



Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM)

Quarterly Progress Report for FY 2014 Q2 (1st January 2014- 31st March 2014)

As of 31st March 2014



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

About MSH/HCSM

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

Recommended Citation

This document may be reproduced if credit is given to MSH/HCSM. Please use the following citation.

2014. *Management Sciences for Health/ Health Commodities and Services Management Program, Kenya, Quarterly Progress Report for FY 2014 Q2 (1st January 2014 - 31st March 2014)*. Submitted to the U.S. Agency for International Development/Kenya by the MSH/HCSM Program. Nairobi, Kenya

Prepared by:

Health Commodities and Services Management Program

Center for Pharmaceutical Management

Management Sciences for Health

ACK Garden House, 6th Floor, Wing B

1st Avenue, Ngong Road, Off Bishops Road

Telephone: 254-20-2714839

Fax: 254-20-2736881

Web: www.msh.org/our-work/projects/health-commodities-and-services-management

Table of Contents

ACRONYMS AND ABBREVIATIONS	III
1. EXECUTIVE SUMMARY	I
2. KEY ACHIEVEMENTS.....	4
2.1. RESULT AREA 1: STRENGTHENED MOH COMMODITY MANAGEMENT	4
2.1.1. <i>Support to commodity management at national level</i>	4
2.1.2. <i>Commodity Management Support at County Level</i>	9
2.2. RESULT AREA 2: STRENGTHENED PHARMACEUTICAL POLICY AND SERVICE DELIVERY	16
2.2.1. <i>HCSM support for pharmaceutical policy and service delivery at national level</i>	16
2.2.2. <i>HCSM support for Pharmaceutical Policy and services at County Level</i>	19
2.3. RESULT AREA 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY AND SERVICE DELIVERY.....	20
2.3.1. <i>National Level support for laboratory commodity security</i>	20
2.3.2. <i>County Level support for laboratory commodity security</i>	21
3. CHALLENGES AND LESSONS LEARNT	22
4. PERFORMANCE MONITORING.....	26
4.1. SUPPORT TO MALARIA'S ROUND 7 QUALITY OF CARE SURVEY	26
4.2. SUPPORT TO DATA QUALITY AUDIT ACTIVITY CONDUCTED BY USAID.....	26
5. PROGRESS ON LINKS TO OTHER USAID PROGRAMS.....	26
6. PROGRESS ON LINKS WITH GOK AGENCIES.....	27
7. PROGRESS ON USAID FORWARD	27
8. SUSTAINABILITY AND EXIT STRATEGY.....	27
9. SUBSEQUENT QUARTER'S WORK PLAN.....	29
10. FINANCIAL INFORMATION.....	33
11. PROJECT ADMINISTRATION.....	34
12. SUCCESS STORIES.....	36
13. LIST OF DELIVERABLE PRODUCTS.....	39

Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ADT	ART Dispensing Tool
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
CHAI	Clinton Health Access Initiative
CME	Continuing Medical Education
CPD	Continuing professional development
DHIS	District Health Information System
DRHC	District Reproductive Health Coordinator
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family planning
F&Q	Forecasting and Quantification
GDF	Global Drug Facility
HCSM	Health Commodities and Services Management (program)
HIS	Health Information Systems
ICC	Inter-Agency Coordinating Committee
KEML	Kenya Essential Medicines List
KMTC	Kenya Medical Training College
LCM	Laboratory Commodity Management
LMIS	Logistics Management Information System
MCU	Malaria Control Unit
MoH	Ministries of Health
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
M&E	Monitoring and Evaluation
NASCOP	National AIDS & STI Control Program
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PPB	Pharmacy and Poisons Board
PV	Pharmacovigilance
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RMHSU	Reproductive and Maternal Health Services Unit
RTK	Rapid Test Kit
SDP	Service Delivery Point
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development

1. EXECUTIVE SUMMARY

During the quarter the program reached significant milestones in its twin objectives of improving overall commodity security and skills transfer/ transitioning oversight for commodity security and supply chain management to MOH staff across all PHP programs. For HIV/AIDS, the program working with NASCOP and other stakeholders initiated the procurement of key programmatic commodities to forestall any stock-outs at central level through support and TA for the scheduled monthly commodity security committee meetings and ARV procurement planning meetings. Moreover, the scope of the procurement planning meetings was widened to cover nutrition and HIV lab commodities. All these processes were led by NASCOP staff, the results of the program's proactive approach to transfer skills and leadership for commodity security and management to MoH for sustainability.

A key innovation during the quarter was the development of the Forecasting and Quantification (F&Q) variance analysis model enabling the evaluation of the accuracy of the national F&Q exercise for the various HIV/AIDS commodities. This is expected to further contribute towards overall commodity security at national level.

With regard to the RH/FP program, the annual F&Q and Supply Plan for FY 2013/14- 2014/15 was finalized subsequently informing the development of a revised supply plan to schedule commodity deliveries and preempt supply disruptions. Moreover, gaps in FP donor commitments have been identified and the Reproductive and Maternal Health Services Unit (RMHSU) is leading discussions on how to address these supply gaps.

For the malaria program, in addition to support for supply chain related activities, the program provided TA for the on-going development of the Malaria RDT Quality Assurance/Quality Control (QA/QC) implementation plan and the execution of the Malaria Quality of Care Round Seven survey.

Across all PHPs, the program made significant progress in transitioning reporting to electronic platforms or improving reporting rates for the various commodities. Reporting rates for Malaria through the DHIS 2 platform remained high at over 70% whereas progress was made to transition FP/RH and HIV RTK reporting to DHIS 2 and the HCMP respectively. Development of various dashboards in DHIS 2 for visualization of commodity data and to facilitate use of data for decision-making is in progress.

Significant results aligned to the program's county focus were achieved this quarter. Priorities identified at the beginning of the quarter included support for the establishment and operation of county commodity Technical Working Groups (TWGs), capacity building for forecasting and quantification and TA for transitioning of commodity reporting to electronic platforms. All the priority counties now have functional TWGs, quantification training and exercises have been conducted in 7 counties, DHIS 2 orientation workshops done in 9 counties and support for HIV RTK reporting through the HCMP portal accomplished in 10 out of the 13 counties. In addition, specific support continues to be provided to the counties for the scale-up and/or maintenance of the ADT, a key transaction processing system for the management of HIV/AIDS patients and commodities.

With regard to pharmaceutical policy and service delivery, significant achievements were attained on several fronts. Working with the Pharmaceutical Services Unit (PSU), the National Medicines and Therapeutics Committee was reactivated and is expected to provide leadership in the area of clinical governance. In addition, the HCSM program and PSU pre-tested and finalized the national quantification training package for health commodities. At pre-service level, the program supported the KMTC to review its pharmacy diploma curriculum to incorporate commodity management, pharmacovigilance and other pharmaceutical care topics to better align the course to meet the

competencies, skills and knowledge required for practice. Moreover, the program collaborated with the University of Nairobi to strengthen the preceptorship program for final year students contributing towards improving practice-readiness for graduates from the pharmacy school. At in-service level, the guidelines for implementation of CPD for pharmaceutical practitioners were finalized pending dissemination in the next quarter. Building on previous efforts towards improving medicine safety, the program supported the Pharmacy and Poisons Board and NASCOP to produce the first ever pharmacovigilance strategic information 2-pager providing a summary of ADRs reported to the regulatory body. This is expected to contribute towards evidence-based decision-making in the selection and use of medicines.

Two significant achievements stood out during the quarter in the program's support for laboratory governance, commodity security and service delivery. The first was the finalization of the Kenya Essential Medical Laboratories Commodities List an important resource for guiding selection and procurement of laboratory commodities. The second was the finalization of the Malaria RDT QA/QC implementation plan aimed at improving the quality of testing for malaria in the country.

The table below shows highlights of the key achievements.

Focus Area	Highlights
Commodity management	<ul style="list-style-type: none"> • The PHPs [HIV, FP, Malaria] and HIV lab have functional commodity security committees at national level, all having met during the reporting period • ALL the PHPs and HIV Lab were able to generate monthly commodity stock status reports • Accuracy of quantification-In the F&Q for FY 2013-14, the majority of key adult 1st line regimens (Options 4, 5 and 6 that cover 60% of adult ART patients) were within forecast target; however all the paediatric ART 1st line regimens were outside the range. • Commodity technical working groups have been established in all the 13 priority counties with 179 HCWs from 7 out of these counties trained on quantification. These 7 counties were able to determine their respective health commodity needs during quantification exercises following the training
Pharmaceutical policy and service delivery	<ul style="list-style-type: none"> • Two institutions of higher learning, UoN and KMTC were provided with technical assistance for restructuring and revising their pharmacy course curricula and preceptorship programs to incorporate elements of commodity management, Pharmacovigilance and Pharmaceutical care. • Improved reporting of ADRs and poor quality medicinal products with a total of 609 ADR reports submitted to PPB between October 2013 and March 2014 with 24% being sent electronically through the electronic PV reporting system. 70 poor quality medical products reports were sent during this period with 41% being submitted electronically.
Laboratory governance, commodity security and service delivery	<ul style="list-style-type: none"> • Improved reporting of laboratory commodity consumption data- 9 of the 13 HCSM priority counties covering a total of 63 health care workers were trained and started using the electronic HCMP portal for reporting of RTKs. • The Kenya Essential Medical Laboratory Commodities List (KEMLCL) was finalized and approved by MoH. • Draft implementation plan for the Malaria RDT QA/QC was developed. The initiative targets to improve the quality of testing for malaria diagnosis in the country.

Project Administration

The program's Q2 progress review meeting was held on schedule where specific actions for the subsequent quarter were agreed upon. Significantly due to absence of direct funding for TB related activities, the program has ceased providing support for the national TB program except where

covered under cross cutting support for overall commodity management. The program is also reviewing and closely monitoring activity implementation to ensure that the burn rate is managed and aligned with available resources. In addition, the program is working on bringing its cost-share contribution of its funding to the required level.

2. KEY ACHIEVEMENTS

Health Commodities and Services Management (HCSM) is a 5 year (1st April 2011 to 31st March 2016) USAID Kenya funded program, implemented by Management Sciences for Health (MSH). In line with the USAID/Kenya implementation framework for health and the Ministry of Health national health strategic plans, MSH/HCSM program focuses on health systems strengthening in the pharmaceutical and laboratory sectors. It's key outcome areas are:

- Improved commodity management at national Ministry of Health level and Health facilities
- Strengthened Pharmaceutical Policy and Service Delivery
- Improved Laboratory Governance, Commodity Security and Service Delivery (implemented in collaboration with CDC-funded laboratory support program implemented through MSH)

During the quarter ending 31st March 2014, the program continued to build on activities that were initiated in the previous quarter at national level and in priority counties. It is envisaged that best practices will be adopted and scaled up to the rest of the country through other implementing partners.

2.1. Result Area 1: Strengthened MOH Commodity Management

2.1.1. Support to commodity management at national level

HCSM work at central level during Q2 was aimed at supporting the priority health programs (PHPs) ensure business continuity and minimize supply chain disruptions in the face of on-going organizational and strategic changes at MOH central level. This fluid operating environment meant that priority during the quarter was given to operational matters, with limited attention to strategic activities like the transfer of skills and roles to the PHP staff. The activities under each PHP are outlined below.

A. HIV/AIDS

During the quarter the program provided technical support to NASCOP staff responsible for leading commodity security and pipeline monitoring activities. Some of the MOH activity leads have been moved in the ongoing restructuring at national level stalling the transition of commodity management roles to NSACOP staff, with these responsibilities reverting back to HCSM in the interim. . As a consequence of these changes, HCSM and other partners were forced to assume greater roles in NASCOP operations and to lead processes that should ordinarily be led by NASCOP staff. Key activities undertaken during this quarter are summarized below.

Table 1: HIV Related Activities

Objective	Output	Outcome
Skills transfer in commodity security and supply chain oversight /	Dissemination of the HIV RTK End-Use Verification report conducted in the programs 13 priority counties made to NASCOP's Head and program managers.	Led to the decision by Head NASCOP to suspend supply of ad hoc (emergency) requests for supply of HIV RTK from facilities/partners.

Objective	Output	Outcome
improved Commodity Security	<p>NASCOP staff convened and led monthly HIV commodity security meetings and ARV procurement planning meetings</p> <p>Widened the scope of routine procurement planning meetings to cover Nutrition and HIV lab commodities.</p> <p>An updated calendar of HIV commodity security committee meetings for 2014 has been prepared.</p>	<p>Initiated timely procurement of commodities, this contributed to reduced central level stock outs</p>
	<p>NASCOP staff prepared monthly National ARV Stock status reports and carried out pipeline monitoring. ARV 2-pager stock status reports for Dec 2013 and January 2014 disseminated</p>	<p>Consistent supply of ARVs to health facilities nationwide</p>
	<p>In preparations for the next quantification cycle (2014/2015), an analysis of forecast accuracy of the previous F&Q exercise was conducted to compare forecasted quantities to actual consumption for the various adult and paediatric regimens. Figure 1 below shows the output of the exercise.</p>	<p>The variance analysis identified the commodities with variance outside the acceptable range and helped focus the review process on the areas that need improvement.</p>

A model assessing the accuracy of forecasting for ARV medicines for the FY 2013-14 was developed and presented to an F&Q planning meeting at NASCOP. Forecast accuracy is one of the indicators used to measure supply chain management performance national level. Figure 1 below shows the forecast accuracy as determined by comparing adjusted national consumption quantities compared to forecast quantities. The best practice target for forecast accuracy is one that falls within $\pm 25\%$ when compared to actual consumption (between the red lines in figure 1).

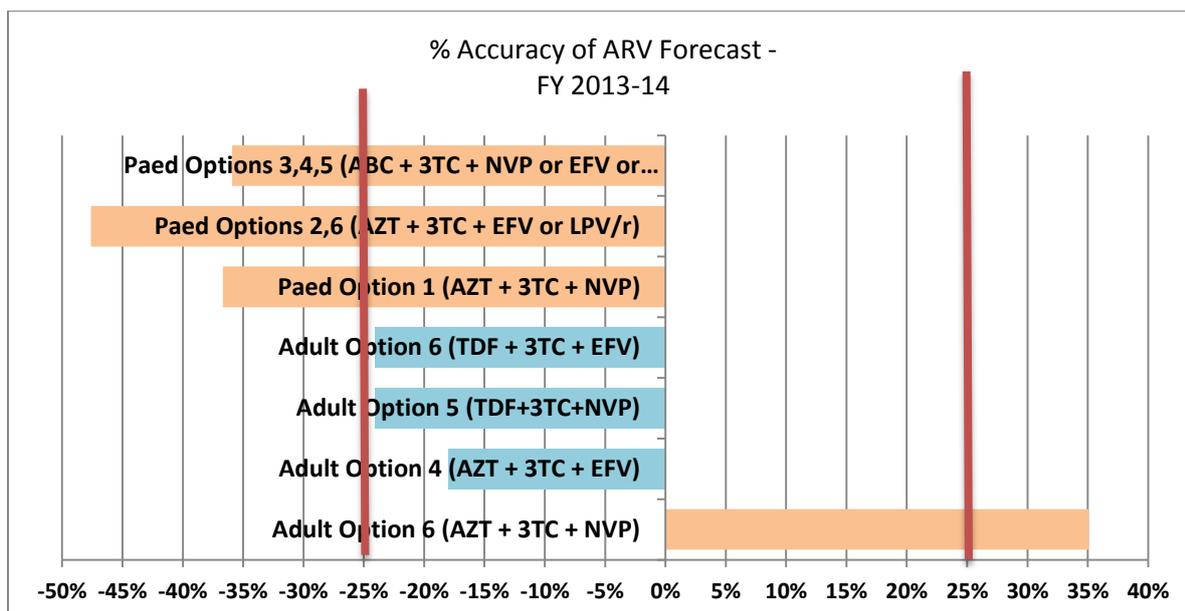


Figure 1: Analysis of ARV forecast accuracy

The majority of the key Adult first line regimens (Options 4, 5 and 6 that cumulatively support 60% of adult ART patients) are within the target showing a high accuracy level of the FY 2013-14 F&Q, however all the Paediatric ART 1st line regimens are outside the acceptable range. Adult first line options 1 and 2 that are used by 2% of adults were not covered since they are Stavudine-based and are being phased out. The results show that NASCOP should aim to improve accuracy in future forecasting for the paediatric ART medicines.

B. Family Planning

During Quarter 2, HCSM support to the Reproductive and Maternal Health Services Unit (RMHSU) was aimed at facilitating the process of partner resource commitment for commodity procurements during the transition to the devolved government and ensuring uninterrupted availability of FP commodities at county level. The achievements in this regard are summarized below.

Table 2: FP Related Activities

Objective	Output	Outcome &/or next steps
Skills transfer in commodity security and supply chain oversight / improved Commodity Security	Quantification review workshop was held from 18 th – 19 th February 2014. The annual forecasts and supply plan for FY2013/14 – 2014/15 were reviewed and a revised supply plan generated.	Revised supply plan was used to schedule commodity deliveries and preempt supply disruptions.
	National FP commodity security meeting held on 18 th March 2014, convening FP donors and stakeholders.	Gaps in FP commodity donor commitments identified. RMHSU leading discussion on how to address the supply gaps. Revised procurement schedules agreed with FP partners to mitigate supply

		<p>disruptions.</p> <p>RMHSU initiated two distributions to former district stores – through KEMSA and PS/Kenya</p>
	<p>Monthly FP logistics TWG held in January and March 2014.</p>	<p>The FP commodity dashboard was updated and used for pipeline monitoring. Figure 5 depicts such dashboards.</p>
	<p>FP partners meeting held on 19th and 20th March 2014 involving all partners supporting FP with USAID as convener.</p>	<p>Consensus reached on support to improve reporting on commodity use.</p>

A key concern for the RHMSU during the quarter was the relatively slow uptake of FP commodities by counties from the central level (KEMSA). While the commodities were available to the counties free of charge, it was not clear how the warehousing and distribution costs would be managed. This lack of clarity contributed to the slow uptake. To mitigate the negative impact on FP commodity availability, RMHSU arranged two distributions to district stores.

Additionally dashboards developed in the previous quarter are now fully functional and are being used to auto-generate national stock status reports. The dash board will also give FP partners and stakeholders access to FP commodities data.



Figure 2: FP Dashboard

C. Malaria

The Malaria program activities were affected by two major delays this quarter: the delay in payment of Railway Development Levy for mRDTs which resulted in a major supply disruption; and the

delay in the release of Malaria funds which resulted in the late execution of the Malaria Quality of Care round seven Survey. In addition to these delays, the Malaria Control Unit (MCU) was also affected by the ongoing MOH restructuring process with key staff being moved. HCSM support to MCU this quarter was focused on mitigating the impact of the delays and staff movements on malaria commodity availability across the country. Key activities are summarized below.

Table 3: Malaria Related Activities

Objective	Output	Outcome &/or next steps
Skills transfer in commodity security and supply chain oversight/ improved Commodity Security	Facilitated the Malaria Control Unit to conduct monthly pipeline monitoring for malaria commodities and produce 2-pager stock status report	Facilitated central level decision making on procurement and distribution of malaria commodities.
	Technical assistance to malaria RDT QA/QC implementation plan review meeting	Final draft agreed – formal adoption and execution expected in quarter three.
Support for operational research including quality of care and medicine use surveys	Provided technical support to the malaria Quality of Care (QoC) survey - round seven.	Data analysis and report writing on going, final report scheduled to be completed in April 2014.
Support development of a national harmonized LMIS strategy and implement appropriate interventions	Malaria commodity dashboard concept note approved by the drug management subcommittee. Initiated meeting between MCU and Division of HIS to create the dashboard.	Malaria dashboard uploads onto DHIS2 to enhance commodity visibility and make it easier to use the data for decision making.

As part of initiatives aimed at strengthening the use of data for decision making HCSM provided technical support to the development of a Google earth based application that uses the data from DHIS2 to prepare a graphic national malaria commodities stock status report as show in figure 2 below.

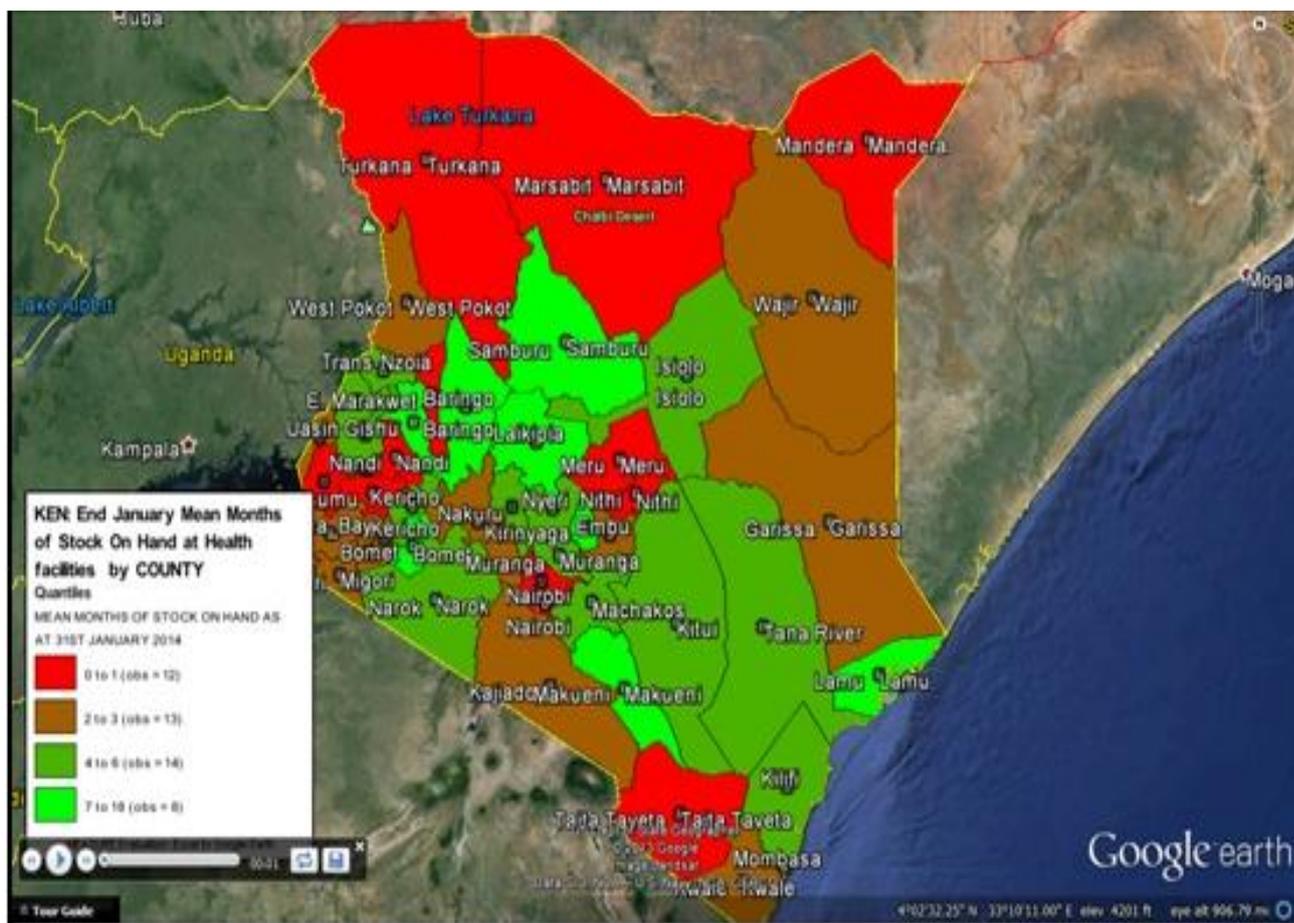


Figure 2 : Malaria commodities Months of Stock (MOS) by county as at end January 2014

The graphical presentation of stock status across the country will allow both central and county level staff to know the status of each county and to decide on the actions required to avoid pipeline breaks including re-distribution where appropriate. It will also act as an early warning system that guides MCU in prioritizing national level commodity interventions.

2.1.2. Commodity Management Support at County Level

Having transitioned from countrywide coverage in the previous quarter, the program focused most of its regional level technical support to 13 priority counties during the January to March quarter in the Western and Coast regions of the country. The program focused on the following areas during the quarter:

- Strengthening stewardship for commodity management at county level targeting to mainstream and integrate oversight for all commodities including HIV/AIDS, FP/RH, and Malaria through county level commodity TWGs
- Capacity building and skills transfer to county level managers and facility staff for improved commodity management with a focus on quantification of requirements for essential health products including those for priority health programs
- Support for improving commodity usage reporting through capacity building and TA to enhance reporting through online platforms

The overall outcome of these initiatives is to ensure commodity security at county level through enhanced oversight and improved management and accountability of key commodities thereby supporting implementation of PHP programs and delivery of quality care and services across the entire health system.

The project adopted a collaborative approach to activity implementation working with CHMTs, regional implementing partners and other stakeholders. The program proactively sought the participation of the FBO and the private sectors in all activities/interventions in line with its principle for whole-market and sector-wide support for commodity management. Interventions at county level were largely cross cutting, simultaneously impacting on priorities and results for all the PHPs and the EMMS supply chains concurrently.

The table below summarizes the activities implemented in the 13 priority counties. Further details on these activities are provided in subsequent sections.

Table 4: Summary of activities implemented in the counties as at 31st March 2014

Activity	Bungoma	Busia	Kakamega	Vihiga	Nyamira	HomaBay	Migori	Kisii	Siaya	Kisumu	Mombasa	Kilifi	Kwale
County SC mapping report dissemination and joint planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
County Commodity Security TWG formed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quantification data collection	X	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓
County Quantification Workshop*	X	X	X	✓	✓	✓	✓	X	X	X	✓	✓	✓
DHIS2 Orientation	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	X	X
HCMP Orientation	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓

NB: * - includes quantification training and actual county level quantification

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

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

HCSM program worked with county health management teams (CHMTs) to establish commodity technical working groups (TWGs) in the 13 priority counties. These committees are expected to play a coordinating and oversight role for commodity management in their respective counties, being responsible for overall commodity security. The output for this activity is that all 13 counties now have functional TWGs with written Terms of Reference (TORs) and calendar of activities. These TWGs have collaborated with HCSM and taken leadership for the implementation of interventions to improve commodity management

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 mapping and role clarification.

Having carried out supply chain mapping in the previous quarter, the project disseminated findings from this exercise in all the 13 priority counties covering county level managers and key staff from the facilities. The dissemination was structured to cover the following:

- Background: why the mapping was done
- Methodology: sampling, data collection and analysis
- Summary of findings: what the key gaps were in areas of inventory management, commodity reporting; end user verification for HIV RTKs
- Key recommendations for best practices
- Action planning towards achieving best practices

A key output from each dissemination meeting were action plans to address the major gaps identified during the supply chain mapping exercise. The table below provides a summary on participants for each priority county

Table 5: Dissemination of Supply Chain Mapping Findings

County	Kakamega	Vihiga	Busia	Bungoma	Kisumu	Siaya	Nyamira	Homabay	Kisii	Migori	Mombasa	Kwale	Kilifi	TOTAL
Participants reached	52	32	52	55	47	41	34	31	38	34	38	ND	27	366

b) Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors

Orientations were done to 179 CHMT and other focal staff from seven counties. Further, the seven counties undertook quantification of requirements based on commodity data gathered from facilities in their respective regions. Products covered during the exercise included EMMS and key commodities for the PHP programs. The table below provides details on this activity for each of the counties and the immediate outcomes

Table 6: Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors

County	# of participants	Outcomes	Products
Vihiga	19	County to use quantification results to advocate for resource allocation for commodities	<ul style="list-style-type: none"> • Quantification report with health commodity requirements • Action plans to improve on accuracy of future quantifications
Nyamira	26	The county will use quantification results to support their proposed commodity budget for FY2014/15 Having noted inadequacies in the data used for quantification, the county will also conduct a review of the quantification later in the year when new data is available so as to validate the current commodity estimates	
Homabay	35	The county had already placed its budget request form commodities by the time quantification was done.	

County	# of participants	Outcomes	Products
		However, it will use the results to support request for a supplementary budget if that becomes necessary.	
Migori	30	County to use quantification results to refine commodity budget to be submitted in April 2014.	
Mombasa	23	Quantification Report has been used to acquire a budget allocation of Ksh 119 million out of which commodities worth KSh 40 million have been procured so far.	
Kwale	24	The quantification results are to be used to secure budgetary allocation and eventually in the procurement of the county health commodities.	
Kilifi	22		

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

This is a key result area for the program as commodity usage data provides the basis for decision-making on re-supply, a key component in ensuring commodity security. Thus, the program worked at two levels- strengthening commodity and patient data collection at facility level and supporting the reporting/ transmission of aggregated data to county/national levels. At facility level, the program continued to support the scale up of ADT, a key transaction processing tool for the ART program. Overall, the program supported ADT scale-up and use in eight counties. Specific details are provided in table 4 below:

Table 7: Support to MOH and target counties for the scale-up of ADT and strengthening of ADT support at peripheral level

County	Activity implemented	Outcome/Next steps
Kakamega	Assessed the status of ADT in 15 health facilities in Kakamega county in collaboration with APHIA plus counterparts. Provided ADT support to Kakamega County Referral General Hospital and Iguhu County Hospital Provided OJT to 2 TOTs to troubleshoot challenges that arise in ADT Usage	Identified need for ADT upgrade in 8 sites Identified need for OJT in 10 sites Identified need for antivirus in 5 sites
Vihiga	Assessed the status of ADT in 4 health facilities in Vihiga county in collaboration with APHIA plus Provided ADT support to Vihiga County Hospital, Provided OJT to 2 TOTs to troubleshoot challenges that arise in ADT Usage	Identified need for OJT in 3 sites Identified need for installation of antivirus in 2 sites
Kisumu	Oriented 6 ADT super ToTs in Kisumu Provided new ADT tool via ICAP commodity focal person	This is expected to facilitate quick troubleshooting of ADT problems as well as installation of the ADT software to new sites.
Siaya	Oriented 5 ADT super ToTs in Siaya	
Nyamira	Supported ADT Repair and mentorship in Keroka SDH, One new ADT site (Esani SDH) in Nyamira county in collaboration APHIA plus.	The sites that were supported are now better placed to use ADT to provide timely and accurate reports on ART
Homabay	Provided TA and ADT installation for Kendu SDH, Homa Bay DH, Rangwe SDH and Ndhiwa SDH in collaboration EGPAF pamoja.	The sites that were supported are now better placed to use ADT to provide timely and accurate reports on ART

County	Activity implemented	Outcome/Next steps
Kisii	Provided remote assistance to Kisii Level 5 to enable the facility track cotrimoxazole syrup dispensed as OI medicine through the ADT	The facility is now able to utilize additional functions of ADT beyond tracking ARVs.
Migori	Provided the latest version of ADT to county pharmacist for installation in new sites	The county pharmacist will identify new sites

Support to CHMT for improved monitoring of commodity reporting rates and use of data for decision making through application of targeted interventions including use of technology

a) Use of DHIS2 for commodity consumption reporting

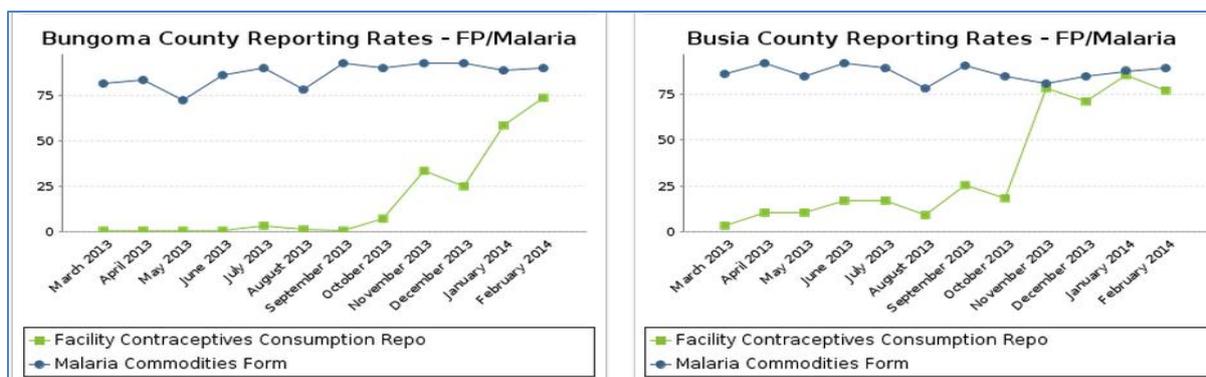
The program focused on supporting counties to transition from paper based reporting to online reporting for commodities, specifically for Malaria, FP, CD4 reagents, HIV RTKs and HIV nutrition. Health workers from 8 counties were oriented on use of DHIS2 for Malaria, FP, CD4 reagents, HIV RTKs and HIV nutrition reporting. During the same period, 10 counties were oriented on use of the Health Commodity Management Platform (HCMP) to report for HIV RTKs. The table below provides a summary on orientations conducted for the two reporting platforms (DHIS2 and HCMP) in various counties.

Table 8: Support to CHMT for improved monitoring of commodity reporting rates through application of targeted interventions including use of technology

Platform	Counties oriented	Counties pending	Outcome
DHIS2*	Busia, Kisumu, Siaya, Nyamira, Kisii, Migori, Homabay, Mombasa	Kakamega, Vihiga, Kwale, Kilifi	Improved reporting rates in all counties especially for FP commodities, for example, it increased from 7.4% to 74% and from 18% to 77% in Bungoma and Busia county respectively as shown in figure 4.
HCMP	Kakamega, Vihiga, Busia, Kisumu, Nyamira, Kisii, Homabay, Mombasa, Kwale, Kilifi	Bungoma, Siaya, Migori	Improved reporting rates

*NB: the DHIS Orientation for Bungoma was conducted in the previous quarter (Oct-Dec 2013)

Figure 4: Reporting Rate for FP and Malaria Commodities

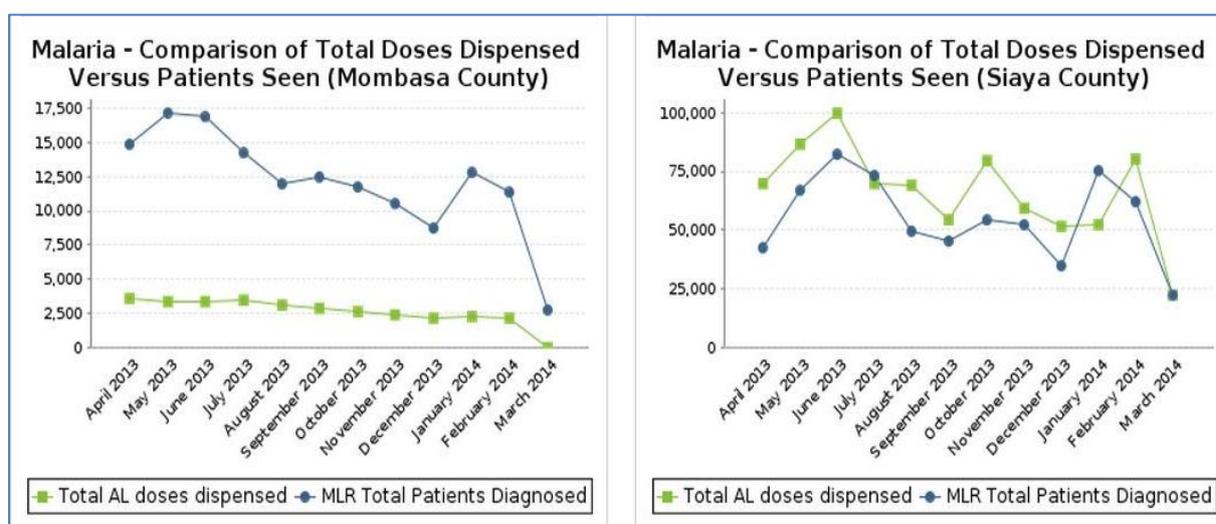


b) Information dashboards for data access, processing and triangulation for decision-making

The program has worked to develop dashboards to enable enquiry and triangulation of information from the DHIS 2 to support decision-making at various levels. These include dashboards that enable monitoring of reporting rates and facilitate follow-up of non-reporting sites by the sub-counties/ counties and those that enable triangulation of commodity consumption data and service data. Figure 4 below shows such triangulation between AL consumption data against number of patients diagnosed with malaria in Mombasa and Siaya counties.

For Siaya County, it would appear that more doses of AL were dispensed than patients seen. This can be attributed to patients being treated for malaria without testing. In the second chart for Mombasa, the graph depicts lower consumption of AL compared to the patients seen. Feedback from the Mombasa county team revealed the fact that most facilities were largely stocked out and patients were therefore referred to procure AL from private pharmacies. An ideal case would have minimal variance between doses dispensed and patients treated.

Figure 5: Comparison of Commodity data and Service data for Siaya and Mombasa County



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

The project involved has implemented system strengthening approaches that aim at having a whole market approach. To this end the program worked with CHMT and ensured inclusion of FBO

sector in regional health commodity management activities in the county and FBOs were represented as follows

- In 7 out of 12 counties had FBO sector representation in the Supply Chain Mapping Dissemination meeting
- 4 out 8 counties had representative from the FBOs sector during orientations on use of DHIS2 for commodity reporting

Overall, the program targets to channel its TA to FBO and private sector facilities through CHMT-led activities in order to ensure uniformity of practice and standards across all sectors.

2.2. Result Area 2: Strengthened Pharmaceutical Policy and Service Delivery

This technical area focuses on interventions aimed at strengthening governance and improving service delivery in the pharmaceutical sector to promote access to quality, efficacious and safe medicines and health commodities in the public, private and faith-based sectors across all tiers of care. Under this area, the HCSM program works with the Pharmaceutical Services Unit, the regulatory body – Pharmacy and Poisons Board (PPB), professional organizations, training institutions, priority health programs, the county health system and other stakeholders.

Devolution of health services has led to significant changes in the organizational structure and staffing levels at the MOH's national level. This has subsequently resulted in delay or re-prioritization of HCSM-supported activities by national level counterparts.

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 with the goal of:

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

During the quarter under review, the program collaborated with national level institutions such as the Pharmaceutical Services Unit (PSU), the Pharmacy and Poisons Board (PPB) and the National AIDS and STI Control Program (NAS COP) to develop/review essential medicines and medical supplies (EMMS) commodity management guidelines, the integrated commodity management curriculum, Quantification training materials and HIV Pharmacovigilance orientation package in line with the new governance structure. To promote appropriate use of medicines and health commodities, the HCSM program supported development of a concept paper advocating for the reactivation of the national medicines and therapeutics committee (NMTC). This committee has since been reconstituted with the appointment of new members by the principal secretary for health. The program also collaborated with the two main training institutions for pharmacy personnel- the University of Nairobi (UoN) and the Kenya Medical Training College (KMTC) to strengthen their pre-service curricula by restructuring the UoN preceptorship program; and restructuring the KMTC course through incorporation of commodity management and pharmaceutical care topics. This is a significant step in promoting sustainability of best practices to ensure continuous availability and appropriate use of health commodities.

The HCSM program leveraged funding from PEPFAR, PMI and POP to support implementation of these integrated activities and realization of results in this technical area.

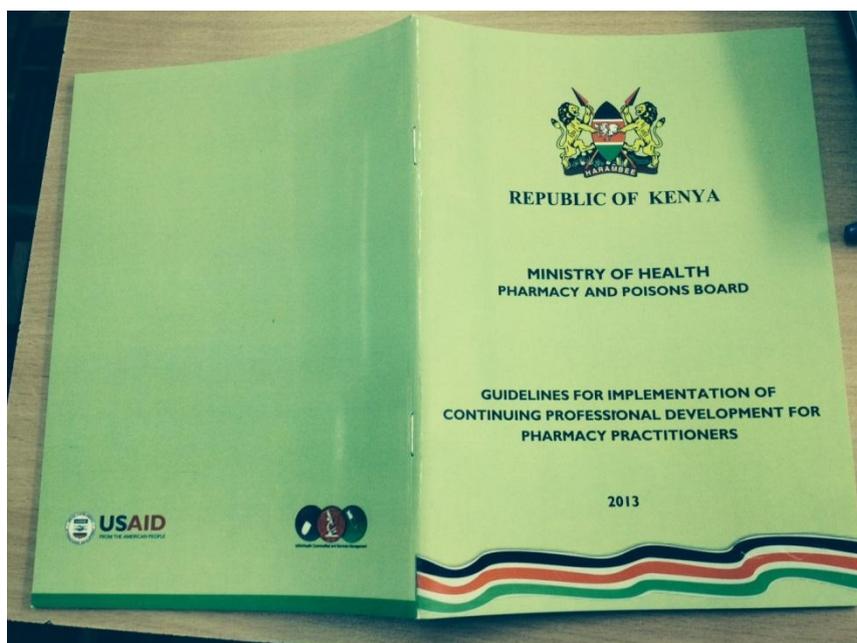
2.2.1. HCSM support for pharmaceutical policy and service delivery at national level

The achievements realized at national level during the quarter are outlined below in the table below.

Table 9: Summary of national level achievements on pharmaceutical policy and service delivery

Objective	Achievement Type	Description & Outcome
Strengthened Pharmaceutical sub-sector governance	Strengthening of health and pharmaceutical policy and regulatory frameworks	
	Materials produced	The Kenya Essential Medical Laboratory Commodities List (KEMLCL) was finalized. <i>The KEMLCL will be a key document for guiding counties and national level as well as development partners in the selection, procurement & distribution of lab commodities for the public sector. The items in this KEMLCL will be part of the integrated health products and technologies list.</i>
Improved delivery of pharmaceutical services	Improve medicines use practices at national and county level in select counties	
	Milestone	New members of national Medicines and Therapeutics Committee (NMTC) official appointed by Principal Secretary, Ministry of Health <i>The NMTC is an important standing committee of MOH that supports clinical governance through development and dissemination of policies and standards for therapeutics and appropriate medicine use</i>
	Support MOH to review and disseminate National Treatment Guidelines and other reference documents	
	Materials reviewed and updated	HCSM supported MOH/ PSU to update the content of the curricula and guidelines for Essential Medicines and Medical Supplies (EMMS) management and Forecasting and Quantification (F&Q) in line with the devolved system of governance <i>Dissemination of these key curricula planned from Quarter 3 2014</i>
	Support to MOH to strengthening Supportive Supervision (SS)	
Scored SS commodity management checklist developed	HCSM supported development of a scored SS checklist that will help to objectively assess commodity management and reporting practices, identify poorly-performing facilities for priority support and track performance over time <i>The scored SS checklist being implemented in HCSM priority counties in Q3 (April – June 2014)</i>	
Capacity building for improved health commodity management and pharmaceutical care	TA for curriculum review of the KMTC Pharmacy Diploma Course	HCSM supported the Kenya Medical Training College (KMTC) during their pharmacy diploma curriculum review to incorporate commodity management, pharmacovigilance and other pharmaceutical care topics into the KMTC Pharmacy Diploma curriculum. This was done jointly with MSH/LMS program where MSH/LMS incorporated the leadership and Management topics. <i>This is a huge step in ensuring sustainability by training of pre-service pharmacy staff to ensure appropriate commodity management practices</i>
	TA to UoN pharmacy students preceptorship program	HCSM supported UoN to review the preceptorship program to among other things, incorporate commodity management and pharmacovigilance as areas for assessment during the 4 th Year pharmacy degree attachment periods

Objective	Achievement Type	Description & Outcome
Support for operational research including quality of care and medicine use surveys	TA to NASCOP to compile CEM Study Protocol	Supported NASCOP to develop protocol for Cohort Event Monitoring (CEM) for ARVs <i>CEM is critical in roll out of the ART program to ensure patient safety by helping to identify the incidence of Adverse Drug Reactions (ADRs) among patients and informing treatment guidelines review</i>
	Supported the malaria control unit (MCU) to undertake a Malaria quality of care survey round seven	Data analysis and report writing on going, final report scheduled to be completed in April 2014. The malaria QoC Survey is an important exercise that evaluates practices relating to management of malaria cases providing an avenue to identify gaps in the quality of care that are subsequently addressed
Strengthened medicines quality assurance and pharmacovigilance (PV)	Support to PV data acquisition, management and use	
	TA for data analysis and use for decision making	Provided TA to NASCOP and PPB in data analysis and compilation of first ever pharmacovigilance strategic information 2-pager; this document provides a summary of ADRs reported to the PPB and highlights trends that might contribute towards evidence-based decision-making in the selection and use of medicines at all levels.
	Support to strengthen PPB in its role of dissemination of and obtaining feedback on PV information	
	TA for technical application to regional Regulatory Body (NEPAD)	Supported the development of the PPB application to NEPAD for the Kenya PV center to be made a Regional Centre of Regulatory Excellence (RCOREs) in PV in Africa <i>Recognition as a RCORE in PV will impact positively on PPB as an institution with specific regulatory expertise in PV and training capabilities to serve the African region.</i>
	Support to PPB and other stakeholders for targeted patient safety initiatives	
Materials produced and disseminated	HCSM supported the dissemination of the <i>Lifesaver</i> Magazine- a periodic Medicines Information and Pharmacovigilance (MIPV) newsletter produced by the PPB. This newsletter shares vital PV information with the relevant stakeholders.	



A picture of the CPD Guidelines finalized in Q2 with HCSM support. Dissemination and subsequent implementation planned from Q3 onwards

2.2.2. HCSM support for Pharmaceutical Policy and services at County Level

Activity 2.1.2: Technical Support to Clinical Governance

- In collaboration with Kakamega PGH medicines and therapeutic committee (MTC) and APHIAPlus counterparts, HCSM supported a CME on appropriate use of medicines during induction of Clinical Officers interns. The program disseminated the following: clinical guidelines (15), Pediatric protocols (5), Guidelines on Appropriate use of medicines (15), Malaria treatment guidelines (5) and protocol on treatment of malaria in pregnancy (5) during the facility based CME.

IR 2.2: Improved delivery of pharmaceutical services

- The program supported a one day orientation session on MTC for 13 members of Vihiga County Hospital. This focused on structure and organization of MTCs; functions of the MTC; and approaches/ tools for identification of medication use problems at facility level. This is the first step in building the capacity of the MTC to conduct medicine use surveys.
- The HCSM program supported Funzo Kenya and MEDS with commodity management job aids as reference and take-home package for trainees of health commodity management courses in Coast region mainly drawn from Kilifi, Kwale, Lamu, Mombasa and Taita Taveta counties.

IR 2.3: Strengthened medicines quality assurance and pharmacovigilance (PV)

- The HCSM program continued to support the transmission of the PV reports from facilities to the PPB through a courier service. A total of 609 ADR reports have been received between Oct 2013 and March 2014 with 24% of these reports being submitted electronically via the HCSM supported PV electronic reporting system (PV-ERS)
- Seventy (70) poor medicinal product reports were received by PPB during the same period with 41% being submitted electronically through the PV-ERS

2.3. Result Area 3: Support to Laboratory Governance, Commodity Security and Service Delivery

Strengthening the laboratory supply chain system has continued to be a key focus area for HCSM program specifically targeting at improving commodity management and security both at the central and county level. At the both levels, the program worked with a number of stakeholders including its MSH sister program (SPHLS), various MoH laboratory departments, donor agencies, KEMSA, counties, regional implementing partners and facility staff. These stakeholders have also been engaged during implementation at the peripheral level with a focus on leveraging resources, and collaboration to maximize the impact of the desired interventions.

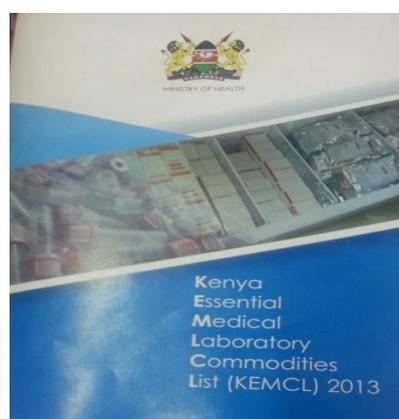
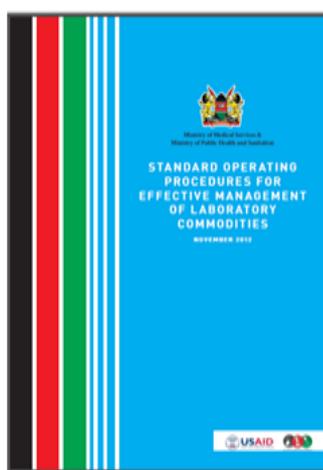
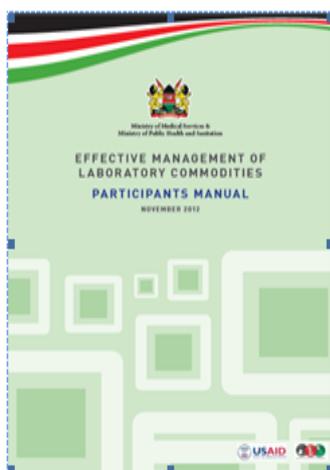
2.3.1. National Level support for laboratory commodity security

a) Support to rollout of the malaria RDTs

HCSM in collaboration with other partners supported the Malaria control unit (MCU) to develop a draft plan for the implementation of the QA/QC system for malaria testing by both microscopy and RDTs. The system is aimed at improving the quality of testing for malaria diagnosis in the country.

b) Finalisation and dissemination of Kenya essential medical laboratory commodities list

In an effort to streamline selection and procurement of laboratory commodities at central and county levels, the National Public Health Laboratories (NPHLS), supported by HCSM, undertook to finalise the Kenya essential laboratory commodities list which is expected to be disseminated in April 2014 alongside other laboratory commodity management training documents



c) Pipeline monitoring for national stock status

HCSM has continued to support key priority programs to monitor their commodity pipelines. On a monthly basis, the program has supported NASCOP to generate the national stock status report for

HIV laboratory commodities. The stock status reports have been useful tools for sharing strategic commodity information with key stakeholders to inform decision making on commodity security. For instance, the January 2014 report indicated that some facilities were overstocked with Unigold which prompted NASCOP to effect a re-distribution. The report also showed that, the stock of Unigold at the facilities was nearing to expire. A re-supply plan was subsequently organized to avoid disruption in testing activities

2.3.2. County Level support for laboratory commodity security

a) Dissemination of the supply chain mapping report

The supply chain commodity management mapping exercise was conducted in 13 counties in Nyanza, western and coast regions. The report was disseminated to the CHMTs, partners and other stake holders within the counties. During the dissemination meeting, the gaps identified in the reports were summarized and action plans developed detailing how the gaps were going to be addressed. Following the action plans developed, one county (Homa Bay) requested the partners in the county who were involved in HIV testing to explain their operations. This was aimed at bringing harmony in management of HIV test kits at the facility level.

The report was also disseminated to NASCOP head and his managers who also tasked the unit managers to develop action plans to address the issues raised

b) Improving reporting rates for Laboratory commodities

In an effort to improve laboratory commodity tracking and reporting, HCSM together with MOH and county management team, planned to orient the county and facility laboratory staff on use of HCMP for RTKs reporting. The orientation was conducted successfully in nine of the thirteen HCSM priority counties. This orientation saw the reporting rates of the 9 counties rise from 58% to over 85%.

Moreover, laboratory staff were also oriented on the use of DHIS2 for reporting consumption data for CD4s and other laboratory commodities. The orientation was mainly conducted towards the end of the quarter and resulted /impact on reporting rates expected to be observed in the coming quarter.

During the reporting period, the program printed and distributed MOH 643 laboratory commodities reporting tools to all the 47 counties. The quantities distributed were sufficient for all the 5967 facilities that perform HIV testing.

c) Capacity building of county staff on commodity management

During the quarter, the program in collaboration with CHMTs worked on building capacity of health workers at the county level in order to be able to quantify health commodity needs in their counties. The staffs were taken through the following:

- Data collection for use on quantification exercise
- Orientation on quantification
- Undertook actual quantification of the county health commodities needs for 2013/2014 financial year.

As a result of the orientation, 7 counties were able to quantify their health commodities needs using the quantification reports. Mombasa County specifically, used the report to procure their commodities for the remaining 2013/2013 financial year.

3. CHALLENGES AND LESSONS LEARNT

The following challenges were noted

Challenges	Lessons learnt
1. Competing priorities made it difficult to conduct some of the planned activities	Joint planning with the CHMTs and national level departments is critical for ensuring that planned activities are aligned with the national and county level priorities.
2. Too many activities had been planned for the just ended quarter	There is need to rationalize plans in the coming quarter and agree on realistic timelines with counterparts
3. DHIS reporting has been hampered by lack of access rights for the laboratory and pharmacy staff.	Joint efforts by the CHRIO, County Pharmacist and County Laboratory coordinators are necessary to address such issues.
4. Low reporting rates for Lab RTKs.	This is a result of incorrect denominators in some cases. HCSM should continue supporting CHMTs to clean up the denominators.
5. Inability to upload data onto the DHIS due to challenges with internet.	HCSM will need to support MOH teams (especially lab) to have internet connectivity (modem and airtime)

Table 10: Performance Data Table

Broad Result area of focus during the reporting period	Indicators	Progress	Comment
Strong and effective MoH stewardship and technical leadership in supply chain management/commodity security	Functional priority programs (HIV, FP, Malaria and HIV Lab) commodity security committees at national level	All the 3 PHP committees (HIV, FP and Malaria) were functional (had meetings, and are operating as per the TORs) during the reporting period. Dissemination of HIV Rapid test kit End-use verification report for 13 counties made to NASCOP's Head and program managers.	Finding of the supply chain mapping results contributed to a decision by Head NASCOP to suspend supply of ad hoc requests for supply of HIV RTK from facilities/partners.
	Proportion of priority programs and key MoH departments [including NASCOP, DOMC, DRH, NPHLS] able able to generate monthly commodity stock status and F&Q reports	All the 3 PHPs (HIV, FP and Malaria) supported to generate monthly stock status reports, Reviewed and revised FP annual forecast and supply plan for FY13/14-FY14/15	Reports have been used to inform commodity deliveries schedule thereby preempting supply disruptions
	Percent difference between forecasted consumption and actual consumption for ARVs	Developed and presented to NASCOP a model assessing the accuracy of forecasting for ARV medicines. According to the model forecast for FY 2013-14 for the majority of the key Adult 1st line regimens (Options 4, 5 and 6) were within the target showing a high accuracy level of the FY 2013-14 however all the Paediatric ART 1st line regimens were outside the range due to the assumptions used.	Adult 1st line options 1 and 2 were not covered since they are stavudine-based and are being phased out. The results show that NASCOP should aim to improve accuracy in future forecasting
Peripheral healthcare facilities able to account for and manage commodities effectively	Number of County level Commodity Security Governance structures in priority counties established	commodity technical working groups (TWGs) established have been established in all the 13 priority counties	These TWGs are expected to provide oversight and co-ordinate commodity management activities
	Number of supply chain mapping report dissemination held.	County specific supply chain mapping meeting held in 12 out of 13 priority counties. A total of 366 health care workers participated	During the dissemination meeting, the gaps identified in the reports were summarized and action plans developed detailing how the gaps were going to be addressed
	Proportion of priority counties that were able to determine the health commodities need for their county	Teams from 7 out of 13 counties were trained on quantification. A total of 179 health care workers were trained	All the 7 (seven) counties were able to quantify for their needs Counties are using the quantification reports generated during the training to procure commodities, for example, Mombasa County used their report to acquire a budget allocation of KSh

Broad Result area of focus during the reporting period	Indicators	Progress	Comment
			119 million of which procurements worth KSh 40 million have been made so far.
	Number of counties trained in use of DHIS II for commodity consumption and request reporting	DHIS orientation conducted in 8 out the 13 priority counties. A total of 63 health care workers were trained.	There has been a noted improvement in reporting rate especially for FP commodities, for example, Reporting rate trends for FP improved from 25% in December 2013 to 73.5% in February. HIV RTK reporting rates trends: December 2013 (52.5%), February 2014 (88.5%).
Capacity building for improved health commodity management and pharmaceutical care	Support institution of higher learning to incorporated commodity management, pharmacovigilance and other pharmaceutical care topics in their curriculums	2 institutions of higher learning provided with TA in their curriculum review as follows; KMTC: commodity management, pharmacovigilance and other pharmaceutical care topics incorporated into the KMTC Pharmacy Diploma curriculum UoN: incorporated commodity management and PV as areas for assessment during the 4th Year pharmacy degree attachment periods	This is key in ensuring sustainability by training of pre-service pharmacy staff to ensure appropriate commodity management practices
Support for operational research including quality of care and medicine use surveys		Supported Malaria Quality of Care (QoC) survey, round 7. Data collection and entry has since been completed. Data analysis, reporting writing, dissemination and use activities are scheduled for April-June 2014 Supported NASCOP to develop protocol for Cohort Event Monitoring (CEM) for ARVs	HCSM used to monitor progress in achieving National Malaria Strategic targets in the availability of malaria case-management commodities and the quality of outpatient malaria case-management practices at public health facilities. HCSM rides on this survey to collect data on performance of selected key program indicators CEM is critical in roll out of the ART program to ensure patient safety by helping to identify the incidence of Adverse Drug Reactions (ADRs) among patients and informing treatment <i>guidelines review</i>
Improved reporting for adverse drug reaction and poor medicinal products in the market	Number of pharmacovigilance related report received at central level (disaggregated by type of report: ADRs and PQMR)	ADR Reports – A total of 609 reports have been received since Oct 2013, 24% of this reports were sent electronically PMPR – 70 poor medicinal product reports have been receive since Oct 2013, 41% were sent electronically	No regulatory decision/action was taken during the reporting period
PMIS framework	Progress on a milestone scale in	Collaborated with PSU and PMIS has been prioritized in the	

Broad Result area of focus during the reporting period	Indicators	Progress	Comment
developed and approved	development of a functional PMIS in the country	PSU work plan for the year 2013/14.	
Support DOMC in malaria Rapid Diagnostic Test (mRDT) roll out in facilities	Facilities able to conduct malaria testing (Microscopy and/or RDTs)	Draft QA/QC system implementation plan developed.	The system is aimed at improving the quality of testing for malaria diagnosis in the country.
Improve leadership, stewardship and coordination of laboratory commodity management activities at national and peripheral level	Kenya laboratory essential commodities list developed	The Kenya Essential Medical Laboratory Commodities List (KEMLCL) was finalized and approved by MoH. Its dissemination to county focal teams will be done in the next quarter.	The KEMLCL will be a key document for guiding national government, development partners and counties in procurement & distribution of laboratory commodities and also in supportive supervision
Improve reporting of laboratory commodity	Number of counties trained in use of HCMP for RTKs consumption and request reporting	9 (nine) of the 13 HCSP priority counties trained and started using HCMP for RTKs. A total of 63 laboratory staff were trained	Reporting rates for RTKs in 9 counties rose from 58% to over 85%.

4. PERFORMANCE MONITORING

4.1. Support to Malaria's Round 7 Quality of Care Survey

The program supported the MCU to undertake the Malaria Quality of Care (QoC) survey, round 7. The survey conducted in a representative sample of facilities nationally evaluates status and changes in key indicators assessing a) availability of malaria case-management commodities and b) quality of outpatient malaria case-management practices in accordance with national malaria guidelines. The survey results are used to monitor progress in achieving the National Malaria Strategic Plan targets on malaria commodity availability and the quality of outpatient malaria case-management practices at public health facilities.

During the survey, data at health facilities is collected over one survey day using health facility assessment checklist, health worker interviews and exit interviews with outpatients. This data is complemented by monthly phone calls to selected health facilities to evaluate availability of ACTs and malaria diagnostics.. Primary indicators at health facility and health worker-patient level are reported as the national level estimates for individual surveys and as the trend changes between surveys. The QOC survey is undertaken as an integral part of the Division of Malaria Control's Monitoring & Evaluation activities.

The HCSM program has been riding on this survey to also collect data on the performance of key program indicators such as stock outs, existence of expired tracer items and availability of commodity management and reporting tools. The QoC round seven survey data entry has since been completed and the program will be supporting data analysis, report writing, dissemination and use during April-June 2014 quarter.

4.2. Support to Data Quality Audit Activity Conducted by USAID

During the reporting period USAID conducted a data quality audit for some of its implementing partners with HCSM being one of the partners that benefitted from this exercise. The program facilitated the DQA team in assessing data quality dimensions for the following selected HCSM supported indicators and in accessing county health management teams and facilities' staff in selected counties:

- ✚ Percent of USG assisted service delivery points (SDPs) that experience a stock out at any time during the defined reporting period of any contraceptive method that the SDP is expected to provide
- ✚ Number of service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide.
- ✚ Number of health workers trained in commodity management through USG supported programs

The activity is currently ongoing and it is envisaged that the findings will go a long way in informing the program on data quality dimension that the program needs to improve on.

5. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

Since inception HCSM has collaborated with other implementing partners to strengthen commodity management systems both at national and peripheral levels. At the county level the program continues

to collaborate with APHIAPlus partners to strengthen health commodity management practices. During the reporting period HCSM engaged FUNZO to convert the Laboratory Management curriculum, developed by the program in the previous work plan period, to an e-course which will also serve as one of Kenya Medical Technology and Technician Board's (KMLTTB) continuing professional development accredited course. The program also collaborated with FUNZO Kenya in the implementation of health commodity management courses in Coast counties. In addition, the program collaborated with the MSH/LMS program to support the review of the KMTC pharmacy course curriculum to incorporate commodity management, appropriate medicine use, pharmacovigilance, and leadership and management topics.

6. PROGRESS ON LINKS WITH GOK AGENCIES

During the reporting period HCSM and KEMSA entered into an MOU for purposes of technical collaboration between the two entities in strengthening systems that delivery health care commodities and services for key public priorities. The MOU seeks to facilitate improved availability of affordable medicines and medical supplies to the population; to promote appropriate medicine use; and better drug supply management to meet health objectives of the Ministry of Health and the Government of Kenya at large. The MOU is valid for the period Oct 2013-Sept 2014 and is extendable beyond Sept 2014, if need be. In addition the HCSM program entered into partnerships with the CHMTs of its 13 priority counties. To date, nine (9) MOU's have already been signed. The HCSM program continues to collaborate with several other GOK agencies including the Ministry of Health, UON, KMTC and the Pharmacy and Poisons Board

7. PROGRESS ON USAID FORWARD

The HCSM program has continued to focus on capacity building of local institutions aimed at enabling them to undertake commodity management system strengthening activities. The institutions include KMTC, UON for pre-service trainings and PPB for pharmacovigilance system strengthening and MEDS for in-service commodity management activities. At the county level, HCSM has focused on strengthening capacity of county HMTs for stewardship on commodity management activities. The program hopes to have built adequate and sustainable local capacity for these institutions to perform commodity management functions beyond the programs duration.

8. SUSTAINABILITY AND EXIT STRATEGY

The HCSM program has continued to support the country to implement locally identified, owned and led activities to enhance the sustainability of interventions to improve commodity management. During the reporting period the program continued with its initiative to support the 13 selected priority counties. The program worked with county health management teams (CHMTs) to establish commodity technical working groups (TWGs) in all the 13 priority counties. The TWGs are expected to provide oversight and co-ordinate commodity management activities hence ensuring sustainability.

At the national level, the HCSM program continued to build the capacity of core MOH departments and staff in the area of health commodity management. Specifically the program is in the process of transitioning leadership and oversight for forecasting & quantification and pipeline monitoring activities to the respective PHPs.. Additionally HCSM has collaborated with the two main training institutions for pharmacy personnel- the University of Nairobi (UoN) and the Kenya Medical Training College (KMTC) - to

strengthen their pre-service curricula by incorporating commodity management and pharmaceutical care topics. This is a significant step in building local HR capacity for commodity management and is intended to promote sustainability of systems supporting best practices in this area ultimately contributing towards continuous availability and appropriate use of health commodities

9. SUBSEQUENT QUARTER'S WORK PLAN

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 3	
<p>Strengthened MoH commodity management</p>	<p>IR 1.1. Strong and Effective MoH stewardship and technical leadership in supply chain management / Commodity Security</p>	<p>Family Planning</p> <ul style="list-style-type: none"> • Support the national FP commodity security committee • Support the annual FP quantification • Monthly FP logistics TWG support • Support the FP F&Q review • Support to commodity use reporting by counties <p>HIV</p> <ul style="list-style-type: none"> • Undertake 2014 F&Q planning and 2013 review meetings under NASCOP leadership • Develop and disseminate guidelines and related materials to be used for HIV SCM skills transfer and mentorship • TA to monthly Pipeline monitoring (Procurement planning) meetings, HIV Commodity security meetings and ARV stock status reports • Review Ordering point lists (for distribution planning & consumption reporting) – Lab, Nutrition, ART. • Support to NASCOP's ART Decentralization process <p>Malaria</p> <ul style="list-style-type: none"> • Support the national Malaria commodity security committee • Support the annual Malaria quantification • Support the Case management subcommittee of the MCU <p>Capacity Building</p> <ul style="list-style-type: none"> • Develop guidance for counties for quantification of pharmacy and lab commodity management and reporting tools • Developed Data Review Support package for counties • Develop HIV TOT package 	

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 3	
		<ul style="list-style-type: none"> • Finalize DHIS2 orientation package • Finalize F&Q package for use by counties • Develop & disseminate checklist to monitor County TWG activities • Develop and disseminate County Capacity building package <p>Supply chain management</p> <ul style="list-style-type: none"> • Conduct a national level commodity security and supply chain management gap analysis and come up with recommendations to address the gaps • Develop and disseminate guidelines and related materials to be used for skills transfer and mentorship for PHPs <p>Management Information Systems</p> <ul style="list-style-type: none"> • Support lab commodity tracking and reporting • Finalize ADT support package and disseminate and support ADT TWG to function • Facilitate completion and update of commodity tools uploaded on DHIS2 on pending requirements • Continued support to PHPs for dashboard development and use to inform decision-making. 	
	<p>IR 1.3. Peripheral health care facilities able to account for and manage their own commodities effectively &</p> <p>IR 1.4. Effective and efficient commodity management systems in the private sector (faith-based and private sector organizations)</p>	<ul style="list-style-type: none"> • Provide TA for operationalization of county health commodity TWGs in priority counties through support for action-plan development and implementation. • Support sub county teams in the use of technology for data collection, reporting and use of data for decision making processes (transactional, reporting and F&Q tools), including support for ADT implementation • Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors. • Support for implementation of quarterly integrated support supervision by the county health management teams • Support peripheral level commodity usage reporting and use of commodity information for decision-making 	
Strengthened Pharmaceutical	IR 2.1. Strengthened pharmaceutical subsector governance	<ul style="list-style-type: none"> • Contribute to the finalization of health policies, health bill, pharmacy practice laws and the health products and technologies regulatory bill. • Support the MOH/PSU to develop the pharmaceutical strategy or KNPP 	

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 3	
Services		implementation plan <ul style="list-style-type: none"> • Provide TA to finalization and dissemination of the Pharmaceutical Governance Framework i.e. structure and roles and functions of pharmaceutical cadres at both national and county levels. 	
	IR 2.2. Improved delivery of pharmaceutical services	<ul style="list-style-type: none"> • Provide TA to MOH to develop an innovative mobile-based app for easy sharing of guidelines. • Assist MOH and county teams to disseminate guidelines through various media including the mobile-based app and DOP website • TA to strengthen the National MOH Medicines Use governance structure e.g. NMTC for improved for improved stewardship and oversight role • Support for establishment and operationalization of county MTCs in Kisumu, Kakamega and Mombasa • Conduct 1-day MTC orientation for members of the private sector Hospital Pharmacists Association of Kenya (HOPAK) 	
	IR 2.3. Strengthened medicine quality assurance and pharmacovigilance	<ul style="list-style-type: none"> • Support production of the MIPV newsletter • TA for analysis of PV data and compilation of PV 2-pager • TA for production of the HIV-PV ToT Package • TA to NASCOP & PPB for implementation of the Cohort Event Monitoring (CEM) for ARVs • Documentation of process of development and roll out of ePV. • Capacity building on PV for health care workers and dissemination of guidelines, reporting tools in collaboration with CHMTs and other partners 	
	IR 2.4. Improved pharmaceutical information acquisition and management	<ul style="list-style-type: none"> • Support MOH/ PSU to conduct an inventory and review of existing PMIS tools at all levels 	
Support to laboratory governance, commodity security, and service delivery	IR 3.2. An efficient & effective laboratory supply chain	National level work <ul style="list-style-type: none"> • Support MOH to design dashboards for RTKs, CD4 reagents and malaria RDTs • Support the Malaria control unit to develop and implement a QA/QC system to ensure adherence to RDT policy guidelines. • Support MOH to disseminate the laboratory essential commodity and tracer lists. • Strengthen the MOH capacity to undertake national quantification, pipeline monitoring and distribution planning for priority lab commodities (HIV, Malaria commodities) 	

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 3	
		<ul style="list-style-type: none"> • Formation of central level Lab commodity management TWG • Review SOP on allocation of Lab commodities in relation to the transition of distribution to the counties <p>County level work</p> <ul style="list-style-type: none"> • Build capacity of county laboratory managers and facility laboratory staff on commodity management, reporting and oversight in priority counties • Support for implementation of quarterly integrated support supervision by the county health management teams • Support data review meetings at the county level; conduct data Quality Assessments based on data in current reporting tools (DHIS2, HCMP) • Strengthen selected county health teams and lab county malaria services coordinators in supportive supervision to enhance test performance and data collection for RDT use. 	

10. FINANCIAL INFORMATION

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

Chart I: Obligations vs. Current and Projected Expenditures

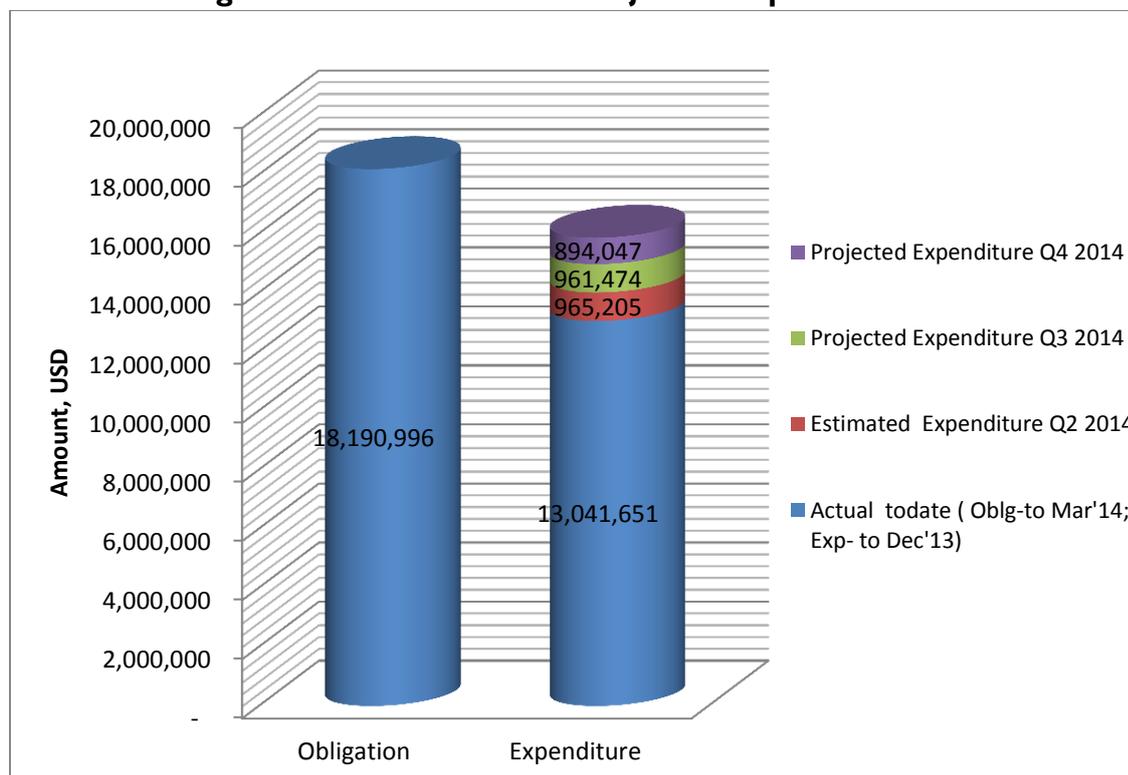


Table 2: Budget Details

(All figures in US \$)

Total Estimated Cost:	24,996,901
Cum Obligation (Mar'14):	18,190,996
Cum Expenditure (Dec'13):	13,041,651

	Obligation	1st Quarter Actual Expenditures	2nd Quarter Estimated Expenditures: Jan-Mar	3rd Quarter Projected Expenditures: Apr-Jun	4th Quarter Projected Expenditures: Jul-Sep
	18,190,996				
Personnel		513,326	495,147	479,025	502,976
Consultants		(1,354)	-	-	-
Overhead		192,531	173,239	172,449	181,071
Travel and Transportation		78,051	68,313	60,000	60,000
Activity Budget		107,590	131,827	200,000	100,000
Equipment		-	-	-	-
Other Direct Costs		48,165	96,679	50,000	50,000
TOTAL		938,308	965,205	961,474	894,047

Budget Notes:

(Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Salary and Wages-The award budget required that the LoE reduces from YR 3 onwards. However, an annual merit increment of approximately 5% will increase total spending from Q4, 2014. However, this will be counterbalanced by the expected reduction in staff numbers anticipated.

Consultants-There is no expenditure foreseen under this category for the current year.

Travel & Transportation-The project has started utilizing more cost effective transport means.

Overhead- Calculated as per Award agreement.

Equipment- This budget category is exhausted.

Activity budget-During Q3, 2014 an additional \$ 100,000 spending on Quality of Care surveys (Malaria) will be reported.

Other Direct Costs- Q2, 2014 spending is estimated to be significantly higher due to the setting up of the county support structures in the regions.

11. PROJECT ADMINISTRATION

The HCSM program leadership team has ensured that implementation of activities remains on track despite the many changes that are happening in the health sector both at national and county levels.

Constraints and Critical Issues

During the quarter, HCSM received communication on the need to review activities in line with the anticipated reduction in funding for all PEPFAR supported projects/programs in the county. The project reviewed its work plan activities classifying them into core, near-core and non-core categories. This was aimed at ensuring that the program focuses only on those activities that are key for the various funding streams and critical for the achievement of program results. As a consequence of this reprioritization, the program has entered into discussions with MoH counterparts to review activity plans. However, tripartite negotiations involving USAID may be necessary in some instances/situations to facilitate agreement and to chart the way forward.

Personnel

There were no changes in the project personnel during the quarter. However, there are a number of staff transitioning out of the project within the next quarter. This will help the program to start downsizing as envisaged during the original award. The program continues to review and restructure its staffing element to optimize activity implementation.

Changes in the Project

There were no significant changes in the program except for the on-going refocusing of county level support to the selected 13 counties as highlighted above.

Contract, Award or Cooperative Agreement Modifications and Amendments

During the quarter, the project received additional obligations under malaria and POP funding streams totaling \$ 1,579,732. With this obligation, the current workplan is now fully funded.

12. SUCCESS STORIES

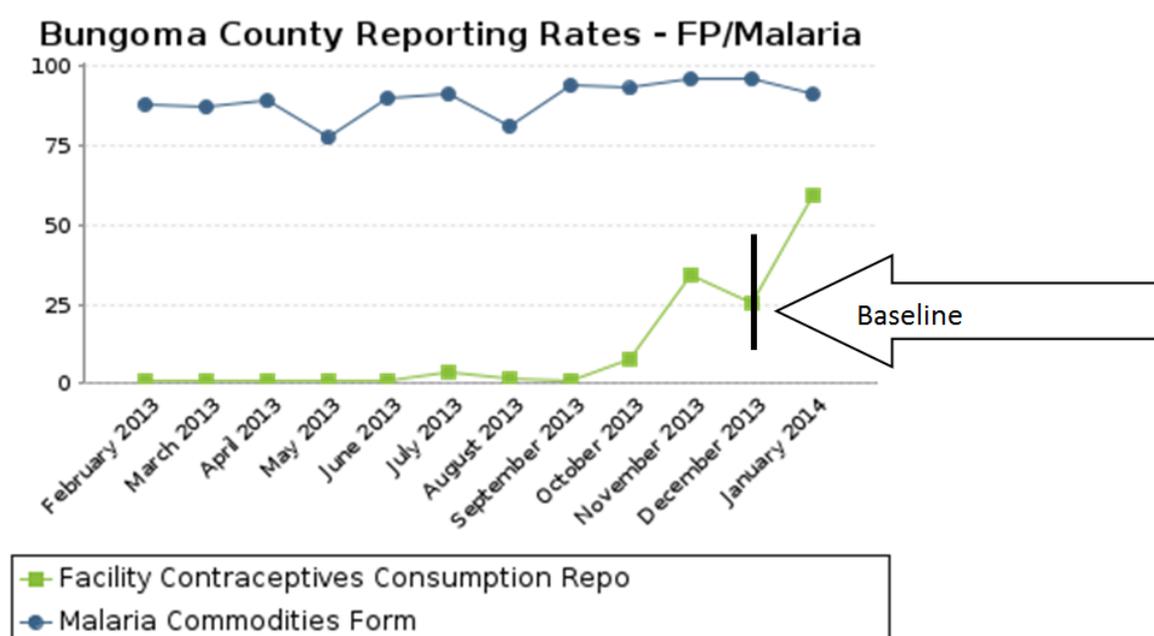
A. Commodity Reporting Tool Strengthens Data Collection Efforts In Kenya

Kenya is currently transitioning from a central- to a county-based system of government. This shift has highlighted the need for further alignment and improvement in the commodity consumption data reporting systems within the health sector. As the counties begin to take up responsibilities for managing health systems within their respective areas, a critical step will be to ensure timely flow and reporting of health sector data from counties to the central level as this informs planning and decisions on the resupply of medicines especially those programmatic commodities that are centrally procured. The Ministry of Health (MoH) also uses this information to meet the reporting requirements of international donor agencies and development partners.

The USAID-funded Health Commodities and Services Management program implemented by MSH in Kenya, has been promoting and supporting the use of the District Health Information System (DHIS) as the portal for transmission of aggregated commodity consumption data from sub county and county levels to the national level. DHIS-2 is a web-based system that provides a common platform for reporting health sector data and is accessible at all levels of the system..

The program conducted a series of targeted orientations workshops on reporting through the DHIS at county level bringing together data managers, pharmacists, nutritionists, and lab coordinators. This initiative aims to ensure that commodity consumption data is reported through a single system, merging the multiplicity of systems currently in use. This will safeguard the country's health commodity data and build the capacity of data managers as well as the health management teams to make evidence-based planning and quantification decisions for health commodities at the county level.

Bungoma is one of the counties where DHIS orientation for commodity data reporting has been conducted with a significant improvement in reporting achieved. Reporting on family planning commodities has increased from 25 percent in December 2013 before the orientation, to a new high of 58.5 percent for the month of January 2014. Improvement in reporting rates is an essential first step in the process ensuring that the required data is available to support evidence-based planning and decision making on commodity resupply especially for the PHPs



B. Supporting Forecasting and Quantification for better use of county resources in Mombasa, Kenya

“I trained in pediatrics and I used to think that as long as children are treated, the health needs of a community were met. However, after working for 20 years in the health sector, I have learnt that to meet a community’s needs, one needs to have stronger and better health systems,” says Dr. Khadija Shikely, Mombasa County Director of Health.

Dr. Khadija Shikely was speaking during the Mombasa County Health Commodity Quantification Workshop held in January 2014. The exercise was meant to assist the Mombasa County Health Management Team (CHMT) in preparing a budget complete with required quantities for health commodities that are required to provide uninterrupted services at government health facilities in the county.

“Being County Director of Health provides me an aerial view of the health systems in the county and I know that availability of medicines and diagnostics is key to the health of my community. This access to medical products for patients is only possible if we define the requirements precisely,” explains Dr. Shikely. “This is the first time that we as a county are managing our money and this quantification exercise is important in informing our spending,” she adds.

Quantification, involves estimating the quantity and cost of health commodities needed to serve a defined population for a specified period. This was done for the county’s 39 health facilities comprising 4 hospitals - namely Coast General Hospital, the referral facility, Port Reitz, Tudor and Likoni Sub-county Hospitals, 5 Health Centers and 30 dispensaries. The activity was undertaken by a team drawn from the Mombasa CHMT, Sub-county health management teams, hospital staff and some representatives from the primary healthcare facilities (health centers and dispensaries) with support from the Management Sciences for Health, Health Commodities and Services Management (HCSM) Program.

The exercise is part of the USAID funded HCSM program support to county governments and marks a milestone in Mombasa county health plans as this is the first county to go through such a comprehensive exercise.



Figure 2: Participants at the F and Q training. Seated on either side of Dr. Shikely (front row third from left) are Rosalind Kirika and David Loki, Senior Technical Advisors, MSH/HCSM Program

In the recent past there has been increased focus on how counties are allocating funds for various functions. The concern has been the lack of data to support the allocation of funds to different sectors within the counties.

Dr. Shikely further explains that the exercise will help them to mobilize resources for health commodities. “With data to support allocation of funds for procurement of medicines and other health products, the county shall be better prepared to allocate funds. Money is scarce and we need to spend it wisely. The planning will also help us reduce stock out and wastages due to excess stock,” she adds.

“If the budget allocation is less than the requirements, the county health office can use the quantification report, which is evidence based, to approach the governor, members of parliament and development partners to allocate more funds for purchase of health commodities.”

At the end of the three-day exercise, Mombasa County health workers left with a clearer understanding of the purpose and processes of quantification and a county quantification report detailing the quantities and costs of health commodities required by the county for the period January to June 2014. The quantification report will be used to inform the Mombasa county government on resources needed to meet the county’s health needs and to facilitate supply and procurement planning.

Outcome

Following the health commodity quantification in Mombasa county, the report has been used to acquire a budget of Ksh 119 million out of which commodities worth Ksh 40 million were procured by end March 2014.

13. LIST OF DELIVERABLE PRODUCTS

The following products were generated during the quarter.

HIV/AIDS

- i. Orientation Manual on Pharmacovigilance in HIV services provision, March 2014
- ii. Protocol for Cohort Event Monitoring of Antiretroviral Medicines Use in Kenya, 2013
- iii. National Stock Status Reports for ARV Medicines – January, February & March 2014
- iv. National Stock Status Reports for HIV Lab commodities – January, February & March 2014
- v. Kenya Anti-Retroviral medicines (ARVs) Pharmacovigilance “2-pager” report – 2014

Family Planning

- i. Family Planning Commodity Quantification & Supply Planning Review FY 2013/14=2014/15, February 2014
- ii. Procurement Planning and Monitoring Report for Family Planning commodities – January, February, March 2014. Submitted to USAID/DELIVER
- iii. National Stock status Reports - January, February, March 2014

Malaria

- i. Malaria RDT Quality Assurance/Quality Control (QA/QC) Implementation Plan (Draft)
- ii. Procurement Planning and Monitoring Report for Malaria commodities – January, February, March 2014. Submitted to USAID/DELIVER
- iii. Workshop report – Training on data collection for Malaria Quality of Care Round 7.
- iv. National Stock status Reports - January, February, March 2014

Cross-cutting: National

- i. Kenya Essential Medical Laboratory Commodities List (KEMLCL) 2014
- ii. University of Nairobi 2nd Preceptorship Workshop Report, March 2014
- iii. KMTC Pharmacy Department Curriculum Sensitization & Review Workshop-Trip Report
- iv. Guidelines For Implementation of Continuing Professional Development for Pharmacy Practitioners, 2013
- v. Training course on Management of Medicines and Medical Supplies for Health Facilities in Kenya, Jan 2014
- vi. Quantification of Health Commodities : Curriculum and Trainers Manual, Jan 2014
- vii. Quantification Handbook, Jan 2014
- viii. Health Commodity Supply Chain Mapping Report for 13 counties in Nyanza, Western and Coast Regions of Kenya, January 2014.
- ix. Memorandum of Understanding between KEMSA & MSH/HCSM
- x. Trip reports for development of Malaria QA/QC Implementation plan, March 2014
- xi. Trip report for Malaria National Strategy Mid Term Review Meeting, March 2014

Cross-cutting: County

- i. Supply chain mapping Reports (County Specific) – 13 reports, one per county
- ii. Mombasa County Quantification of Essential Health Commodities Technical Report, February 2014
- iii. Trip reports for county level activities in the 13 priority counties

- iv. Guidelines for Establishing County Health Commodity Technical Working Groups, January 2014
- v. Conceptualization, Design and Construction of Medical Stores: A summarized Guide, January 2014
- vi. Memorandum of Understanding between County Health Management Teams & MSH/HCSM- for all 13 counties
- vii. Approved/ Adopted Terms of Reference for county commodity TWGs- various
- viii. County Commodity TWG work plans
- ix. County quantification proceedings reports & quantification reports and budgets
- x. Health Commodity Supply Chain Mapping Report for 13 counties in Nyanza, Western and Coast Regions of Kenya, January 2014
- xi. Supply chain mapping dissemination meeting reports
- xii. DHIS 2 Orientation Workshop reports
- xiii. HCMP Orientation Workshop reports