

Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Quarterly Progress Report: 1st October – 31st December 2013

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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 |
| CME | Continuous Medical Education |
| CPD | Continuous professional development |
| DHIS | District Health Information System |
| DLTLD | Division of Leprosy, Tuberculosis and Lung Diseases |
| DRH | Division of Reproductive Health |
| DRHC | District Reproductive Health Coordinator |
| EMMS | Essential Medicines and Medical Supplies |
| FBO | Faith Based Organization |
| FP | Family planning |
| F&Q | Forecasting and Quantification |
| HCSM | Health Commodities and Services Management (program) |
| ICC | Inter-Agency Coordinating Committee |
| KEML | Kenya Essential Medicines List |
| KMTC | Kenya Medical Training College |
| KNPP | Kenya National Pharmaceutical Policy |
| LCM | Laboratory Commodity Management |
| LMIS | Logistics Management Information System |
| LMU | Logistics Management Unit |
| MOH | Ministry of Health |
| 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 |
| PMI | President's Malaria Initiative |
| PPB | Pharmacy and Poisons Board |
| 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 one- 1st October- 31st December 2013 of the program's work plan III. During this period significant changes in the approach and geographical scope of the program were made in consultation with USAID so as to accelerate the achievement of required results addressing the key priorities of the funder. First, the program will now focus its work in zones classified as high need areas based on disease burden- mainly in the Western and Coast Regions of the country spanning a total of thirteen counties. Secondly, although the program will continue utilizing a systems strengthening approach, a lot more attention will be devoted primarily to first address the priorities of its funding streams- PEPFAR, PMI and POP. These changes have necessitated reorganization of the operations of the program, the key being close-out of its activities in some regions and scale-up to provide intensive support in others.

In line with the main themes of the program's work plan III, the program focused on the following areas during the quarter:

- Strengthening forecasting and supply planning for the PHPs to ensure continuous availability of the required health commodities
- Skills transfer to MoH staff to facilitate takeover of key commodity management and security functions thus building towards sustainability
- Addressing the long standing LMIS imbroglio through advocacy for MoH leadership , high level policy maker involvement and partner co-ordination through a functional governance structure for the process
- Building capacity for commodity management and security at peripheral level addressing the poor accountability of most of the key health commodities at facility level

To deliver on the agreed upon results prioritized with the donor, a 90-day plan was developed which guided activities during this quarter. A number of achievements have been realized as outlined below while some activities are on-going to be completed in the next quarter. To this end, the program will endeavor to proactively update USAID on progress and seek guidance and input where necessary. Nevertheless, a number of challenges were experienced and constrained activity implementation. Key among these is the slow progress in completing the restructuring and reorganization of MOH at both the national and county levels occasioned by devolution; competing priorities e.g. the polio campaigns during the quarter; and other unforeseen events such as the

health care worker strike and the moratorium on all meetings, workshops and seminars by MOH for its staff.

Under HIV and AIDS, a consistent supply of ARVs at both central and peripheral levels was maintained through the coordination of NASCOP and the program's technical assistance and support for the HIV commodity security committee. Other actions included efforts towards skills transfer and handover of key commodity management and security functions to MoH. A number of achievements were realized in relation to the Anti-retroviral Dispensing Tool (ADT), key highlights being the initiation of activities to mainstream to tool to MOH and its upgrading in response to requests by its users.

For Malaria, the F&Q report for 2013 was finalized and disseminated. The program continued facilitating monthly pipeline monitoring for malaria commodities through support for generation of stock status reports. Moreover, as part of ongoing support to the mRDT roll-out, HCSM provided technical input in the drafting of the mRDT QA/QC implementation plan, the draft is under review by the Malaria Control Unit (MCU) and it is scheduled for finalization in quarter 2.

The family planning program experienced no stock outs of key FP commodities at central level during the quarter. Noteworthy for mention was the completion of the FP LMIS dashboard developed in collaboration with CHAI which was used to generate the monthly 2-pager stock status report and update the supply plan during the FP Logistics TWG meeting held in November 2013. The program also provided TA to the national male condom TWG meeting held in November 2013 to discuss reported national stock-outs. The meeting established that there were seven months of stock of condoms available at regional warehouses and provided factual information in rebuttal to media reports of a national shortage.

For TB, the HCSM supported DLTLD to prepare to assume full responsibility for the TB program supply chain management and commodity security roles. For instance during the annual TB quantification and supply plan review meeting held in October 2013, to enhance the TB program's pipeline monitoring capacity a day of practical data entry / training on the Pipeline software was added to the review meeting. The MoH team was able to enter their data for the current financial year and to produce reports that were used in subsequent briefings to the new head of the Division. To secure data and achieve national supply chain visibility HCSM supported the TB program to initiate the transition from paper based reporting systems to integrated electronic web based systems. Towards this end HCSM helped the TB program join the other Priority Health Programs in migrating commodity data reporting to the DHIS 2 system

To strengthen commodity LMIS, the program provided support to MoH in three fronts namely:

- Development and use of electronic platforms for commodity data reporting
- Advocacy for MOH leadership and high level policy maker involvement for LMIS culminating in the convening of a MOH TWG meeting to address automation of information management for public health facilities the key output being the formation of the LMIS TWG
- To foster the use of data for decision making, a concept was developed for design of dashboards for health commodities (Malaria, FP, ARVs, Lab [CD4 and RTKs] and anti-TB medicines) on DHIS 2 to access information on reporting rates, commodity usage monitoring

and stock status and pipeline monitoring. The concept is under discussion with the different PHPs.

Generally for all commodities, the program worked to develop tools and training materials to support forecasting and quantification which have been submitted to the MOH Pharmaceutical Services Unit for review and adoption. In addition to the F&Q training materials, HCSM also developed easy-to-use county, sub-county and facility level quantification Excel worksheets. This is in response to the county needs for the F&Q training to go beyond just skills transfer and deliver actual quantification reports for the counties. To achieve this, HCSM will combine the F&Q training with an actual county quantification exercise based on actual county data that will be collected by the counties prior to the training.

At county level, the program transitioned from its initial approach of providing support for health commodity management and use across all regions in the country and adopted a model of providing focused support in selected high need counties based on disease burden for the different health priorities. This shift was informed by the need to rapidly achieve results in these regions prioritized by the program's funding streams - PEPFAR, PMI and Family Planning. As such, the program mainly focused on closing out activities in the regions being dropped and scaling up activities in the 13 new priority counties. A detailed mapping of county level supply chain was undertaken in November 2013, the highlights are captured under HCSM county level work in this report and the substantive findings will be shared as a separate report. This exercise incorporated an End User Verification for HIV RTKs the results of which are expected to guide the development of appropriate interventions to improve accountability for these commodities.

In implementing activities in the coming quarter, the program will build on these achievements while at the same time expanding the scope to cover other areas in the work plan not addressed during this reporting period. Of utmost importance for the program is the strengthening of systems for managing health commodities across all the programs both at national and county level and improving the management and accountability of the same at all levels.

1. BACKGROUND

Health Commodities and Services Management (HCSM) is a 5 year (1st April 2011 to 31st March 2016) USAID Kenya program, implemented by Management Sciences for Health (MSH). The program is designed to address commodity management, pharmaceutical services and policy, and laboratory systems with a goal of improving health outcomes and impact through sustainable country-led programs and partnerships. In line with the USAID/Kenya mission's implementation framework and the Ministry of Health's national health strategic plans, MSH/HCSM program focuses on health systems strengthening in the pharmaceutical and laboratory sectors in three key technical areas:

- Commodity Management support for Ministry of Health 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 laboratory support program implemented through MSH)

This quarter ending 31st December 2013 was the first of the program's work plan III. There were significant developments for the program in the period preceding this quarter which guided the approach and implementation of activities. In approving the overall work plan for the year, changes in the scope and focus for the program were recommended to better address the project objectives and to rapidly realize the project results, cognizant of the growing demand for support by the nascent county health systems and realities on the ground.

From this quarter going forward, the program is transitioning from its initial approach of providing support for health commodity management and use across all regions in the country and adopting a model of providing targeted support in selected high need counties based on disease burden for the different health priorities. It is envisaged that best practices can then be adopted and scaled up to the rest of the country through other implementing partners working in these areas. Thirteen counties in the former Nyanza, Western and Coast provinces are to receive this enhanced support with the program pulling out of the other regions/counties.

Moreover, the program is to focus on HIV and AIDS prevention, care and treatment through funding from PEPFAR; malaria through PMI and Family Planning ensuring that the prioritized results in these areas are achieved whilst safeguarding sustainability through a systems strengthening approach.

To facilitate accelerated implementation of activities under this revised approach, the program developed a 90-day plan with clearly defined activities, milestones and expected results. The plan addressing priorities at both the national and peripheral levels focused on achieving key programmatic deliverables in four areas:

1. Forecasting and supply planning;
2. LMIS and commodity usage reporting;
3. Improving management and accountability for health commodities; and
4. Skills transfer and transition for key commodity management functions to MOH.

2. HCSM ACHIEVEMENTS

2.1. Strategic objective 1: Strengthened MOH Commodity Management

2.1.1. County Level Support

During this quarter the program transitioned from its initial approach of providing support for health commodity management and use across all regions in the country and adopted a model of providing focused support in selected high need counties based on disease burden for the different health priorities. This shift was informed by the need to rapidly achieve results in these regions prioritized by the program’s funding streams- PEPFAR, PMI and Family Planning.

As such, the program mainly focused on strategically scaling back from regions across the country to concentrate on three regions, encompassing 13 priority counties (Kakamega, Vihiga, Busia, Bungoma, Kisumu, Siaya, Nyamira, Kisii, Homa Bay, Migori, Mombasa, Kwale and Kilifi). In the regions where the program is exiting, the focus was to seamlessly conclude all on-going activities and where possible have them taken over by other implementing partners ensuring minimal disruption of activities. In the new focus counties, the emphasis was to scale-up the program’s presence, identify key challenges and jointly planning with county health management teams on how to address these gaps utilizing both short and long term measures/interventions.

In transitioning out of some regions and to refocus support in the new priority counties the following activities were carried out

1. Produced regional status reports
2. Met key partners for debriefing
3. Informed the MOH of the fact
4. Updated the partnerships in the areas that will receive intensive HCSM support
5. Concluded on-going county-level activities as illustrated in the table below

Table 1: County level activities

| Thematic Area | Region/County | Activities | Expected Results |
|---|----------------------------|--|--|
| Strengthening oversight for commodity management and security | Rift Valley/ Nakuru County | <ul style="list-style-type: none"> • Supported the Nakuru County HMT to prepare a technical report on commodity quantification and budget for the county facilities | Improved oversight for commodity management; improved availability of health commodities |
| | Eastern/ Meru County | <ul style="list-style-type: none"> • Supported Meru county HMT in the quantification and ordering of health commodities for the county’s health facilities | |
| | Western | <ul style="list-style-type: none"> • Supported the formation of a technical working group to proactively monitor the stock status of HIV test kits in the region | |
| Capacity building for commodity management, Appropriate | NAL counties | <ul style="list-style-type: none"> • Provided TA in training 35 health care workers in Samburu on Inventory Management, Appropriate Medicine Use and PV in collaboration with | Improved county level commodity management practices demonstrated by better inventory |

| Thematic Area | Region/County | Activities | Expected Results |
|--|------------------------|--|---|
| medicine use and pharmacovigilance | | APHIAplus Imarisha <ul style="list-style-type: none"> Supported capacity building 19 Health care workers on Medicines and Therapeutics Committees drawn from Marsabit and Samburu counties | management and reduced health commodity stock-outs |
| Strengthening peripheral LMIS, reporting and use of data for decision-making | Rift Valley | <ul style="list-style-type: none"> ADT scale-up: Provided TA in collaboration with APHIAplus for ADT installation in Kabarnet DH and Lamuria Health Centre TA for commodity usage report. Average RR for 11 counties supported were: Malaria 55.6%; FP 62.2%; TB 58.7%; ART 79.4% & RTK 54% | Improved peripheral commodity reporting and data quality; Use of peripheral level commodity data/information for operational planning and decision making |
| | Coast Counties | <ul style="list-style-type: none"> On-going reporting rate monitoring using the DRRTT done for all the six counties. Average RRs for these counties were: Malaria 84.6%; FP 70.1%; TB 57.5%; ART 92.4% & RTK 78.3% | |
| | NAL Counties | <ul style="list-style-type: none"> ADT scale-up: Provided TA for installation of ADT in 17 computers and ITT in 8 computers procured by APHIAplus Imarisha for facilities in Samburu, Marsabit, Mandera, Wajir, Garissa, Isiolo, Turkana and Tana River Counties On-going reporting rate monitoring/support in 4 counties- Isiolo, Meru, Garissa and Samburu | |
| | Nyanza/ Nyamira County | <ul style="list-style-type: none"> Jointly with Aphiaplus supported ADT installation and mentorship in 12 facilities in Nyamira County | |

Support for activities in priority counties in the former Nyanza, Western and Coast Counties

The following are the 13 counties where the program is to provide intensive support to strengthen systems for commodity management and uses.

Table 2: Priority counties for HCSM

| Region/ former provinces | Counties |
|--------------------------|--|
| Western | ALL Counties- Kakamega, Vihiga, Busia and Bungoma |
| Nyanza | ALL Counties- Kisumu, Siaya, Nyamira, Kisii, Homa Bay and Migori |
| Coast | 3 Counties- Mombasa, Kwale and Kilifi |

A structured approach was adopted by the program to initiate the planned intensive support in these counties. Key activities and achievement as highlighted in Table 3.

Table 3: Planned activities for intensive support to priority counties

| Activity | Status | Outputs/results |
|---|---|---|
| Support the establishment of county level commodity security governance structures in priority counties in collaboration with CHMT, regional implementing partners and other stakeholders | <ul style="list-style-type: none"> Held planning/ briefing meetings with all the 13 counties. Joint planning meeting held with 4 counties- Kisumu, Siaya, Nyamira and Kisii. Planning meetings with the remaining 9 counties pending | <ul style="list-style-type: none"> Draft MoUs and joint work plans developed to guide subsequent activity implementation in Kisumu, Siaya, Nyamira & Kisii County commodity security TWGs established in 3 counties- Siaya, Kisii & Nyamira |
| Support for peripheral level commodity usage reporting and use of commodity information for decision-making | <ul style="list-style-type: none"> Conducted supply chain mapping exercise in all the 13 Counties during which a total of 163 facilities. Areas covered in this exercise include: <ul style="list-style-type: none"> Inventory management practices Availability of tracer commodities and stock-outs Availability of various tools and reference documents RTK end user verification at facility level <p><i>Please refer to tables below for summary results of the exercise and the Lab section for the RTK end-user verification report. A detailed is currently being compiled and will be availed once finalized</i></p> | <ul style="list-style-type: none"> Baseline report on commodity management in each county Gaps/challenges in commodity management identified. Information to guide design and implementation of interventions |
| | <ul style="list-style-type: none"> Conducted orientation on use of DHIS 2 for commodity reporting for 29 staff from Bungoma County responsible for commodity usage reporting. Orientation for the remaining 11 counties scheduled for the next quarter | <ul style="list-style-type: none"> Adoption of DHIS 2 as the portal for reporting commodity data Target to improve RR for commodities in priority counties |

Results of Supply Chain Mapping Exercise in the Priority Counties

Table 4: Inventory Management Practices - Availability of bin cards

| Commodity | Bin Cards Available | Physical count agrees with bin card record |
|--|---------------------|--|
| 1. Amoxicillin 250mg capsules | 90.8% | 58.9% |
| 2. Cotrimoxazole 480mg tablets | 89.0% | 54.6% |
| 3. Paracetamol 500mg tablets | 88.3% | 52.1% |
| 4. Artemether / Lumefantrine (AL) tablets 20mg/120mg (24s) | 85.9% | 53.4% |
| 5. Depo Medroxy Progesterone Acetate (DMPA) | 67.5% | 39.9% |
| 6. ORS 500ml Sachet | 65.0% | 41.1% |
| 7. HIV Rapid Test Kit – Screening | 63.8% | 27.0% |
| 8. AZT/3TC/NVP 300mg/150mg/200mg FDC tabs | 62.6% | 33.7% |

| Commodity | Bin Cards Available | Physical count agrees with bin card record |
|--------------------------------------|---------------------|--|
| 9. HIV Rapid Test Kit – Confirmatory | 59.5% | 26.4% |
| 10. TB Patient Pack | 46.6% | 31.9% |
| 11. Malaria RDTs | 14.7% | 8.0% |
| 12. HIV Rapid Test Kit – Tie breaker | 0.0% | 0.0% |

Notes/comments

- Relatively high availability of bin cards for the non-programmatic medicines e.g. Amoxicillin, Paracetamol and Cotrimoxazole; and Malaria AL tablets
- Relatively low availability of bin cards for Malaria RDTs, TB medicines and HIV Rapid Test Kits
- Less than 50% of the items having physical stock/count matching bin card records

Overall, it is evident that inventory management practices are still poor despite availability of the required tools. Targeted capacity through mentorship, OJT and well structure supportive supervision is required.

Table 5: Availability of health commodities, stock out and expiries [Consolidated]

| Commodity | Availability of commodity on day of assessment | Existence of expired commodities | Experienced stock-out in the last 3 months |
|--|--|----------------------------------|--|
| 1. ORS 500ml Sachet | 87.7% | 12.3% | 10.4% |
| 2. HIV Rapid Test Kit – Screening | 87.7% | 6.7% | 38.0% |
| 3. TB Patient Pack | 81.0% | 1.8% | 5.5% |
| 4. Cotrimoxazole 480mg tablets | 81.0% | 1.2% | 21.5% |
| 5. DMPA | 80.4% | 1.2% | 15.3% |
| 6. Amoxicillin 250mg Capsules | 80.4% | 0.6% | 27.0% |
| 7. Artemether / Lumefantrine (AL) tablets 20mg/120mg (24s) | 79.8% | 3.7% | 23.9% |
| 8. Paracetamol 500mg tablets | 78.5% | 1.8% | 28.8% |
| 9. HIV Rapid Test Kit – Confirmatory | 74.8% | 17.2% | 28.2% |
| 10. AZT/3TC/NVP 300mg/150mg/200mg FDC tabs | 74.2% | 1.8% | 1.8% |
| 11. Malaria RDTs | 22.7% | 2.5% | 23.9% |
| 12. HIV Rapid Test Kit – Tie breaker | 0.6% | - | 9.2% |

Notes/comments

- Low availability of Malaria RDTs; less than 80% availability of some key programmatic commodities
- Significant expiries of HIV test Kits [screening & confirmatory] despite claimed persistent shortages of the same
- Significant stock outs for all the assessed commodities in the previous 3 months with the exception of AZT/3TC/VNP

Inconsistent availability of commodities and expiries indicate weaknesses in the supply chain both in the supply and demand sides. Interventions at both the central and peripheral levels required to address this challenge.

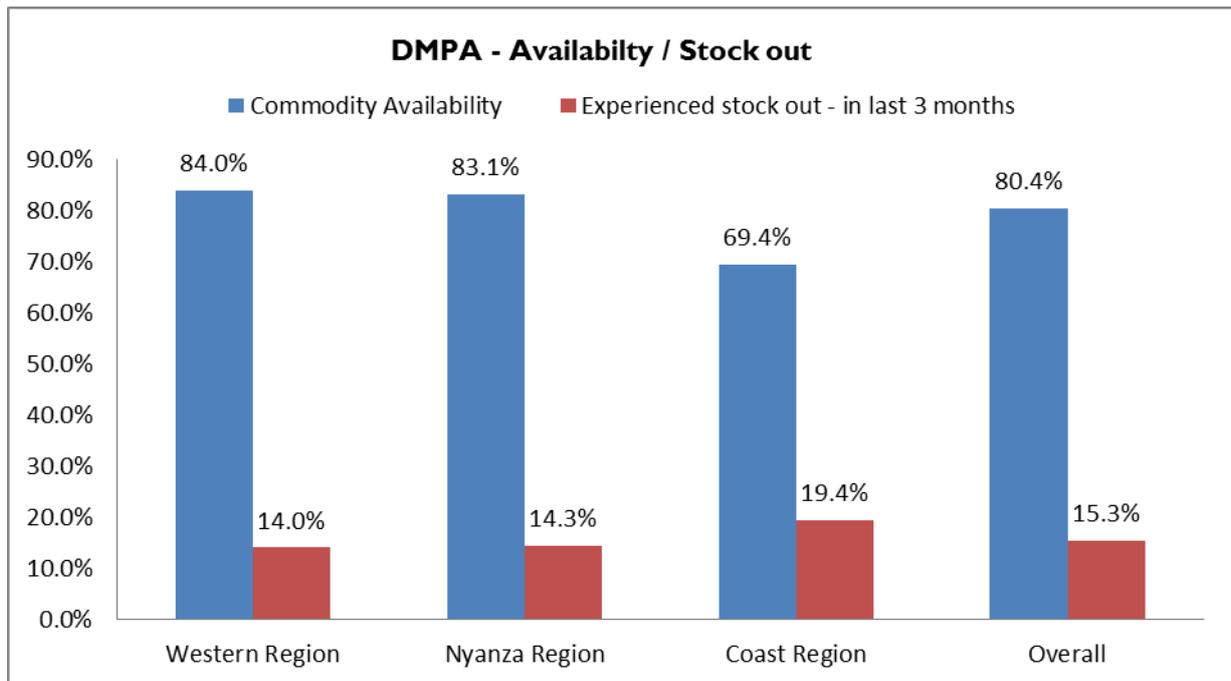


Figure 6: Availability of DMPA [Per region]

Notes/comments

- Over 80% of the facilities had DMPA on the day of the exercise
- Over 10% of the facilities across all regions had experienced stock outs of DMPA in the preceding 3 months

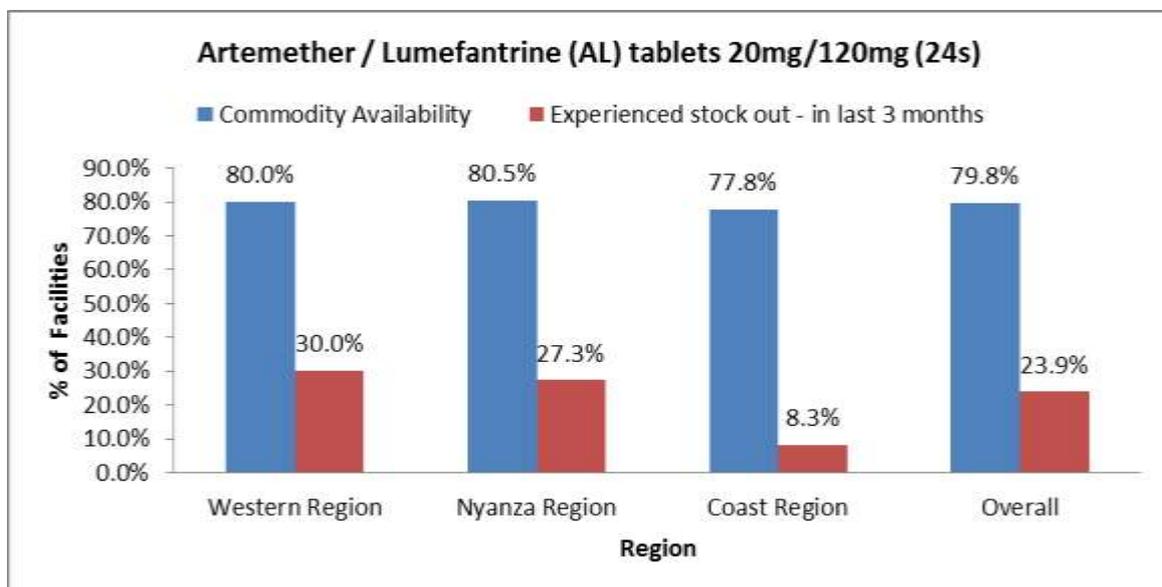


Figure 7: Availability of Artemether/Lumefantrine (24's)

Notes

- 80% availability of AL in facilities during the day of the survey
- Significant stock out of AL (up to 30%) in both the Western & Nyanza regions

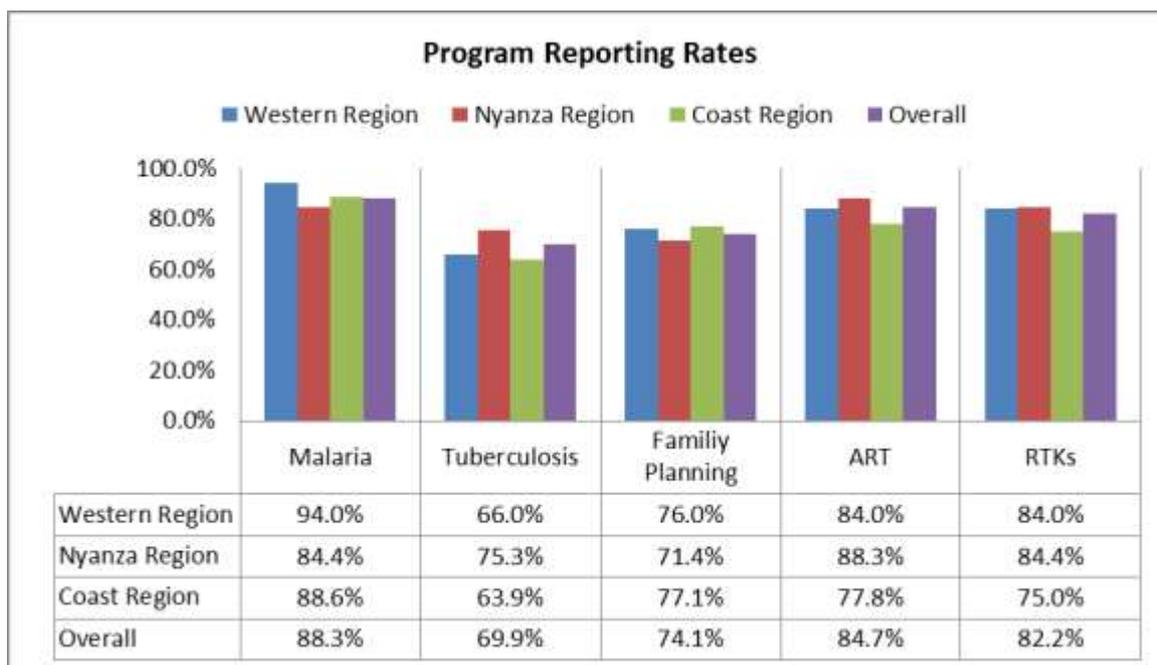


Figure 8: Reporting Rates computed from the supply chain mapping exercise

Notes/comments

- Aggregated reporting rates for all commodities except TB are over 80%
- Malaria which is already fully on DHIS 2 has the highest overall reporting rates

Reporting rates for Malaria, TB, FP and RTK obtained from the exercise significantly higher than what is reported through LMU. The absence of a functional system for transmitting reports from the periphery to the central level as has been hypothesized may be the biggest contributory factor to the low RR.

2.1.2. National Level Support (by Priority Health Program Area)

HCSM continued support to the central level aimed at enhancing the capacity of the central level to guide and support the counties as they assume their growing roles. The program's first quarter achievements by priority health program are presented below, along with systems improvement achievements.

HIV/AIDS

The overall objectives of the HIV program during the quarter were skills transfer in commodity security and supply chain oversight, strengthening commodity management and security and support the development of a national LMIS. Towards these objectives, the following achievements were realized.

| Objective | Achievement type | Description |
|---|-------------------------------|---|
| Skills transfer in commodity security and supply chain oversight/ improved Commodity Security | Technical support to meetings | Stock status and pipeline monitoring done on monthly basis – ARV 2-pager report for September available; drafts for October, November and December available and are to be finalized and disseminated early Q2 |
| | Skills transfer | During the quarter, NASCOP staff convened and led all the Commodity Security, pipeline monitoring, and ICC meetings held during the quarter. |
| | Skills transfer | One MoH pharmacist was oriented on preparation of the monthly ARV stock status report as part of the on-going efforts to build capacity for this function within NASCOP. It is anticipated that this role will now be taken over by NASCOP. |
| Support to development of a national LMIS/improved commodity usage reporting | Skills transfer | An ADT Help desk was setup at NASCOP and a designated resource engaged to provide support to five high volume facilities within Nairobi as part of the help desk testing process. |
| | Materials produced | Initiation for the development of a web-based ADT version- Technical specification capturing the current designs and business rules developed. Vendor engagement initiated |
| | Technical support to meetings | HCSM participated in Electronic Medical Records (EMR) TWG meeting and proposed creation of ADT TWG for purposes of coordination and alignment |
| | Materials produced | ADT mainstreaming plan submitted to NASCOP, obtained senior level buy-in. ADT workflow process and technical specifications prepared. Vendors invited to quote for development of the web-based version. Bids received and evaluated. |

Tuberculosis

During the quarter under review HCSM support to the DLTLD was aimed preparing the division to assume full responsibility for the TB program supply chain management and commodity security roles. In line with the refocused support to the TB program HCSM support was limited to provision of TA to the TB partnership and facilitation of F&Q, in this setting the following was achieved:

| Objective | Achievement type | Description |
|---|------------------------------|---|
| Skills transfer in commodity security and supply chain oversight/ improved Commodity Security | Technical support to meeting | The annual TB quantification and supply plan review meeting was held in October 2013 with HCSM providing TA in the review process. |
| | Skills transfer | A day of practical data entry / training on the Pipeline software was added to the F&Q review meeting. The team entered their data for the current financial year and produced pipeline reports that were used in subsequent briefings to the new head of the Division. |
| Support to development of a national LMIS/Improved Commodity Usage reporting | Technical support to meeting | HCSM facilitated a DHIS2 sensitization meeting with the new head of TB program and obtained of senior management buy-in for transition of TB reporting onto DHIS2. Formal request from the program to DHIS2 for uploading of the TB reporting tools submitted. |

Malaria

The country experienced a Central level stock out of RDTs at the end of the year. This was attributed to the destruction of over 4 million RDTs in January 2013 in the central warehouse at KEMSA.

HCSM provides support to the Malaria Control Unit (MCU) with the objective of transferring skills and ensuring that the reporting rates achieved in the previous quarter were maintained. The following results were achieved:

| Objective | Achievement type | Description |
|--|------------------------------|--|
| Skills transfer in commodity security and supply chain oversight | Materials produced | The Malaria program F&Q report for 2013/2014 was finalizing and disseminated. |
| | Technical support to meeting | Facilitated monthly pipeline monitoring and production of monthly stock status reports. Over 4 million ACTs procured as a result of timely stock status reports. |
| | Skills transfer | HCSM aided in the quantification for the emergency purchase of 4.5 million RDTs by PMI to bridge the gap arising from KEMSA fire. |
| | Materials Produced | Draft mRDT QA/QC implementation plan produced in collaboration with MCU. The draft is under review by the MCU and is scheduled for finalization in quarter 2. |
| | Materials Produced | The Malaria Quality of Care Round Six survey report completed and disseminated in collaboration with the MCU |
| Support to development of a national LMIS | Skills transfer | Strengthened upstream data capture on commodity use, national malaria reporting rates remain above 70% during the quarter. |

Family Planning

HCSM support to the Division of Reproductive Health during the quarter focused on strengthening information management; towards this end the achievements below were realized:

| Objective | Achievement type | Description |
|--|------------------------------|--|
| Skills transfer in commodity security and supply chain oversight | Materials produced | HCSM formulated guidelines for development of the FP LMIS dashboard which were shared with MoH, and guided the development of the dashboard - done collaboratively with CHAI |
| | Technical support to meeting | HCSM provided TA to the national male condom TWG meeting held in November 2013 to discuss reported national stock-outs. |
| | Skills transfer | DHIS2 training done in Bungoma county on the use of DHIS2. 29 participants were trained. |
| Support to development of a national LMIS | Skills transfer | The program supported the transition of FP commodity reporting to the DHIS-2 system. The FP commodity tools were uploaded onto DHIS-2. |

System wide support

Supply Chain Management

With the devolution of supply chain roles to counties and the enhanced focus on this level of the supply chain, the most critical urgent need identified from initial discussions with County Health Management Teams is the strengthening of forecasting and quantification (F&Q) skills. To prepare the county teams to take full responsibility for their supply chains HCSM will cover the following areas:

1. Forecasting and quantification
2. Pipeline monitoring
3. Supply chain mapping

In these areas, the following was achieved during this quarter:

| Objective | Achievement type | Description |
|--|------------------------------|--|
| Skills transfer in commodity security and supply chain oversight | Materials produced | F&Q training materials submitted to the MOH Pharmaceutical Services Unit (PSU) for technical review. |
| | Materials produced | Quantification worksheets for county, sub-county and facility level developed. |
| | Technical support to process | Mapping of county level supply chain was undertaken in November 2013 in 13 priority counties. |
| | Materials produced | Adaptation of central level pipeline monitoring training materials for use at county level initiated |

Logistics Management Information Systems (LMIS)

The key focus for LMIS during this quarter was support to MoH in data integration across the different priority health programs, towards this end HCSM engaged with the different PHPs and achieved the results below:

| Objective | Achievement type | Description |
|--|------------------------------|--|
| Development and use of electronic platforms for commodity data reporting | Materials produced | HCSM in collaboration with DHIS2 developed data validation rules and formalized system requirements that will facilitate the incorporation of logistics data for FP, ART, HIV-Lab and TB into DHIS2. |
| | Technical support to meeting | HCSM facilitated sensitization meetings and obtained buy-in from the Head of Directorate Health Informatics, Monitoring and Evaluation, Chief Pharmacist, Division of Reproductive Health, NPHLS, NASCOP and Tuberculosis Control Unit for use of DHIS2 for commodity reporting as a measure towards strengthening access to information and reporting on commodities. PHP commodity reporting tools for Malaria, FP, HIV/AIDs now uploaded to DHIS2. Process for upload of TB tools has been initiated. |
| | Materials produced | HCSM developed DHIS2 sensitization materials including job aid and user manual for Laboratory and Family Planning Commodities |

| Objective | Achievement type | Description |
|--|------------------------------|--|
| Support for the design and implementation of a national harmonized LMIS strategy | Technical support to meeting | As part of continued advocacy for high-level policy maker buy-in towards harmonized LMIS, HCSM facilitated and provided TA for a MOH TWG meeting convened through the Cabinet Secretary for Health to address the automation of information management for public health facilities. Key outputs include formation of the LMIS TWG whose ToR are to be finalized in the next quarter |
| Support for use of commodity data for decision making | Materials produced | HCSM developed a concept for generation of dashboards for health commodities (Malaria, FP, ARVs, Lab [CD4 and RTKs] and Anti-TB medicines) in 3 key areas: Reporting Rates, Consumption Monitoring and Stock status and pipeline monitoring. The concept is under discussion with the different PHPs. |

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

IR2.1: Strengthened Pharmaceutical sub-sector governance

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. A comprehensive Pharmacy Management Information System (PMIS) is key for informing decision-making across the entire pharmaceutical sector. The planned support to MOH to conduct a review of existing PMIS tools at all levels and identify appropriate pharmaceutical services indicator scheduled for Q1 did not take place due to restructuring at MOH headquarters which hindered implementation of many planned activities.

In the last quarter, HCSM continued to use a health systems strengthening approach to strengthen pharmaceutical policy implementation and service delivery at the national and county levels. Activities undertaken by HCSM were of the objective have the following goals:

1. To strengthen pharmaceutical sub-sector governance
2. To improve the delivery of pharmaceutical services
3. To strengthen medicines quality assurance and pharmacovigilance (PV)
4. To improve Pharmaceutical Information Acquisition and Management

The achievements realized during the quarter are outlined below.

| Intermediate Result | Achievement(s) |
|--|--|
| Strengthened pharmaceutical sub-sector governance | <ol style="list-style-type: none"> 1. HCSM supported the Pharmaceutical Services Unit (PSU) of the MOH to prepare the Annual Operations Plan (AOP). <i>The AOP is a key document that guides implementation of all activities relating to pharmaceutical services at MOH national level</i> |
| Improved delivery of pharmaceutical services | <p>Improve medicines use practices at national and county level in select counties</p> |
| | <ol style="list-style-type: none"> 1. HCSM supported PSU to develop a concept note detailing the Terms of Reference (ToRs) and membership of the National Medicines and Therapeutics Committee (NMTC) in line with the devolved governance structure in the country. This is a critical step in the setting up and operationalization of the NMTC 2. HCSM staff through consultations with top county health managers, initiated the formation of County MTCs in Kisumu, Kakamega and Mombasa counties |
| | <p>Capacity building for improved health commodity management and pharmaceutical care</p> |
| <ol style="list-style-type: none"> 1. HCSM initiated the process of accreditation of these curricula with regulatory bodies as follows: Kenya Medical Practitioners & Dentists Board: <ul style="list-style-type: none"> – Pharmacovigilance: Quality, Safety and Efficacy of Medicines for Better Health Care – Effective Management & Appropriate Use of Medicines for Healthcare Providers Kenya Medical Laboratory Technologists and Technicians Board: <ul style="list-style-type: none"> – Effective Management of Medical Laboratory Commodities – TOT Course for Effective Management of Medical Laboratory Commodities Accreditation of these curricula will ensure that they are used to train health workers | |

| Intermediate Result | Achievement(s) |
|---|---|
| | <p>on the various topics even in the absence of partner funding.</p> <p>2. HCSM supported PPB to finalize the Continuing Professional Development (CPD) guidelines document for the country</p> <p>Operational research</p> <p>1. HCSM supported the MOH's Division of Leprosy, TB and Lung Diseases (DLTLD) to conduct a Drug Utilization Review (DUR) for MDR TB medicines. Findings from this DUR were disseminated during the Lung Conference and Global TB Conference</p> <p><i>Summary of findings:</i></p> <ul style="list-style-type: none"> - High compliance by clinicians to the national STGs - High incidence (almost 60%) of ADRs among DR TB patients but acceptable management of ADRs in more than 80% of the cases) - Inadequate use of monitoring tests in patients (less than 25%) - poor documentation of health education/ counseling sessions (about 35% of patients) and audiometry and endo-cardiogram tests (less than 5% of patients) <p><i>HCSM is scaling back support to the TB Program to:</i></p> <ul style="list-style-type: none"> - Forecasting and Quantification for TB medicines - Commodity security - LMIS for TB medicines <p>2. HCSM supported the Malaria Control Unit to finalize the Quality of Care Round Six survey report.</p> <p><i>Summary of findings: % of facilities:-</i></p> <ul style="list-style-type: none"> - With any functional diagnosis for malaria (90%) - With no stock out of Artemether Lumefantrine in previous 3 months (93%) - Whose workers underwent any supervision in previous 3 months (69%) - With <i>updated</i> AL dispenser book (44%) <p>All key indicators showed significant improvements with some gaps with regard to health systems support activities and adherence to treatment guidelines</p> |
| Strengthened medicines quality assurance and PV | <p>Support to improve PV data acquisition, management and use</p> <p>1. HCSM supported PPB to conduct a four-day sensitization workshop on PV and electronic PV reporting for representatives of the Pharma Industry</p> <p>2. HCSM supported the University of Nairobi and PPB to conduct a ½ day sensitization of final year pharmacy students on issues of PV.</p> <p>Support to PPB and other stakeholders for targeted patient safety initiatives</p> <p>1. HCSM supported the PPB to finalize the Medicines Information and Pharmacovigilance (MIPV) newsletter</p> <p>2. HCSM supported PPB to analyze PV data to inform the routine patient safety 2-pager</p> |

2.3. Strategic Objective 3: Support to laboratory governance, commodity security and services

IR 3.2: Support towards an efficient and effective laboratory supply chain

Laboratory commodity management and security continues to be a key focus area for the program. During the quarter, the program, in collaboration with other implementing partners both at national and regional level continued to work towards strengthening the laboratory supply systems with the aim of ensuring continuous availability and enhanced accountability for laboratory commodities especially at facility level in priority counties.

At central level, two main areas were addressed during the quarter—

1. Improving leadership, stewardship and co-ordination of laboratory commodity management;
2. Strengthening Lab LMIS to improve commodity usage reporting and decision-making.

At the peripheral level, the program focused on three main areas—

1. Supply chain mapping and end use verification to identify gaps in the laboratory supply chain in the 13 priority counties;
2. Strengthening lab commodity reporting and
3. The on-going support to malaria Rapid Diagnostic Test (mRDT) rollout in facilities. Key highlights from the quarter are outlined below.

2.3.1. County Level Support

- **Support to 13 priority counties to conduct supply chain mapping with increased focus on RTKS end user verification**

To assess commodity management practices a supply chain mapping exercise was conducted in the 13 priority counties. As well as assessing inventory management and availability of RTKs, an End Use Verification was incorporated into the exercise to evaluate the level of accountability and use of these for the intended purpose. The findings are summarized below

Table 9: HIV RTK End Use Verification summary

| Variables checked | Percentage (n=163) |
|---|--------------------|
| Facilities where RTK supply was recorded in the bin card | 55.2% |
| Facilities where quantities delivered agreed with bin card record | 46.0% |
| Facilities where delivery of RTKs were made during office hours | 70.6% |
| Facilities with more than one HIV testing point | 79.1% |
| <ul style="list-style-type: none"> • Facilities where consumption of HIV screening test from all the testing points within a facility was aggregated to get the total facility consumption | 75.5% |

| Variables checked | Percentage (n=163) |
|---|--------------------|
| <ul style="list-style-type: none"> Facilities where SOH is aggregated for HIV screening test from all the testing points | 54.0% |
| Facilities that reported that they issue HIV RTKs to Service Delivery points outside the facility | 55.8% |
| <ul style="list-style-type: none"> Facilities with supporting documentation for issues outside facilities | 25.8% |

In 30 % of facilities visited, the HIV RTK deliveries were made outside office hours and 45% of the facilities did not record the RTK deliveries the bin cards. This was noted to be a major weakness at the receiving part of the inventory process – with significant risk implications.

It was observed that 79.1% of the facilities had multiple HIV testing points, while 75.5% were aggregating consumption across all the testing points when reporting, only 54% were aggregating stock on hand at the testing points when reporting. In effect, this means that consumption and stock are significantly under-reported, with negative implications on the demand/order process.

55.8% of the facilities were observed to issue HIV RTKs to service delivery points outside the facility, however only 25.8% of these facilities had any supporting documentation for these external transactions.

In general, weak internal controls for movement of HIV RTKs within and outside the facilities were observed. Considering the importance of this commodity to the HIV program, HCSM will be working with the county health teams to address and strengthen the management and accountability for this key commodity.

- Inventory management and commodity availability

Key findings were:

- Inconsistent availability of both HIV screening and confirmatory RTKs with stock outs experienced in about one third of the facilities during the quarter for the screening test
- Overall poor record keeping practices – non availability of stock cards for these commodities and poor maintenance of these records where they were available

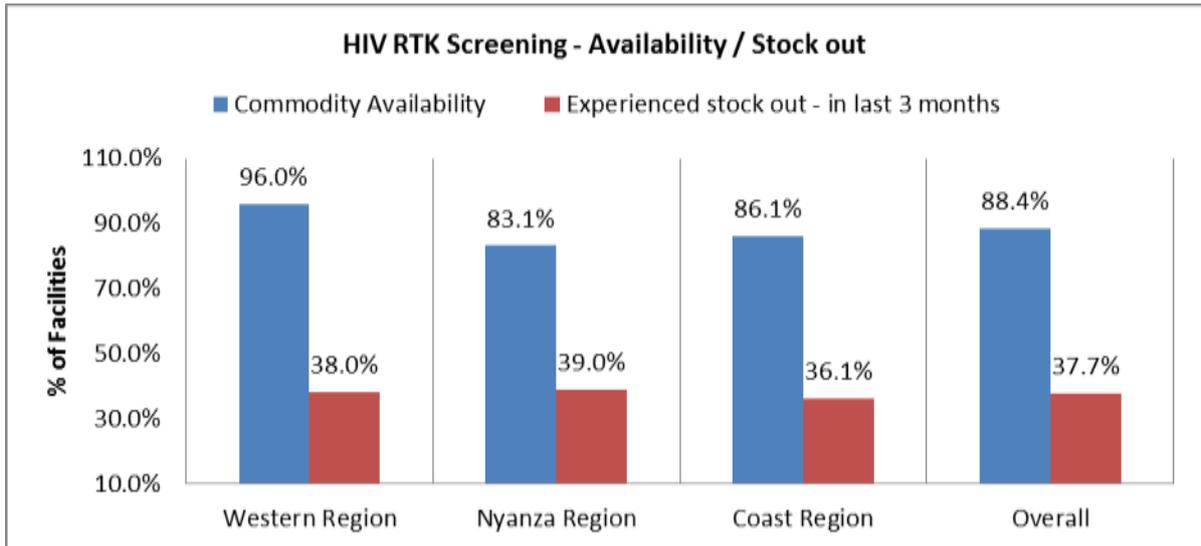


Figure 10: Availability/Stock out of HIV screening RTKs

Notes/comments

- About 90% of the facilities had the screening tests in stock on the day of the exercise
- About 40% of the facilities had recorded stock-outs of the commodity during the previous three months

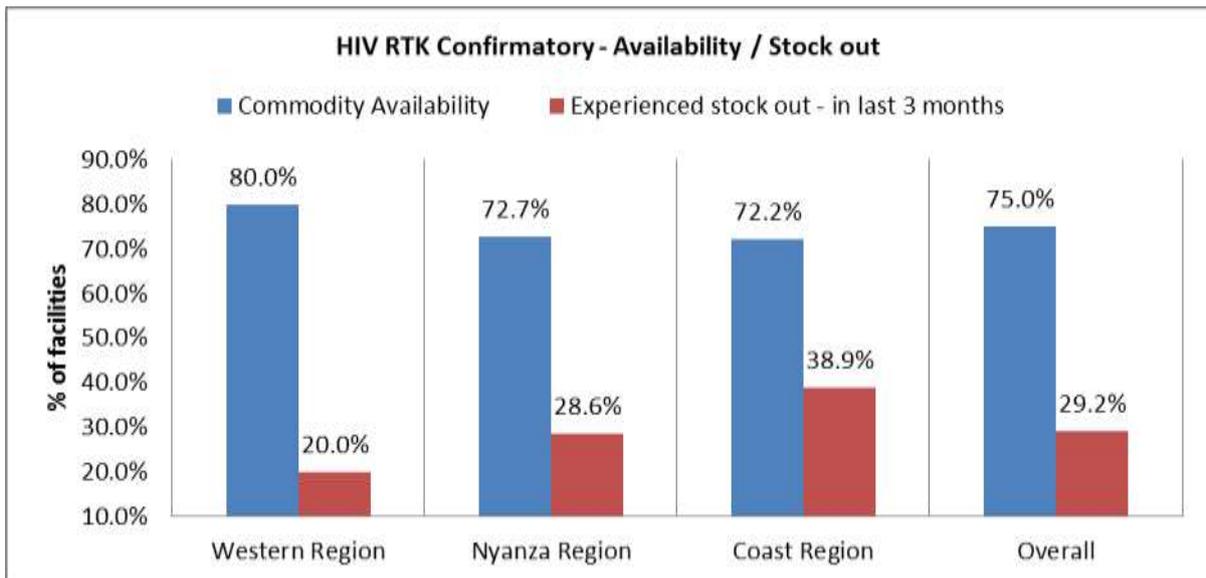


Figure 11: Availability of HIV confirmatory RTKs

Notes/comments

- A quarter of the facilities did not have the confirmatory test during the day of the exercise
- One third of the facilities had experience a stock out of the commodity during the quarter

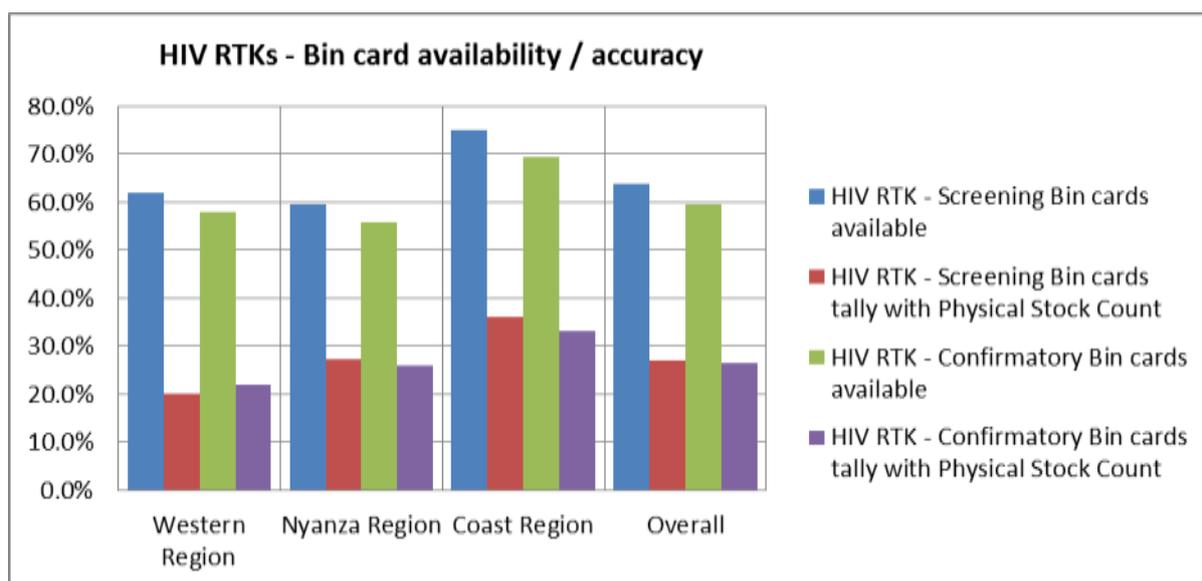


Figure 12: Inventory management- Availability and accuracy of bin cards for HIV RTKs

Notes

- Bin cards for HIV RTKs available in about 60% of the assessed facility
- Only about one quarter of the facilities had accurate bin cards records

The findings from this exercise are key pointers to the areas the program should focus on in these counties to improve management and accountability for these commodities and will guide the design and implementation of interventions to strengthen these elements.

- Support to malaria Rapid Diagnostic Test (mRDT) rollout in facilities

The mandate for the program in the roll-out of mRDTs is—1) Capacity building to improve use and management of mRDTs and 2) support the implementation of a QA/QC system to ensure adherence to RDT policy guidelines. Towards the implementation of the QA/QC system, the program in collaboration with the MCU developed the mRDT QA/QC implementation plan during the reporting period. However, this is still in draft form and will be finalized in the January- March quarter

Moreover during the supply chain mapping exercise availability RDTs, proportion of facilities where malaria microscopy is routinely provided and proportion where malaria microscopy was functional on the day of supply chain mapping was assessed. The results showed that malaria microscopy is routinely provided in over 80% of the facilities, functional in 73.6% and RDTs where available in 22.7% of the facilities as summarized in Figure 13. Previous findings from the Malaria Quality of Care round six survey showed that RDTs were available in 70% of the facilities- this reduction in availability of RDTs in the health facilities being occasioned by a loss of close to 4.5M RDTs in a fire at the KEMSA warehouse and delays in the delivery of RDTs procured by PMI due to the Railway Development Levy issue.

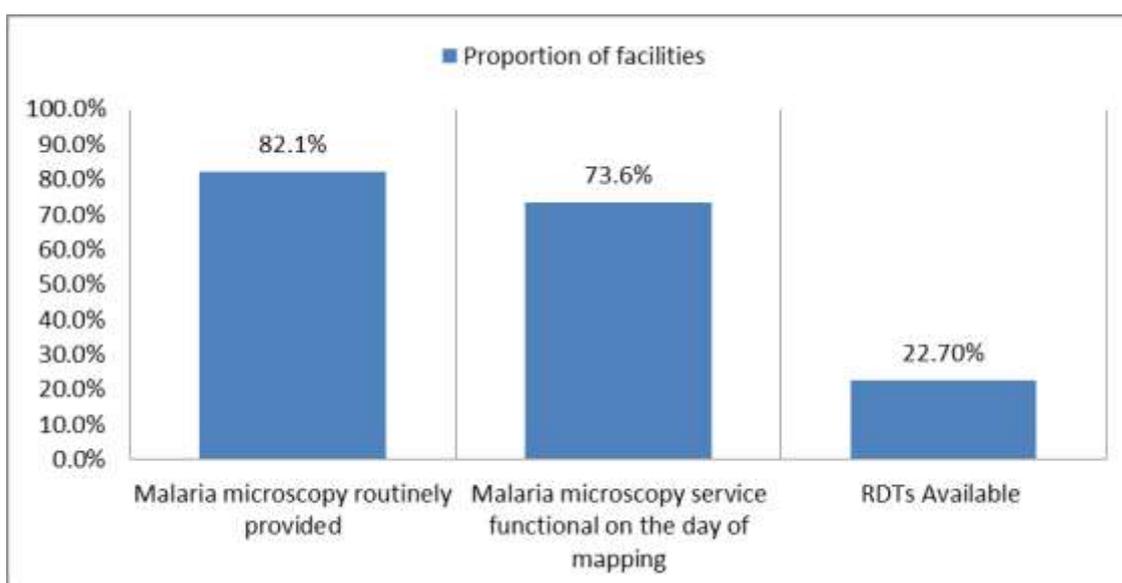


Figure 13: facilities able to conduct malaria testing (Microscopy and/or RDTs)

2.3.2. National level support

The following results were realized:

| Activities | Outputs/expected results |
|--|--|
| Thematic area/ objective: Improving leadership, stewardship and co-ordination of laboratory commodity management | |
| <ul style="list-style-type: none"> In collaboration with SPHLS facilitated meeting of the heads of various lab section [Diagnostics, NPHLS, NBTS, Forensic services] | <ul style="list-style-type: none"> Consensus on the need to revive the Lab ICC Revision of the Lab commodity TWG scheduled for the January to March Quarter |
| <ul style="list-style-type: none"> TA/support for laboratory stock status and pipeline monitoring monthly | <ul style="list-style-type: none"> Recommendation for the redistribution of excess Unigold after determination of excess Unigold through the September 2-pager Recommendation for the procurement of CD4 reagents to plug imminent supply shortfalls |
| <ul style="list-style-type: none"> Finalization of the Kenya Essential Medical Laboratories Commodities List—Launch and dissemination alongside the Lab Commodity management curriculum scheduled for next quarter | <ul style="list-style-type: none"> Improved selection and procurement of lab commodities enhancing access to quality laboratory services |
| Thematic area/ objective: Strengthen Laboratory Management information systems to improve commodity usage reporting and decision making | |
| <ul style="list-style-type: none"> Support for the use of DHIS2 for Lab commodity reporting <ul style="list-style-type: none"> MoH 643 and 643B uploaded into DHIS2 Sensitization materials including job aids and user manuals developed Orientation of 29 HCWs from Bungoma county including lab staff on DHIS 2 reporting, similar orientations to be conducted in the other priority counties | <ul style="list-style-type: none"> Improved lab commodity reporting and use of data for decision making—Summary reports & data to be accessible through dashboards in DHIS 2 |
| <ul style="list-style-type: none"> Developed dashboard concept document to guide design of dashboards for Lab commodities | |

3. RESULTS TABLES

| 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 | Reporting Rate | | | | <p>To support reporting via DHIS 2 HCSM in collaboration with priority programs and HIS has developed data validation rules and formalized requirements for incorporation of the reporting tools to DHIS2.</p> <p>The following tools have since been uploaded in to DHIS 2: FP-FCDRR, MOH 643, MOH 643B, MOH730B MOH729B, MOH 733B, MOH 734B, MOH 734A, & MOH730A</p> <p>Conducted orientation on use of DHIS2 for commodity reporting and use of data for decision making to 29 members of Bungoma county comprising Health Records Information Officers, Medical Laboratory Technicians, and Pharmacists</p> |
| | | | Counties' RR (supply chain mapping findings) | | National Level RR | | |
| | | | No. of Counties | RR | No. of sites | RR | |
| | | ARVs | 24 | 84.3% | 310 | 94% | |
| | | Malaria | 37 | 88.2% | 4,030 | 71% | |
| | | CD4 | - | - | 157 | 58% | |
| | | RTKs | 34 | 83.0% | 4,739 | 50% | |
| | | FP | 37 | 73.0% | 4,107 | 37% | |
| TB | 31 | 69.2% | 2,818 | 30% | | | |
| MOH capacity for oversight and supervision of supply chain at central and peripheral levels strengthened | Functional priority programs (HIV, FP, Malaria, TB and Lab) commodity security committees at national level | <ul style="list-style-type: none"> – 4 functional PHP committees (HIV, FP, Malaria and TB). – Discussions also initiated with MOH lab leadership on strengthening coordination of lab commodity security. Currently, only active as sub-committee under HIV. | | | | The program held discussions with MOH lab leadership and agreed on formation/strengthening of national coordinating mechanism. Delays occasioned by ongoing MOH staff changes in line with devolution. | |
| Strengthened technical capacity of MOH and priority programs officers at central and regional level to identify and address gaps in health commodity management. | Programs and key MOH departments able to generate monthly commodity stock status F&Q reports | <ul style="list-style-type: none"> – 100%- All priority program have staff who are able to generate monthly stock status reports as follows: NASCOP: 2, DRH: 1, DLTD : 2, DOMC : 2 & NPHLS: 2 – 100%- all programs have staff who are able to conduct F&Q as follows NASCOP: 3, DRH: 1, DLTD : 2, DOMC : 2 & NPHLS: 2 | | | | The program is currently working toward transition stock status generation and national F&Q transition to PHPs | |

| Broad Result area | Indicator | Progress | Comment |
|---|---|--|---|
| | Percent difference between forecasted consumption and actual consumption for ARVs | <p>The difference for all the 4 key adult first-line regimens was within the <25% target as follows:</p> <ul style="list-style-type: none"> - TDF+3TC+EFV: 3% - TDF+3TC+NVP: 23% - AZT+3TC+EFV: 22% - AZT+3TC+NVP: 12% | Increased accuracy noted, for example, the difference between the forecast and consumption for FY 2012/13, for 4 key adult first-line regimens: TDF+3TC+EFV, TDF+3TC+NVP, AZT+3TC+EFV and AZT+3TC+NVP medicines fell within the program target of less than 25% unlike for FY 2011/12 where the difference for TDF+3TC+NVP and AZT+3TC+NVP exceeded the <25% difference target |
| A functional, national integrated logistics management information system (LMIS) in place to avail data for decision making | Progress on a milestone scale in development of a functional harmonized national LMIS | <p>Progress so far:</p> <ul style="list-style-type: none"> - Senior level buy-in for LMIS obtained - MOH TWG formed to look into proposed tool(ZiDi) to address component of LMIS - Incorporation of LMIS agenda as part of DOP work plan | Partnering with Division of Health Informatics, Monitoring and Evaluation and incorporation of commodity tools into DHIS2 as initial measure to safeguard data and improve reporting rates |
| Strengthened capacity of MOH for commodity oversight at peripheral levels | Functional regional commodity security committees established in the 13 priority counties | <p>Consultative introductory & engagements meetings held all the 13 priority counties; Busia, Bungoma , Kakamega, Vihiga, Kisumu, Siaya, Homabay, Kisii, Migori, Nyamira, Mombasa, Kwale and Kilifi)</p> <p>Supply chain mapping conducted in all the 13 counties</p> | <p>The meeting agenda included briefing on HCSM work plan, approaches and discussion on priorities for the year and formation of commodity security committees</p> <p>A total of 163 facilities were assessed (approximately 12 facilities per counties). The facilities were randomly sampled with representation of various tiers and ownership.</p> <p>Areas covered in this exercise include:</p> <ul style="list-style-type: none"> - RTKs end user verification at facility levels - Facilities relates information - Storage practices - Availability of various tool and references documents - Inventory management practices - Availability of stock, existence of expires and stock out durations - Order fill rate |

| Broad Result area | Indicator | Progress | Comment |
|--|---|---|--|
| Support to implementation of electronic tools | Sites implementing ADTs and ITT | <ul style="list-style-type: none"> – 5% increase in the number of sites using ADT from 364 in September 2013 to 382 (80 stand alone, 134 central sites and 168 satellite sites) in December 2013. – 29 sites were provided with technical support to ensure continued functioning of the tool. | Supply chain exercise findings showed that 46% of the 163 sites sampled from the 13 priority counties had ADT but the tool was functioning (on the day of assessment) in 35% of the facilities. |
| RDT roll out | Facilities able to conduct malaria testing (Microscopy and/or RDTs) | QA/AC implementation plan has been drafted and will be finalized in the coming quarter | <ul style="list-style-type: none"> – Supply chain exercise findings showed that in over 70% facilities malaria microscopy was functional on the day of assessment – 22.7% of the facilities had RDTs on the day of supply chain mapping exercise. Quality of Care Round Six survey had found that RDTs were available in 70% of the facilities; reduction in availability of RDTs in the health facilities was occasioned by 4.5M RDTs being burnt in the KEMSA fire and delays in the delivery of the PMI RDTs due to the Railway development Levy issue. |
| Improved reporting for adverse drug reaction (ADR) and poor quality medicinal products in the market | Number of pharmacovigilance related report received at central level (disaggregated by type of report: ADRs and PQMR) | <ul style="list-style-type: none"> – 146 ADR reports were received during the reporting period bringing the cumulative number of reports received so far at PPB to 8,836 by Dec 2013 – 41 poor quality medicines received at PPB during the reporting period. Cumulatively 530 have been received so far. | Supply chain exercise findings showed that in over 70.6% and 67.5% of the facilities had ADR and Poor quality medicinal product reporting tools respectively |
| PMIS framework developed and approved | Progress on a milestone scale in development of a functional PMIS in the country | Collaborated with PSU and PMIS has been prioritized in the PSU work plan for the year 2013/14. | Functional PMIS is a powerful governance tool that provides managers with data for decision making on all areas of the pharmaceutical sector; including availability and use of essential medicines, human resources for health, health financing and quality of care |

4. CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR NEXT QUARTER

4.1. Challenges

During the reporting quarter, the program encountered a number of challenges which constrained implementation of planned activities. These include:

- The slow progress in completing the restructuring and re-organization of MOH at both central and regional levels following devolution of health services. Some key positions at regional level are yet to be substantively filled whereas some counties are still mired in the processes of developing county strategic plans and work plans
- Competing priorities at national and regional level e.g. the polio vaccination campaigns and the strike by health care workers in the public sector
- Moratorium on all meetings, workshops and seminars by MOH for its staff during the tail end of the quarter limited engagement of these staff in implementing joint activities
- Delayed kick-off in implementation of activities during the quarter due to organizational and operational changes occasioned by the refocusing of the program's activities in selected counties and the closeout in others
- Uncertainty about the payment / waiver of VAT and Railway Development Levy (RDL) continued to cause delays in the clearance and delivery of imported health commodities. This had a negative effect on commodity pipelines and caused stock outs at different levels of the supply chain.

4.2. Priorities for the next quarter

The program will build on the achievements and activities initiated during the 1st quarter as outlined in the 90 day plan expanding implementation to cover the other elements of the work plan. Specifically, the program will focus on providing skills transfer for commodity security and supply chain oversight at national level; on-going efforts in the design and implementation of a national harmonized LMIS strategy; supporting CHMTs in the priority counties to improve oversight for commodity management and security; and supporting commodity usage reporting and use of commodity information for decision-making at the peripheral level. With regard to pharmaceutical policy and services, the program will focus on supporting the establishment of county and facility level MTCs and building capacity for improved pharmaceutical care and pharmacovigilance.

A. Cross Cutting Areas

1. Supply Chain

- Support skills transfer in commodity security and supply chain functions across all PHPs
- Develop and implement national F&Q transition plan for PHPs
 - Finalize development and disseminate national and county level F&Q guidelines and training materials

- ✚ Conduct rapid orientation sessions on quantification and pipeline monitoring for CHMTs in Nyanza and Western and Coast regions
- ✚ Support county CHMTs to undertake routine pipeline monitoring and take corrective actions

2. LMIS

National Level

- Support MOH to undertake transition off data collection and reporting systems to DHIS2 for HIV, FP and TB commodities including the design of dashboards and decision-support platforms
- Support on-going upgrading of the ADT tool and mainstreaming into MOH
- Support the design and development of a national LMIS strategy and framework

County Level

- Provide TA to priority counties for commodity data collection and reporting through the DHIS 2 for HIV, FP, TB and Malaria commodities
- Provide TA for scale-up of ADT including skills transfer on ADT to county health teams and implementing partner

B. Priority Health Programs

1. NASCOP-HIV Program

- On-going support to HIV commodity security committee to ensure commodity security
- Develop and disseminate guidelines and related materials to be used for skills transfer and mentorship for transition of HIV related supply chain functions (F&Q, stock status report generation and pipeline monitoring)
- Support dissemination of the national F&Q reports for HIV commodities

2. Reproductive Health

- Provide TA national health commodity related committees and TWGs
 - ✚ Support FP commodity security committee meeting
 - ✚ Support FP F&Q review meeting
 - ✚ Support monthly FP logistics TWG meetings
- Support for FP commodity LMIS
 - ✚ Link DHIS2 FP reports to the FP LMIS dashboard
 - ✚ Develop FP dashboard in DHIS 2

- ✚ Handover of FP LMIS dashboard to R&MHSU

3. Malaria

- TA for the generation of malaria 2 pager reports and supply planning
- TA for FY 2013-2014 F&Q review
- Support for the development/creation of dashboard in DHIS 2 for malaria commodities
- Dissemination of round 6 Quality of Care report
- Implementation of round 7 Quality of Care survey
- Implementation/ rollout of QA/QC for malaria RDTs

4. Tuberculosis

- Provide technical assistance to national health commodity-related TWGs and committees.
 - ✚ Support for commodity security meetings
 - ✚ TA for generation of stock status reports (using Pipeline)
 - ✚ Annual F&Q for TB commodities
 - ✚ Support to TB/HIV TWG to strengthen LMIS for IPT
- Support to MOH to undertake transition of data collection and reporting systems to DHIS-2 for HIV, FP and TB commodities including the design of dashboards and decision-support platforms
 - ✚ TA for uploading of TB LMIS tools into DHIS 2

C. Pharmaceutical Policy and Services

National Level

- TA to strengthen the National MOH Medicines Use governance structure e.g. NMTC for improved stewardship and oversight role of developing policies, guidelines and standards for improved medicine use and clinical governance.
- Technical support to development, revision and dissemination of key health commodity management manuals, SOPS, Job aids and curricula

County level

- On-going support for the set-up of county Medicines and Therapeutics Committees in selected priority counties- Mombasa, Kisumu and Kakamega
- Capacity building on PV for health care workers including dissemination of guidelines and reporting tools. This will be done in collaboration with CHMTs and other implementing partners.

- Support PPB to Roll-out the PV electronic reporting system

D. Laboratory supply chain

- Support for formation and operation of the national laboratory commodity TWG
- Capacity building of regional lab managers and facility lab staff on commodity management and reporting and use of data for decision- making
- Support for improved lab commodity data reporting e.g. using the DHIS 2 at regional level
- Dissemination of the commodity management/LMIS tools e.g. MOH 643
- Dissemination of the Kenya Essential Medical Laboratory Commodities List and the Lab Commodity Management Curriculum and training materials
- Support target counties to improve lab commodity management and accountability

E. County Level

- TA for establishment & operation of county health commodity TWGs
- Capacity building of staff on commodity management and use
 - ✚ Forecasting & quantification
 - ✚ Inventory management
 - ✚ Lab commodity management
- TA for improved commodity usage reporting
 - ✚ Capacity building on use of DHIS 2 for reporting
 - ✚ Support for commodity data acquisition, reporting and use
 - ✚ Dissemination and support for the use of LMIS tools
- Support for establishment and operation of county and facility MTCs
- Support of PV data acquisition, reporting and use

5. ANNEXES

5.1. HCSM Program Activity Progress Matrix

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) | |
|---|---|--|--|--|---|----------------------|---|--|
| SO 1: STRENGTHENED MOH COMMODITY MANAGEMENT | | | | | | | | |
| IR 1.1: Strong and effective MOH stewardship and technical leadership in supply chain management/commodity security | | | | | | | | |
| Expected outcomes: Strengthened capacity of MOH and priority health programs for oversight and supervision of supply chain and commodity security at central and peripheral levels and ability to identify and address gaps in health commodity management | | | | | | | | |
| Section 5.1.2, Table 5.2, page 75 (Disease prevention and control) | Operations of technical working groups (TWG) strengthened (Section 5.1.2, Table 5.2, page 75) | F&Q and supply planning for priority health programs undertaken | AOP 6, Table 3.1 (page 12) | Activity 1.1.1: Provide mentorship for skills transfer in commodity security and supply chain oversight at national level a) Conduct a national level commodity security and supply chain management gap analysis. | | | | |
| Table 5.34, 5.35 (AOP 6 output for MoPHS procurement) (page 118) | Annual procurement request schedules developed | Monthly Stock status summary reports generated by priority programs | Malaria Operational Plan FY13 Table 5.2, page 75 (Disease prevention and control) | | b) Support MOH to implement recommendations and address the identified gaps | | | |
| AOP6 Section 5.1.2; Section 3.1; Section 5.2.6 | Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done bi-annually. | Planning for distribution of FP commodities to counties | AOP 6 Table 5.14 (page 97) DRH draft AOP 8: Security of commodities | | c) Develop and disseminate guidelines and related materials to be used for skills transfer and mentorship. | Ongoing | | |
| Malaria Operational Plan FY13 | Matrix of | Ensuring security for commodities and supplies Health commodity supply chain audits conducted | Indicator HIS156: Percentage time out of stock for a set of 15 | | – F&Q guidelines and training materials have already been developed and are awaiting printing. – National F&Q training materials were developed and submitted for review by GOK MOH/PSU. | | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|--|--|----------------------------|---|---|--|----------------------|---|
| DLTLD strategic plan 2011-2015 S.O.6 DRH draft AOP 8 HIS Indicators Manual (final draft) | Program forecasted commodity needs in place (DLTLD); HIV commodity forecasting and quantification done | ADT mainstreamed to NASCOP | tracer medicines MOH staff capacitated to undertake quantification and supply planning, stock status and pipeline monitoring MOH staff capacitated on technical leadership & management for supply chain coordination and commodity security Stock status tools and SOPs developed & implemented | | <ul style="list-style-type: none"> - County, sub-county and facility and level quantification worksheets developed including an MS Excel- based tool to aid quantification at these levels. <ul style="list-style-type: none"> o Access based version with more flexibility is being developed and an initial template is ready - Developed DHIS2 sensitization material including job aid and user manual for Laboratory and Family Planning Commodities. The material will be utilized for future training in other counties | | |
| AOP 6: Section 5.4.8 Procurement | | | | d) Provide technical assistance to national health commodity-related TWGs and committees. | Ongoing Provided technical assistance to national priority programs' health commodity-related TWGs and committees as follows: HIV Program <ul style="list-style-type: none"> - ARV Monthly stock status reports were generated for September & October 2013. - One HIV Commodity security meeting held in October 2013 (other meetings postponed to Jan 2014). - Participated in 2 ICC meetings (HIV ICC and joint HIV/TB ICC). Meeting focused on assuring adequate central level stocks for | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|----------------|--------|---------------------------|---|---|----------------------|---|
| | | | | | <p>upcoming holiday season.</p> <ul style="list-style-type: none"> - Providing ongoing TA to NASCOP commodity focal staff on monthly commodity stock status and pipeline monitoring <ul style="list-style-type: none"> o 1 pharmacist oriented on preparing ARV stock status report. <p>TB Program</p> <ul style="list-style-type: none"> - Provided TA to TB Commodity security committee for; <ul style="list-style-type: none"> o Planning and executing Annual quantification and supply plan review o Commodity Pipeline monitoring using Pipeline software. <p>FP program</p> <ul style="list-style-type: none"> - Participated in Quarterly FP commodity security meeting held in September. Key highlights of the meeting <ul style="list-style-type: none"> o All FP commodity procurements have been committed fully by donors for FY 2013/14 and only 2 commodities have gaps in FY14/15 o Applications for waiver on railway development levy and VAT on FP commodities will be done by MOH. | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|------------------------------|---|---|--------------------------------------|---|--|----------------------|---|
| | | | | | <ul style="list-style-type: none"> - Provided TA for the FP logistics TWG meeting held in November. Key Products: <ul style="list-style-type: none"> o Use of the dashboard to generate the 2-pager report. 3 Monthly 2-pager reports completed. o 3 monthly PPMR reports were completed o Revised Quantification and Supply plan report - Provided TA to national condom TWG meeting held in November 2013. The meeting agreed on the following <ul style="list-style-type: none"> o Need for an assessment of condom stock levels across the country. o It was reported that regional depots hold 7 MOS of male condoms and hence there was no national stock-out crisis <p>Malaria Program</p> <ul style="list-style-type: none"> - Support to 2 pager monthly stock status reporting and pipeline monitoring - F and Q 2013/2014 | | |
| AOP 6: Section 5.1.2 Disease | Logistics Management Information System (LMIS) in | MOH supported to develop and implement a harmonized | AOP 6 Table 5.2 (page 71) Table 5.16 | Activity 1.1.2: Support development of a national harmonized LMIS strategy and implement | Ongoing Support to commodity dashboard development | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|--|---|--|--|--|---|----------------------|---|
| <p>Prevention and control</p> <p>Table 5.2. Ensuring security for commodities and supplies.</p> <p>Malaria Operational Plan FY13</p> | <p>place Pharmaceutical management strengthening; Achievement of a finalized gap analysis of current surveillance systems including HMIS, IDSR, LMIS and Laboratory Information Management System, with clear recommendations on next steps to upgrade/redesign the systems</p> | <p>national Logistics Management Information System (LMIS) interventions for commodity data management</p> | <p>(page 100)</p> <p>DLTLD Strategic Plan 2011-2015</p> <p>National Reproductive Health Strategic Plan 2009-2015</p> <p>Malaria Operational Plan FY13</p> <p>KHSSP 2013-2018</p> | <p>appropriate interventions</p> <ul style="list-style-type: none"> - Support to MOH to undertake transition of data collection and reporting systems to DHIS-2 for HIV, FP and TB commodities including the design of dashboards and decision-support platforms | <ul style="list-style-type: none"> - Completion of the FP LMIS dashboard, and subsequent use at the monthly logistics TWG. The 2-pager report was auto-generated from the dashboard - Dashboard concept developed for use of DHIS 2 to generation of dashboard for health commodities (Malaria, FP, ARVs, Lab (CD4 and RTKs) and Anti-TB) in 3 key areas namely <ul style="list-style-type: none"> o Commodity Consumption Reporting Rate trends tracking at National, county and sub-county levels o RTKs usage Monitoring: Comparison of HIV screening test's data on stock at hand, actual consumption and number of people reported to have been tested for HIV in MOH 711 at at National, county, sub-county levels and facility levels o Stock status: Comparison of stock at hand and average monthly consumption at National, county and sub-county levels - Provided TA to Div HIS for the incorporation of logistics data for FP, TB, ART & HIV-Lab into DHIS2 as follows | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|----------------|--------|---------------------------|---|---|----------------------|---|
| | | | | | <p>FP and HIV (including HIV lab)</p> <ul style="list-style-type: none"> – Developed data validation rules and formalized requirements for incorporation of the reporting tools to DHIS2 and the following tools has since been uploaded – Facility Contraceptives Consumption Report and Request Form (Family Planning) – MOH 643 - F-CDRR for Laboratory Commodities – MOH 643B – F-CDRR for ART Lab Monitoring Reagents – MOH730B F-CDRR for Antiretroviral and Opportunistic Infection medicines – MOH729B Facility Monthly ARV Patient Summary (F-MAPS) – MOH 733B - Facility Nutrition services Summary tool – MOH 734B - F-CDRR for HIV Nutrition commodities – MOH 734A - Central site CDRR for HIV Nutrition commodities – MOH730A Central site, District store CDRR for ARVs and OI medicines (D-CDRR) <p>For TB Program</p> <ul style="list-style-type: none"> – Held sensitization meeting with head of TB program and obtained buy in. | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|----------------|--------|---------------------------|---|---|---|---|
| | | | | | <ul style="list-style-type: none"> - TB Program made official request to DHIS 2 for creation of a reporting portal. For Malaria program - Continued supporting the program to report on DHIS 2. Malaria commodity consumption reporting have been maintained at over 70%. | | |
| | | | | <ul style="list-style-type: none"> - Support the upgrading of the ARV dispensing tool (ADT) and mainstreaming into MOH | <p>Ongoing</p> <ul style="list-style-type: none"> - Engaged NASCOP senior level staff for their buy in for ADT mainstreaming. Mainstreaming plan has since been developed and submitted to NASCOP - Help desk and designated resources setup at NASCOP. Mbagathi District Hospital, Mathari Hospital, Melchizedeck Hospital, GSU Ruaraka Health center and Getrudes Children Hospital were supported using this approach - Conducted the following ADT upgrade processes; <ul style="list-style-type: none"> o Started the process of upgrading ADT to web based by preparing ADT technical specifications for purposes of capturing the current designs and business rules applied to the tool. | <p>Staff redeployment at NASCOP hindered planned commitments and incorporation of processes for ADT within NASCOP</p> | <p>Implementation of Help Desk at NASCOP and support of framework for national co-ordination of ADT support</p> |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|----------------|--------|---------------------------|--|---|----------------------|---|
| | | | | | <ul style="list-style-type: none"> ○ ADT was updated to suite a number of user requirements specifications including customization of reports, optimization of processes and bug fixes. Resulting to a more stable product – Developed jointly with I-TECH, proposed workflow process for interoperability between ADT and Open MRS – ADT installed in 25 computers for Aphia Plus Imarisha supported sites in NAL – Participated in EMR TWG meeting and proposed creation of ADT TWG within the wider EMR TWG for purposes of coordination and alignment; Item to be discussed as an agenda item at next planned meeting | | |
| | | | | <ul style="list-style-type: none"> – Engaging with high level policymakers and other stakeholders to obtain their buy-in and involvement for the development of a national LMIS | <p>Ongoing</p> <ul style="list-style-type: none"> – Engaged senior level MOH staff and obtained their buy-in recommended approach to address LMIS. – Engaged head of Directorate Health Informatics, Monitoring and Evaluation and obtained their acknowledgement and buy-in towards HCSM's role in | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|---|----------------|--------|---------------------------|---|--|---|--|
| | | | | | <p>support of logistics data incorporation in DHIS2.</p> <ul style="list-style-type: none"> Supported engagement, conducted sensitization and obtained buy-in from Division of Reproductive Health, NPHLS, NASCOP and Tuberculosis Control Unit for use of DHIS2 for commodity reporting as a measure towards strengthening access to information and reporting on commodities. FCDRR and other reporting tools have since been uploaded in DHIS 2 as highlighted in above with planned inclusion for TB. | | |
| | | | | <ul style="list-style-type: none"> Facilitate the set-up and operation of a Technical Working Group (TWG) to oversee the development process for the national LMIS | <p>Ongoing</p> <ul style="list-style-type: none"> Although a formal TWG for LMIS yet to be constituted the program facilitated MOH TWG workshop in Nyeri under directive of Cabinet Secretary towards automation of information management for public health facilities on ZiDI | Current focus is on TWG for ZiDi implementation | Facilitate set up of a functional LMIS Technical working Group (TWG) |
| | | | | <ul style="list-style-type: none"> Support the design and development of a national LMIS strategy and framework | | | |
| IR 1.2: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the supply chain ICC | | | | | | | |
| Expected outcome: Effective, integrated, coordinated approach to management of health commodities | | | | | | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|---|--|--|---|---|--|---|---|
| AOP 6: Section 3.1 Section 5.4.5 section 6.2 KHSSP 2013-2018 Health Sector Framework | Complete establishment of sector coordination process and ICCs and SWAp secretariat Established sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum. | Availability of TORs and evidence of functionality of the ICC(s) focusing on pharmaceutical services as well as health products and technologies and related issues. | AOP 6:- Table 3.1 (page 12); Table 5.31, (page 116); Section 6.2 (pg 124) | Activity 1.2.1: Technical support to the national coordinating mechanisms on health products and technologies management and related services as established in KHSSP 2013 – 2018. | Not done | The program proposed that this activity be deferred to Year 4 following stabilization of MOH governance structures. | |

IR 1.3: Peripheral healthcare facilities able to account for and manage commodities effectively

Expected outcomes: Improved commodity management demonstrated by improved inventory management and reporting and reduction on stock-outs for EMMS and programmatic health commodities

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| AOP 6: Section 3.1 PEPFAR COP FY12 | Ensure functional stakeholders forums at county level Decentralization to the new county system | Functional health commodity security committees at county level | Regional AWP (drafts); output of stakeholder meeting AOP 6:- Table 3.1 (page 12) Kenya Operational | Activity 1.3.1: Support the establishment of County level Commodity Security Governance structures in priority counties in collaboration with CHMT, regional implementing partners and other stakeholders. a. Support the | Ongoing – Held planning/Briefing meetings with all the 13 priority counties teams (Busia, Bungoma , Kakamega, Vihiga, Kisumu, Siaya, Homabay, Kisii, Migori, Nyamira, Mombasa, Kwale and Kilifi) teams. – The meetings included briefing on HCSM work plan, approaches | | |
|--|--|---|--|---|--|--|--|

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-----------------------------------|---|--|--|--|--|----------------------|---|
| Malaria Operational Plan FY13 | | | Plan FY12 Malaria Operational Plan FY13 | development of county level terms of reference for Commodity Security Committees/TWGs | and discussion on priorities for the year. | | |
| | | | | b. Support establishment/ constitution of county health commodity security committees within the county health management teams (CHMTs) in priority counties in collaboration with other partners. | | | |
| | | | | c. Provide TA for operationalization of county health commodity TWGs in priority counties through support for action-plan development and implementation. | | | |
| AOP 6: Section 3.1 Malaria | Ensure functional stakeholders forums at county level | Improved commodity usage reporting rates and reduced stock-outs at the peripheral level Improved capacity of regional and | Regional AWP (drafts); output of stakeholder meeting | Activity 1.3.2: Support to CHMT for improved commodity management at facility level in collaboration with other stakeholders. a. Support to county-level stakeholder | <ul style="list-style-type: none"> – Support the Nakuru county HMT to prepare a technical report on commodity quantification and budgets for the county's health facilities – Support the Meru county HMT in the quantification and ordering of health commodities for the | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|--|--|--|--|--|---|----------------------|---|
| Operational Plan FY13 | | facility staff in commodity management and in use of data for decision making Strengthened linkages (including feedback systems) for commodity management improvement | | mapping and role clarification. | county's health facilities – Supported the formation of a technical working group to proactively monitor the stock status of HIV test kits in Western Kenya | | |
| | | | | b. Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors. | – Provided TA in training 35 health care workers in Samburu on Inventory Management, Appropriate Medicine Use and PV in collaboration with Aphiaplus Imarisha | | |
| | | | | c. Support for implementation of quarterly integrated support supervision by the county health management teams | | | |
| AOP 6:Section 5.1.2 Malaria Operational Plan FY13 | LMIS tools reviewed, printed and disseminated LMIS tools revised, printed and distributed to SDPs | Use of facility-based and LMIS manual and electronic tools scaled up at the county and SDP level Facility staff | Regional AWP (drafts); output of stakeholder meeting | Activity 1.3.3: Support peripheral level commodity usage reporting and use of commodity information for decision-making in 13 priority counties a. Facilitate CHMTs to provide capacity building in the area of commodity reporting | Ongoing – Conducted supply chain mapping exercise in all the 13 priority counties (Busia, Bungoma, Kakamega, Vihiga, Kisumu, Siaya, Homabay, Kisii, Migori, Nyamira, Mombasa, Kwale and Kilifi). | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|--|---|---------------------------|--|---|----------------------|---|
| | Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS) | oriented on use of these tools ADT and ITT scaled up | | through on-the-job training, mentorship and sensitization on the use of commodity reporting systems and improvement of data quality. | <p>During which a total of 163 facilities were assessed (approximately 12 facilities per counties). The facilities were randomly sampled with representation of various tiers and ownership</p> <ul style="list-style-type: none"> - Areas covered in this exercise includes; <ul style="list-style-type: none"> o RTKs end user verification at facility levels o Facilities relates information o Storage practices o Availability of various tool and references documents o Inventory management practices o Availability of stock, existence of expires and stock out durations o Order fill rate | | |
| | | | | b. Support to MOH and target counties for the scale-up of ADT and strengthening of ADT support at peripheral level | <p>Ongoing</p> <ul style="list-style-type: none"> - Through the use of remote access software were able to provide support and OJT to the following sites among others: Ndaragwa HC, Bungoma DH, Kabarnet DH, Kakamega DH, Bumula DH, Sirisia SDH, Karurumo HC, Kodiaga DH, Ampath- MTRH, Mama Lucy | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|----------------|--------|---------------------------|--|--|----------------------|---|
| | | | | | Hospital and Coptic Hospital | | |
| | | | | c. Support to CHMT for improved monitoring of commodity reporting rates through application of targeted interventions including use of technology. | Ongoing – Conducted orientation on use of DHIS2 for commodity reporting and use of data for decision making to 29 members of Bungoma county comprising Health Records Information Officers, Medical Laboratory Technicians, and Pharmacists | | |

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

Expected outcomes: 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 7, Malaria Operational Plan | Improved drug use and commodity management ensured through quarterly meetings | Improved commodity usage reporting rates and reduced stock-outs at the peripheral level (targeted FBO and private sector sites) | Regional AWP (drafts); output of stakeholder meeting PEPFAR COP FY12 | Activity 1.4.1: Support to FBO and private sector sites to effectively and efficiently manage and use health commodities through engagement of CHMT and commodity focal persons. *** This activity will be done under Activity 1.3.2 above | | | |
|---------------------------------|---|---|---|--|--|--|--|

SO 2: STRENGTHENED PHARMACEUTICAL SERVICES

IR 2.1: Strengthened Pharmaceutical sub-sector governance

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) | | |
|--|---|--|--|---|--|---|--|---|----------------------------------|
| Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened | | | | | | | | | |
| Draft KHPF – Section 5.2.6; Sessional Paper 4; Sections 3.2; 3.2; 3.9; Section 5.1-213 Section; 4.1 -195 4.2; -204 Draft Health Bill Part 9 (Product Regulation) AOP 6 5.1.2; 5.2.65; 5.37 5.4.3 | Disease prevention and control Pharmacy: Ensuring security for commodities and supplies: Technical Planning and monitoring Pharmacy and Poisons Board: Policy formulation and strategic planning Capacity strengthening and retooling of management support, and service delivery staff | Availability of strategic documents: KHPF; KHSSP; Sessional Paper 4; KNPP-Implementation Plan; Health Products Regulatory Bill. Availability of AOPs and strategic plans | MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use: | Activity 2.1.1: Contribute to strengthening of health and Pharmaceutical policy and regulatory frameworks a. Contribute to the finalization of the health policies, Health Bill, the pharmaceutical practice laws and development of the Health Products and Technologies Regulatory Bill. | Ongoing – HCSM participated in two stakeholder consultative meetings for consensus on KFDA – HCSM contributed to the development of the overall health products [HPTs] regulatory Bill in four TWG meetings conducted during the quarter. – The Health Act; KHPF; KHSSP; KFDA, Pharmacy Practice Bill all in draft form | Major changes in the MOH organizational structures (due to devolution of health services) has caused delay in the finalization of the Health Act; KHPF; KHSSP | ○Support to a strengthened Directorate of Health Standards, Quality Assurance and Regulation [DHSQAR] for finalization of all legislative frameworks/ Bills. | | |
| | | | | b. Support development of the Pharmaceutical strategy or KNPP implementation plan and the dissemination of the Policy. | Ongoing – HCSM supported the Pharmaceutical Services Unit [PSU] to develop an Annual Operations Plan (AOP) | | | Implementation of most activities in the AOP not started due to ongoing MOH restructuring | ○Support to PSU to implement AOP |
| | | | | c. Support finalization and dissemination of the Pharmaceutical Governance Framework. | | | | | |
| | | | | d. Support to MOH to build governance capacity of key pharmaceutical sector departments, agencies or organizations such as PPB, NQCL & professional associations | | | | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|--|---|--|--|--|--|----------------------|---|
| | | | | e.g. through support for AOPs and Strategic plan development. | | | |
| KNPP Sessional Paper 4; Sections 3.2; 3.2; 3.9; Section 5.1-213 Section; 4.1 - 195 Section 4.2; - 204 | Pharmacy: Ensuring security for commodities and supplies: | Availability of a KNPP implementation plan Standard treatment guidelines and KEMML reviewed /disseminated | MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use: | Activity 2.1.2: 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 | | No variance | NA |
| | | | | b. Dissemination and sensitization of health care workers on the Pharmaceutical governance documents e.g. operation manual, Charter, SOPs through various media including the DOP website | | | |
| IR 2.2: 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 | | | | | | | |
| Sessional Paper 4; Sections - 3.6.1 – 120, - 130 | Pharmacy: Ensuring security for commodities and supplies | -Functional, strengthened NMTC for policies, guidelines and oversight for pharmaceutical | MOMS Strategic Plan 2008- 2012 pg | Activity 2.2.1: Technical Support to Medicines use practices at national and county level in select counties a. TA to strengthen the | Ongoing – Memo and concept note for NMTC TORs & Membership (in line with new dispensation) drafted and shared with Head of Clinical Services (Dr John Odondi) | NA | Finalization of NMTC TORs |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------|----------------|---|--|---|--|----------------------|--|
| | | services and care -County MTCs established -Revised & updated SCGs and KEML Revised AMU Guidelines -Blueprint for county pharmaceutical stores -Revised SS materials - Pharmaceutical SOPs, standards | 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use: | National MOH Medicines Use governance structure e.g. NMTC for improved for improved stewardship and oversight role of developing policies, guidelines and standards for improved medicine use and clinical governance. | | | |
| | | | | b. Support for establishment and operationalization of county MTCs in Kisumu, Kakamega and Mombasa | Ongoing – Concept of county MTCs introduced by Senior Management Team members to CHMT joint plans | NA | Liaise with Regional Teams to support establishment and rationalization of county MTCs |
| | | | | c. Support MOH to review and disseminate National Treatment Guidelines, EMLs and essential products and technologies lists, formularies, pharmaceutical service charter, SOPs, norms, standards and other reference documents as may be appropriate. | | | |
| | | | | d. Support to development of tools for medication | | | |

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|---|--|--|---------------------------|---|--|----------------------|---|
| | | | | error reporting/ monitoring systems. | | | |
| | | | | e. Support to MOH to strengthening SS - review and structured dissemination of SS guidelines, manual and checklist. | | | |
| Sessional Paper 4 – 3.9.3 -157-162 AOP 6 5.3.4 5.3.7 5.2.2 5.2.6 | % staff who have undergone CPD (Draft KHSSP) Capacity strengthening and retooling of management support, and service delivery staff KMTC: Policy formulation and strategic planning Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff Standards and | Pharmaceutical care and management modules for pre-service level developed CPD material/ guidelines developed & disseminated. Pharmaceutical services related guidelines, charter, and standard operating procedures finalized and disseminated Pharmacy practice standards developed | | Activity 2.2.2: Capacity building for improved health commodity management and pharmaceutical care a. Support middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care into curricula. | | | |
| | | | | b. Technical support to development, revision and dissemination of key health commodity management manuals, SOPS, Job aids and curricula | Ongoing – Initiated process of accreditation of MSH-supported curricula with regulatory bodies as below: Kenya Medical Practitioners & Dentists Board: ○ Pharmacovigilance: Quality, Safety and Efficacy of Medicines for Better Health Care ○ Effective Management & | NA | Finalize accreditation process with the various regulatory bodies |

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|-------------------|---------------------|--------|---------------------------|---|---|----------------------|---|
| | Regulatory Services | | | | <p>Appropriate Use of Medicines for Healthcare Providers</p> <p>Kenya Medical Laboratory Technologists and Technicians Board</p> <ul style="list-style-type: none"> ○ Effective Management of Medical Laboratory Commodities ○ TOT Course for Effective Management of Medical Laboratory Commodities | | |
| | | | | <p>c. Support to PPB in development and implementation of CPD framework and policies. - Support the development and implementation of standards and guidelines for pharmacy training in the country for all cadres</p> | <p>Ongoing</p> <ul style="list-style-type: none"> - Supported PPB to finalize the CPD guidelines for Pharmacy Practitioners | NA | <p>Printing of seed copies of the CPD Guidelines</p> |
| | | | | <p>d. Collaborate with MOH, regulatory authority, professional associations, private sector players and other stakeholders to develop and implement standards for pharmacy practice</p> | | | |

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|--|--|---|--|--|--|----------------------|---|
| Sessional Paper 4; section 145 PMI Kenya Malaria Operational Plan FY13 | | Rational use and availability of key anti-malarials and ARVs determined; Overall management of HIV and malaria plus quality care improved | Malaria M&E plan (page 56) PMI Kenya Malaria Operational Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48) MOMS Strategic Plan 2008- 2012 pg | Activity 2.2.3: Support for operational research including quality of care and medicine use surveys a. TA to priority health programs [NASCO, DOMC, DLTLD]. Conduct operational research, including quality of care surveys. | Ongoing – Conducted Drug Utilization Review for MDR TB. Findings disseminated during Lung Conference and Global TB Conference – Quality of care round six survey report finalized awaiting the final signing by the director before dissemination | | |
| | | | | b. Support to the NMTC, County MTCs and selected facility MTCs to conduct medicine use surveys to identify problems in service delivery, design and test innovative interventions. | | | |
| IR 2.3: Strengthened medicines quality assurance and pharmacovigilance (PV) | | | | | | | |
| 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, PHP Programs and county health teams equipped in PV data management and use; PV guidelines and reporting tools available | AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) | Activity 2.3.1: Support to PV data acquisition, management and use a. Capacity building on PV for health care workers and dissemination of guidelines, reporting tools in collaboration with CHMTs and other partners; | Ongoing – PPB held a four-day sensitization workshop for representatives of the Pharma Industry using HCSM-supported PV training materials (including PV eReporting System) – HCSM supported the University of Nairobi and the PPB to conduct a ½ day sensitization of | | |

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|-------------------|--|---|--|---|--|----------------------|---|
| | | E-PV system implemented Mechanisms for PV information sharing and feedback for decision making in place | | | final year pharmacy students on issues of PV.. This is part of efforts to ensure sustainability of PV initiatives by introducing this concept to pre-service health care workers | | |
| | | | | | b. Support for Roll-out of the Pharmacovigilance electronic reporting system; | | |
| | | | | | c. Support PPB to disseminate and obtain feedback on PV information | | |
| | | | | | d. Strengthen sentinel sites to boost reporting on PV | | |
| AOP 6 5.3.7 | Pharmacy and Poisons Board: Resource mobilization and partner coordination | Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-system implemented to boost reporting | AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) | Activity 2.3.2: Technical and operational support to PPB for regulation of health products and Post Marketing Surveillance (PMS) activities in collaboration with PPB, priority health programs and stakeholders | | | |
| | | | | a) Support to PPB to review devolution of regulatory functions for the pharmaceutical sector | | | |
| | | | | b) Support to PPB to develop a PMS | | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|--|--|--|---|---|---|---|---|
| | | | | strategy/framework under the devolved system | | | |
| | | | | c) Support to PPB, MOH and other stakeholders to plan for and implement PMS activities | | | |
| AOP 6 5.3.7 | Pharmacy and Poisons Board: Resource mobilization and partner coordination | Patient safety information available Consumer reporting system developed Improved capacity of health workers on medication error reporting | AOP 6 MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7) | Activity 2.3.3: Support to PPB and other stakeholders for targeted patient safety initiatives: a) Dissemination of patient safety information (e.g. Newsletters, e-shot, mass-media, campaigns) b) Support for the roll-out of consumer reporting system | Completed – Medicines Information and Pharmacovigilance (MIPV) newsletter finalized – PV data analyzed to inform patient safety 2-pager | None | |
| IR 2. 4: Improved Pharmaceutical Information Acquisition and Management | | | | | | | |
| Expected outcome: National P MIS that incorporates Pharmaceutical Management and related services developed | | | | | | | |
| HIS Strategic Plan 2009-2013 KNPP – Sessional Paper 4 of 2012. Section 3.8- 147 | | PMIS indicators developed PMIS conceptual framework developed | | Activity 2.3.4: TA for the development of a national Pharmaceutical Management Information System (PMIS) that incorporates all health commodities and related services a. Support MOH to conduct a review of existing PMIS tools at all levels and | Ongoing – PMIS development plans incorporated into the Pharmaceutical Services Unit (PSU) annual work plan | MOH activities delayed by ongoing restructuring of MOH structures | Engagement with PSU officials to plan for PMIS development |

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|-------------------|----------------|--------|---------------------------|---|--|----------------------|---|
| | | | | identify appropriate pharmaceutical services indicators | | | |

SO 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY

IR 3.2: An efficient and effective laboratory supply chain

Expected outcome: Improved management of laboratory commodities

| | | | | | | | |
|-------------------------|--|---|--|--|--|--|--|
| AOP 6 Sec 5.1.2 (Pg 71) | Table 5.2, Ensure security of Commodities and Supplies | Improved capacity of laboratory managers and staff to manage lab commodities effectively National laboratory MIS developed | Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level) | Activity 3.2.1: Build capacity of County laboratory managers and facility laboratory staff on commodity management and oversight a. Capacity build Lab county coordinators and CHMT on supply chain management and coordination, including supply chain and facility mapping and conducting data review. | | | |
| | | | | b. Support target county health teams to conduct integrated supportive supervision (Initially Lab specific and subsequently integrated) | | | |

| AOP Activity Ref. | Indicator Ref. | Output | Source (Ministry / Other) | Planned Activities (These include activities that were planned for in the last quarter) | Activity Status (This column states if activity has been completed, ongoing, Not done) | Reasons for Variance | Action plan (Brief explanation on how variance will be addressed) |
|-------------------------|--|--|--|--|--|----------------------|---|
| | | | | c. Strengthen and support CHMTs to undertake capacity building through OJT, mentorship & CMEs on the use of manual & electronic tools, lab commodity tracking and reporting systems. | | | |
| AOP 6 Sec 5.1.2 (Pg 71) | Table 5.2, Ensure security of Commodities and Supplies | Improved reporting rates on laboratory commodities at county and national level | Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level) | Activity 3.2.2: Strengthen Lab LMIS at the national level to improve commodity usage, reporting and decision making | | | |
| | | | | a. Support to MOH to develop an LMIS framework for lab commodities (Ref# Activity 1.1.2) | | | |
| | | | | b. Support to MOH to design nationally approved commodity management software platforms and pilot in target counties and/or facilities. | | | |
| AOP 6 5.1.2 (Pg 71) | Table 5.2, Ensure security of Commodities and Supplies | Improved access to and coverage of malaria diagnosis within the counties Integrated health | Proposed FY 2012 PMI Activities Implementation support for RDT | Activity 3.2.3: Support MOH in malaria Rapid Diagnostic Test (mRDT) rollout in facilities a. Support the National Malaria control | Ongoing – Draft QA/QC Implementation plan developed | | Finalize QA/ QC implementation plan |

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

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|--|---|--|--|--|--|---|--|--|--|
| <p>MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38)</p> <p>AOP 6 Sec 5.2.6 (Pg 97)</p> <p>AOP 6 Sec 5.1.2, Performance monitoring and evaluation</p> | <p>Ensure reliable access to quality, safe and affordable essential medicines and medical supplies.</p> <p>No. of laboratory personnel updated on laboratory skills</p> | <p>Improved coordination of laboratory commodity management activities</p> <p>Essential lab commodity lists developed and implemented</p> <p>Functional national lab commodity TWG</p> | <p>NPHLS AOP7 Policy formulation, implementation and evaluative; Monitor availability of test kits in the country through targeted supportive supervision (Page 5) NPHLS draft AOP 7</p> | <p>Activity 3.2.4: Support to MOH stewardship and coordination of laboratory commodity management at national level</p> <p>a. In collaboration with SPHLS and other stakeholders, HCSCM will work with MOH to establish a national lab commodity coordinating mechanism</p> | <p>Ongoing</p> <ul style="list-style-type: none"> In collaboration with MSH-SPHLS project meeting were held with heads of various Lab sections Diagnostic. NPHLS, NBTS Forensic Services) and agreed on a plan towards revival of the Lab “ICC”. | <p>On-going MOH restructuring delayed identification of MOH Lab management to plan with</p> | <p>Revision of TORs for the National Commodity management “TWG”.</p> | | |
| | | | | <p>b. Support MOH to finalize and disseminate the lab essential commodity and tracer lists.</p> | <p>Ongoing</p> <ul style="list-style-type: none"> KEMCLCL finalized and it currently awaiting MOH final review for their buy- in. | | | | |
| | | | | <p>c. Strengthen the MOH capacity to undertake national quantification, pipeline monitoring and distribution planning for priority lab commodities (HIV, Malaria and TB commodities)</p> | <p>Ongoing</p> <ul style="list-style-type: none"> Supported TB program to undertake annual quantification and supply plan review for lab commodities | | | | |
| | | | | <p>d. Develop capacity building materials to strengthen HIV Lab supply chain management and</p> | | | | | |

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|-------------------|----------------|--------|---------------------------|--|--|----------------------|---|
| | | | | coordination such as quantification, pipeline monitoring and redistribution. | | | |
| | | | | e. Strengthen MOH and partners such as Funzo-Kenya, APHIAplus. to implement the lab commodity management training (LCM) curriculum, the LCM TOT and lab SOPs | | | |