

HCSM

Health Commodities and Services Management Program

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INSIDE:

- Our county level achievements
- Strengthening capacity of health workers to manage health commodities
- Promoting rational use of medicines
- Improving data quality and use
- Transforming laboratory systems management

HCSM is a USAID project that works to improve the health of Kenyans by increasing access to and use of quality and safe essential health products and services in the areas of malaria, family planning and HIV and AIDS.

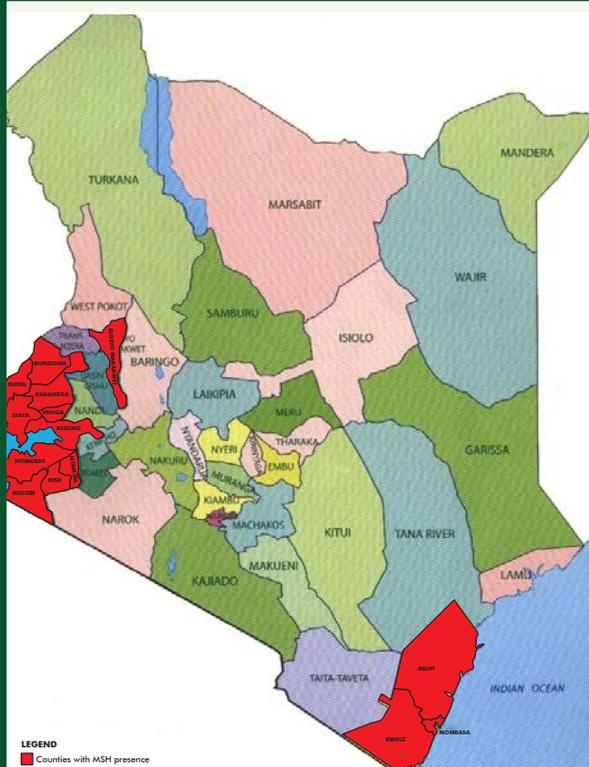


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MSH/Health Commodities and Services Management

Transforming Health Commodities Management in a Devolved System



Our presence



MSH/HCSM Technical Advisor mentoring the Chulaimbo Health Center Pharmacist on how to update a bin card

Over the past two years, both the central and county governments have demonstrated remarkable improvements in their capacity to manage health commodities, increased availability of health commodities at consumer points, averted shortages and more importantly, increased access to improved quality commodities by the population. Access to commodities for the management of HIV/AIDS, malaria, family planning, tuberculosis and other health conditions, has increased significantly.

Dr. John Chimumbwa, Chief of Party, HCSM Program

Effective management of health commodities and services is critical to ensuring that Kenyans access reliable and quality health care services in a devolved system of government. Since 2013, the Management Sciences for Health (MSH) - led Health Commodities and Services Management (HCSM) program, funded by the United States Agency for International Development (USAID), has been supporting health commodities strengthening in Kenya to establish systems and build capacity to enable better management of health commodities and services in a devolved system.

Kenya's transition to a devolved system of government in August 2013 led to the transfer of the role of health care delivery including management of health commodities and services to the county government. Counties were henceforth responsible for mobilizing resources for procuring, warehousing, distribution and general stewardship over the health commodities. To enable counties perform these roles, HCSM, while maintaining its national level technical support to the Kenyan government and other partners, has had to innovatively build the capacity of county health teams across the country, with more focus and emphasis on 15 counties. These efforts have resulted in significant improvements in health commodities management

across the country. Generally, over the past two years, both the central and county governments have demonstrated remarkable improvements in their capacity to manage health commodities, increase in availability of health commodities at consumer points, averted shortages and more importantly, increased access to improved quality commodities by the population. Access to commodities for the management of HIV/AIDS, malaria, family planning, tuberculosis and other health conditions, has increased significantly. There has also been an increase in reporting and quality of health commodities data, increase in use of data for decision making and improvement in rational use of medicine among others.

Despite this positive story, there is still need for continued investment in the health commodity sector to continue addressing the emerging challenges in health commodities management

In this bulletin, we share with you some of the innovative ways that we are applying to improve health commodities management, including the improvements that we have seen.

We wish you a happy read.

Snap shot of our achievements at the county level



Nancy Olunga- Pharmacist and Health Commodities Management Champion, Ambira Sub-County Hospital. Together with other champions, she has used her knowledge and skills acquired through HCSM support to improve health commodities management in not only hospital, but also Ugunja sub-County, becoming a model facility in health services delivery

HCSM support to county health teams has led to significant improvements in health commodities management at the county level. Some of the achievements include:

- Improved capacity to manage health commodities. HCSM has equipped county teams with required skills and knowledge, as well as tools and resources to better manage health commodities. This has been through working with County Health Management Teams (CHMTs) to provide training/orientations, mentorship, commodity focused support supervision and data review meetings.
- Improved oversight for commodity management. HCSM has supported counties to establish county commodity technical working groups to oversee management of health commodities in counties. The TWGs comprise of key commodity focal persons including Pharmacist, Laboratory Coordinator, Nursing Officer, Nutrition Coordinator, Clinical Officer and the County Health Records Officer as well as health program (PHP)- Malaria, HIV, Family planning- focal persons and partners working in commodity management related programs are also members of the TWGs. The TWGs are chaired by the County Director of Health and meet every three months.
- Increased use of data for decision making. HCSM has been supporting counties to undertake quantification through the CHMTs' Commodity Security Technical Working Groups, enabling the counties to determine their health commodities requirements and the cost to inform resource mobilization and secure adequate budgetary allocation. Counties like Mombasa, Kilifi and Kwale have used this information to lobby county assemblies to provide adequate budgetary allocation for health commodities.
- Improved commodity management information systems. HCSM has promoted the use of District Health Information System (DHIS2) and the Antiretroviral Dispensing Tool (ADT). The support has included orientation of health care workers including health records officers, pharmaceutical staff, nursing officers, nutrition officers and laboratory managers on use of DHIS2. In addition, HCSM has provided on-the-job training to the county team on use of ADT to track various indicators including non-adherent patients, defaulter tracing, changes in regimen, monthly patient statistics and commodity consumption and stock status reports.
- Increase in appropriate/rational use of medicine. HCSM has supported counties to establish Medicines and Therapeutic Committees (MTCs) and operationalize facility MTCs to address commodity use and pharmaceutical service delivery. The support has included orientation for members of county and facility MTCs from public, private and faith-based facilities, development of action plans to operationalize facility MTCs.
- Improved laboratory governance system. HCSM program is strengthening the laboratory supply chain with a view to promote access to quality laboratory commodities especially for the priority programs- HIV and AIDS, malaria and family planning. HCSM has built the capacity of laboratory managers and staff on commodity quantification to ensure correct forecasting and obtain data for decision making and resource mobilization, laboratory commodity pipeline monitoring and generation of monthly national stock status reports and utilization of electronic platforms for reporting. HCSM has also supported the county to hold data review meetings to improve the quality of laboratory commodity data. These efforts have resulted in alignment of allocation process to facility level consumption/stock levels- reducing potential waste, enhanced commodity visibility and use of data for decision making- e.g. identification of potential stock-outs and need for redistribution of commodities

Since 2013, HCSM has build the capacity of health teams in 15 counties to manage health commodities resulting in significant improvement in health commodities management

Leveraging support supervision to improve management of health commodities



Priscilla Anyango, representative of the star performer Matibabu Ukwala Hospital, shows off the prizes received for the hospital's outstanding performance

There is great improvement in appropriate medicine use. The stock out that was rampant in the past is no longer a problem. All the facilities have essential medicines in stock with negligible stock outs. In fact while the other sub counties were complaining they had ran out of essential medicines, all facilities in Ugenya were still good to go.

Ugenya sub-County Pharmacist

To ensure sustained improvement in health commodities management at the county level, HCSM has been supporting MOH and County Departments of Health to strengthen supportive supervision with a view to promote mentorship and joint problem solving. Through our technical assistance, MOH's pharmaceutical Services Unit (PSU) has developed support supervision curriculum and implementation guide to serve as resources for counties to implement facility-level supervision. HCSM has also supported MOH to revise and update the support supervision tool (checklist) to enable the county teams to perform objective support supervision, mentorship and on-job training sessions. The tool also makes it possible to score

the performance parameters in all commodities management areas assessed as well as measure performance based on four major commodity management areas, including storage, management information system tools, inventory management, and use of reference and resource materials by pharmacy and laboratory departments.

Based on the scores, it is possible to formulate specific action plans for further support to improve commodities management. At facility level, it is now possible to measure facility overall performance in a longitudinal manner, in addition to the department overall and disaggregated performance so that the facility in charges are able to provide focused support in the areas of need.

Through use of scoring system, the CHMTs are able to objectively recognize performing facilities and give them incentives to motivate them to sustain the effective commodities management practices. CHMTs have used this s determine their health commodities requirements and the cost to inform resource mobilization and secure adequate budgetary allocation system to elevate best performing facilities to centers of excellence status, denoting

ownership of the tool and results. In Siaya County for instance, the CHMT elevated Matibabu Foundation Ukwala hospital and Urenga to centers of excellence. The scoring system also enables CHMTs to quickly identify poorly performing facilities and prioritize them for targeted support to improve their performance.

The tool has so far been applied in over 500 facilities in 13 HCSM-focus counties and has been instrumental in providing support in transforming commodity management practices and ultimately improving commodity security at facility and county levels.



Supportive supervision, Msambweni sub-County Hospital, Kwale County



Supportive supervision, Kilifi County Referral Hospital

Promoting rational use of malaria medicines for improved health outcomes



Medicines and Therapeutic Committee Orientation

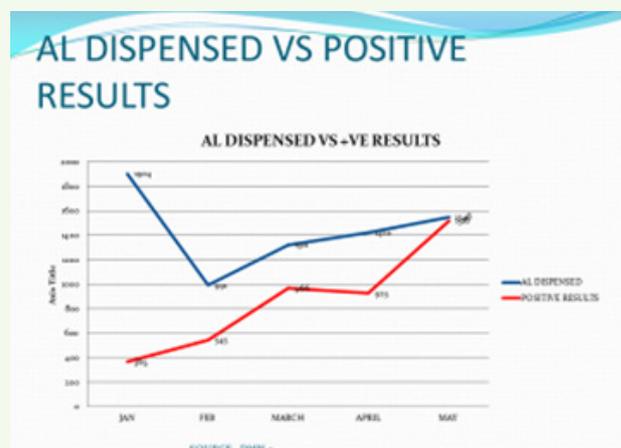
These efforts have resulted in health facilities conducting laboratory tests to confirm malaria before prescribing anti-malaria drugs which are only given to patients who test positive.

Through HCSM support, the national level Ministry of Health (MOH) and County Departments of Health, have achieved great strides in ensuring rational use of medicines. This has led to an increase in proportions of patients receiving medications appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, and at the lowest cost to them and the community. This is a critical step in addressing the growing incidences of resistance to antimicrobial medicines particularly resulting from inappropriate prescribing and use.

To promote rational use of anti-malaria medicines, HCSM has been providing technical support to the development of national guidelines for appropriate medicine use, establishment of standard treatment guidelines (STGs) and formation and operationalization of the medical therapeutic committees at county and facility levels. These efforts have resulted in health facilities conducting laboratory tests to confirm malaria-- except in children less or equal to five years-- in high-risk malaria zones before prescribing anti-malaria drugs which are only given to patients who test positive.

An analysis of consumption data in DHIS 2 has shown significant improvements in rational use of anti-malarial drugs at both national and county levels. For example, in Kakamega County, analysis and

comparison of service and commodity data in DHIS 2 has demonstrated improvement in adherence to Malaria treatment guidelines, with anti-malarial medicine prescribed converging with the number of patients who test positive for malaria. This is a marked departure from previous periods where data showed lower levels of malaria positivity against dispensed doses. HCSM will continue to support to work with MOH and county departments of health to achieve high adherence levels to rational use of medicines to foster prudent use of available medicines, foster safety, and improve efficacy.



Use of Malaria commodities versus diagnostic services in Kakamega County (Jan- May 2015)

Establishing systems to improve health commodities data quality



Sub-county health records information officers in a data review meeting

All 15 HCSM focus counties have used these guidelines to conduct successful data review meeting that have enabled them to identify gaps in health commodities consumption data and taken action to address them.

Through years of experience in health commodities management, we have come to appreciate the centrality of data quality in informed decision making. As such, we have expanded our support to health teams beyond increasing reporting rates of health commodities consumption data through the DHIS2, to strengthening their capacity to improve the quality of data. HCSM has supported counties to undertake quarterly data review meetings to identify gaps and take corrective measures to address them. To further bolster capacity and systematize practices in commodity data reviews activities, HCSM has developed data quality review guidelines.

These guidelines are intended to help the MOH to continuously assess the quality of their data and use it for operational decision-making. They provide guidance on leadership required, frequency of the meetings, preparation, standard MOH reporting tools, the data review process, feedback and action planning, and performance management (including commodity management indicators).

What are the benefits of data review guidelines?

- Through the guided/standardized approach to data quality review meetings, the counties/sub counties have taken leadership and ownership of the activity and experience gathered is used to improve subsequent reviews
- The sub-counties are in a position to convene and spearhead their own reviews without technical assistance, making the reviews sustainable
- In many cases, the results from the reviews have led to action geared towards improving not only the data, but also commodity availability through re-distribution from overstocked sites and at times information feeding into commodity allocation/re-supply at national level
- Accountability for commodities is also ascertained through triangulation of services provided, which makes determination of irrational use of commodities possible

All 15 HCSM focus counties have used these guidelines to conduct successful data review meeting that have enabled them to identify gaps in health commodities consumption data and taken action to address them.

Enhancing health commodities security through increasing availability of data



Participants in Siaya County at a DHIS2 orientation workshop

DHIS2 has improved commodities reporting in the country. The recently released Kenya Demographic Health Survey (KDHS) 2014 compared well with the trends found in DHIS2. For instance the Contraceptive prevalence rate (CPR) for implants in the DHIS2 is 10.2%, while KDHS figure is 9.8% which is fairly similar. Allocation of resources is currently based on what is in DHIS2 until the next census. It's the real-time KDHS. DHIS2 requires minimal resources, thus is sustainable and an authoritative site to quote.

Dr. Jonah Maina, Commodity Manager, RMHSU

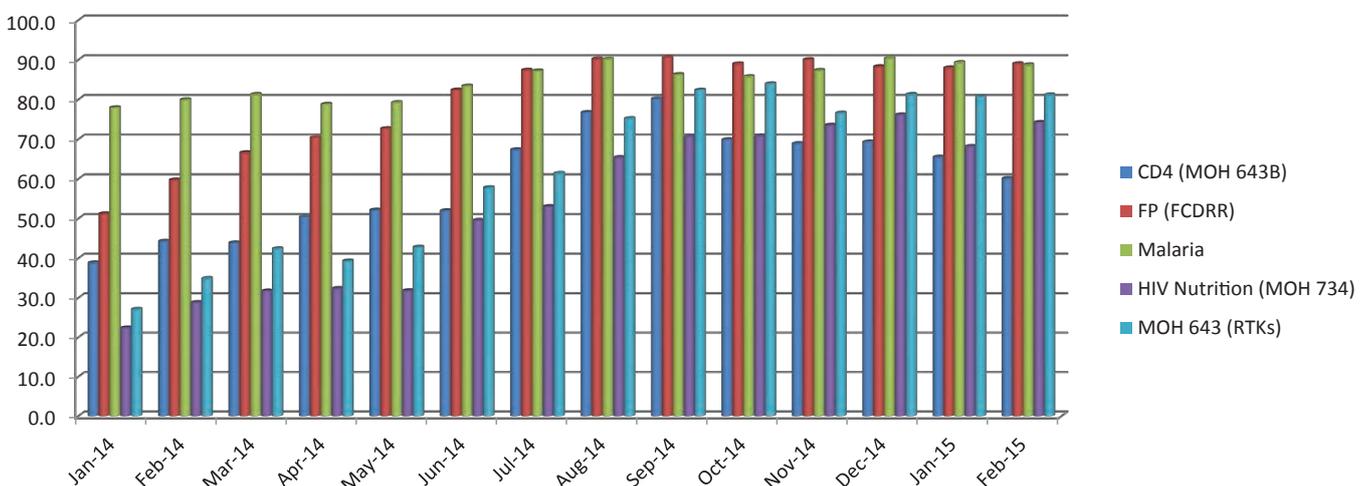
improve health commodities reporting rates. DHIS2 is an electronic platform that is used to standardize, harmonize and integrate commodity reporting across different health programs. It is used to collect, validate, analyze and present aggregate health facility data and is tailored to integrate health information management activities.

At the county level, HCSM has supported the training and orientation of health care workers including health records officers, pharmaceutical staff, nursing officers, nutrition officers and laboratory managers on use of DHIS2. Additionally, HCSM has been working with the CHMT to monitor reporting rates of priority health programs including FP, Malaria, HIV and laboratory commodities and uploading of the respective data onto the DHIS2. To ensure quality of the data, HCSM has provided technical assistance to the priority programs and counties to conduct quarterly data review meetings to identify the gaps and take corrective action. These efforts have led to general improvement in health commodities reporting rates (as shown in the figure below) and data quality across all the 15 HCSM supported counties. This has meant improved availability and

We realized early that to guarantee health commodities security, we need quality data timely for use in decision making on when to restock commodities in what quantities. Following this realization, HCSM has been supporting the Ministry of Health's (MOH) Health Information (HIS) unit, national level priority health programs (National AIDS and STIs Control Program, Malaria Control Unit and Division of Reproductive Health), and County Health Management Teams (CHMTs) to transition and scale-up commodity data reporting through the Digital Health Information System (DHIS2) to

utilization of health commodities data for decision making, resulting in more informed decisions.

For example, counties have used the data to make decisions to redistribute overstocked commodities to avoid expiries and forecast when restocking of commodities is due to forestall stock-outs. For example, Tudor sub-County Hospital has used data from DHIS to redistribute Unigold to avert expiry and Malindi sub-County Hospital to redistribute Oral Rehydration Solution.



HCSM equips hospital pharmacist with skills to better manage health commodities



Marion Gatutha, Pharmacist In-charge, Malindi Sub-county Hospital, Kilifi County

This support was so timely. It came at a time when I really needed to boost my skills in health commodities management. It has been a real blessing

When Marion Gatutha graduated with a degree in Pharmacy in 2010, and secured her first job as a pharmacist, she was excited to finally put her knowledge to practice. But she soon realized that what she learned at the University was not adequate to enable her perform health commodities management roles like quantification, procurement, storage, receiving and keeping records of health commodities. She had to learn on the job, albeit with difficulties. Luckily for her, just within a year of her posting, HCSM was rolling out programs at the Malindi sub-County Hospital, Kilifi County to strengthen the capacity of health teams to better manage health commodities.

The HCSM program equipped Marion and her colleagues with knowledge and skills and provided them with tools to enable them to better manage health commodities. When Marion was elevated to a more senior position-- Pharmacist In-Charge of Malindi sub-County

Hospital-- she was well equipped for her new roles, which include overseeing all commodities management roles such as quantifying, procuring, storing and dispensing. This has also enabled her to supervise and mentor her team to properly manage health commodities. To guide staff at all times on what needs to be done, she has displayed the health commodities management job aids on the walls of the pharmacy, store and dispensing area.

Marion and her team are now able to quantify adequate commodities for the hospital and track commodities pipeline to determine the stock-status, especially those commodities that require re-stocking to forestall stock-outs and those requiring redistribution to prevent expiries. Using this information, she was able to redistribute Oral Rehydration Solution (ORS) that was overstocked to other facilities to avoid expiry. Additionally, through proper inventory management, the hospital keeps accurate data that is used for decision making.

These job aids are really handy. They keep us all reminded at all times on commodity management practices. We refer to them at all times to ensure that we do the right thing



HCSM support enables hospital laboratory manager to transform laboratory services



Rukia Ahmed Abubakar, Laboratory Manager, Tudor Sub-county Hospital

I am so happy about the support of HCSM. It has equipped me with skills that have enabled me to transform this laboratory. When I remember how far we started, and what we have achieved in terms of laboratory commodities management, I cannot believe it. I thank HSCM very much for holding my hand and showing me the way

When Rukia Ahmed Abubakar was promoted to the position of laboratory manager for Tudor sub-County Hospital, Mombasa County. Her only desire was to transform the poorly managed laboratory, dogged with commodities stock-outs and expiries into a center of excellence. A mid-term review undertaken by HCSM had revealed glaring weaknesses in the management of the laboratory commodities, including poor inventory management practices, failure to track expiries, poor storage practices, poor waste management practices, and poor hygiene among others. To address these gaps,

Rukia realized that she needed support to build her capacity on commodities management.

Through technical support provided to the hospital by the HCSM program, Rukia acquired the necessary knowledge, skills, tools and resources that enabled her change the poor state of the laboratory. Using these skills, she led her team to transform the laboratory into a model center providing quality services. To achieve this, they instituted measures to decongest the laboratory by separating it from the office and store. They began to use stock-cards to keep track of commodities stock status, expiry chart to track commodities expiry status to determine those likely to expire before use and instituted measures to forestall this, updated their commodities reports regularly, and installed a thermometer to monitor temperatures to ensure that they are within recommended ranges among others.

These interventions worked! Rukia and her team have been able to eliminate stock-outs and expiries. By tracking commodities expiry, they have been able to determine those that would expire soon and taken measures to redistribute them. For example, when in April 2015 they determined that Unigold was

likely to expire before being used up, they redistributed the extra stock to Shimo la Tewa Hospital. Additionally, by monitoring stock-status through continuously updating the stock-cards, they are able to re-order commodities timely including one-month buffer to forestall stock-outs. This transformation has tremendously improved laboratory services - enhancing privacy of patients undergoing tests, reducing turn-around time for test results and increasing the array of tests undertaken by the laboratory from 13 to 21.

We have come from far. To see that we have transformed this place to this level gives me so much satisfaction. Support from HCSM was God-sent



Improved laboratory services at Tudor sub-County Hospital

What they said about our support



Through HCSM support, we have seen a lot of improvements in health commodities management in Mombasa County. The building of capacity of staff, provision of tools and job aids and constant supervision have been instrumental in improving health commodities management in this county.

Dr. Muhamed Hanif, Mombasa County Pharmacist



Through HCSM support, we have been able to improve the management of laboratory commodities. As a result, we have reduced cases of stock-outs and expiries.

Michael Wario, Laboratory Coordinator, Malindi sub-County Hospital



For me, the best thing that ever happened to us was HCSM. They have really supported us and through this, we now know how to manage our commodities to ensure commodities security around the clock.

Dr Noreen Zecha - Pharmacist In-Charge of Msambweni sub-County Hospital



We have really improved our laboratory commodities management since HCSM started supporting us. Although we still have challenges here and there, we are happy with the improvements we have seen.

John Munyi - Deputy Laboratory technologist In-Charge of Msambweni sub-County Hospital

Editorial team:

Ruth Omondi, John Chimumbwa, Joseph Mukoko, Charles Ouma, Ndinda Kusu, Victor Sumbi, Judy Mwangi, David Loki

Contributors:

Josea Rono, Judy Mwangi, Victor Sumbi, David Loki, Lilian Gitau, Constance Orata, Anthony Mwangi, Samuel Mbugua

Layout and Design:

John Chepkong'a

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MSH/Health Commodities and Services Management

Health Commodities and Services Management Program

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

Website: www.msh.org/hcsm