generation of ART Lab commodity stock status report (lab 2 pager tool).		
				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 – A national HIV lab commodity TWG has been established, TORs developed. Three sub -committees established from the TWG. – Provided TA to the NASCOP Lab team on commodity resupply planning.		
				f) Finalize and disseminate the essential laboratory commodities essential list for use in guiding selection and procurement activities, audits and supportive supervision	Not done	Awaiting launch of the integrated tracer list	