

HCSM

Health Commodities and Services Management Program

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INSIDE:

- How Kisumu County Health Management Team is transforming health commodities management
- Why Kodiaga Prison Health Center is an embodiment of excellence in health commodities management
- How Ambira sub-County Hospital Team is revolutionizing health commodities management in Siaya County
- How a laboratory manager in Kisumu County is transforming laboratory commodities management to improve health outcome
- How Segla Mission Hospital is changing fortunes by transforming health commodities 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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Improving health care through effective and innovative health commodities management practices



Kennedy Otieno, Pharmaceutical Technologist, Kodiaga Health Center.

Improvements have been realised in health commodities management across counties as demonstrated by staff with appropriate and sound knowledge and skills, proper inventory management and storage practices, increased availability of adequate stocks of health commodities, reduced incidence of stock-outs or overstocking, reduced expiries, increased reporting of poor quality health products among others.

Dr. John Chimumbwa, Chief of Party, HCSM project

Good health commodities management practices are the cornerstone to improving services delivery to the ordinary Kenyan. Over the past two years, the United States Agency for International Development (USAID)-funded Management Sciences for Health's (MSH)-led Health Commodities and Services Management (HCSM) program has been partnering with counties in cultivating and inculcating good health commodities management practices, enabling them better manage health commodities. This has been realized through innovative capacity enhancement approaches that equip the recipient counties with the requisite knowledge and skills at appropriate levels. Improvements have been realised in health commodities management across counties as demonstrated by staff with appropriate and sound knowledge and skills, facilities employing proper inventory management and storage practices, increased availability of adequate stocks of health commodities, reduced incidence of stock-outs or overstocking, reduced expi-

ries, increased reporting of poor quality health products, accurate determination of quantities and cost of health commodities required and increased rational use of medicines. Overall, these counties have improved health commodity security in their health facilities; increasing access to and use of essential health products and services especially in combating priority public health problems - malaria, family planning and HIV and AIDS.



A facility staff (left) in Ugenya sub-County is oriented on basics of health commodities management by a champion trained with support of HCSM.

In this bulletin, we shine the spotlight on Kisumu and Siaya counties by featuring some of the facilities that are revolutionizing health services delivery by embodying excellence in health commodities management. We also share with you the simple yet innovative ways that the CHMTs in these counties are employing to scale the heights of health commodities management to improve access to HIV and AIDS, malaria and family planning commodities around the clock.

We wish you happy reading.

How Kisumu CHMT is transforming health commodities management for better health



Dr. Dickens Onyango, CDH Kisumu County, TWG Chairperson



Health commodities neatly arranged on shelves at a health facility in Kisumu County

This TWG is one of the most consistent and result oriented I have seen. We have deliberately steered health commodities management in Kisumu County, with notable results.

Dr. Dickens Onyango, County Director for Health

That Kisumu County Health Management Team (CHMT) has mastered its role of steering the management of health services delivery in the county to improve health outcomes of the population is not in doubt. A key area of health care delivery that the CHMT has effectively taken stewardship of is that of providing oversight for the management of health commodities to increase access to high quality medicines and other related services for improved health outcomes. To accomplish this role, the CHMT, with support from HCSM established a health commodities management technical working group (TWG) to oversee all health commodities management activities in the county. The TWG comprises of key commodity management focal persons within the county HMT including the Pharmacist, Laboratory Coordinator, Nursing Officer, Nutrition Coordinator, Clinical Officer and the County Health Records Officer as well as priority health program (PHP) - Malaria, HIV, Family planning - coordinators and partners working in commodity management related programs. The TWG is chaired by the County Director of Health and meets quarterly.

This commodity TWG has successfully supported the county health teams to better manage health commodities through a number of interventions, including support supervision to review commodity management practices to identify challenges and gaps and subsequently designing and implementing measures to address these gaps.

The TWG, through commodity

management champions and trained trainers (ToTs) provides on the job training to continuously build the capacity of health staff on health commodities management and empowers them on problem solving to enable them address the day to day challenges they encounter in managing health commodities.

The TWG has designated three facilities in Kisumu County as model sites on health commodities management to act as learning centers for other facilities. These facilities-- Chulaimbo Health Center, Kodiaga Prison Health Center and St. Elizabeth Mission Hospital, Chiga -- embody good health commodities management practices including good inventory management practices, proper storage practices, staff with knowledge and skills in health commodities management, reduced/no cases of stock-outs, reduced/no overstocking and expiries; and rational use of medicines among others. The TWG also oversees

the quantification of health commodities to enable the county determine their health commodities requirements and the cost to inform resource mobilization and secure adequate budgetary allocation. The county has used data arising from the quantification to advocate for increased budgetary allocation for health commodities.

Additionally, the TWG monitors reporting rates of priority health programs including Family Planning, Malaria, HIV and Laboratory commodities and uploading of the respective data onto the DHIS2, as well as conducting data review meetings to improve both re-

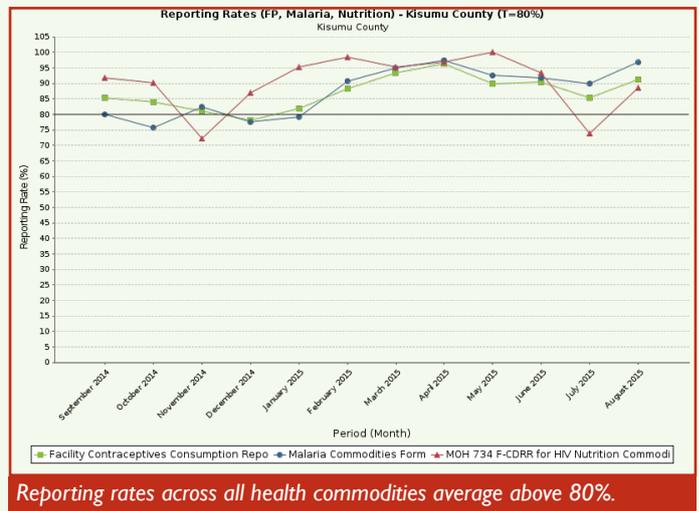


Members of TWG reviewing quantification data. The TWG oversees quantification of health commodities to enable the county determine their health commodities requirements and the cost to inform resource mobilization.

porting rates and the quality of health commodities data. These have resulted in sustained improvement in commodity reporting in the county, leading to availability of health commodities data for decision making. Notably, reporting rates across all health commodities averages above 80%, with HIV nutrition commodities showing marked improvement from 30% in 2014 to above 80% currently.

To improve laboratory systems management, in the county, the TWG, with technical support from HCSM, has trained trainers (TOTs) that are now supporting facility laboratory teams on commodities management. The CHMT has recently overseen the recruitment of an additional 40 pharmaceutical technologists to increase the number of staff responsible for health commodities management in the county, especially to avail them at facility level.

These efforts have improved health services delivery thereby increasing confidence in public health facilities.



Kisumu CHMT member uses supportive supervision to improve health commodities management



Isaiah Ogwalo, Kisumu CHMT member

I have seen notable improvements, not only in management of health commodities but also in the attitude of staff. While we have seen significant changes in health commodities management leading to increase availability, we have also seen highly motivated staff owing to the job satisfaction that results from ability to provide services as a result of availability of health commodities.

Isaiah Ogwalo is a member of the Kisumu CHMT charged with providing support supervision to health facilities in Kisumu County designated as model sites (centers of excellence) in health commodities management. His job is to ensure that these model sites embody good health commodities management practices and serve as learning sites for other facilities within the county, a job that he has done very well. Health workers at Kodiaga Health Center, a model

facility in health commodities management, easily identify with him and praise him for his tireless support. Mr. Ogwalo has made it his business to visit these facilities on a monthly basis, where he discusses with the facility staff charged with commodities management and jointly reviews progress in the implementation of activities addressing any gaps and challenges that might have been identified during earlier visits. He also routinely administers a checklist to determine commodities management status in four areas: storage, human resources capacity, resource materials and use of record keeping tools. He then discusses any gaps arising from the findings, including the priority actions to address them. These actions have included providing on-the-job training to staff, as well as empowering them with information and knowledge on problem solving to enable them find solutions to challenges facing them on a day to day basis. He also mentors the staff on creating cohesive teams and embracing team work when undertaking health commodities management tasks.

These interventions have resulted in sustained improvements in health commodities management in the three model sites in Kisumu County- Kodiaga Health Center, St. Elizabeth Mission Hospital, Chiga and Chulaimbo Health Center. These facilities have continuously exemplified good health commodities management practices as demonstrated by complete, accurate and up to date records, making information available for decision making; proper storage of health commodities to preserve quality; accurate quantification of health commodities; regular and timely reporting of priority health programs commodities including malaria, HIV and AIDS and family planning; and rational use of medicines achieved through the activities of their facility MTCs. These measures have in turn resulted in increased availability of health commodities due to reduced wastage, stock-outs as well as expiries and improved rational use.

We have made significant progress in health commodities management because of his support. He is always here every month to check on how we are doing. We discuss with him everything we are doing including our challenges. He is always in hand to offer us guidance.

Esther Masai, Kodiaga Prison Health Center, Facility in Charge

Why Kodiaga Health Center is an embodiment of excellence in health commodities management



Felix Osewe and Kennedy Otieno, Pharmaceutical Technologists, Kodiaga Health Center

The use of ADT has enabled us to track defaulting HIV patients and keep them on treatment. As a result, we have eliminated the deaths that were caused by HIV complications arising from defaulting from 45 in 2013 to zero currently.”

Felix Osewe, Pharmaceutical Technologist

When you walk into Kodiaga Prison Health Center, in Kisumu County, you are welcomed by inmates of Kodiaga Prison cleaning the compound while some seek health services in the facility. From the outside, it looks like a typical prison compound that might mislead you into thinking that nothing good can come from there. Besides the inmates, you encounter mothers from the neighborhood with babies strapped on their backs, seeking health care services. This leaves one wondering why someone would choose to seek health care services in a prison facility. Things only begin to make sense once you get inside and meet the dedicated and knowledgeable team of health workers that serve the prison population and its surrounding. Only then do you realize that in Kodiaga Health Center, patients seeking services always access health commodities, an integral part of health services delivery. This is thanks to the good health commodities management practices employed by the team of dedicated health workers. Only then do you appreciate why surrounding communities choose the facility.

Kodiaga Prison Health Center is one of the facilities designated by the Kisumu CHMT as a model site and has benefited from technical support from

HCSM to improve health commodities management. The facility embodies good health commodities management practices that are the foundation to improving access to and use of quality essential health products and services. These practices are apparent from the staff that depict superior knowledge and skills in health commodities management; right from the officer in charge of the facility, the pharmaceutical technologist, records officer, to the nurse in charge of non-pharmaceuticals/medical supplies. The records are complete,

accurate and up to date, making it possible for them to monitor stock status of every commodity and to make timely decisions on when to re-order or redistribute to forestall stock-outs or expiries. All commodities are neatly arranged on shelves and placed on pallets off the floor, with the stores clean, dry, and well ventilated. The temperatures under which commodities are stored are well controlled, with temperature regularly monitored on a chart and an air conditioner in hand to regulate the temperatures if necessary. Additionally, the facility has in place computers, with an electronic software- the Antiretroviral Dispensing Tool (ADT) for automated dispensing and inventory management of antiretroviral medicines. Using this tool, they are also able to



Kodiaga Prison Health Center embodies good health commodities management practices that are the foundation to improving access to and use of quality essential health products and services.

track patients missing appointments and thus potential ART defaulters and to follow them up to keep them on treatment. At the store, all commodities are arranged based on the “first expiry, first out” principle with short expiry commodities placed on top or front rows, and all medicines and reagents clearly labeled. The leadership of the facility has also established a medicines and therapeutic committee to oversee the use of health commodities in the facility which meets regularly to discuss aspects of medicine use and service delivery in the facility. Further, the facility uses manuals, tools, standard operating procedures and job aids on health commodities management which are clearly displayed at all service points to keep them reminded of the right things to do at all times. But beyond these practices, are motivated staff, focused leadership by the facility in charge and the constant support from the CHMT that have led to excellence in commodity management in the facility. As a result of these practices, the facility staff boast of reduced stock-outs and no expiries of health commodities, making services available to their clients around the clock.

Now you know why Kodiaga Prison Health Center is a facility of

choice for the catchment population - they are assured of health commodities and quality services as a result of good commodities management practices. So next time you are in Kisumu, visit Kodiaga Health Center for your health care needs.



Justus Arwa Otengo, Clerical Officer updating the records. The facility boasts of complete, accurate and up to date records.

Laboratory manager transforms laboratory commodities management to improve health outcomes



Hellen Ogollah, Kisumu County Laboratory Coordinator

Availability of quality laboratory commodities around the clock is critical for improved health outcomes, because only then can you accurately diagnose a disease. We are working to make this a reality in Kisumu County.

Hellen Ogollah, County Laboratory Coordinator

Laboratory is the back bone of health care delivery as it provides evidence to support or facilitate diagnosis. To ensure quality and reliable, diagnostic services, laboratory commodities must be available and be of good quality. Provision of these services is dependent

on proper management which forestalls stock-outs and ensures quality. However, commodity management is not in the training curriculum of laboratory technologists yet they are expected to perform these roles. This has over the years led to poor management of laboratory commodities, leading to frequent stock-outs and compromising quality of laboratory products and services.

In 2014, Hellen Ogollah, the Kisumu County Laboratory Coordinator took steps to change this situation. She realized that for laboratory staff across the county to better manage commodities, they required to improve and build their skills and knowledge in this area. She subsequently reached out to the HCSM program to support the training of eight laboratory staff on laboratory commodities management who would then serve as trainers (TOTs) of laboratory staff in all facilities across the county. Armed with knowledge on laboratory commodities management, the TOTs trained laboratory staff across the county on proper inventory management practices including keeping complete, accurate and up to date records; proper storage of laboratory reagents, proper management of expired products, quantification and monthly reporting consumption of laboratory commodities.

This equipped laboratory staff with skills and knowledge enabling them to better manage laboratory commodities within their facilities. The staff have used these skills to increase reporting of laboratory commodities through the DHIS2, with reporting rates of rapid test kits (RTKs) increasing from 43% in 2014 to 90% currently; laboratory staff are able to accurately quantify commodities required and the cost for a given financial year; they are now keeping complete, accurate and up to date records on laboratory commodities, making data available for decision making; and they are also storing the commodities properly. These practices have significantly reduced stock-outs, overstocking, expiries and improved rational use of laboratory commodities, leading to improvement in service delivery in the county.

Meet the Ambira sub-County Hospital Team that is revolutionizing health commodities management in Ugunja sub-County, Siaya County



Dr. Nancy Olunga, Hospital Pharmacist

We have achieved a lot and seen remarkable improvements over the past two years. Because of the improvements in management of health commodities, we have significantly reduced losses and wastage with these commodities consistently available. Patients these days go home with medicines; we do not refer them to chemists.

Dr. Nancy Olunga, Hospital and sub-County Pharmacist.

They are enthusiastic, determined and focused towards changing the way health commodities are managed not only in the hospital, but also in Ugunja sub-County as a whole to improve health services delivery. They know too well that to deliver health services, health commodities must be available and of good quality. Dr. Nancy Olunga- hospital and sub-county pharmacist, Douglas Odhiambo, laboratory technologist and Joseph Oyare, pharmaceuticals technologist began this journey in 2014 after HCSM built their capacity on health commodities management.

That they have mastered the art of health commodities management is not in doubt as is apparent from the way they eloquently articulate the concepts of good commodities management that they have implemented to realize the improvements. For the trio, the sky is the limit.

In November 2013, following a health commodities management baseline assessment undertaken by HCSM that scored the hospital and Ugunja sub-County as a whole poorly in

inventory management, staffing levels and skills, and storage among others, the trio reached out to HCSM to support them address these gaps to improve health commodities management. The specific gaps included inadequate staff to manage health commodities as well as limited skills and knowledge; lack of storage infrastructure such as pallets; low reporting rates averaging 45% for malaria, HIV and AIDs and family planning commodities; poor record keeping, lack of skills in quantification to enable them accurately estimate their health commodities requirements; poor storage and quality control practices among others. The HCSM program equipped the trio with skills and knowledge on health commodities management and mentored them into champions to lead initiatives aimed at improving health commodities management in the hospital and the sub-County.

Using their newly acquired skills, the team instituted measures to address health commodities management challenges in Ambira sub-County Hospital as well as other facilities in Ugunja sub-County.



Laboratory technologist at Ambira sub-County Hospital

The Ambira team has improved laboratory commodities management, to increase access to quality laboratory services in the hospital and sub-County.

The team offered on-the-job training and support supervision to health facility staff in charge of pharmaceuticals and laboratory commodities on all aspects of health commodities management. They also enhanced the oversight function for health commodities management by the sub-county health management team level to better track and monitor movement of health commodities. Additionally, the team, with support from HCSM oriented facility staff on reporting of health commodities data through DHIS2, increasing the reporting rates to above 80% for most com-

modities. For instance, the reporting rate for malaria health commodities is currently at 100%. As a result, all facilities in the sub-county have consistently received Malaria commodities as per their requests compared to other sub-counties where re-supply is a challenge due to lack of the required data to facilitate re-supply by the Malaria Control Program and Kenya Medical Supplies Authority.

Moreover, as a result of training, all facilities are applying appropriate storage practices and monitoring product expiries and making decisions to redistribute those commodities due to expire, reducing cases of expiries to below 2%. In addition, there is improved rational use of health commodities, for instance malaria medicines are only issued to patients with positive malaria test results. These measures have resulted in improved access and rational use of health commodities ultimately resulting in better health outcomes for the population served in the area.



Facility staff in the sub-county presents their commodities report to Dr. Olunga. Reporting rates for malaria health commodities is currently at 100%. As a result, all facilities in the sub-county have consistently received Malaria commodities.

How Sega Mission Hospital changed its fortunes by transforming health commodities management

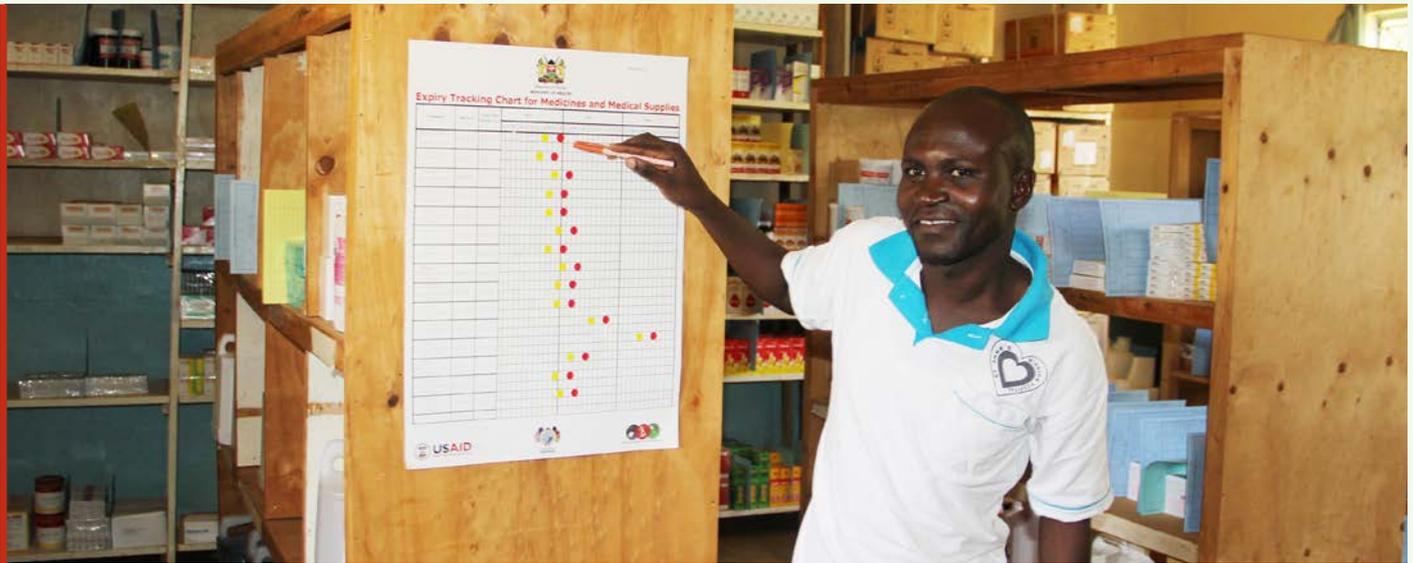


Sister Mary, Hospital Administrator, Sega Mission Hospital

We have been able to address the issue of pilferages as a result of proper records.

Sister Mary, Hospital Administrator

For a long time losses, wastages, stock-outs and expiry of health commodities dogged Sega Mission Hospital, compromising services delivery in the busy hospital located in Ugenya sub-County, Siaya County. However, this situation changed in late 2014 when HCSCM built the capacity of the hospital staff- comprising the pharmaceutical technologist, laboratory technologists and the



Phelix Ogolla, Pharmaceutical Technologist

Using the expiry tracking tool, we have been able to keep track of the expiry dates of health commodities, enabling us to take action to avert occurrence. This has enabled us to eliminate any cases of expiries in the facility.

Phelix Ogolla, Pharmaceutical Technologist

nurse in charge of non-pharmaceuticals- on health commodities management. HCSM built the capacity of the team in various health commodities management aspects including proper inventory management, storage, quantification, rational use of medicine, and monitoring and reporting of adverse reaction to health products.

Using their new skills, the team set out to improve health commodities management by keeping accurate and up to date records, monitoring health commodities temperatures to ensure that they are within acceptable ranges, orientation of nurses and other health staff on monitoring and reporting of adverse drug reactions, putting in place proper infrastructure and equipment, including pallets, thermometers, fridges to store health commodities, and ensuring appropriate use of medicines, and tracking expiry of health commodities.

These interventions worked! Commodity

management practices and service delivery have improved all-round. For instance, it is now possible to establish the stock status of health commodities because of accurate and up to date records; cases of expiries have been eliminated completely as commodities likely to expire are identified in time and used; and health staff are now able



Before, I did not know the right temperatures under which to store laboratory reagents. This had the danger of compromising their quality. But with the training, I now know the acceptable temperature ranges and I monitor the temperatures regularly to ensure that we adhere to them.

Noel Chweya, Laboratory Technologist

to identify cases of adverse drug reactions and submit appropriate reports to the Pharmacy and Poisons Board for documentation and follow up. In addition, the facility has eliminated stock-outs as it can now establish the amount of stock available and when they are likely to run out, thus giving enough lead time to reorder; moreover, the facility has been able to eliminate losses because it is now able to monitor the use of stocks; and improved rational use of medicines. Overall, these interventions have improved service delivery in the facility as patients are now able to access quality health commodities around the clock.

Training on pharmacovigilance helped all health workers in this facility to identify cases of adverse drug reactions and take action. Recently, we had a patient who reacted to an antibiotic (a cephalosporin). The nurse dealing with the patient was quickly able to establish this and took quick action to save the patient's life. We then reported the case to the Pharmacy and Poison's Board as stipulated.

Phelix Ogolla, Pharmacy Technologist

USAID conducts data quality assessment in facilities in Kisumu and Siaya Counties.



USAID team scrutinizes commodity data at Chulaimbo RHDC Pharmacy.



USAID team in a debriefing meeting with St Elizabeth Chiga Hospital staff and HCSCM team on health commodity data quality



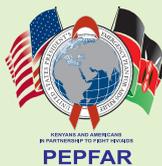
USAID team scrutinizes health commodity data at St Elizabeth Hospital Chiga Laboratory.



USAID team scrutinizes health commodity data at Ukwala Sub-county Hospital Pharmacy Store.



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