

Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Quarterly Progress Report: 1st July – 30th September 2013

October 2013



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
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
DRH	Division of Reproductive Health
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
ICC	Inter Agency Coordinating Committee
KEC	Kenya Episcopal Conference
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
LCM	Laboratory Commodity Management
LMIS	Logistics Management Information System
LMU	Logistics Management Unit
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation

MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
M&E	Monitoring and Evaluation
NAL	Northern Arid Lands
NASCOP	National AIDS & STI Control Program
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PHMT	Provincial Health Management Team
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
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 Ministry of Health national health strategic documents, MSH/HCSM program focuses on health systems strengthening in the pharmaceutical and laboratory sectors in three key technical areas: 1) Commodity Management support for the Ministry of Health and Health facilities; 2) Support to Pharmaceutical Policy and Service Delivery and 3) Support to Laboratory Governance, Commodity Security, and Service Delivery which is implemented in collaboration with the CDC-funded Strengthening Public Health Laboratory Systems (SPHLS) program.

This report covers quarter four - 1st July to 30th September 2013 – of the program's work plan II. This report is presented against the backdrop of a number of significant events and milestones that took place during the quarter under review. This was the quarter in which the project received feedback from a rigorous midterm review and an objective client satisfactory survey. The period also witnessed a flurry of consultative activities involving many key stakeholders including the implementing partners, donors and government departments at the peripheral and national levels. Additionally, there were internal MSH consultations to review and provide inputs into the future directions of the project. The quarter also saw many major decisions and changes taking place in terms of government devolution as well as the response to this by USAID which affected some aspects of relating to the government entities.

The project focused on delivering on a number of actions that were prioritized from the previous quarter. Some of these include improvements in a number of technical areas that had been lagging behind, namely LMIS, HIV and AIDS laboratory component and ensuring effective support to forecasting and quantification of commodities. The project also supported the national system to improve the reporting rates on commodity related statistics and ensure they are sustained. Another priority was to support the DRH department to finalize and disseminate the quantification report with the view to ensuring partners are able to procure FP commodities in good time. The project received advice on the matter of bulky printing, which led to decisions and SOPs rationalizing the need for printing documents. Communication was identified as one area in which the project had not done very well in terms of keeping the donors updated on occurrences at the periphery. This was taken into account and since then the client has been kept informed and while not yet optimal, there is some movement in the right direction. The project undertook to relook at the HIV and malaria laboratory aspects with the view of informing USAID on the best approach to improving this poor performing aspect of the project. This has been carried out and included in the forthcoming priorities in the new work plan going forward. The indicator matrix was highlighted as an area for possible suggestions for improvement and this has been done, leading to a new proposed PMP that will be presented to USAID for

consideration for approval and possible adoption. The geographical reach of the project has been addressed and a new modus operandi has been proposed to the donor in the new work plan. Finally the project was advised to tighten its financial reporting and a possible forum held with USAID financial specialists. The adjustments have been undertaken, which will culminate into a consultative meeting between the project and USAID financial specialists.

In terms of results realized during the quarter under review, the report presents highlights in all three strategic objective areas. The results are presented in terms of the priority programs and according to cross-cutting systems development aspects.

Under HIV and AIDS; the project reports zero stock-outs of ARVs at the central level, commodity requirements were developed through technical assistance to NASCOP on quantification, HCSM participated in the development of a new HIV/AIDS global Fund Proposal, the Dept. of pharmacy was supported with guidelines for implementation of Pharmaceutical Information Systems (PIS), Content guide for a summary report on Pharmacovigilance has been developed in collaboration with Pharmacy and Poisons Board, ART reporting rates have remained above 90% throughout period, and an additional 14 sites were supported to implement the ARV Dispensing Tool (ADT), bringing the total number using the ADT to 364 by end September 2013.

Tuberculosis also did not experience any stock out of TB drugs at least at the central level, monthly stock status reports were generated and shared with all stakeholders, supply plans for TB MDR commodities were developed with technical support from HCSM, and at county level, 31 counties demonstrated a 73% submission of TB reports to national level.

The malaria program maintained its traditional high performance levels. HCSM supported the finalization of the FY2013/14 quantification report that informs resource mobilization and procurement of the various commodities for control of malaria. The program also supported the DOMC to undertake a quantification and gap analysis for Global Fund Phase 2 proposal.

There was a steady uninterrupted supply of anti-malarials at health facilities countrywide. To achieve this, HCSM supported the commodity security committee at DOMC to undertake pipeline monitoring with generation of stock status reports, preparation and dissemination of PPMRm reports to PMI for global planning and oversight of the malaria supply chain. HCSM provided TA to the DOMC commodity security committee to discuss redistribution of malaria RDTs, ACTs and Artesunate at the periphery. To monitor progress made including adherence to malaria treatment guidelines, HCSM in collaboration with DOMC and KEMRI-Wellcome Trust, supported the Quality of Care round six surveys by providing TA to data collection, data entry, analysis and report writing. The draft report is being finalized and will be disseminated in next quarter. The results are included in the key result areas presented in the details of this report. Generally, the results show that availability of malaria diagnostics at health facilities has improved from 55% to 90%, with that of RDTs improving from 8% in 2010 to 90% in June 2013. The consumption of ACTs is on a downward trend owing to the improved availability of diagnostics at health facilities.

The family planning program experienced zero stock-outs of key FP commodities at the central level, through the quarter ending September 2013. Stock summary reports were generated to monitor the FP commodity pipelines and appropriate interventions taken to correct pipeline gaps. PPMR were also developed for Kenya and included in the global report by DELIVER for dissemination to all stakeholders. There are no funding gaps for FY2013/14. One stakeholder meeting was held where approximately \$11 million worth of donor commitments were made to fill supply plan for FY 2013/14 that had been developed with HCSM technical assistance. County specific forecasts were generated for 2013/14 and aggregate national forecast for 2014/15. HCSM supported the design and development of online commodity dashboard for FP aimed at increasing access to FP commodity status and supply plan information by MoH and donors in collaboration with CHAI. Tool development is being done in collaboration with CHAI with implementation planned for the end of this quarter to next quarter. The team contributed to DRH operational research agenda by providing inputs into questionnaire for assessing Oxytocin availability at health facilities. This is still a work in progress.

With the signs showing an upturn in the results reported by the project this quarter under review, the priorities going forward in the new work plan will take into account all pieces of information gathered as a consequence of wide consultations with various stakeholders, MOH, APHIAs, FBOs, Private providers and USAID. Going forward, the project will phase its approach into short and long term milestones. The first quarter of the new work plan, October 13 to January 14, the project will concentrate on immediate deliverables jointly identified with key stakeholders, such as concentrating on improving results in two regions, facilitating forecasting and quantification support to government, raising the bar in reporting rates and ensuring the quality of data coming through the system, ensuring commodity security and promoting sustainable best practices in commodity management. Phase two will see the project focus revert to capacity enhancement, improving coordination and raising the numbers and quality of the project indicator matrix.

It is our considered view that this project is at the verge of turning the corner in terms of delivering on its mandate based on inputs from all concerned partners and stakeholders both within and without MSH.

INTRODUCTION

The MSH/HCSM program goal is to build capacity within the Kenya health system for effective management of health commodities, delivery of quality pharmaceutical and laboratory services at all levels. Awarded in April 2011 and running through to March 2016, the program is designed to contribute to strengthening health systems for sustainable quality services component of the USAID Kenya implementation framework for the health sector. Overall, the program has adopted a systems strengthening model that seeks to improve local capacity to lead and manage service delivery and health commodity management. This is augmented by a systematic approach to capacity building in the design and implementation of interventions for enhanced sustainability.

The program has three focus areas, these are:

- 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 (SPHSL) program implemented through MSH.

The quarter ending September 2013 also coincided with the last quarter of Workplan II for the program. During the period, HCSM built on the previous achievements and initiated structured engagements with various county health teams to sustain the facility improvements. A key area of focus for this quarter was the targeted interventions to address the low reporting on commodity consumption by health facilities nationally for priority programs. As the counties become fully functional, their technical assistance needs have also gone up. However, HCSM has taken on a balanced approach in order to match the county support requirements with the careful monitoring of the budget burn rates. Readjustments in some of the approaches were also made to keep the expenditures in check e.g. minimize bulk printing of documents, explore more cost effective ways of delivery among others.

To address some of the long-standing areas such as the LMIS, HCSM initiated engagements with key stakeholders including senior level MOH, KEMSA and other players for consensus and buy-in and also systematically address the system gaps.

As the devolution continues, HCSM will continuously review and adapt the approaches to accommodate the realities on the ground. This report therefore highlights the achievements made for the period July – September 2013 under each of the three focus technical areas.

Achievements (July – September 2013)

SECTION I: COMMODITY MANAGEMENT AND SECURITY

During this period, the HCSM program focused on improving commodity management and accountability at the peripheral level as well as improving oversight and planning at central level. A key focus for the program was to ensure that during the immediate transition period, stock out incidences were minimized through focused support to the priority programs (NASCOP, DOMC, DRH and DLTLD) to monitor their commodity pipelines and undertake appropriate interventions. At the peripheral level, the main focus was to ensure that even with ongoing transitional activities, facilities were able to submit their consumption and resupply requests to the central level and in the process avert stock outs. County focal teams were therefore supported to follow up on their facility reports and utilize the data available in the regions to inform their commodity management interventions.

Achievements Highlights

HIV/AIDS

- There have been zero stock-outs of ARVs at the central level resulting from HCSM's technical assistance (TA) to the National AIDS and STI Control Program (NASCOP) on monthly commodity stock status and pipeline monitoring and support to the central level coordination by the HIV commodity security committee. Monthly stock status reports were generated for all the months through the quarter ending September 2013.
- Key HIV program commodity data requirements for LMIS rollout were developed with HCSM TA to the HIV Nutrition team.
- Estimates of national HIV and AIDS commodity requirements were developed through TA to NASCOP for quantification. Draft forecasts for 2013/14 and 2014/15 were generated for all HIV & AIDS commodities (ARVs, OI medicines, nutrition, condoms, lab commodities, basic care kits). These will inform commodity procurements and resource mobilization to fill the gaps.
- NASCOP proposal to GF-SSF Phase 2 HIV application was presented to HIV ICC and approved for forwarding to the Kenya Coordination Mechanism. HCSM provided technical inputs into the commodity quantification and commodity management activities of the GF proposal.
- Draft standards and guidelines for Pharmaceutical Information Systems (PIS) have been developed with HCSM TA to the Department of Pharmacy in collaboration with I-TECH.
- Content guide and template for Pharmacovigilance summary reports has been developed in collaboration with Pharmacy and Poisons Board. This will guide the generation of routine reports (two-pagers) on HIV Pharmacovigilance activities.
- ART reporting rates have remained consistently high at above 90% throughout the quarter. HCSM supported the monthly follow up of non-reporting sites centrally through the HIV commodity security committee and peripherally through MoH counterparts and regional implementing partners.

- The ARV Dispensing Tool (ADT) was rolled out to additional 14 sites, bringing the total number using the tool to 364 by end September 2013 (213 ordering points and 151 satellite sites). HCSM also provided backup maintenance support to these sites through the implementation of Helpdesk and use of Remote Support with 33 sites supported during the quarter. These interventions have reduced the response time for facility ADT problem resolution for ADT from about 1- 2 weeks (depending on site location and logistics) to about 1 – 2 days for sites with internet access. HCSM also continued to undertake rapid orientation sessions on the tool to facility staff in collaboration with regional partners, with 16 target staff being reached during the quarter. By September 2013, about 81% of patients are being served at health facilities using the ADT. Moreover, during this quarter, HCSM initiated discussions to mainstream the remote support and Helpdesk into NASCOP for facility based electronic tools support.

Tuberculosis

- There have been zero-stockouts at central level for TB commodities through the quarter ending September 2013. This has been achieved through the support provided by HCSM to the TB commodity security committee on monthly pipeline monitoring, as well as the generation of monthly stock status reports which were shared with all stakeholders.
- Draft supply plans for TB MDR commodities were developed with technical support from HCSM.
- LMU –compiled national facility reporting rates for TB commodities have remained low at below 30%. However, a follow up at county level in 31 counties demonstrated that on average, about 73% of facilities had submitted their reports, implying that information compiled at national level was incomplete with reports either not reaching this level or not being captured (refer to the charts under county level achievements below).

Malaria

- HCSM supported the finalization of the FY2013/14 quantification report that informs resource mobilization and procurement of the various commodities for malaria control. The program also supported the DOMC to undertake a quantification and gap analysis for Global Fund Phase 2 proposal.
- There was a steady and uninterrupted supply of antimalarials at health facilities countrywide. To achieve this, HCSM supported the commodity security committee at DOMC to undertake pipeline monitoring with generation of stock status reports, preparation and dissemination of PPMRm reports to PMI for global planning and oversight of the malaria supply chain. In addition HCSM provided TA to the DOMC commodity security committee to discuss redistribution of malaria RDTs, ACTs and Artesunate at the peripheral level.
- To monitor progress made including adherence to malaria treatment guidelines, HCSM in collaboration with KEMRI-Wellcome Trust supported the Quality of Care round six survey by providing TA for data collection, data entry, analysis and report writing. The draft report is being finalized and will be disseminated in next quarter. Preliminary results show the following:

- a. Availability of RDTs improved to 70% of all the facilities (75% in level 2 and 3 facilities) from 31% in the previous survey and 8% at baseline in 2010. the proportion of facilities with any form of functional diagnostics increased to 90%, up from 76% in previous survey and 55% at baseline. This is directly attributed to the RDTs roll out.
- b. Supervision on RDTs use is still low at 20% of the facilities sampled.
- c. 96.5% of facilities sampled could treat malaria on the day of the survey. Compared to the previous rounds, the retrospective stock outs of ACTs has gone down significantly, with only 7% of facilities reporting having a stock out of all AL weight bands in the previous three months.
- d. In-service training on malaria case management has gone up to 50% of all health workers interviewed on survey day. This is a result of the case management training conducted by DOMC in April and May. PMI supported, through HCSM, the development and review of the training curriculum.
- e. Adherence to treatment guidelines (Criteria – suspected malaria cases tested, and if positive, treated with an ACT and if negative, not treated with any antimalarial) improved to 50% in all facilities compared to only 15.7% in 2010. When evaluated at those facilities that had both ACTs and Diagnostics, this goes up to 55%, up from 28% at baseline. In addition, the survey found that of the patients who test negative for malaria, 17% are treated with an antimalarial, down from 53% recorded in 2010.

The results show that availability of malaria diagnostics at health facilities has improved from 55% to 90%, with that of RDTs improving from 8% in 2010 to 90% in June 2013. The consumption of ACTs is on a downward trend owing to the improved availability of diagnostics at health facilities Thus reducing the unnecessary and inappropriate prescription and use of the medicine.

Family Planning

- At the central level, there have been zero stock-outs of key FP commodities through the quarter ending September 2013. This has been attributed to the close monitoring of the FP commodity pipeline by the DRH/FP commodity security committee with HCSM technical assistance. Stock summary reports were generated to monitor the FP commodity pipelines and appropriate interventions taken to correct pipeline gaps. PPMR were also developed for Kenya and included in the global report by DELIVER for dissemination to all stakeholders.
- There are no funding gaps for FY2013/14 for FP commodities. One stakeholder meeting was held where approximately \$11 million worth of donor commitments were made to fill supply plan for FY 2013/14 that had been developed with HCSM TA. County specific forecasts were also generated for 2013/14 and aggregate national forecast for 2014/15.
- The program in collaboration with CHAI supported the design and development of an online commodity dashboard for FP aimed at increasing access to FP commodity status and supply plan information for MoH and donors. Tool development is being done by CHAI with implementation planned for the end of this quarter to next quarter.
- Contributed to DRH operational research agenda by providing inputs into questionnaire for assessing Oxytocin availability at health facilities. This is still ongoing.

Other cross cutting programmatic areas

LMIS

- The program developed and disseminated a concept paper aimed at providing guidance for the implementation of a national LMIS. The concept paper has been used in discussions spearheaded by the Cabinet Secretary for Health on the implementation of a suitable system. A high level technical working group has been constituted for this purpose and is already conducting meetings with HCSM playing an advisory role.
- Consensus reached with NASCOP, DLTLD and DRH for the incorporation of commodity reporting into the DHIS2 platform. This is a short term and interim measure to address reporting challenges as the long term solutions are implemented.

County Level Achievements

With the transition to the devolved county system, the project's activity at peripheral level focused on supporting the nascent county health management teams address urgent priorities related to commodity management. This was a shift from the previous focus on Provincial and District Health Management Teams (P/DHMT) which have now been phased out.

Key activities and achievements

- I. Scale up of coordinating mechanisms for health commodity security at regional level in collaboration with regional health management teams
 - Addressing TA needs for selection and quantification of health commodities at county level- In line with the expanded mandate of these teams which now includes selection and procurement of health commodities, specific TA for selection and quantification was requested and provided. For instance TA was provided to KIAMBU County to undertake selection and F&Q for pharmaceutical in the region. In KAKAMEGA county, the program provide support to the county commodity working group on the establishment of systems and practices to enhance accountability of health system
 - To support establishment and set up of commodity TWGs and for prioritization of commodity management issues at this level, program held consultative and planning meetings with **18** of the **47** county health teams
- II. Support for improved commodity usage reporting at peripheral level
 - Scale-up of ADT to additional sites, enhanced maintenance support and capacity-building on the use of the tool.- In collaboration with NASCOP, the program supported the installation of the ADT in **3** additional sites meeting installation criteria and provided routine and ad-hoc on and off site maintenance support to **24** sites. Cumulatively ADT is now installed in functional in **345** sites in the country

- Improved reporting rates for all program commodities due to enhanced support to county health teams for commodity usage data reporting and monitoring including use of the Reporting Rate Tracking Tool.
 - The program embarked on a rapid result initiative to support county health management teams to follow-up and monitor facility reporting rates. The program adopted a two-pronged approach where counties were supported to convene consultative commodity data and review meetings and subsequently actively follow-up and document of facility reporting of all programmatic commodities including ART, PMTCT, HIV Lab (RTKs & CD4), Malaria and TB. The counties were provided and oriented on the use of a new tool- the **Reporting Rate Tracking Tool [RRTT]**. This is an excel-based tool to assist in the mapping of facilities and documenting reporting, the timeliness & completeness of submitted reports replacing paper based registers previously in use. At total of **25** of the **47** counties held these meeting. Preliminary data obtained from this exercise show significantly higher reporting rates for each of the commodities than have been reported through LMU and other systems [see the analysis below under support for county level reporting rate monitoring]

III. Capacity building on commodity management at peripheral level

- Orientation on commodity management for **73** staff from KIRINYAGA & MIGORI counties on commodity management. 24 champions from Kirinyaga County were orientated on commodity management during which gaps in commodity management in Kirinyaga sub-counties were identified and action plans developed. The program also provided TA and training material to APHIAPlus to orientate 49 HCWs from Migori County

IV. Support to FBO and private sector site to improve commodity management

- Orientation on commodity management for **66** staff from KEC/KCCB in facilities from various regions in the country
 - In collaboration with KCCB, the program supported sensitization meetings for 20 facility in-charges from the Catholic Diocese of Ngong and a further 11 staff from the catholic diocese of Eldoret. A further 20 facility in-charges from Kajiado and Narok counties and 26 participants from dioceses on the Coast region were orientated on commodity management.
- Support supervision in Elgeyo Marakwet - In collaboration with the Catholic Diocese of Eldoret, the program provided TA and support for SS in Elgeyo Marakwet covering 9 facilities with OJT and mentorship on commodity provided to staff from these facilities

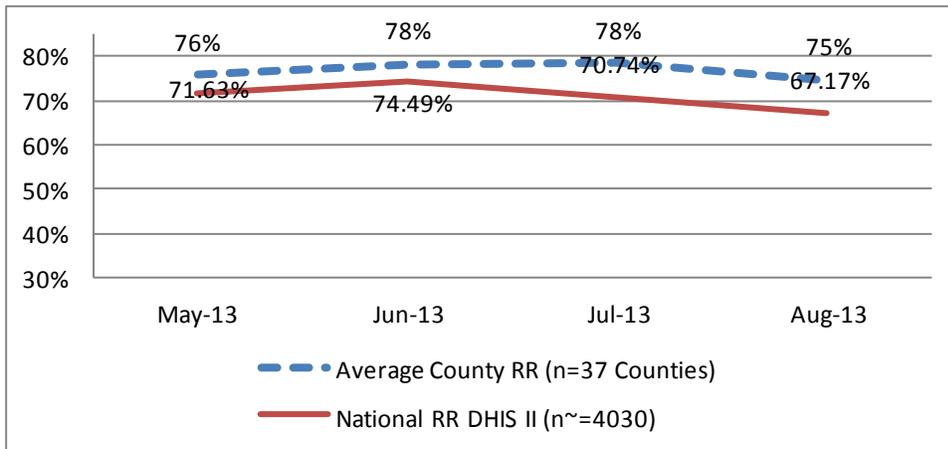
V. Support to Lab supply chain and commodity management

- Capacity-building Lab LMIS tools - The program supported a 1- day Lab LMIS orientation workshop for 37 HCWs from MoH facilities in Kangundo and Matungulu districts

- Installation and capacity building on Lab ITT- Lab ITT installation undertaken in 5 Maryland supported sites in the former Dagoretti, Langata and Starehe districts
- Quarterly data review and feedback meetings
 - Support for consultative data review meeting held BUNGOMA & BUSIA Counties where a total of 62 Lab personnel participated. Meetings reviewed lab commodity reporting rates, discussed and adopted best practices to improve the same
 - TA for Lower Eastern quarterly regional lab data review meeting covering 6 counties with 34 MLTs attending to review reporting rates in the county and strategize for improvement.

Results - Support for County level reporting rate monitoring

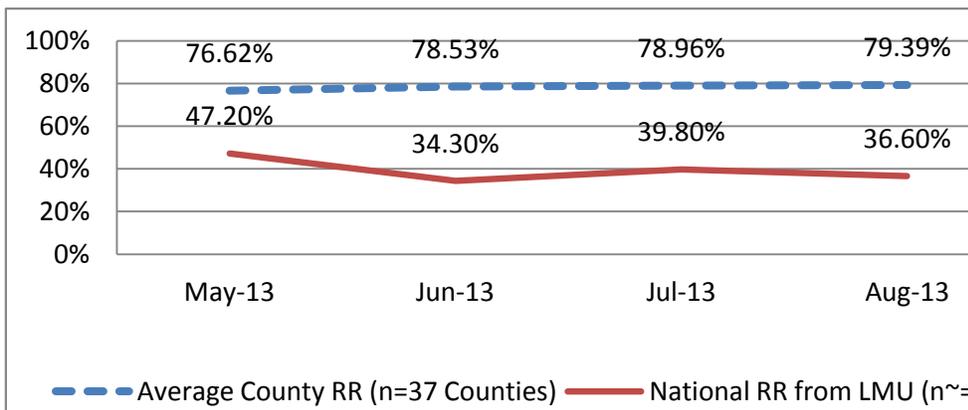
Figure 1: Malaria Commodity Reporting Rates May-August 2013



Observation

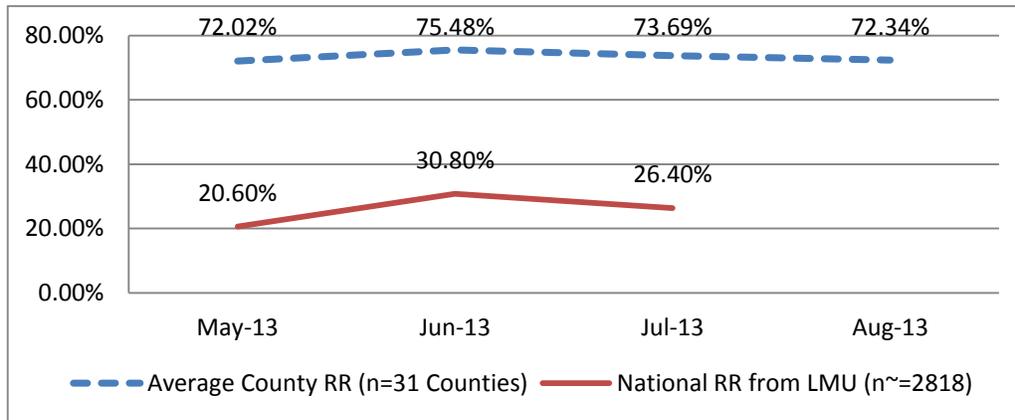
- Comparable RR between the county RR and the data from DHIS-2
- County RR slightly higher but trend over the four months mirror each other

Figure 2: FP Commodities Reporting Rates May-August 2013



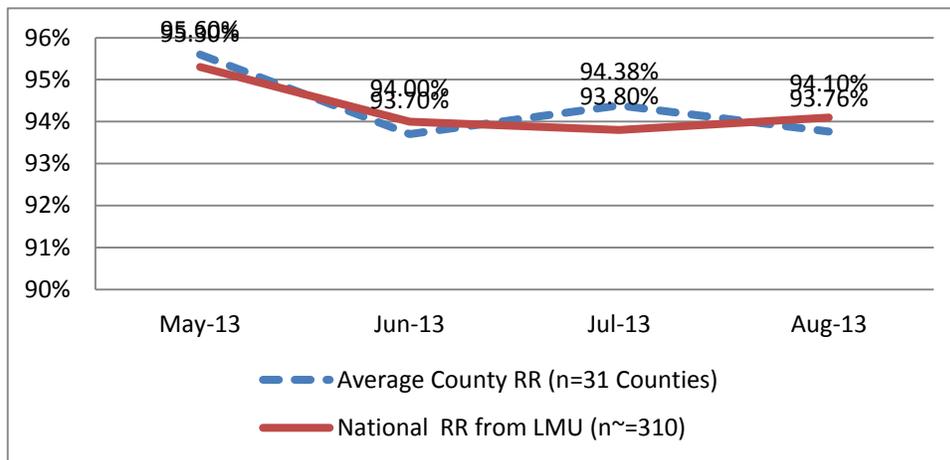
Observation: County RR consistently and significantly higher than National RR from the LMU

Figure 3: TB Commodity Reporting Rates May - August 2013



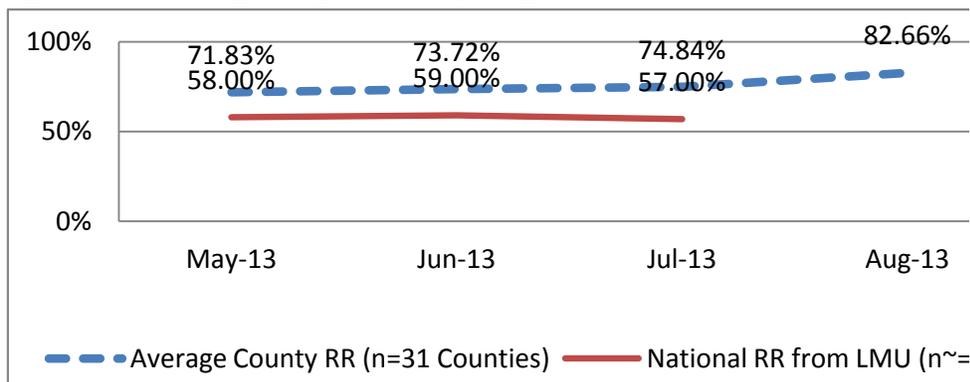
Observation: County RR consistently and significantly higher than National RR from the LMU

Figure 4: ART Reporting Rate May-August 2013



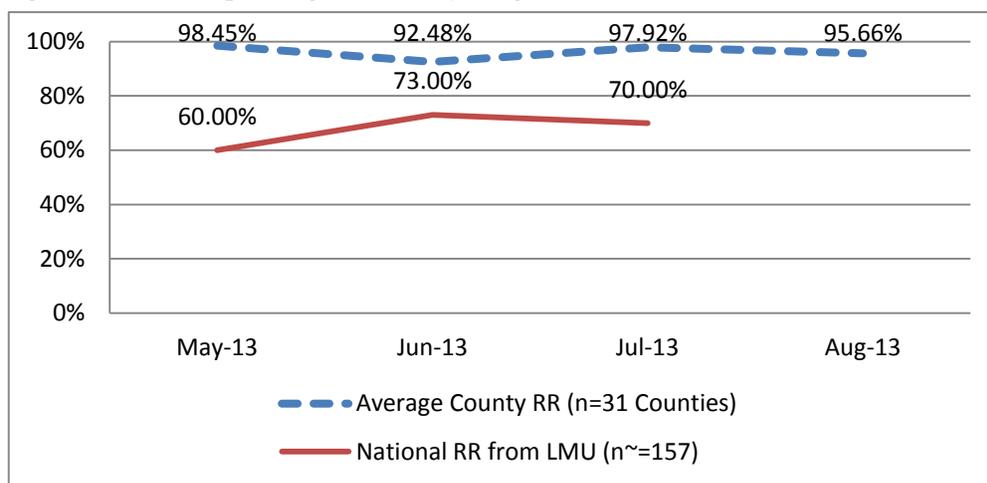
Observation: Comparable County and National LMU RR with trends mirroring each other

Figure 5: RTKs Reporting Rates May-August 2013



Observation: Same as for FP & TB commodities above

Figure 6: CD4 Reporting Rates May-August 2013



Observation: Same as for FP, TB commodities and RTKs

Overall, the following observations can be made

- RR for commodities where there is a system for data transmission from facility/county level to national level- Malaria & ART are similar for both county and national level
- RR for commodities where there is no defined system for transmission from facility/county level to national level are significantly different with County RR consistently and considerably higher
- Reports are getting to district/county level but a significant proportion not being transmitted to national level or are not being captured as submitted at this level

Implications and recommendations

- Higher RR can be obtained with enhanced support to counties for follow-up and monitoring of reporting rates
- Establishing a system (e.g. DHIS or other platform) where facilities /counties can submit reports directly to national level should optimize reporting

Table 1: Summary - Indicator Progress

Broad Result area	Indicator	Progress				Comment	
Improving Reporting rates for lab and health commodities	Proportion of health facilities submitting commodity usage reports to the central level for priority program commodities [Malaria, FP, ART, TB, RTKs and CD4]	Program Area	Previous 3 Months Average				Comparison of the county data and National data reviewed 1. Minimal variation in Malaria and ARTs reports. These two enjoy good system support (DHIS II for Malaria and fully pull system for ARTs) 2. Huge variation with other program areas that do not enjoy similar support
			Counties' RR		National Level RR		
			No. of Counties	RR	No of sites	RR	
		Malaria	37	77%	4030	71%	
		FP	37	78%	4107	39%	
		ARVs	24	94%	310	94%	
		TB	31	73%	2818	26%	
		RTKs	34	76%	4739	58%	
CD4	17	96%	157	68%			
Support to F&Q and Stock status monitoring	Programs and key MoH departments able to independently generate monthly commodity stock status F&Q reports	<ul style="list-style-type: none"> - 100% - All priority program supported to generate monthly stock status reports - 100% - all programs have so far been supported this year in conducting F&Q activities including F&Q for condoms. 				These reports have been used to inform decision making and lobby for funds, for example, for FP Donors have committed to fill the \$11million supply plan requirements and hence there is currently no gap for 2013/14.	
Strengthened capacity of MoH for commodity oversight at peripheral levels	Functional regional commodity security committees established	<ul style="list-style-type: none"> - Consultative introductory & engagements meetings held with 18 of the 47 counties - Commodity data and reporting rate review meetings held in 25 of the 47 counties. - Sensitization of health county coordinators on the Malaria program drawn from all the 47 counties - TA provided to Kiambu County to undertake selection and F&Q for pharmaceuticals in the region 					
Support to implementation of electronic tools	Sites implementing ADTs and ITT	<ul style="list-style-type: none"> - ARV Dispensing Tool (ADT) use increased from 56% in 2011 to 92% currently among the 310 ARTs ordering points - 83% of all patients treated with ARVs have their medicines dispensed through the system, allowing greater accountability and reporting 					
RDT roll out	Facilities able to conduct malaria testing (Microscopy and/or RDTs)	<ul style="list-style-type: none"> - Improved availability of malaria diagnostics in health facilities from 55% to 90%. - RDT availability has improved from 8% to 70% 				- Analysis conducted in June 2013 has shown that consumption of ACTs is on a downward trend	

SECTION II: SUPPORT TO PHARMACEUTICAL POLICY AND SERVICES

This technical area focuses on interventions aimed at strengthening the health system to deliver quality pharmaceutical services at public, private and faith-based sector at all levels of care with a goal of promoting access to quality, efficacious and safe medicines and health commodities. In the last quarter, HCSM continued to use a health systems approach to strengthen pharmaceutical policy implementation and service delivery at the national and county levels.

At the central level, HCSM collaborated with the Ministry of Health, Department of Pharmacy (DOP) and other stakeholders in the development of relevant policy, legislative and regulatory frameworks. The main focus was development of pharmaceutical services package, review of the health products technologies laws (HPT) and finalization of the cancer guidelines.

Additionally, HCSM collaborated with the Pharmacy and Poisons Board (PPB) and priority health programs to promote medicine quality assurance and patient safety through enhanced monitoring and reporting for suspected adverse drug reactions and poor quality medicinal products. The program also collaborated with the department of pharmacy of the Kenya Medical Training College (KMTTC) to train final year pharmacy students in health commodity management. At the county level, HCSM focused on strengthening the oversight structures for improving access to and rational use of quality and safe medicines. The program worked with county health teams, selected institutional medicines and therapeutics committees (MTCs) and regional partners to disseminate relevant materials and implement appropriate medicine use practices.

Achievements highlights

- To promote use of quality and safe medicines, HCSM in collaboration with priority health programs and other stakeholders continued to support the Pharmacy and Poisons Board in implementing the national Pharmacovigilance system. Cumulatively, Adverse Drug Reactions (ADRs) received at PPB increased from 6800 (June 2013) to over 7690 by the end of September 2013 representing a 13% increase in reports. Over 90% of these ADR reports are related to ARVs. This information has led to increased vigilance in monitoring ART related ADRs.
- Cumulatively, Poor Quality Medicinal Product reports received at PPB have increased from 390 in June 2013 to 489 at the end of September 2013, representing a 25% increase in reports. This information has led to several regulatory actions being taken by PPB, including product recalls and withdrawal of market authorization.
- To promote appropriate medicine use and provision of quality patient care, HCSM supported the Kenyatta National Hospital (KNH) Medicines and Therapeutics Committee (MTC) to finalize and launch the institutional formulary, the first comprehensive hospital formulary in Kenya. This will be adopted by the National Medicines and Therapeutics Committee (NMTC) to be used as a reference and template to guide the development of a national formulary for use in all health facilities in the country. 500 copies of the formulary have been disseminated to hospital staff and clinical departments.
- Collaborated with MEDS-CHAK AIDS Program (MEDS/ CHAP), NASCOP and PPB to train 15 technical officers from CHAP who will spearhead roll-out of pharmacovigilance activities within the faith based sector.

- Supported the faculty of Pharmacy at the Kenya Medical Training College (KMTC) to implement commodity management training for final year Pharmacy students in their 4 campuses. A total of 273 students were trained. The breakdown is as follows: Nairobi (113), Nyeri (59), Mombasa (45) and Machakos (56).
- Supported the MOH, Department of Pharmacy to review the integrated in-service training materials on commodity management for all health commodities. These materials will be used by Funzo Kenya for roll-out of integrated commodity management trainings.
- HCSM collaborated with the University of Nairobi (UON), the global USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program; and University of Washington to conduct a 4-day training of trainers' (ToT) workshop on the application of Pharmacoeconomics (PE) principles and Health Technology Assessments (HTA) to essential medicines selection. This is aimed at building sustainable in-country skills and capacity for PE and HTA to support evidence based management of formulary systems. 23 participants from the Universities, MOH, Counties, KNH, MTRH, KEMSA, NQCL and PPB were trained.

Table 2: Summary - Indicator Progress

Broad Result area	Indicator	Progress	Comment
Improved reporting of pharmacovigilance activities	Number of ADR reports received at central level	13% increase in reporting for adverse drug reactions (ADRs) to PPB from 6800 (June 2013) to over 7690 by September 2013.	Over 90% of the ADRs reports are related to ARVs and this information has led to increased vigilance for monitoring ART related ADRs
	Number of poor quality medicinal products reports received at central level.	25% increase in reporting for poor quality medicines received at PPB from 390 (June 2013) to 489.	Poor quality received medicine reports have led to several regulatory actions being undertaken by the PPB like recalls and withdrawal of market authorization.
Improved	Number of regulatory actions taken as a result of pharmacovigilance activities	3 in the last quarter	The PPB ordered the quarantine of a suspected poor quality brand of Oxytocin and recalled two brands of Paracetamol and Metronidazole.

SECTION III: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY AND SERVICES

Laboratory commodity management and security have continued to be a key focus area for the program. Specifically, HCSM has continued to focus on strengthening the laboratory supply chain with the other areas such as governance and quality of laboratory services supported by the CDC funded Strengthening Public Health Laboratory Services (SPHLS) project implemented by MSH.

This quarter marked the inception of the merger of the former Ministries of Health into one unit with peripheral structures being put in place and starting to function. The program's intervention targeted at improving commodity management and security at both the central and peripheral level. At the both levels, the program worked with a number of stakeholders including the various MoH departments (NPHLS, DDFS, National HIV Reference Laboratory, and National Blood Transfusion Services), donor agencies (e.g. USG, JICA), supply chain agencies (KEMSA, SCMS), regional implementing partners and facility staff. These stakeholders have also been engaged during implementation at the peripheral level with a focus on leveraging resources, and collaboration to maximize the impact of the desired interventions. The following are the achievements made in improving laboratory commodity security:

Key highlights from the Quarter

- The country has continued to experience minimal stock-outs of HIV lab commodities at the central level. This was due to the program's support for routine pipeline monitoring of HIV lab commodities and malaria RDTs to ensure minimal stockouts especially at central level. During the quarter, some incidences of stock out experienced at central level due to introduction of Railway Development Levy occasioning delays in port clearance of incoming commodities.
- Provided TA for the development of quantification and supply plans for key HIV lab commodities and malaria RDTs. The plans are to be used to inform resource mobilization plans and national procurements.
- In collaboration with CHAI, the program supported NASCOP to develop data requirements for online lab reporting for CD4 reagents and RTKs to guide in the planned development of a web based reporting tool. This tool is expected to be piloted next quarter.
- Improved CD4 and Rapid Test Kits (RTKs) reporting rates from 60% in May 2013 to 70% in July 2013; this was done through targeted support to MOH to follow up and monitor commodity reporting, and support for regional data review meetings. Four regions held their data review meetings during the quarter (North Eastern, Nyanza, Western and Rift Valley).
- Supported NASCOP to clean and harmonize the list of HIV Testing and Counseling sites to inform distribution of HIV laboratory commodities, tracking and accountability of the same.

- Supported the Quality of Care round 6 survey to monitor progress of malaria RDTs use at facilities. Results show that availability of malaria diagnostics at health facilities has improved from 55% to 90%, with that of RDTs improving from 8% in 2010 to 90% in June 2013. The analysis has further shown that consumption of ACTs is on a downward trend owing to the improved availability of diagnostics at health facilities curtailing the random and inappropriate prescription and use of this medicine.
- Improved inventory management at the facility level through provision of various commodity management tools and job aids. The following materials were distributed to facilities in Western region during the quarter:
 - Stock cards - 7780
 - Top-up 3890
 - Temp charts - 3890
 - Quantification Job aid – 60
 - good inventory mgt job aid - 390
 - good storage practices- 390
- Implemented facility based electronic inventory tracking tool at 7 facilities in Nairobi and trained 2 TOTs on use of Lab ITT in collaboration with University of Maryland. Mentorship on lab commodity management was also undertaken in 40 facilities across the country (spread across Coast, Eastern, rift Valley and Central regions).

In as much as HCSM works to improve laboratory supply chain systems, achievement of sustainable results is dependent upon the existence of strong governance structures and a conducive policy environment. Likewise, optimal delivery of laboratory services is dependent upon an uninterrupted supply of laboratory commodities at the point of use. Both HCSM and SPHLS recognize the interdependent and symbiotic nature of their work and continue working together for the overall strengthening of the lab sub sector. The table below summarizes the laboratory activities that SPHLS has been supporting.

Table 3: Ongoing SPHLS activities

Intermediate Result Area	SPHLS Activities
IR 3.1: Strengthened laboratory subsector leadership and governance	<ul style="list-style-type: none"> • Support to the activities of the Laboratory Interagency Coordinating Committee (Lab ICC). • Supported and coordinated an Orientation and consultative forum for all 47 county laboratory coordinators and national program laboratory staff for establishing working relationships, linkages, and sharing policies and tools • Development of National laboratory policy 2012 (in progress) and National laboratory strategic plan 2012-2016 (in progress) • Development of Strategic Plan 2012-2017 for Kenya Medical laboratory Technicians & Technologists (KMLTTB)- officially launched and in use.

Intermediate Result Area	SPHLS Activities
IR 3.2: Improved accessibility of quality Essential laboratory services	<ul style="list-style-type: none"> • Development of laboratory infrastructure guidelines (complete) • Development of Laboratory equipment Management Guidelines (complete) • Development of specimen referral guidelines- (complete) • Contribution to Quality management systems (QMS) • In collaboration with AMREF, support provision on of an external quality assurance program in 61 facilities in CCN and selected hard to reach districts/ counties. • Contribution to infection prevention through capacity strengthening of staff to improve biosafety and safe phlebotomy practices of all health care workers.

CHALLENGES EXPERIENCED DURING THE QUARTER

- Limited to poor coordination and linkages among national MOH officers, priority programs and between the central and peripheral levels, resulting in unsustainable short term gains in most areas
- Poor quality of facility commodity consumption data despite the increase in reporting rates.
- Limited immediate results due to the program's adoption of the system's strengthening approach targeting system-wide improvements leading to long drawn-out and not immediately visible results continued to dog the project in the quarter under review. Going forward, the project will re-strategize this approach by focusing on the priority programs as the vehicle through which system enhancement can be realized.
- During the quarter, there were hitches in commodity supply at central level occasioned by the new Railway Development Levy for all commodities being brought into the country. This impacted on stock availability for some programs especially distribution of HIV test kits to health facilities. This appears to be headed towards resolution and hopefully the situation should normalize in the near future
- The project continued to struggle during this quarter to increase physical data reporting rated from the peripheral to the central level and vice versa. This was compounded further by on-going devolution which continued to result into limited authority over staff at different levels to enable them exercise their reporting functions, without requiring "incentives"
- Ongoing devolution by GOK affected the implementation of programs in terms of authority lines between the center and county. This is an ongoing challenge which will prove advantageous after completion of the process.
- Clarity of understanding of what the project mandate by other stakeholders, remained an issue, leading to misplaced expectations

PRIORITIES FOR THE NEXT QUARTER

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

1. Forecasting and Quantification

Central level

- Development and dissemination of National and County level F&Q guidelines and training materials
- Conduct F&Q role gap analysis for priority health programs
- Initiate National F&Q transition plan for PHPs

County level

- Conduct Rapid orientation on Quantification and pipeline monitoring for CHMTs in Nyanza Western and Coast regions
- Support county CHMTs to undertake routine pipeline monitoring and take corrective actions
- Support for targeted planning and meetings with county health management teams to address system challenges including reporting rates

2. Logistics Management Information System

Central level

- Support incorporation of LMIS tools for FP, TB, HIV into DHIS2
- Design LMIS dashboards (FP, Malaria, HIV, TB) on DHIS2 platform for decision support for PHP & stakeholders
- Establish, and operationalize a help desk for facility electronic tools at NASCOP

- Train a core NASCOP team and provide relevant tools for supporting facility electronic tools
- Engage with high level policy makers and other stakeholders to obtain buy-in for LMIS
- Support initial activities for MoH led LMIS-TWG at central level
- Upgrade ADT to web-based and expand it's scope

County level

- Support deployment of electronic data collection and reporting tools
- Support development of county level information requirements
- Undertake data quality assessment for selected ADT sites
- Provide support to scale up of ADT
- Capacity building and skills transfer on ADT to county health teams & partners

3. Laboratory Supply Chain

Central level

- Capacity building of MOH staff on quantification and pipeline monitoring, and handover the generation of stock status reports
- Obtain senior level MoH commitment to strengthen laboratory commodity management coordination
- Finalize and disseminate the Essential Laboratory Commodities List
- Initiate use of dashboards for lab commodity pipeline monitoring and decision support
- Undertake comprehensive review of Lab commodity supply chain structures
- Work with MOH and relevant partners to conduct a stakeholder dissemination meeting for LCM and laboratory SOPs

County level

- Disseminate laboratory commodity management curricula, tools and job aids
- Undertake one day orientation sessions to address laboratory commodity management skills gap in Nyanza and Western.
- Support focal persons within county health management teams to follow up on reporting
- Orientation of county health management teams on data analysis and use (Nyanza, Western)
- Undertake facility and supply chain mapping to identify supply chain gaps (Nyanza, Western)
- Initiate tracking and end-use verification of laboratory commodities in target counties to improve accountability
- Provide TA to CHMTs and partners to identify and address laboratory commodity management gaps in Nyanza and western

4. Priority Health Programs activities

NASCOP- HIV Program

- On-going support to the HIV commodity security committee to ensure commodity security
- Develop data requirements for ART, Nutrition and Lab commodities to inform upload of data into DHIS2 and LMIS dashboard.
- Dissemination of the national F&Q reports for HIV commodities
- Technical support to HIV-Pharmacovigilance activities including finalization of HIV-PV orientation package and development of 2 pager summaries on ADRs and poor quality medicinal products

Reproductive Health/ Family Planning

- Ongoing support to RH/FP commodity security committee to ensure commodity security
- In collaboration with CHAI, complete the design of the FP LMIS dashboard to be deployed for data and information acquisition for use during monthly logistics meetings and the F&Q review planned for December 2013

- Support the transition of FP commodity reporting to DHIS-2
- Handover of F&Q (and pipeline monitoring) roles to DRH.

Division of Malaria Control- Malaria Program

- Printing and dissemination of Malaria Round 6 Quality of Care Survey report
- Development of an implementation plan for QA/QC for malaria diagnostics and support for implementation of the same
- Support to improving upstream data capture for malaria commodity (ACTs and RDTs) usage data

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

- Support to F&Q review and capacity building on pipeline monitoring
- Support to DLTLD to upload revised LMIS forms: FCDRR tool into DHIS-2
- Support DLTLD and NASCOP to implement TB/HIV commodities LMIS

5. Pharmaceutical Policy and Services

Central Level

- Support DOP to finalize the county pharmaceutical services package
- Printing and launch of Cancer management guidelines
- Support PPB in capacity building and rollout of e-PV reporting system
- Support to PV data acquisition and management for decision making including development of Medicine Information and Pharmacovigilance (MIPV) newsletter

County Level

- Support to CHMTs and partners to implement the county support package and rollout commodity management interventions including capacity building materials, tools and job aids
- Support to set up of county Medicines and Therapeutics Committees in Kisumu, Kakamega and Mombasa counties
- Support to development and implementation of action plans for selected institutional MTCs in Kisumu, Kakamega and Mombasa counties
- Support to CHMTs and partners in dissemination of Pharmacovigilance capacity building approaches and rollout of e-PV reporting system

HCSM Program Activity Progress Matrix

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
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	Ensure functional stakeholders forums at provincial and district levels	Functional health commodity security committees at regional and district level.	AOP 6:- Table 3.1 (page 12)	1: Scale up coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams <ul style="list-style-type: none"> 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 – Supported consultative introductory meetings & engagements with 18 of the 47 counties during the quarter. Counties include <ul style="list-style-type: none"> Busia County Bungoma County Vihiga County Kajiado County Nairobi County Machakos County Meru County Isiolo County Embu County Kirinyaga County Tharaka Nithi County Murang’a County Kisumu County Homabay County Migori County Baringo County Nandi County Nakuru County – The meetings were used as sensitization for a for formation of county health commodity TWGs or strengthen commodity oversight through existing CHMTs <ul style="list-style-type: none"> In Kisumu County, a County commodity TWG was formed, TORs developed and priority activities identified. 		
Malaria Operational Plan FY12	Support the DOMC Technical Working Groups; Decentralization to the new county system		Malaria Operational Plan FY12 (pg 40, 41)				
AOP 6:Section 5.1.2	LMIS tools reviewed, printed and disseminated LMIS tools	Use of facility-based and LMIS manual and electronic tools scaled up at the	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71)	2: Strengthen peripheral MIS in 8 regions a) Support dissemination of standardized manual and electronic	Ongoing Central level – Development of draft report on key HIV program commodity data requirements – In order to equip health facilities with appropriate reference material for dissemination and use, developed new guidelines and Standard Operating		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
Malaria Operational Plan FY12	revised, printed and distributed to SDPs Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS).	districts and SDP level in all regions Facility staff oriented on use of these tools ADT and ITT scaled up	Malaria Operational Plan FY12 (pg 31, 34)	tools. This will include scale up and support of ADT and ITT user sites	<p>Procedures for use of ADT and ITT, revised existing user manuals and developed video tutorials as part of the ADT support package comprising the following:</p> <ul style="list-style-type: none"> – 9 Guidelines; ADT Package Reference Guide, ITT Package Reference Guide, Trainers Guide for On Job Training, Training Guidelines, ADT Helpdesk Guide, ADT Remote Support Guide, Camtasia Studio Guideline, TeamViewer Guideline and SysAid Guideline – 8 SOPs; ADT User Manual, ITT User Manual, ADT Installation Guide, ITT Installation Guide, Transition from Old ADT to New ADT version, Camtasia Studio SOP, TeamViewer SOP and SysAid SOP – 3 Job Aids; ADT Job Aid, ADT Flyer and ITT Flyer <p>Peripheral level</p> <ul style="list-style-type: none"> – Supported installation and implementation of ADT by providing OJT, rollout and maintenance of ADT as follows – Capacity building <ul style="list-style-type: none"> • Orientation on ADT & ITT done for staff from APHIAPlus Imarisha from TURKANA & WAJIR Counties • In Butere DH, OJT was provided on use of ADT to support ART report compilation. • OJT & mentorship on ADT provided to Kabondo, Rachuonyo and Masaba North Hospitals in collaboration with APHIAPlus – ADT installation and Trouble shooting <ul style="list-style-type: none"> • 24 ADT sites provided with trouble shooting; Coast PGH, DFMH Mbagathi, St. Joseph Shelter of Hope, Igegania DH, Mathari Psychiatric Hospital, Uzima Dispensary, SOS Buruburu, Miathene DH, Shibwe DH, Tudor DH, KEMRI Mimosa, KEMRI CRDR/FACES, Kimilili DH, SOS Buruburu, Murang'a DH, Lea Toto Mukuru, Beacon of Hope, Lea Toto Kariobangi, Hola DH, Nanyuki DH, DFMH- Mbagathi, Mariakani DH, Hola DH, and G.K. prison, Nairobi Remand clinic • 5 sites running older version of ADT were supported to upgrade; Soy HC, Moi's Bridge, Kakamega PGH, Lea Toto Kawangware and AMPATH(Kitale,MTRH) • ADT reinstalled in 3 sites that had experienced system failure; Makueni DH, Hola DH and Reuben Mukuru Clinic 		
				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"> – Supported the development data requirements for online lab reporting tool for CD4 and RTKs to guide in the development of the tool in collaboration with CHAI – Supported the design and development of online commodity dashboard for FP aimed at increasing access to FP commodity status and supply plan information by MoH and donors in collaboration with CHAI – Initiated Help desk implementation for the support of ADT at NASCOP. NASCOP designated resource to be trained and as a result are now taking ownership of ADT 			

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
				c) Build capacity of regional MOMS/MOPHS counterparts, regional partners and organizations to cascade and support manual and electronic tools by Sept 2013	Ongoing – Conducted orientation and training at various dates with a total of 16 representatives from APHIA Plus, JPHIEGO, Kenya Pharma, University of Maryland, JPHIEGO, and CHS & NASCOP on the use of ADT and ITT. During the training, action plans were developed and the partners capacitated with the ability to perform new installations and assist in troubleshooting on ADT in their regions		
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 support to; At Central level – Printing of master copies of FP SOPs and FP commodity management curriculum for SDP personnel, signed off and handed over to DRH for rollout At peripheral level Capacity building activities conducted as follows; – Provided TA to the Kakamega county commodity TWG aimed at building systems & instituting practices to enhance accountability of health commodities in the county – 24 Champions from Kirinyaga County oriented on commodity management during which gaps in commodity management in the Kirinyaga sub-counties identified & action plans developed – Provided TA and training material to APHIA Plus to orientate 49 HCW from Migori County (Awendo, Uriri, Kuria East & Kuria West Sub-counties) on Basic Commodity Management, Appropriate Medicine Use, Lab commodity management and Pharmacovigilance. – TA provided to Kiambu County to undertake selection and F&Q for pharmaceuticals in the region		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
				<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 Consultative commodity data and reporting rate review meetings held in 25 of the 47 counties. Counties included</p> <ul style="list-style-type: none"> • Busia County • Kakamega County • Vihiga County • Bungoma County • Baringo County • Elgeyo Marakwet County • Laikipia County • Nakuru County • Nandi County • Narok County • Trans-Nzoia County • Uasi Gishu County • Embu County • Tharaka Nithi County • Kitui County • Nyeri County • Nyandarua County • Murang'a County • Nyamira County • Kisii county • Homabay County • Migori County • Isiolo County • Meru County • Garissa County <p>During the meeting national reporting rate trends for all programmatic commodities presented & challenges outlined and effort was made to compare with county and district reporting rates.</p> <p>These meeting were followed by support to the counties for enhanced follow-up and tracking of reporting rates for all the programmatic commodities during the quarter and team supported to review and monitor reporting rates for their counties as highlighted in the narrative section of the report</p>		
				<p>c) Facilitate quarterly commodity data review and feedback meetings at province/county/district level.</p>	<p>Ongoing Commodity data review meetings held in 3 regions covering 8 counties as follows</p> <ul style="list-style-type: none"> – Conducted district-based data review of commodity reports for Emuhaya district. 39 staff participated in the review meeting. – MACHAKOS County pharmacy forum held where 19 staff from the county attended and agreed on strategies to improve reporting rates – The Coast pharmacists biannual review meeting held with attendance from 6 counties in the region. Total of 29 pharmacy staff participated. Reporting rates for program commodities and commodity stock status reviewed 		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
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 package for integrated supportive supervision for commodity management.	AOP 6 Table 5.2 (page 71) MoPHS/DCLM proposed AOP7, Section 3.1 Malaria Operational Plan FY12 (pg 39, 41)	4: Support the implementation of the integrated supportive supervision package for commodity management at regional level	No activities directly supported in this quarter		
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 <ul style="list-style-type: none"> Provide OJT and mentorship on commodity management to targeted FBO and private sector sites 	Ongoing Support provided to KEC in orientation of staff on commodity management, OJT, dissemination of tools and support supervision to facilities. The support was provided in 4 regions as outlined below. <ul style="list-style-type: none"> Conducted commodity sensitization meetings for 20 facility in-charges from the Catholic Diocese of Ngong and 11 staff from the Catholic Diocese of Eldoret Provided TA and Support for SS in ELGEYO MARAKWET conducted jointly with the Catholic Diocese of Eldoret. Total of 9 facilities in the county covered. 20 facility in-charges from KEC facilities from KAJIADO & NAROK Counties attended a one-day orientation on commodity management Conducted follow-up OJT visits together with APHIAPlus Imarisha in AIC Isiolo and Eremet Dispensary identifying specific areas for improvement in reporting Orientation on inventory management, appropriate medicine use and PV conducted for Coast region KEC facilities. 26 participants attended the meeting with PV reporting tools disseminated to the 13 facilities covered 		
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 Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
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 procure	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 for avoidable	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 generated by priority programs	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)	<p>6. Provide technical leadership for commodity security and supply chain oversight at national level Sub activities will include:</p> <p>a) Provide Technical leadership and support to regular scheduled meetings for national health commodity-related TWGs and committees</p>	<p>Ongoing support to priority program commodity TWG</p> <p>TB Program Supported Two commodity security committee meetings during which;</p> <ul style="list-style-type: none"> - Analysis of stock status report was done and action points assigned. - Planning for quantification and supply planning review workshop <p>FP Program Quarterly commodity security meeting held in September 2013 during which;</p> <ul style="list-style-type: none"> - Supply and procurement plans for 2013/4 were presented and discussed - Monthly FP commodity TWG meetings held in August and September 2013 whose products were: <ul style="list-style-type: none"> o National stock status reports o Updated supply plans <p>Malaria Program</p> <ul style="list-style-type: none"> - Facilitated two commodity security committee meeting to discuss RDTs, ACTs and Artesunate redistribution <p>HIV Program</p> <ul style="list-style-type: none"> - Supported 3 commodity security meetings during which it was decided Procurement of the phasing out Stavudine regimens to continue based on usage trends until MoH gives guidance 		
				<p>b) Support MoMS/MoPHS to undertake routine stock status and pipeline monitoring, and distribution planning, where relevant</p>	<p>Supported generation of stock status report</p> <p>TB Program</p> <ul style="list-style-type: none"> - Supported the generation of TB monthly stock status report - Supported the development of MDR TB commodities Supply Plan (Call downs) <p>FP Program</p> <ul style="list-style-type: none"> - Monthly stock status reports generated (2-pager using the automated package; PPMR) <p>Malaria Program</p> <ul style="list-style-type: none"> - 2 pager reports finalized and disseminated - Finalized on the PPMRm report for PMI funded commodities - Supported Global Fund phase 2 requisition and Gap analysis 		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
ment) (page 118) AOP6 Section 5.1.2; Section 3.1; Section 5.2.6 Malaria Operational Plan FY12 DDPC AOP7 DRH draft AOP 8 HIS Indicators Manual (final draft)	losses and wastages done bi-annually. Matrix of Program forecasted commodity needs in place (DLTLD); HIV commodity forecasting and quantification done	Integrated commodities tracer list finalized and disseminated for implementation Planning for distribution of FP commodities to district stores and SDPs supported Identification of, and capacity building, for MOH-led central level teams on stock status monitoring, forecasting & quantification, supply planning and pipeline monitoring	AOP 6 Table 5.14 (page 97) DRH draft AOP 8: Security of commodities Indicator HIS156: Percentage time out of stock for a set of 15 tracer medicines	c) Support MoMS/MoPHS to undertake forecasting & quantification and supply planning	TB Programs – Supported priority program to conduct F&Q for FY13/14 and 2014/15. Report available FP program Supported the DRH annual national quantification exercise. The condom F&Q section for prevention sent to NASCOP for review and advocacy. Annual national requirements and supply plans were generated for FY2013/14 to FY2014/15 for prevention commodities, including condoms. To note: – County forecasts for FY 2013/14 were generated for male and female condoms. Malaria Program – F&Q report for FY 2013 – 2014 developed HIV Program – Stakeholders’ consensus building meeting held by NASCOP (over 70 participants). FY 2012/13 progress reviewed and new targets & assumptions developed for FY 13/14 and 14/15 in line with new WHO guideline changes. – Draft F&Q report produced with Targets & assumptions finalized as per stakeholder agreement on adaptation of new WHO guideline changes for country needs. – Provided TA to NASCOP for development of GF-SSF Phase 2 HIV application. This was presented to ICC and approved for forwarding to KCM on 19 Sept. PSM plan includes application for support to Male condom security considering potential stock out from Jan 2014.		
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 a) Develop, implement and mainstream automated tools for generation of commodity stock status reports with user guidelines	FP Program Automated FP monthly stock status report generated every month. Done jointly with DRH and other FP partners		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
		MOH staff capacitated on technical leadership and management for supply chain coordination and commodity security Stock status tools and SOPs developed and implemented MoH staff from priority health programs supported to develop and implement commodity re-distribution		b) Support development of quantification, supply planning and pipeline monitoring guidelines and schedule c) Provide mentorship to 30 national level staff on quantification, supply planning and pipeline monitoring	Ongoing – Supported TB program to development of TB Quantification guidelines – FP Program. Draft quantification curriculum materials (trainers manual, participants manual, training and curriculum guide, quantification handbooks) Ongoing Capacity building – Continued mentorship of 2 DRH program officers on pipeline monitoring for FP commodities – Continued mentorship of 1 NASCOP program officers on pipeline monitoring for condoms		
AOP 6: Section 5.1.2 Disease Prevention and control Table 5.2. Ensuring security for commodities and	Logistics Management Information System (LMIS) in place Pharmaceutical management strengthening; Achievement of a finalized	MOMS/MOPHS supported to develop and implement a harmonized national Logistics Management Information System (LMIS) interventions for commodity data management	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100) 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 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 The program engaged in a number of LMIS related initiatives which resulted in; – LMIS Concept Paper Packaged and disseminated to various stakeholders including Senior level MOH officials, KEMSA team. – High level buy-in obtained for “Automation of public health facilities” – MoH & KEMSA TWG constituted to look into requirements and implementation options for automation of public health facilities o MoU prepared with KEMSA to facilitate collaboration – Agreement by DLTLD and DRH teams for reporting through DHIS2. NASCOP discussions are at an advanced stage		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
supplies. Malaria Operational Plan FY12	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	ADT mainstreamed	Malaria Operational Plan FY12 (pg 31, 34, 45)	c) Support MOMS/MoPHS in the development/review and mainstreaming of manual and electronic facility based and LMIS tools and commodity management software platforms for the management of selected commodities by September 2013	FP program Ongoing support in development of FP LMIS dashboard. Achievements so far include; <ul style="list-style-type: none"> - Mapping of the FP supply chain - Development of concept note - Discussions and buy-in from DRH - Development done in conjunction with CHAI - Demonstration done to DRH and FP logistics TWG 		
				d) Mainstream ADT into NASCOP and support the interoperability of ADT with other systems including web-based.	Ongoing <ul style="list-style-type: none"> - Completed draft ADT support package comprising of 9 ADT guides, 8 SOPs and 3 Job Aids including video training tutorials for purposes of handover to NASCOP. - Held two meetings with NASCOP resulting which had the following outcomes <ul style="list-style-type: none"> o Acknowledgement and buy-in obtained on ownership of ADT by NASCOP o Designation of NASCOP resource for initial training on ADT and ITT o Training conducted for NASCOP designated resource o Agreement for installation of service desk at NASCOP with the support of HCSM resources for further skills transfer o Agreement of constitution 		
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	Complete establishment of sector coordination process and ICCs and SWAp secretariat Established	Availability of TORs and evidence of functionality of the ICC(s) focusing on pharmaceutical services as well as health products	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 planned		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
– Section 7.1 Health Sector Framework	sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum.	and technologies and related issues.		b) Technical support for regular meetings	No activity planned		
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 all sectors	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use	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. b) 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 	No activity planned		
					Ongoing Support MTC related activities as follows; <ul style="list-style-type: none"> Support to the Kenyatta National Hospital for the finalization, design, printing and launch of the hospital formulary. 500 copies of the formulary disseminated to staff. Support to facilities MTC <ul style="list-style-type: none"> Operational support and technical inputs to Two MTC meetings held in Meru County (Meru Level 5 MTC meeting and Meru County MTC meeting) 		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
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 and targeted regional CPD sessions to private/community based practitioners undertaken	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 a) Support for the on-going curriculum reforms at middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care and related topics	Ongoing – Supported the faculty at the Kenya Medical Training College (KMTC) to implement commodity management training for final year Pharmacy students in the in 4 campuses. A total of 273 students were trained. The breakdown is as follows: Nairobi (113), Nyeri (59), Mombasa (45) and Machakos (56). – HCSCM collaborated with the University of Nairobi (UON), USAID-funded Health Commodities and Services Management (HCSCM) and Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program; and University of Washington to conducted 4-day training of trainers’ (ToT) workshop to develop sustainable skills in pharmacoeconomics principles and HTA as they relate to essential medicines selection. 23 participants from Academia, MOH, Counties, KNH, MTRH, KEMSA, NQCL and PPB were trained –		
		Pharmaceutical services related guidelines, charter, and standard operating procedures finalized and disseminated		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	– Supported DRH in the finalization of revised FP commodity management curriculum for service delivery personnel (SDP) and SOPs. They have been signed off and handed over to DRH who will get another partner to print a large number of copies. – Commodity management job aids were disseminated to 129 facilities in Rift valley, 247 in western, 86 in central and over 1000 facilities in Nyanza regions Supported the MOH, department of pharmacy to review integrated in-service training materials on commodity management for essential medicines and health commodities		
				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	The CPD guidelines for pharmaceutical personnel were finalized and HCSCM is supporting printing of seed copies for dissemination to core stakeholders.		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
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 [NASCO, & DOMC] to conduct quality of care surveys and for use of information for evidence-based decision-making	Finalized quality of Care malaria survey round six data entry, data analysis and report writing. Preliminary findings indicate the following: <ul style="list-style-type: none"> • Availability of RDTs improved to 70% of all the facilities (75% in level 2 and 3 facilities) from 31% in the previous survey and 8% at baseline in 2010. Any functional diagnostics were available in 90% of facilities, up from 76% in previous survey and 55% at baseline. This is directly attributed to the RDTs roll out. • Supervision on RDTs use is still low at 20% of the facilities sampled. • 96.5% of facilities sampled could treat malaria on the day of the survey. Compared to other rounds, the retrospective stock outs of ACTs has gone down significantly, with only 7% of facilities reporting having a stock out of all AL weight bands in the previous three months. • In-service training on malaria case management has gone up to 50% of all health workers interviewed on survey day. This is a result of the case management training conducted by DOMC in April and May. PMI supported, through HCSM ,the formulation and review of the training curriculum. • Adherence to treatment guidelines (Suspected malaria cases tested, if positive, treated with an ACT and if negative, not treated with any antimalarial” Improved to 50% in all facilities compare to only 15.7% in 2010. When restricted to those facilities that had both ACTs and Diagnostics, this goes up to 55%, up from 28% at baseline. • Of the patients who test negative for malaria, 17% are treated with an antimalarial. In 2010, this was 53%. 		
				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 planned		
Intermediate Result 2: Strengthened medicines quality assurance and pharmacovigilance							
Expected outcomes: Improved capacity of health care workers to identify and report SADRs and PQMPs; Improved reporting of SADRs & PQMPs and improved awareness by health care workers and the public on medicine safety							
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	AOP 6 MOMS Strategic Plan 2008-	13. Support to Pharmacovigilance (PV) data acquisition, management and use for decision making a) Support for sensitization of health care providers on PV; provision of guidelines and reporting tools.	Collaborated with MEDS-CHAK AIDS Program (MEDS/ CHAP), NASCO and PPB to train 15 technical officers from CHAP. HCSM provided the training package and job aids		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
		pharmacovigilance information sharing, feedback and communication for decision making	2012 pg 36 (Results framework strategic thrust 7)	b) TA for PV data analysis at national and facility levels	Reports for adverse drug reactions (ADRs) received at PPB have increased from 6800 (June 2013) to over 7690 currently representing 13% increase in reporting. The reports for poor quality received at PPB have increased from 390 (June 2013) to 489 currently representing 25% increase in reporting.		
		Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-system implemented to boost reporting		c) Support to courier system for PV data acquisition	HCSM launched an electronic PV reporting system in the last quarter which has been used to transmit over 648 ADR and 57 poor quality medicine reports to the PPB.		
				d) Support for targeted facility based PV activities e.g. active sentinel surveillance	No activity planned		
				14. Technical and operational support to PPB for Post Marketing Surveillance (PMS) surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTLD, other programs and stakeholders	HCSM collaborated with United States Pharmacopoeia (USP) to disseminate findings of round 3 PMS results for antimalarial medicines in Kenya to 16 participants drawn from DOMC, PPB and NQCL HCSM also disseminated printed PMS reports for 115 sets of anti-malarial, anti-retroviral and anti-TB medicines to core stakeholders in public, private and faith based sectors.		
				15. Support to targeted patient safety initiatives such as:			
				a) Dissemination of patient safety information (e.g. Newsletters, e-shot, mass-media, campaigns)	HCSM participated in the 2013 scientific media conference and shared case studies and key communication messages on patient safety		
				b) Support for consumer reporting	No activity planned		
				c) TA for establishment of a medication error reporting system	No activity planned		
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;	Disease prevention and control	Availability of an approved KNPP and implementation	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	16. Strengthen health and Pharmaceutical policy and regulatory frameworks	Participated in MOH appointed TWGs with a goal to review the existing commodity related health laws and develop a harmonized health products and technologies framework and law		
5.37 5.4.3	Pharmacy: Ensuring security for commodities			a) Ongoing technical support to the medical and health products thematic group			

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
	and supplies: Technical Planning and monitoring Pharmacy and Poisons Board: Policy formulation and strategic planning Capacity strengthening and retooling of management support, and service delivery staff	plan Standard treatment guidelines and KEML reviewed /disseminated nationwide • Availability of AOPs for KPA and PSK	AOP 6; KNPP 2010(3.6.1) Promoting appropriate medicines use:	c) Support to KNPP implementation and finalization of pharmaceutical governance framework d) Building governance capacity of PPB and NQCL and professional associations e.g. through AOPs and Strategic plan development e) f) Technical support to DOP, SAGAs, peripheral and priority health programs to establish and institutionalize regular joint biannual planning and review meetings for pharmaceuticals services	No activity planned No activity planned No activity planned		
				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	Supported the finalization of the Cancer Management Guidelines. Under print and to be launched Quarter 1 of Year 3.		
				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							
		Situational analysis report on existing health commodity and patient management information systems available Comprehensive		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	Ongoing Collaborated with DOP, I-Tech and other stakeholders to finalize the development of standards and guidelines for Pharmacy Information Systems		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
		PMIS framework developed		b) Organize a stakeholder meeting to share situational analysis findings and reach consensus on recommended PMIS indicators	No activity planned		
				c) Define a framework for implementation of a sustainable MIS	No activity planned		
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 70% and Malaria RDT from 0% to 45% Improved facility lab inventory management	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	No activity planned		
				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			
				b) Support the TOTs to cascade lab commodity management training to peripheral level targeting 3 trainings per region			
				c) Support review of TB lab commodity management SOPs and job aids and disseminate SOPs for lab inventory management			
				d) Scale up lab LMIS orientation package (tools, training materials, SOPs and job aid) in collaboration with regional health managers and implementing partners.	Ongoing – Supported a one day lab commodity data review workshop for 37 HCWs from GoK facilities in Kangundo and Matungulu districts where reporting issues were discussed with focus to laboratory commodity reporting		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)	
				e) Support supportive supervision and mentorship on lab inventory management and data quality at the facilities	Ongoing Mentored facilities in four regions on good laboratory inventory management <ul style="list-style-type: none"> - Coast - 10 facilities - Eastern- 10 facilities - Rift valley - 10 facilities - Central - 10 facilities 			
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.)	20. Strengthen Laboratory Management Information Systems to improve commodity usage reporting and decision making	Ongoing - Developed a concept paper on proposed laboratory commodity and information flow and submitted to the MOH - Harmonization of national list of sites for HTC and CD4 - Facilitated of lab regional managers with airtime for upstream submission of lab commodity reports from the facilities			
				a) Review of national laboratory commodity and information flow systems				
				b) Develop a laboratory LMIS strategy				Ongoing - Developed laboratory LMIS design frame work for RTKs and CD4s
				c) Facilitate dissemination of standard national LMIS and facility based manual and electronic tools				Ongoing Distribution of lab LMIS and inventory management tools to western province <ul style="list-style-type: none"> a. Stock cards - 7780 b. Top-up 3890 c. Temp charts - 3890 d. Quantification Job aid - 60 e. good inventory mgt job aid - 390 f. good storage practices- 390
				d) Scaling up of lab ITT form the current 6 to 20 sites by Sept 2013				Ongoing - ITT installation and training undertaken in 7 of which are Maryland supported sites in Dagoretti, Langata and Starehe Districts: Liver pool VCT, Kibera HC, Waithaka HC, Riruta HC, Huruma Lions and Lodwar DH <ul style="list-style-type: none"> o Trained 2 TOTs from university of Maryland on Lab ITT
e) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making	Ongoing - Supported Lab review meeting for Bungoma, Busia, Kakamega and Vihiga counties							

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
				f) Facilitate quarterly commodity data review and feedback meetings	Ongoing <ul style="list-style-type: none"> Support to Consultative meeting to discuss best practices & challenges influencing commodity reporting <ul style="list-style-type: none"> Held consultative data review meeting held for BUNGOMA County-Bungoma south and Bumula. 38 participants including 32 facility-based staff attended the meeting. Consultative data review meeting held for Busia County and organized in collaboration with APHIAPlus. 31 participants attended meeting. Provided operational and technical support during quarterly regional lab data review meeting data in Lower Eastern. 34 MLTs from 6 counties attended 		
				g) Mapping of TB Lab diagnostic sites to support TB lab commodity usage and reporting	No activity planned		
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 (m RDT) 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	No activity planned		
				b) Mentor the TOTs to undertake supportive supervision and provide OJT on use of malaria RDT and other lab commodities	No activity planned		
				c) Support for the implementation of the QA/QC system for RDTs at facility level	No activity planned		
				d) Providing support for upstream data flow on RDT use to aid in decision making	Ongoing <ul style="list-style-type: none"> Provided technical support in review of Gap Analysis for RDTs for the Global Fund phase 2 funding and in quantification and supply planning 		
MOMS Strategic	Ensure reliable	Improved coordination of	NPHLS	22. Improve leadership, stewardship and coordination of laboratory			

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities for the quarter	Activity Status	Reasons for Variance	Action plan (Next steps)
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	access to quality, safe and affordable essential medicines and medical supplies. No. of laboratory personnel updated on laboratory skills	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	AOP7 Policy formulation , implementation and evaluative; Monitor availability of test kits in the country through targeted supportive supervision (Page 5) NPHLS draft AOP 7: Train lab personnel on data management	commodity management activities at national level. a) Conduct annual quantification and supply planning for HIV, TB and malaria.	Ongoing – Provided TA for F and Q and supply plan for the three priority program (TB, HIV Malaria) at the national level		
				b) Undertake routine monthly pipeline and stock status monitoring for malaria, HIV and TB programs	Ongong – Stock status and pipeline monitoring is done on monthly basis for HIV lab commodities and Malaria RDTs		
				c) Mainstream lab into priority health program commodity security committees for TB,HIV and Malaria for better management of lab commodities at national level	Ongoing – Lab commodity committees formed in HIV and Malaria programs		
				d) Finalize and disseminate the essential laboratory commodities essential list for use in guiding selection and procurement activities, audits and supportive supervision	Ongoing Draft list to be finalized in October 2013		