



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

Quarterly Progress Report for FY 2014 Q3 (1st April 2014- 30th June 2014)

As of 30th June 2014



MSH/Health Commodities and Services Management

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About MSH/HCSM

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

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Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ADT	ART Dispensing Tool
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
CME	Continuing Medical Education
CPD	Continuing professional development
DHIS	District Health Information System
EGPAF	Elizabeth Glaser Pediatrics AIDS Foundation
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FHI	Family Health International
FP	Family planning
F&Q	Forecasting and Quantification
GF SSF PSM	Global Fund Single Stream Funding Procurement and Supply Management Plan
HCMP	Health Commodities Management Platform
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
LMIS	Logistics Management Information System
MCU	Malaria Control Unit
MIS	Management Information System
MoH	Ministry 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
NEPAD	New Partnership for Africa's Development
PPB	Pharmacy and Poisons Board
PV	Pharmacovigilance
QOC	Quality of Care
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RMHSU	Reproductive and Maternal Health Services Unit
RCORE	Regional Centre of Regulatory Excellence
RTK	Rapid Test Kit
SDP	Service Delivery Point
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development

1.0 EXECUTIVE SUMMARY

This reporting period that ended in June 2014 coincided with the last quarter of the Government of Kenya Financial Year 2013/14. In effect, one of the key areas of the program's focus was in provision of technical support in forecasting and quantification at both national and county level to ensure that the budgets for FY 2014/15 are as accurate as possible for optimal results in commodity security and supply chain management. The project also continued to provide technical support to build on the achievements made in the previous quarter, so as to institute improvement in overall commodity security and skills transfer/transitioning oversight to MOH staff across all PHP programs. Subsequently, substantial milestones were achieved in this quarter.

Under HIV/AIDS Program, HCSM supported NASCOP through the National HIV commodity Technical Working Group (TWG) in rationalization of the HIV/AIDS commodities and initiated the forecasting and quantification process for the period 2014/2015. Using the forecasting accuracy tool developed in the last quarter, NASCOP was able to compare the commodity forecast for ARVs for the previous fiscal year (2013/2014) with the current status and make adjustments accordingly. This also served as a justification for request for additional commodities from the visiting GF-SSF PSM mission team. With continued application of this tool, it is envisaged that the F&Q exercise will be more accurate, thus contribute to improved commodity security at national level. Reporting on ARVs use has been maintained at over 90%. Reporting on other HIV commodities has increased to over 70% for HIV rapid test kits and over 60% for nutrition commodities.

For the Reproductive Health/Family planning (RH/FP) program, HCSM supported the Reproductive and Maternal Health Services Unit (RMHSU) in the annual national FP quantification exercise, where the forecasts and supply plans for FY 2014/15 were generated. The RMHSU is negotiating with funding partners' for commitments and shipments for the coming year. To promote FP commodity reporting via the DHIS2, the program engaged the Health Information Systems (HIS) unit in uploading relevant forms and HIS is currently enhancing data quality aspects of the system. The HCSM program also sensitized APhiAPlus partners, KEMSA and national level commodity related USAID stakeholders on DHIS2 and respective roles going forward. To partly address the diverse mechanisms that are being utilized in prioritization and delivery of FP services at county level, the program supported enhancing of downstream commodity visibility using electronic reporting tools and an upgrade of the National level FP dashboard. To this end, the family planning commodity dashboard was upgraded in May 2014. The dashboard is now used to prepare monthly commodity updates for use during the FP logistics TWG and there is an online availability of commodity data to all stakeholders. Additional efforts went into training of county and sub-county teams in reporting using the DHIS 2 platform in the 13 priority HCSM counties to enhance visibility of downstream data.

With regards to the Malaria program, HCSM worked in collaboration with the Malaria Control Unit (MCU) in finalizing the Malaria Quality of Care Round Seven survey report and disseminating the survey findings. The overall results from this exercise showed a decline in the indicators of the Survey. This had been anticipated by the Malaria Control Unit due to the various factors such as the RDT stock out and the disruption in distribution of commodities in June and Sept 2013 occasioned by the changes in the Kenya governance structures. The program will continue to intensify its efforts to strengthen strategies

at both national and county levels. All the same, the MCU was able to maintain facility commodity reporting rates of above 70% through the DHIS 2 platform. The commodity reports also showed over-stocking and under-stocking of commodities in some counties, which prompted development of a re-distribution plan for these commodities. Implementation of this plan was initiated in May 2014 and anticipated to end in August 2014. To date, the program has supported 9 counties to undertake an inter-county redistribution for their excess antimalarials.

The program continues to support transitioning of reporting to electronic platforms at national, county and facility levels. Significant progress was made in this front across all Public Health Programs (PHPs). Enhancements of DHIS2 was done, through the development of a national level supply chain portal that will provide the PHPs, counties and stakeholders with ability to visualize key commodity indicators from data captured at both national and periphery levels. This will be rendered through dashboards, charts and standard reports created in DHIS2 to aid in decision making. The platform is currently being tested with the intention of migrating to the live DHIS2 environment where it will then be visible to stakeholders. Additionally, roll out and utilization of the ADT and HCMP tool was scaled up, with resultant improvement in stock management and reporting levels. The average reporting rates for HIV rapid test kits (RTKs) in the HCSM priority counties is currently at over 80%.

At county level, the top priorities during this quarter have been provision of technical assistance to improve overall commodity management and reporting through electronic platforms. A key activity during the quarter was the support to the counties to quantify their requirements for all health commodities and subsequently develop the associated budgets. The commodity quantification reports for 10 Counties have been submitted for review and approval to the County Health Management Teams (CHMT). The Counties will use the quantification results to streamline procurement planning as opposed to previous practice where procurement has been ad-hoc and largely guided by intuition. The program also continued supporting the County Commodity TWGs, the main avenue for engagement and activity implementation in the focus counties with 9 of TWGs holding planning and review meetings during the quarter.

To enhance sustainability, one of the key approaches included leveraging of resources, through proactive engagement of other USG implementing partners in HCSM activities at County level, including APHIAPlus, ICAP-Imarisha, EGPAF and FHI/Gold Star Network. Following orientation of USAID service delivery partners by the program on use of DHIS2 for commodity reporting, most of the APHIAs have taken up the commodity management and reporting agenda.

Under the pharmaceutical policy and service delivery results area, HCSM advocacy efforts with the top MOH management bore fruit, with the re-activation of the National Medicines and Therapeutics Committee (NMTC). The HCSM program supported training of the NMTC members, finalization of NMTC TORs, development of NMTC work plan and a proposal for specific expert committees. This national body is crucial in promoting appropriate use of medicines and health commodities in the country. The NMTC will lead the development and revision national standard treatment guidelines (STGs), and essential medicines and health commodities lists such as the Kenya Essential Medicines List (KEML), Kenya Essential Medical Laboratory Commodity List (KEMLCL) and Kenya Essential Medical Products List (KEMPL).

To institutionalize commodity management at the pre-service level for sustainability, HCSM supported the University of Nairobi during their pharmacy degree curriculum review to incorporate practical elements of commodity management, pharmacovigilance and other pharmaceutical care topics in the institution's degree curriculum. Additionally, in collaboration with MSH/Leadership Management and Sustainability (LMS) Program, the program has been supporting curriculum review for the Kenya Medical Training College (KMTTC) pharmacy diploma course to incorporate commodity management. A validation workshop was held for final stakeholder buy-in and approval before submission to the senate for final approval. These are big steps towards ensuring sustainability through training of pre-service pharmacy students to ensure that they are practice ready when they graduate thereby reducing the need for frequent in-service orientations and trainings. .

The program's work with the Pharmacy and Poisons Board (PPB) to strengthen Pharmacovigilance in the country received a boost during the quarter with the Kenya PPB receiving official recognition by NEPAD Agency as a Regional Centre of Regulatory Excellence (RCORE) in Pharmacovigilance in Africa. HCSM had in the previous quarter supported compilation of the Kenya application to NEPAD. Recognition as a RCORE in PV will raise the profile of the PPB and enhance its role as a regional hub providing capacity building support to other African countries.

With regard to laboratory commodity management, the program scaled up support towards use of electronic reporting platforms -HCMP and DHIS2, ensuring that all the HCSM priority counties were covered. Additionally, through the county commodity management TWGs, supportive supervision and mentorship was conducted to ensure proper utilization of the tools, thus improving reporting rates overall. The overall National and HCSM priority counties reporting rates for RTKs are currently 74% and over 80% respectively.

Table 1.0 Key achievements

Focus Area	Highlights
Commodity management	<ul style="list-style-type: none"> • Forecasting and quantification for all National PHPs to ensure that the budgets for FY 2015/15 are inclusive of accurate health commodity requirements. • Enhancement of online/electronic reporting platforms for all PHPs– FP/HIV programs (HCMP, DHIS2, ADT, and FP dashboard). Orientation /training done for partners, GOK at National and County levels. PHPs empowered to negotiate for provisions to acquire commodities supply • Finalization of the Quality of Care (QOC) Survey round 7 report and initial dissemination of the findings. • Stock redistribution of antimalarial commodities initiated based on the commodity reporting through the DHIS 2 platform. • County Commodity Technical Working Groups (TWGs) operational in 13 counties. Forecasting and quantification reports complete for 10 out of 13 counties. The quantification reports have informed procurement of health commodities in HCSM priority counties
Pharmaceutical policy and service delivery	<ul style="list-style-type: none"> • Re-activation of the national medicines and therapeutics committee (NMTC). The NMTC was trained in June 2014; and developed TORs, calendar of activities and proposal for expert committees. • Curriculum review for the Kenya Medical Training College (KMTc) pharmacy diploma course to incorporate commodity management. A validation workshop was held for final stakeholder buy-in and approval before submission to the senate for final approval. • Curriculum review for the University of Nairobi Pharmacy degree to incorporate commodity. Training in commodity management at pre-service level is a significant step in ensuring sustainability by training of pre-service students before posting to ensure that they are practice –ready and uphold appropriate commodity management practices. • The continued pharmacovigilance system strengthening by the program contributed to the Kenya PPB being recognized by NEPAD Agency as a Kenya PPB receiving official recognition by NEPAD Agency as a Regional Centre of Regulatory Excellence (RCORE) in Pharmacovigilance in Africa.
Laboratory governance, commodity security and service delivery	<ul style="list-style-type: none"> • Scaled-up support for the use of electronic reporting platforms for lab commodities, ensuring all the HCSM priority counties were covered. Facility follow- up and mentorships to ensure the counties trained earlier sustained proper use of the tools and the desirable reporting rates. The overall national and HCSM priority counties reporting rates for RTKs is currently 74% and over 90% respectively

Project Administration

During the last quarter, the program’s Q2 progress review meeting was held alongside a field visit by the USAID Project Management Team (PMT) in May 2014. The team visited selected facilities in the Western Kenya region and made specific recommendations and follow-up actions made thereafter for the program to attend to. The APHIAPlus western team participated in the PMT field visits and debrief session. Subsequently the HCSM program engaged the APHIAPlus western management team to initiate implementation of the follow-up actions.

In the same quarter, the program supported the execution of a USAID Partners’ orientation meeting on the use of DHIS 2 for commodity reporting. The workshop also drew participation from KEMSA and core MOH departments including HIS and the PHPs. Several action points arose from this forum on strengthening commodity reporting including linkages to DHIS by existing parallel programs, revision of reporting tools, inclusion of validation rules in DHIS and capacity building to promote reporting.

During the period, the program also developed and submitted to USAID a data quality improvement plan requested following a data quality assessment exercise conducted during the previous quarter. The plan

addresses issues emanating from the DQA and majorly focuses on supporting the MoH to improve various aspects of commodity data collection and management.

The program made a presentation to the PMI team in June during a meeting set to discuss 2014 (MOP 13) activities, MCU priorities and gaps under the revised NMS 2009-2017.

The HCSM program's management has sustained regular touch base meetings with senior counterparts at national and county levels. Towards sustainability, the program has LOE costs by collapsing positions of staff that have transitioned out of the program. To promote leverage of resources and sharing of best practices, the program's COP visited the organization's headquarters in Arlington for consultative and planning meetings with various technical resources ahead of the program's Work plan 4 development process.

2.0 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. Its key outcome areas are:

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

During the quarter ending 30th June 2014, the program scaled-up its efforts to strengthen health commodity systems at the national level and in the priority counties level while ensuring the targets for priority diseases such as HIV, Malaria and RH/FP are met. The program continued the engagement of other implementing partners at these levels with a view to enhance buy-in to the program's practices; and to stimulate replication and roll-out. These efforts have yielded results as presented under each result area below;

2.1. Result Area 1: Strengthened MOH Commodity Management

2.1.1. Support to commodity management at national level

This area focuses on strengthening systems for commodity management at the central and peripheral levels. At the central/national level, the support has been provided to the priority Health Programs (HIV, Malaria and RH/FP) through the responsible MOH divisions/units (NASCO, MCU and RMHSU respectively). Additionally, HCSM program has worked with the parent MOH divisions/units (Pharmacy, Nursing and National Public Health Laboratory Services).

The GoK fiscal year starts in July, and the preparation of budgets for the coming fiscal year has been a key activity at both National and County levels. As such, a large part of HCSM's work during this quarter was aimed at helping the national programs and county health teams with their budget preparation activities, mainly through the forecasting and quantification for health commodities required for providing health services in the 2014/2015 financial year. A related aspect to this is support to reporting which informs the quantification and resupply activities.

Key highlights of activities at National and County level are appended below.

A. HIV/ AIDS

During the quarter under review, NASCO undertook a rationalization of its commodities and initiated the forecasting and quantification process for the period 2014/2015. HCSM supported these activities and helped NASCO realize the results below.

Table 2: HIV Related Activities

Objective	Output	Outcome
Skills transfer in commodity security at national level	HCSM ARV Forecast accuracy tool and comparison of 2013 forecast assumptions vs. current status – used to highlight areas of forecast that require adjustment	NASCOP able to demonstrate to visiting GF SSF PSM team the need for additional commodities
	Annual HIV commodities national quantification led by NASCOP staff	NASCOP ownership and institutionalization of quantification process.

B. Family Planning

Varied approaches to prioritization and delivery of FP services among the counties under the new devolved system of government posed a major challenge to the RMHSU during the quarter under review. As part of the efforts to manage this situation, HCSM supported RMHSU in enhancing downstream commodity visibility using electronic reporting tools and the upgrade of the national level FP dashboard to improve usability and ease generation of periodic commodity reports.

Table 3: FP Related Activities

Objective	Output	Outcome
Development of appropriate MIS interventions	FP commodity dashboard upgraded in May 2014. www.nascop.org/RMHSU	Enhanced speed and usability – dashboard now used to prepare for monthly commodity updates during the FP logistics TWG. Improved user confidence in processing of data. Online availability of commodity data to all stakeholders
Skills transfer in supply chain oversight at national level	Annual national FP quantification workshop held on June 10 th to 11 th , 2014.	Annual forecasts and supply plans for FY2014/15 -2015/16 were generated. RMHSU negotiating funding partner commitments and shipments for the coming year.

C. Malaria

During the quarter under review, the program provided technical assistance to the MCU in data analysis, report writing and dissemination of the Malaria QOC round 7 Survey findings. The results indicate a general decline in performance factors attributable to challenges posed by the devolution process and interruption of the commodity supply chain. HCSM will continue to support both the National and the priority Counties' initiatives to ensure that good performance previously recorded is re-instated.

The MCU continued to put in a strong performance with regard to commodity reporting with facility reporting rates being maintained at above 70%. This has strengthened the unit's management decision-making with regard to the supply of malaria commodities. For instance, during the quarter, analysis of the reports showed that some counties were overstocked on Malaria commodities while others were

facing imminent stockouts. On this basis, a re-distribution of commodities was initiated in May 2014 with 9 counties supported to undertake inter-county redistribution of antimalarials.

Finally with support from HCSM, a consultative meeting was held with the USAIDs clearing agents which resulted in decreased port processing and clearance times of Malaria commodities procured by PMI funds.

Table 4: Malaria Related Activities

Objective	Output	Outcome
Development and implementation of appropriate MIS interventions	Facility commodity reporting rates maintained above 70%	Enhanced downstream supply chain visibility Improved decision making – redistribution of overstocked Malaria commodities initiated in May 2014 Current clearance time for Malaria commodities reduced from 45 days to 2 days due to collaboration with Freight in Time.
Support for operational research including quality of care and medicine use surveys	Provided technical support to MCU in the execution, data analysis, report writing and dissemination of the Malaria QOC round 7 Survey findings malaria Quality of Care (QoC) round 7 survey.	Report finalized and findings disseminated.

D. Cross-cutting Support

In addition to program-specific interventions, HCSM also implemented cross-cutting systems strengthening activities impacting on results all programs. These initiatives were mainly in the area of Management Information Systems and capacity building in commodity management. Key achievements are summarized below:

Management Information Systems (MIS)

The main effort in MIS was aimed at enhancing the use of DHIS2 as the national standard reporting platform for health commodities. This was achieved through initiatives at both county level (reported under our county level work section below) and national level. .Of particular importance is the development of the Facility dispensing tool, an upgraded version of the ADT which can be deployed on web-based platforms and incorporates program feature enhancements and upgrades making it more versatile and robust. The prototype is currently undergoing in-house testing prior to pilot testing in the coming quarter.

Below is a summary of the national level MIS achievements:

Table 4: MIS Related Activities

Planned Product	Status
DHIS2 Orientation Package	Draft ready. To be reviewed by MoH Priority programs and HIS
ADT Support Package	Complete. Planned dissemination/release of ADT support package in coming quarter
Facility Dispensing Tool	System prototype ready. Currently undergoing testing prior to field pilot testing in coming quarter
DHIS2 based national level supply chain portal	Under development. Proof of concept done, planned testing and migration to DHIS2 environment in coming quarter
DHIS2 package that included a DHIS technical guide, DHIS commodity curriculum & orientation material	Draft ready. Review by HIS and the national programs in progress
Soft copy compilation of MIS tools used for daily and monthly reporting by health facilities	Complete. Disseminated to the HCSM priority counties. Copies availed to the APHIAPlus teams for dissemination in the counties where they have operations
Abstract on DHIS2 (Using Technology To Improve Malaria Case Management)	Complete. Presented at the Pharmaceutical Society of Kenya (PSK) annual conference to enhance DHIS2 awareness
Creation of DHIS2 Google group.	Complete. Group has been set up and is active

Capacity building in commodity management

Over the last two years, basic commodity management trainings have been done by several partners including FUNZOKenya using HCSM-developed and MOH adopted curricula, tools and job aids. During the quarter under review, in collaboration with MOH, the program developed more capacity-building materials to address identified areas and integrate existing disease specific packages. The nationally adopted materials will be implemented nationwide. The products are listed below.

Table 5: Capacity building related Activities

Planned Product	Status
County quantification package – comprising Quantification training materials and Quantification and budgeting tool for use at facility, sub county and county levels.	Quantification training package and handbook are complete and adopted by MOH. The other tools are awaiting adaptation and adoption by MOH
County on-Job-Training/Support Supervision package – comprising guidance on OJT, job aids, MIS reporting tools.	Complete. Field testing in progress.

2.1.2 Commodity Management Support at County Level

In addition to the technical support at the National level, the program also focused on the 13 priority counties in the Western and Coast regions of the country. Key areas of support comprised the following;

- 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 program adopted a collaborative approach to activity implementation working with CHMTs, regional implementing partners and other stakeholders.

Aligned to the program's principle for whole-market and sector-wide support for commodity management, the program proactively sought the participation of the FBO and the private sectors in all activities/interventions. In addition, active involvement of other USG implementing partners was also put in place in most of the counties.

In line with the county budget cycles – the priority during this quarter at county level was quantification of health commodities to facilitate preparation of county health budgets. Other activities included support supervision and on-job-training.

A summary of the activities is appended below.

Table 6: Summary of activities implemented in the counties

Activity	Bungoma	Busia	Kakamega	Vihiga	Nyamira	HomaBay	Migori	Kisii	Siaya	Kisumu	Mombasa	Kilifi	Kwale
Quantification data collection	✓	✓	✓					✓	✓	✓			
County Quantification Workshop	✓	✓	✓					✓	✓	X			
County Quantification team formed	✓	✓	✓					✓	✓	✓			
County Quantification report – draft submitted to CHMT	✓	✓	✓	✓	✓	✓	✓	X	X	X		✓	✓
County health commodity security TWG meetings held	✓	✓	✓	✓			✓	✓	✓	✓		✓	
County/HCSM MoUs signed									✓			✓	✓
Joint (County/HCSM) action plans reviewed			✓	✓			✓	✓	✓	✓		✓	

Notes:

- 1) White cells indicate activities completed in previous quarters.
- 2) In Kisumu County, 24 staff were oriented on data collection for forecasting and quantification and data collection was completed. However, due to competing priorities data validation and preparation of the quantification report were not completed this quarter and have been deferred to next quarter.

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

In the previous quarter, 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. During this reporting period, these TWGs in 9 counties held their monthly meetings and commodity quantification reports were submitted to CHMTs for approval.

Both Kisumu and Siaya TWGs consented to establishment of commodity management model sub counties and initiated the process with selection and sensitization of sub county commodity management champions. All 22 facilities in Kisumu West and 28 facilities in Ugenya-Ugunja model sub counties will be mentored by both County and Sub County managers to be centers of commodity management excellence.

Activity 1.3.2: Support to CHMT for improved commodity management at facility level in collaboration with other stakeholders

County Forecasting and quantification

A two pronged approach was adopted to ensure skills transfer on F&Q while at the same time ensuring that quantifications of requirements and associated budgets for the coming year were developed. The actual quantification exercise was preceded by capacity building of key County and facility staff who subsequently worked with the HCSM teams to conduct the actual F&Q exercise.

The County health commodity quantification workshops were conducted for 178 CHMT members and other focal commodity management staff in five counties not covered in the previous quarter. These counties were able to develop their commodity quantification needs and the reports will be used to streamline procurement planning and input into the ongoing annual work planning process. County quantification teams comprising sub county / facility membership were formed to complete the current quantification process and to spearhead future quantifications. A detailed breakdown of this activity by county is presented in the table below.

Table 8: Capacity building of CHMT and other county focal persons to support facility staff on commodity management in public, private and faith based sectors

Activity : County Quantification Workshops			
County	# of participants	Outcomes	Products
Busia	45	County to use quantification results to streamline procurement planning as previous procurement has been largely ad hoc. Data validation by the CHMT is pending though.	<ul style="list-style-type: none"> • Quantification report with health commodity requirements for the FY 2014/2015 • Action plans to institutionalize the quantification process at all levels • County quantification teams formed – with sub county / facility membership
Bungoma	38	County to use quantification results to streamline procurement planning as previous procurement has been largely ad hoc. Data validation by the CHMT is pending though.	
Kakamega	27	The county will use the results of the quantification to streamline procurement planning.	
Siaya	27	County to use quantification results to input into the ongoing Annual Work planning Process	
Kisii	41	The county will use the results of the quantification to justify budget estimates and to streamline procurement planning.	

As shown in the table below, the overall total health commodity cost is over Ksh. five billion across 1,046 health facilities for the eleven counties in which HCSM has supported quantification so far. This excludes estimates for Kisumu and Kisii counties which are currently being finalized and validated.

Table 9: Health Commodity total cost by County

County	Number of Health facilities	Total health commodity cost (KES millions) **
Bungoma	95	473
Busia	57	464
Kakamega	160	836
Vihiga	46	133
Nyamira	77	413
Migori	124	731
Siaya	136	543
Homa Bay	151	466
Kwale	73	537
Kilifi	85	393
Mombasa	42	349
Total	1,046	5,338

** Provisional total health commodity cost for one year + 3 months buffer, subject to Final County validation and approval. Commodity categories included are: Pharmaceutical, Medical supplies, Laboratory, Nutrition. Radiology, Eye unit and Dental unit requirements included in some counties.

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

The focus for the program under this area is to improve overall commodity usage reporting by supporting the proper use of manual and electronic tools and platforms for data acquisition and reporting. This also includes support for utilization of data for decision-making at the local facility/county levels. Below are the key achievements during the quarter

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

At facility level, the program continued to support the scale up of ADT, a key transaction processing tool for the ART program. During the quarter under review, HCSM supported ADT scale-up and use in 9 counties. The project proactively engagement other USG implementing partners working at county level in this exercise including EGPAF Pamoja, APHIA Plus and FHI/Gold Star Network This included installation and troubleshooting of the tool and orientation of 47 staff in 14 health facilities. The participants were able to develop action plans for scale up and implementation support for facilities running ADT in their counties. Table 10 shows further details on this activity.

Table 10: 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
Kisii	<ul style="list-style-type: none"> 11 staffs (9 male, 2 female). This includes one staff from Care Kenya and 2 staff from 2 FBO sites. Three of the participants had not used ADT before. Mapped ADT status: 6 sites currently using the tool; One site had ADT but computer crashed (i.e. Gucha Sub-county Hospital); one site had ADT installed but not in use (i.e. Keumbu Sub-county Hospital). 	<ul style="list-style-type: none"> 2 sites had ADT installed after the orientation Two sites to install ADT within one month (Marani and Nduru)
Vihiga	Support and troubleshooting done in Vihiga County Hospital,	<ul style="list-style-type: none"> The sites that were supported are now

County	Activity implemented	Outcome/Next steps
	Mabusi Health Centre and Lumakanda Sub-county Hospital	better placed to use ADT to provide timely and accurate reports on ART
Kisumu	ADT super ToTs in Kisumu County supported to follow up 7 ADT sites namely Chulaimbo Sub-county Hospital, Nyahera Sub-county Hospital, Masaba Hospital, Maseno Mission Hospital, Maseno University Clinic, Ober Komoth Health Centre and Kodiaga Health Centre.	The sites that were supported are now better placed to use ADT to provide timely and accurate reports on ART.
Homabay	13 healthcare workers from ART sites oriented on ADT in collaboration with EGPAF Pamoja.	This was meant to lead to more sites using ADT and to also assist in troubleshooting at the sites already using ADT.
Nyamira	Supported ADT Repair and mentorship in Keroka Sub-county Hospital and Manga Sub-county Hospital	The sites that were supported are now better placed to use ADT to provide timely and accurate reports on ART
Kwale	<ul style="list-style-type: none"> 6 ADT super TOTs oriented Two sites assisted with ADT troubleshooting i.e. Kwale Sub-county Hospital and Msambweni County Hospital 	<ul style="list-style-type: none"> The sites that were supported are now better placed to use ADT to provide timely and accurate reports on ART One additional site had ADT installed after the orientation
Kilifi	4 ADT super TOTs oriented	This was meant to lead to more sites using ADT and to also assist in troubleshooting at the sites already using ADT.
Mombasa	7 ADT super TOTs oriented including 2 partner staff (APHIPlus and FHI/Gold Star Network)	This was meant to lead to more sites using ADT and to also assist in troubleshooting at the sites already using ADT.
Bungoma	Support to Malakisi, Nzoia, Naitiri, Sirisia, Cheptais, and Bumula ADT sites. Mentorship and OJT on the use of the ADT done.	Effective use of the ADT to support patient management and generation of periodic data.
Migori	<ul style="list-style-type: none"> 13 staffs (10 male, 3 female) oriented on ADT. This included 2 staffs from 2 FBO sites, 1 from NGO site and 1 from a private medical centre. Two of the participants had not used ADT before. Mapped ADT status: 7 sites currently using the tool; tool installed but not in use in one site (Kuria DH); one computer with tool crashed (Macalder SCH) 	This was meant to lead to more sites using ADT and to also assist in troubleshooting at the sites already using ADT.

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

The program continues to support counties to transition from paper based reporting to online reporting for commodities, specifically for Malaria, FP, CD4 reagents, HIV RTKs and HIV nutrition. During this quarter, DHIS orientation was conducted for 23 staff from 4 counties not covered in the last quarter. In addition, 2 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.

DHIS and HCMP orientations were conducted out in seven counties as shown in table below.

Table 10: Support to MOH and target counties for the scale-up of ADT and strengthening of ADT support at peripheral level

Activity	Bungoma	Busia	Kakamega	Vihiga	Nyamira	HomaBay	Migori	Kisii	Siaya	Kisumu	Mombasa	Kilifi	Kwale
DHIS Orientation			✓ **	✓								✓	✓
HCMP Orientation	✓						✓		x				

Notes:

- a) White cells indicate activities completed in previous quarters
- b) ** In Kakamega County, only six out of twelve sub-counties were oriented due to the high number of counties / staff involved. An additional orientation will be scheduled

In addition to the support towards electronic reporting, soft copies and artworks of manual reporting tools were distributed to the County Directors of Health in HCSM priority counties so that the counties can organize for printing of the hard copy tools needed for commodity data collection and reporting. The artworks were also availed to the various APHIAs for distribution in the counties where they work.

To establish the impact of the foregoing interventions on commodity reporting, data analysis was conducted to establish trend in the reporting rates for various PHPs at county level. As can be seen from a sample of information sourced from the DHIS2, there has been a general upward trend in FP FCDRR and Malaria reporting rates in most counties. Below is an illustration of trends in Kakamega and Vihiga Counties.

Figure 1.0 Reporting rates for FP and Malaria for Kakamega

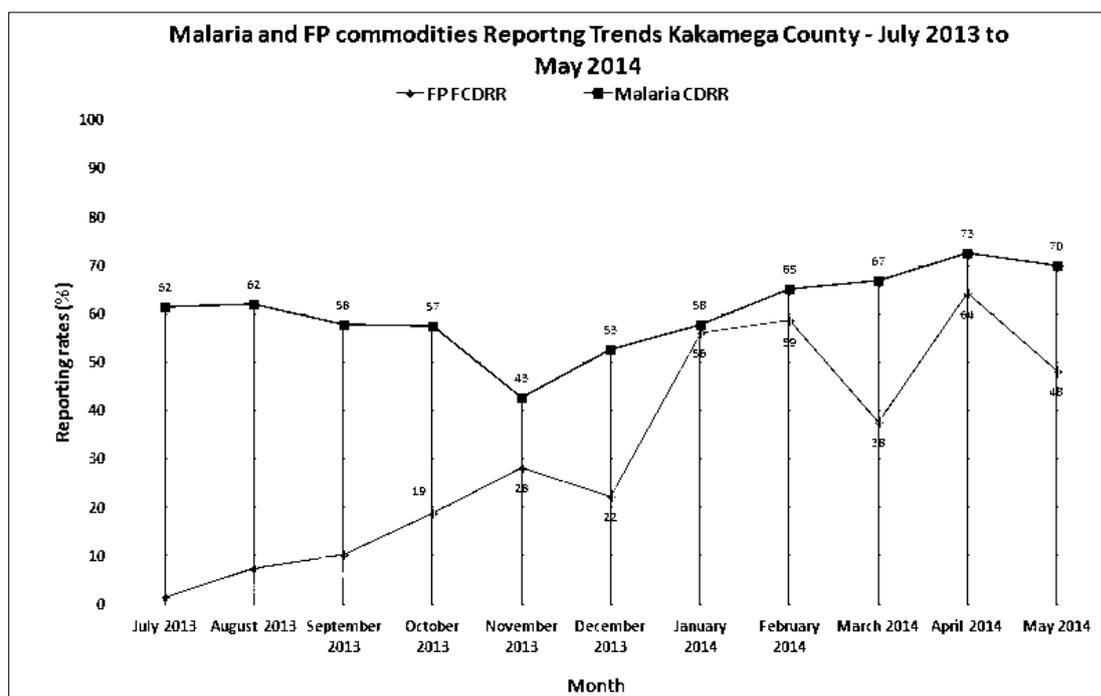
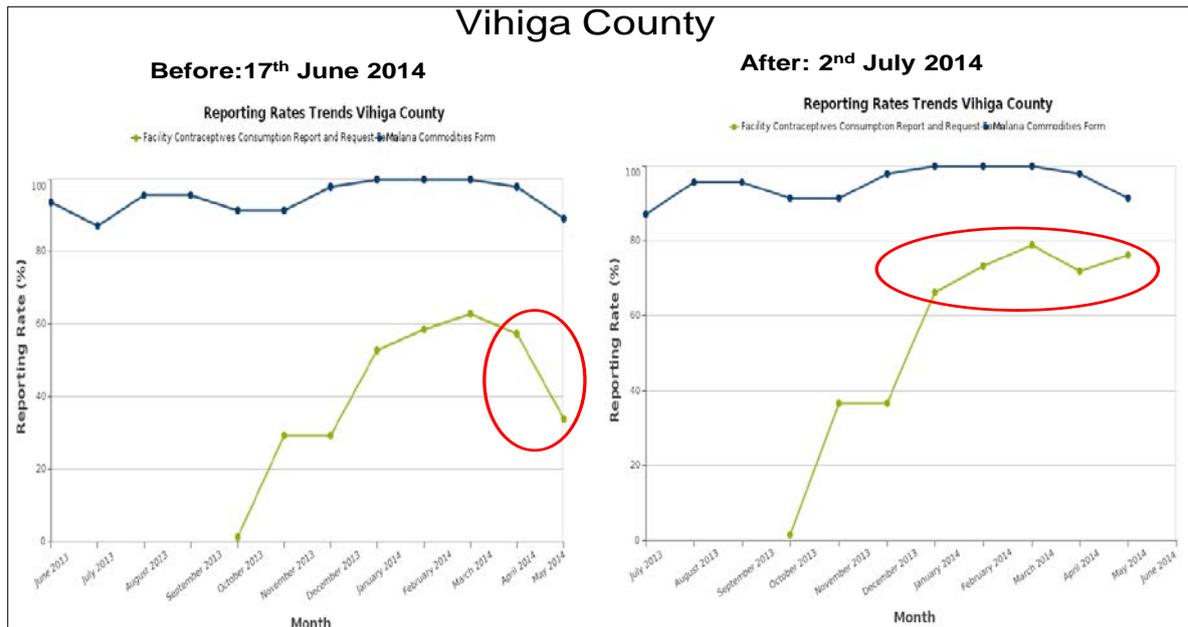


Figure 2.0 Effect of DHIS orientations on Malaria commodity reporting rates in Vihiga County



Support to CHMT for improved commodity management at facility level in collaboration with other stakeholders

During the quarter, two key activities were implemented at county level in support for improved commodity management. These are

- OJT and Mentorship
- TA to CHMTs to conduct support supervision in their respective counties

The findings of the county supply chain mapping carried out in thirteen counties in November 2013 showed that facilities were not receiving adequate supportive supervision and that most of the commodity management gaps identified could be addressed through supportive supervision. Subsequently, the program has worked to develop an easy to use checklist for use during commodity-related supportive supervision. Moreover, the checklist enables scoring, ranking and categorizing of facilities using specific define criteria hence facilitates follow-up support to address specific gaps noted. Thereafter, HCSM supported selected CHMTs to conduct support supervision with greater emphasis laid on ART, Family Planning and Malaria commodities in both the pharmacy and laboratory. Below are details of this support in the various counties covered by the program.

Table 11: Supportive Supervision Activities at County Level

County/facility	Output	Outcome
Homabay and Nyamira	Four mentors trained in use of the scored supervision checklist and the mentorship guide. Supportive supervision and mentorship conducted in 20 facilities (10 in each county). Inventory management tools and job aids distributed during supervision visits	Commodity management gaps in facilities addressed
Kwale, Mombasa and Kilifi	10 supportive supervision visits and on-the-job training done in six models sites in using the HCSM scored checklist	Pharmacy score: 72 - 85% Laboratory score: 57 - 80% Action plans for improvement developed, feedback to management and distribution of stock monitoring commodities
Borabu, Keroka, Rachuonyo and Manga Sub-county Hospitals	In collaboration with APHIAPlus, HCSM conducted mentorship on commodity management	

A sample summary scores page from the Mariakani Sub-county Hospital checklist is shown below:

Table 12: Summary Scores for Supply Chain Performance for Mariakani Sub-County Hospital

SUPPLY CHAIN FACILITY PERFORMANCE SUMMARY									
Area Assessed	Pharmacy			Laboratory			Aggregate		
	Numerator	Denominator	% Score	Numerator	Denominator	% Score	Numerator	Denominator	% Score
Main Storage Area	18.79	20	94%				18.79	20	94%
Inventory Management	29.00	40	73%	32.00	40	80%	61.00	80	76%
Resources & Reference Materials	8.57	10	86%	7.50	10	75%	16.07	20	80%
Availability & Use of MIS Tools	28.18	30	94%	24.44	30	81%	52.63	60	88%
Aggregate Score	85	100	85%	64	80	80%	148	180	82%
HIV RTKs End Use Verification				84	100	84%			
Inventory Management: <i>additional commodities</i>				0	40	0%			

HCSM also provided support at health facility level including;-

- a) Two CMEs on good inventory management and appropriate medicines use were conducted in the Coast General Hospital using training materials from HCSM. A total of 40 nurses were oriented.
- b) Assessment of eight ART sites in Kakamega County – in collaboration with the CHMT and APHIAplus. The findings and recommendations from the assessment have been submitted to NASCOP.

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

In recognition of the role of private and FBO facilities in the provision of health services, most county activities included participants from private and FBO facilities. A summary across different counties and activities is appended below.

- 3 counties representation for ADT orientation and also F&Q
- 1 county representation for each in DHIS orientation, Support supervision and ART site assessment.

Partner Collaboration

To ensure buy-in, replication and sustainability of the program activities, HCSM collaborated with the partners below during the quarter under review.

County	Activities and collaborating partners
Homa Bay, Nyamira	13 health workers oriented on ADT in collaboration with EGPAF Pamoja
Mombasa, Kwale, Kilifi	APHIAplus Nairobi – Coast took up the commodity reporting agenda after orientation in Nairobi by HCSM. The HCSM staff was invited to make a presentation on reporting rates during the URC – ASSIST/APHIAplus training on Kenya Quality Model of Health (KQMH) to Mombasa County health workers. The APHIAplus Mombasa office IT staff along with a FHI/Gold Star Network staff was oriented as ADT TOTs as mentioned above.
Kakamega, Vihiga	8 ART sites were assessed in collaboration with APHIAplus Western
Kisumu, Siaya	Orientation of lab managers on HCMP done in collaboration with ICAP Imarisha. Meeting held between HCSM and APHIAplus Western Kenya management to explore collaboration in commodity management support.
Kisii, Migori	A Care Kenya member of staff oriented on ADT in Kisii County

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 (NASCO) to develop/ review key policy and practice guidelines. HCSM advocacy efforts with the top MOH management bore fruit with the re-activation of the national medicines and therapeutics committee (NMTC). The NMTC was inaugurated in April 2014 and held a training and planning workshop in June 2014 whose outputs were: final TORS, calendar of activities and draft expert committees. This national body is key in promoting appropriate use of medicines and health commodities in the country. The program also collaborated with the two main training institutions for pharmacy personnel- the University of Nairobi (UoN) and the Kenya Medical Training College (KMTTC) to strengthen their pre- service curricula by providing technical assistance in the ongoing restructuring of the KMTTC diploma course and UoN degree 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 in the table below.

Table 13: 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	
	Dissemination of Guidelines	HCSM supported PPB staff to disseminate the updated Continuing Professional Development (CPD) guidelines at the annual Pharmaceutical Society of Kenya (PSK) symposium. The team compiled an abstract and presentation titled " <i>Continuing Professional Education for Pharmacy Professionals in Kenya: Updated Guidelines</i> " that were presented at the symposium. HCSM will also support dissemination of these guidelines to Pharmaceutical Technologists at their annual conference in July 2014
	TA to MOH health commodity related committees	HCSM has been participating and providing TA to the harmonization of regulation of essential health products and technologies. The TWG on medicines, vaccines and biologics met and deliberated on assigned activities.
	Production of policy documents	Kenya Essential Medical Laboratory Commodities List [KEMLCL]; printed planning for dissemination on-going
Improved delivery of pharmaceutical services	Improve medicines use practices at national and county level in select counties	
	Milestone	The reconstituted National Medicines and Therapeutics Committee (NMTC) held a training and planning workshop in June 2014. Outputs from the 2 day meeting included a calendar of activities, updated ToRs for the NMTC; draft ToRs for County MTCs and formation of 4 expert committees within the NMTC <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 and MOH/ NASCOP to update the content of the following curricula and guidelines in line with the devolved system of governance <ul style="list-style-type: none"> - County Essential Health Products and Technologies Supportive Supervision (PSU) - County HIV Health Commodities Management Orientation Package Dissemination of these key curricula planned from Quarter 4 2014
Capacity building for improved health commodity management and pharmaceutical care	TA for curriculum review at the pre-service training institutions	HCSM supported the University of Nairobi during their pharmacy degree curriculum review. HCSM will continue to support UoN to incorporate commodity management, pharmacovigilance and other pharmaceutical care topics into the Degree curriculum. HCSM curriculum review for the Kenya Medical Training College (KMTC) pharmacy diploma course to incorporate commodity management. A validation workshop was held for final stakeholder buy-in and approval before submission to the senate for final approval. <i>These are big steps in ensuring sustainability by training of pre-service staff to ensure appropriate commodity management practices</i>
	TA for materials development and	HCSM support MOH/ NASCOP to update the training materials on <i>HIV Pharmacovigilance</i> and HCSM staff participated in some of the subsequent

Objective	Achievement Type	Description & Outcome
	training	training of trainers at all Counties in the country in April & May 2014. The trainers from these ToTs developed action plans to cascade the PV trainings to sub-county and health facility levels in their respective counties <i>The training conducted countrywide is expected to result in increased reporting of ADRs and poor quality medicines to the Kenya PV center as well as use of PV data for decision-making at all levels of care</i>
Support for operational research including quality of care and medicine use surveys	Supported the malaria control unit (MCU) to undertake a Malaria quality of care survey round seven	Finalized and disseminated findings from Malaria QoC round 7 survey <i>The malaria QoC Survey is an important exercise that evaluates practices relating to management of malaria cases, availability of malaria commodities and reporting tools which provides an avenue to identify gaps in the quality of care that are subsequently addressed</i>
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 extraction and analysis for the 2 nd 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. Compilation of the 2-pager will be accomplished in Q4
	TA for dissemination of PV data	HCSM supported MOH/ PPB to compile an abstract and presentation titled <i>“Improving Reporting and Analysis of Suspected Adverse Drug Reactions in Kenya: what are we seeing?”</i> that was presented at the Annual Pharmaceutical Society of Kenya (PSK) symposium. <i>The PSK symposium is a suitable forum for dissemination of PV data and advocacy for improved reporting on adverse drug reactions (ADRs) & poor quality medicines as it brings together hundreds of pharmacists drawn from both the public and private sectors in the country</i>
	Support to strengthen PPB in its role of dissemination of and obtaining feedback on PV information	
Milestone	The Kenya PV center received official recognition by NEPAD Agency as a Regional Centre of Regulatory Excellence (RCOREs) in PV in Africa. HCSM had in the previous quarter supported compilation of the Kenya application to NEPAD. <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>	

2.2.2 HCSM support for Pharmaceutical Policy and services at County Level

IR 2.2: Improved delivery of pharmaceutical services

Activity 2.2.1: Technical Support to Medicines use practices at national and county level in select counties

The Kinango, Kwale and Malindi Sub-county Hospital MTCs were supported to hold meetings during the quarter. Each of the MTCs have developed specific interventions to improve medicine use within their respective facilities. Moreover,

Technical assistance was provided to Kakamega County General Hospital MTC in piloting of a medication error reporting system and crafting of an operational research on antibiotic resistance profile undertaken by the antimicrobial stewardship sub-committee. This is expected to improve patient outcomes by improving safety of medication and reducing length of stay in hospital.

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 and is aimed at improving commodity management and security both at the central and county level. Building on the work initiated from the previous 2 quarters, HCSM program continued to engage with a number of stakeholders including various MoH laboratory departments, donor agencies, KEMSA, counties, regional implementing partners and facility staff in improving commodity management and security both at the central and county level. These stakeholders have been involved during implementation of the activities at the peripheral level with a focus on leveraging resources and collaboration to maximize the impact of the desired interventions. The following are the efforts and achievements made in improving laboratory commodity management and security in this reporting period.

2.3.1 National Level support for laboratory commodity security

a) Pipeline monitoring of national stock status

During the quarter on a monthly basis, the program supported NASCOP to generate the national stock status report for HIV laboratory commodities. The stock status reports are useful tools for sharing strategic commodity information with key stakeholders to inform decision making on commodity security and avert any potential stockouts.

b) National level laboratory commodity quantification

As part of preparatory stage, HCSM participated in a National forecasting and quantification preparation meetings at NASCOP. The HIV laboratory team generated last year's forecasting variance analysis for lab commodities which was completed and a quantification model agreed upon. The requisite data has been collected and is ready for use.

c) Support to rollout of the malaria RDTs

HCSM in collaboration with Malaria control unit (MCU) developed the QA/QC system implementation plan for malaria testing by both microscopy and RDTs. The system aims at improving the quality of testing for malaria diagnosis in the country. In collaboration with WRP, the project supported training of Malaria diagnostics QA/QC to Kisumu and Kisii counties. The project also continued to support gathering of consumption data for RDTs from facilities to the county and national levels to enhance accountability.

d) Building capacity of central level laboratory managers on commodity management and oversight

In an effort to improve laboratory commodity management at the central level, HCSM in collaboration with the Laboratory Diagnostic Unit and the Division of National Public Health Laboratories are in the process of establishing a National Laboratory Commodity TWG that will provide oversight and guidance to the management of laboratory commodities both at the national and county level. The team held several meetings, drafted the TORs and the proposed membership. Efforts to ensure full operationalization of the team are ongoing.

2.3.2 County Level support for laboratory commodity security

a) Building capacity of County laboratory managers and facility laboratory staff on commodity management and oversight

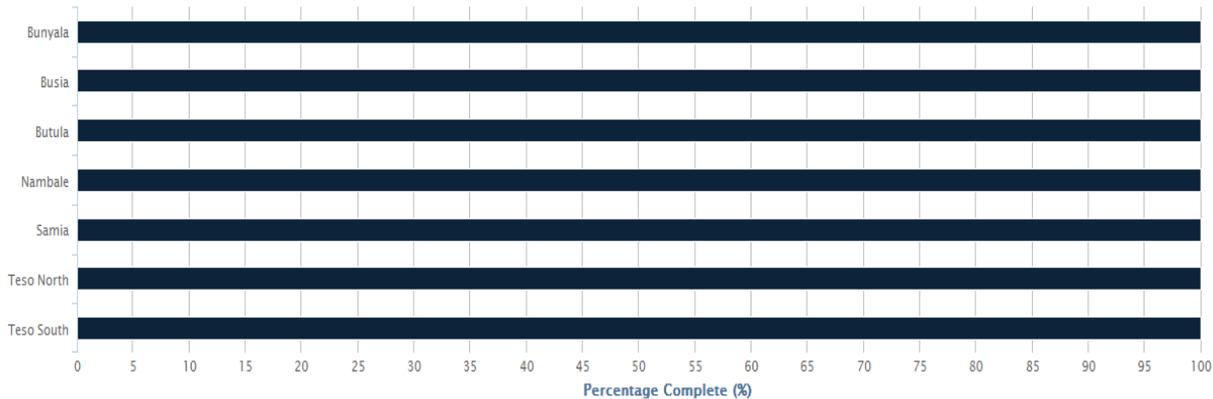
Commodity Security Technical Working Groups (TWGs) were formed in the 13 HCSM priority counties with laboratory representation in all the counties. During this quarter, nine (9) of these TWGs held their monthly meetings. Two TWGs in Busia and Bungoma had their Terms of Reference (TORs) finalized and endorsed by the County Directors of Health. Action plans were reviewed in seven of the counties with the pending activities rescheduled while identifying new priority activities for the coming quarter.

b) Improving reporting rates (RR) for Laboratory commodities

As a continuation of effort from the previous quarter activity, the program scaled up support towards utilization of the HCMP reporting platform, ensuring all the HCSM priority counties were covered. 3 counties - Bungoma, Mogori and Siaya - were trained and reporting took effect immediately. Additional effort has also been directed at the previously trained counties to ensure that they continue to maintain the reporting rates, including follow up with the facilities that do not report on time and assisting the facilities to address challenges related to the reporting tool. The overall national reporting rates for RTKs are 74% and over 80% in HCSM priority counties.

Figure 3: RTK Report rate for sub-counties in Busia

Busia County Reporting Rates May, 2014
Live data reports on RTK



In addition to orientation of laboratory staff on reporting on to HCMP, staffs was also oriented on use of DHIS2 especially for CD4s and other laboratory commodities. The orientation was done in four (4) counties that were pending orientation in the previous quarter

c) Capacity building of laboratory county staff

As a continuation of the last quarter activity, the program in collaboration with CHMTs worked on building capacity of health workers on quantification of health commodities in five counties that were not oriented in the last quarter. The counties were oriented in the following areas;

- Data collection for use on F and Q exercise
- F and Q methodologies
- Quantification of the county health commodities needs for 2013/2014 financial year.

As a result of the orientation, the counties were able to use the quantification reports to a) streamline laboratory procurement planning b) Input into the on-going annual work planning process c) Justify budget estimates

As part of the joint planned activity, HCSM and CHMTS conducted an on-the-Job training for 28 facilities in Nyamira (10), HomaBay (10) and 8 in kwale and Kilifi. The collaborative activity started by developing the OJT package to finalization including the assessment check list followed by the implementation. During the exercise, the checklist data provided the baseline data on commodity management practices at the facilities and the interventions instituted, and the action plans for each facility visited. The facilities were provided with inventory management and reporting tools, reference materials and commodity management job aids.

3.0 CHALLENGES AND LESSONS LEARNT

The following challenges were noted;-

Challenges	Lessons learnt/comments
<p>Set-up and transition challenges have continued to bedevil activity implementation. For instance internal wrangles among county officers in Mombasa County and security threats interrupted activity implementation in the county</p>	<p>Proper engagement at all levels (national & county levels) is a critical success factor otherwise misunderstandings and lack of a common approach can derail activity implementation</p> <p>The impasse in Mombasa has since been resolved and activity implementation is set to resume</p>
<p>Stakeholder engagement for DHIS2 planned activities: Consultative meetings with the Division of Health Informatics Monitoring and Evaluation were delayed due to their engagement in parallel running activities such as DQA and work planning and were thus not available for effective consultation.</p>	<p>This was addressed through lobbying for inclusion in their work planning activities such that HCSM support areas were incorporated in HIS work plans.</p>
<p>Staffing constraints</p> <p>NASCOP- Transfer / relocation of commodity focal staff due to on-going devolution process and as well as MoH central level staff changes have slowed routine and non-routine commodity management activities at NASCOP. Some staff designated to leave NASCOP are still awaiting transfer letters but have at times been assigned key activities within NASCOP.</p> <p>FP/RH - There is only one officer who deals with commodities against a backdrop of competing priority at RMHSU leading to delays in activity implementation.</p>	<p>Engaged MOH through Head NASCOP to identify and build capacity of core commodity focal staff that will support NASCOP's identified Program manager in charge of commodities. The Head NASCOP took action on this and building capacity is ongoing.</p> <p>Similar advocacy was done to the RMHSU manager to identify additional staff to support RH/FP work</p>

Table 14: 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	TWGs meetings held for all PHPs (HIV, FP and Malaria). Forecasting and quantification done for all national requirements	PHP ownership and institutionalization of quantification process Results will be used ensure that the budgets for FY 2014/15 are inclusive of accurate health commodities
	Proportion of priority programs and key MoH departments [including NASCOP, DOMC, RMHSU, NPHLS] able to generate monthly commodity stock status and F&Q reports	The 3 PHPs and NPHLS provided with technical assistance in generating monthly stock status and F&Q reports Malaria QOC survey 7 completed and disseminated	The findings will be used to forestall stock out of commodities for all PHPs and also to inform future planning for the subsequent reporting period Redistribution of Malaria Stocks initiated based on findings from the survey
	Percent difference between forecasted consumption and actual consumption for ARVs	Using the forecast accuracy tool developed during the last quarter, NASCOP was able to compare the previous fiscal year (2013/2014) forecast for ARVs with the current status and make adjustments accordingly	Convenience in generating more accurate F&Q reports
	Progress on a milestone scale in development of a functional harmonized national LMIS (or equivalent)	Enhancement of online/electronic reporting platforms for all PHPs at national level – FP/HIV programs (HCMT, DHIS2, ADT, and FP dashboard). Orientation/training done for partners, GOK at National and County level	Information on health commodities available online for all stakeholders. By having this information, the PHPs are empowered to negotiate with relevant development partners for additional commodities for the coming fiscal period
Peripheral healthcare facilities able to account for and manage commodities effectively	Number of County level Commodity Security Governance structures in priority counties established	County Commodity Technical Working Groups (TWGs) operational in 13 counties. Meetings held in 9 of these counties.	This will provide technical oversight for commodity management at county level. All the TWGs have well defined membership and terms of reference approved by the CHMT
	Total number of health workers trained in commodity management through USG support	178 HCWs oriented in county commodity quantification in five counties Orientation in DHIS and HCMP conducted for 4 and 2 counties respectively ADT scale-up and use in nine counties	Action plans developed to institutionalize the quantification process at all levels. County quantification teams formed – with sub county / facility membership Software systems problems resolved, functionality and reporting restored

Broad Result area of focus during the reporting period	Indicators	Progress	Comment
	Proportion of priority counties that were able to determine the health commodities need for their county	All the 13 counties have a commodity qualification teams. Forecasting and quantification reports complete for 10 out of 13 counties. Draft reports under CHMT review	Information from these reports will be used to generate a more realistic budget for health commodities for the fiscal year 2014/15. For the eleven counties in which HCSM has supported quantification so far, the total health commodity cost is over Ksh. five billion across 1,046 health facilities.
	Proportion of health in priority regions facilities reporting to have received integrated supportive supervision visits within the past 3 months disaggregated by sector(Public, Private(FBO))	Four mentors from both Homa Bay and Nyamira counties trained in use of the scored supervision checklist and the mentorship guide. Supportive supervision and mentorship conducted in 20 facilities (10 in each county) Supportive supervision and on-the-job training was done in six models sites in Kwale, Mombasa and Kilifi counties using the HCSM scored checklist	Commodity management gaps in facilities addressed. Skill transfer through use of county mentors will enhance ownership and sustainability. Action plan for improvement drawn and feedback provided to management Inventory management tools and job aids distributed during supervision visits.
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	Technical assistance for University of Nairobi during the review of their pharmacy degree curriculum Support to MOH/ NASCOP to update the training materials on HIV Pharmacovigilance	This will serve to ensure sustainability by training of pre-service pharmacy staff so that desirable practices are realized in commodity management The training conducted countrywide is expected to result in increased reporting of ADRs and poor quality medicines to the Kenya PV center as well as use of PV data for decision-making at all levels of care
Support for operational research including quality of care and medicine use surveys	Number of regulatory actions taken during the reporting period consequent on pharmacovigilance activities	Supported MOH/ PPB to compile an abstract and presentation titled <i>"Improving Reporting and Analysis of Suspected Adverse Drug Reactions in Kenya: what are we seeing?"</i> that was presented at the Annual Pharmaceutical Society of Kenya (PSK) symposium. Developed an Abstract on DHIS2 (<i>Using Technology To Improve Malaria Case Management</i>). Presented at the Pharmaceutical Society of Kenya (PSK) annual conference to enhance DHIS2 awareness Supported completion and dissemination of Malaria QOC survey 7 report	The PSK symposium is a suitable forum for dissemination of PV data and advocacy for improved reporting on adverse drug reactions (ADRs) & poor quality medicines as it brings together hundreds of pharmacists drawn from both the public and private sectors in the country Results will inform key areas of priority in improving malaria commodity management at both national and county level. Redistribution of stocks initiated

Broad Result area of focus during the reporting period	Indicators	Progress	Comment
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)	Provided TA to NASCOP and PPB in data extraction and analysis for the 2 nd 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. Compilation of the 2-pager will be accomplished in Q4
Support DOMC in malaria Rapid Diagnostic Test (mRDT) roll out in facilities	Facilities able to conduct malaria testing (Microscopy and/or RDTs)	In collaboration with WRP, the project supported training of Malaria diagnostics QA/QC to Kisumu and Kisii counties.	The system is aimed at improving the quality of testing for malaria diagnosis in the country. The project will continue supporting gathering of consumption data for RDTs from facilities to the county and national levels to enhance accountability.
Improve leadership, stewardship and coordination of laboratory commodity management activities at national and peripheral level	Existence of a functional Laboratory Commodity Security sub-committee of the Lab-ICC that coordinates lab commodity management	HCSM in collaboration with the Laboratory Diagnostic Unit and the Division of National Public Health Laboratories are in the process of establishing a National Laboratory Commodity TWG. The team held several meetings, drafted the TORs and the proposed membership	This mechanism will provide oversight and guidance to the management of laboratory commodities both at the national and county level.
Improve reporting of laboratory commodity	Proportion of health facilities submitting commodity usage reports to the central level for lab priority commodities [RTKs and CD4)	Scaled up the implementation on use of HCMP at county level. 3 of the 4 remaining counties, Bungoma, Mogori and Siaya trained. Reporting effected immediately after training. Follow up counties trained in the previous quarter done to support implementation.	The overall national reporting rates for RTKs are 74% and over 80% in HCSM priority counties.

4.0 PERFORMANCE MONITORING

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

In the previous quarter, the program supported the MCU to undertake the Malaria Quality of Care (QoC) survey, round 7. 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. 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. During this quarter, HCSM supported data analysis, report writing and its dissemination to stakeholders.

The findings from the six previous rounds of the survey revealed that most of key indicators around test and treat policy for malaria had improved by 2014. However, a reverse trend was found during the last exercise in some of the indicators, for instance, there was a significant decline was noted in the availability of RDTs (70% vs 40%) resulting in overall decline from 90% to 77% of facilities able to provide parasitological diagnosis of malaria. Nearly half (47%) of health facilities had valid malaria case-management guidelines. The charts with new diagnostic algorithms were however available at only 22% of facilities. The composite case-management performance decreased from 50% to 35%, while overall health workers' exposure to supervisory activities was down by 27%.

For most indicators the main reasons for the observed trend in 2014 are likely to be related to the major loss of RDT stocks at central level during 2013 and also challenges in transition processes to the county level such as establishment and maintenance of effective supply chain, skipping of commodity distribution cycle and discontinuation of national level support for supervision activities. However, with progress made in the transitioning process, commodity procurement, distribution of RDTs and new round of national training in the public sector the indicators are expected to improve during the next survey round scheduled for the second half of 2014.

Recommended course of action is to improve performance including; establishment and maintenance of effective supply chain for RDTs and Malaria medicines, quality control for malaria microscopy and RDTs supported by trainings and field supervision. This will inform the HCSM priorities for the remaining part of the FY as well as the FY 2014/15.

4.2. Support to Data Quality Audit Activity Conducted by USAID

In the previous quarter, the project coordinated a data quality assessment (DQA) exercise, which was commissioned by USAID through a consultant firm, International Business & Technical Consultants Inc (IBTC). This was in order to ensure that decisions related to program implementation and management is based on quality data. USAID identified 3 indicators that were to undergo review by the DQA team. The team was requested to focus on Family planning commodities, which would serve as a proxy to estimate the quality of data in other HCSM program focal areas. Interviews were held with key project staff and field visits conducted in 4 health facilities in Kitui, Rift Valley, Mombasa and Vihiga Counties. On overall, HCSM obtained a "moderately satisfactory" quality

assessment, with a score of 1.9 out of 3.0. The data was found to be satisfactory in relation to timeliness. A data quality improvement plan was done and submitted to USAID, highlighting specific areas that were earmarked for improvement, namely data validity, precision and integrity.

5.0 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. During this reporting period, the project leveraged resources with several USAID implementing partners in relation to rolling out of DHIS2, including, AMPATH, APHIAplus Imarisha, APHIAplus Nuru ya Bonde, APHIAplus Nairobi/Coast, APHIAplus Western & Nyanza, APHIAplus Kamili, NHP, Afya Info, KEMSA, Kenya Pharma & NHP. A DHIS2 google group correspondence platform was set up to provide a forum for the partners to share information regarding implementation of DHIS2. Through this platform, the USAID implementing partners will be able to quickly find assistance and reference materials to aid in the implementation of DHIS at the counties.

HCSM has also collaborated with other non USAID USG partners. For instance, HCSM collaborated with EGPAF Pamoja in orientation of health care workers in use of the ADT in Homa Bay and Nyamira counties. Furthermore, the project worked with the APHIAplus Nairobi/Coast/Western in improving the commodity reporting in Mombasa, Kwale and Kilifi, Kakamega and Vihiga Counties. The APHIAplus Mombasa and FHI/Gold Star Network staffs were oriented as ADT trained trainers. In Kisumu and Siaya, a meeting was held by HCSM and APHIA Plus Western management to explore collaboration in commodity management support. Additionally, an orientation for laboratory managers on HCMP was done in collaboration with ICAP Imarisha in the same counties.

6.0 PROGRESS ON LINKS WITH GOK AGENCIES

The HCSM program continues to collaborate with several other GOK agencies including the Ministry of Health including the Malaria Control Unit, NASCOP, Reproductive and Maternal Health and Services Unit, and the Health Information Services. Others include the UON, KMTC, Pharmacy Poisons Board and the National Public Health Laboratory Services. MOUs have been signed with the CHMT in 13 priority Counties to forge formal engagements in moving the commodity and pharmaceutical management at periphery level.

7.0 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.

8.0 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 operationalize the commodity technical working groups (TWGs) formed in the last quarter in all the 13 priority counties. These TWGs are expected to provide oversight and co-ordinate commodity management activities hence ensuring sustainability. To date- the TWGS have spearheaded the annual county forecasting and quantification.

At the national level, the HCSM program has support all PHPs to carry out forecasting and quantification for the new fiscal period (2014/15). Specifically, technical assistance was provided to MOH/ NASCOP in updating existing training materials on HIV Pharmacovigilance, which the national level will use in cascading PV training at County level. To support skill transfer to periphery mechanisms, the program also supported MOH/ PSU and MOH/ NASCOP to update the content of the two curricula and guidelines on support supervision and commodity management in line with the devolved system of governance. To engrain sustainability within the academic front, support was provided to the University of Nairobi and the KMTC during the review of the pharmacy curriculum. This will ensure that the graduates have the necessary knowledge and skill sets before they are posted and also decimate the need for in-service training.

9.0 SUBSEQUENT QUARTER'S WORK PLAN

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 4	
<p>Strengthened commodity management</p> <p>MoH</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"> • Finalization of annual quantification report and dissemination to stakeholders through a commodity security meeting to advocate for financial commitments for the supply plan gaps. • Monthly logistics TWG meetings • Completion of county profiles on the dashboard and auto-generation of county stock status reports (This will enable counties to make decisions about supply, redistribution and reporting. It will also give RMHSU and other national partners an opportunity to view the country's stock status) • Development of FP dashboards on DHIS-2 • Finalization of FP quantification guidelines and handover to MOH. <p>HIV/AIDS</p> <ul style="list-style-type: none"> • Continuing technical support to central level HIV Commodity security activities • Annual (2014) national quantification of HIV commodities exercise with related products • Finalization of HIV package for Counties, Guideline for National HIV commodity quantification, revised ARV LMIS tools, • Development of next PV 2-pager quarterly report • TA to NASCOP and related stakeholders on rollout of DHIS2 for commodity data management, ADT support and FDT & Supply chain portal pilot testing • Planning for Review of handbook on Decentralization for HIV commodity management and related materials. <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 	

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 4	
		<p>management and reporting tools</p> <ul style="list-style-type: none"> • Developed Data Review Support package for counties • Develop HIV TOT 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 improvements to DHIS 2 sub-system • Disseminate DHIS 2 guidelines and related materials to be used for skills transfer and mentorship. • Finalize testing of the upgrade to the ARV dispensing tool (ADT) and mainstream into MoH • Conduct TOT orientations for USAID implementing partners • Support for deployment of ADT upgraded tool to 5 selected test facilities • Support for county level data review meetings 	
	<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"> • Continued support to implementation of Commodity Security TWG action plan implementation and meetings • Capacity building of CHMTs and other focal persons in commodity management • Support for the implementation of quarterly integrated supportive supervision by county health management teams • Scaled up support to HCSM model sites • Facilitate CHMTs to provide capacity building in the area of commodity reporting through on-the-job training, mentorship and sensitization on the use of commodity reporting systems and improvement of data quality • Support MOH and target counties for the scale-up of ADT and strengthening ADT 	

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 4	
		<p>support at peripheral level</p> <ul style="list-style-type: none"> • Support to CHMTs for improved monitoring of commodity reporting rates through targeted interventions including use of technology • Support quarterly data review meetings in each county 	
Strengthened Pharmaceutical Services	IR 2.1. Strengthened pharmaceutical subsector governance	<ul style="list-style-type: none"> • Participate in the stakeholders Forum for all the TWGs • Drafting of the Health Products and Technologies Regulatory Bill • Support finalization of the Kenya Medical Laboratory Policy. • Review of KNPP <ul style="list-style-type: none"> - Development of the PSU Strategic Plan 2014-17 as part of MoH Strategic Plan. - Development/implementation of Guidelines for County Stakeholders Forum as an interagency coordinating mechanism. • Development of HPT Strategic Framework 	
	IR 2.2. Improved delivery of pharmaceutical services	<p>Support KMTC to conduct the following activities:</p> <ul style="list-style-type: none"> - Commodity management training for final year students - Preceptorship workshop to update program for attachment (with focus on commodity management and pharmacovigilance) <p>Support UoN with the following:</p> <ul style="list-style-type: none"> - Development of training package Commodity Management/ Supply Chain Management training for 3rd and 4th year students - Review of undergraduate curriculum to strengthen the existing Drugs Supply Management module - Initiate development of a postgraduate training package on Supply Chain Management <p>Continue with development of mobile app to enhance availability of guidelines</p> <p>Continue supporting the revitalized NMTC to establish expert committees and commence implementation of activities including</p> <ul style="list-style-type: none"> - Review of the Kenya Essential Medicines List - Review of the Kenya Clinical Guidelines 	
	IR 2.3. Strengthened medicine quality assurance and	<ul style="list-style-type: none"> • Support production of the MIPV newsletter • TA for analysis of PV data and compilation of PV 2-pager 	

Strategic Objectives	Intermediate Results	Planned Activities for Quarter 4	
	pharmacovigilance	<ul style="list-style-type: none"> • 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"> • No activities planned 	
Support to laboratory governance, commodity security, and service delivery	IR 3.2. An efficient & effective laboratory supply chain	<p>National level work</p> <ul style="list-style-type: none"> • Dissemination of QA/QC Implementation plan • Printing of seed copies of the Malaria QA/QC training curriculum • Support the formation of National commodity TWG, define membership and adopt the TORs • Review SOP on allocation of Lab commodities in relation to the transition of distribution to the counties • Refresher trainings on Facility in Microscopy and RDT use in collaboration with WRP. • Support the allocation committee with generation of the distribution list even as the process is being automated • Support the dissemination meeting and come up with a roll out plan the lab commodity management training (LCM) curriculum, the LCM TOT and Lab SOPs 	
		<p>County level work</p> <ul style="list-style-type: none"> • Continue with TA to County Quantification for the other priority counties. • Strengthen and support CHMTs to undertake capacity building through OJT, mentorship & CMEs on the use of manual and electronic tools, lab commodity tracking and reporting systems • Support to use of existing platforms for lab commodity reporting • Disseminate the lab essential commodity and tracer lists at county level 	

10.0 FINANCIAL INFORMATION

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

Chart 1: Obligations vs. Current and Projected Expenditures

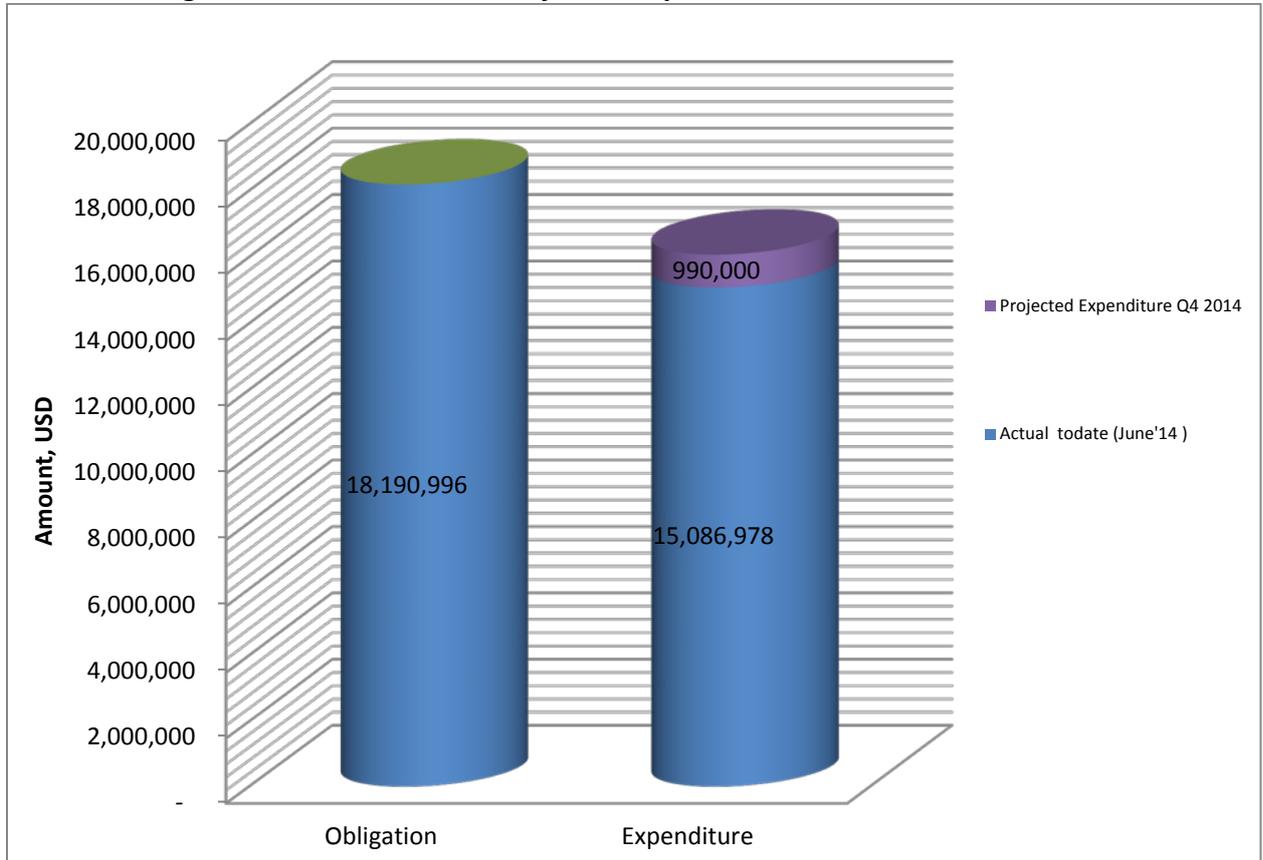


Table 2: Budget Details**(All figures in Us \$)**

Total Estimated Cost:	24,996,901
Cum Obligation (June'14):	18,190,996
Cum Expenditure (Est-June'14):	15,086,978

	Q1&2 Actual Expenditures	3rd Quarter Estimated Expenditures: Apr-Jun	4th Quarter Projected Expenditures: Jul-Sep
	Obligation 18,190,996		
Personnel	1,018,417	604,901	500,000
Consultants	-	-	-
Overhead	372,174	184,806	180,000
Travel and Transportation	136,614	60,778	60,000
Activity Budget	192,590	154,667	150,000
Equipment	-	-	-
Other Direct Costs	153,428	105,259	100,000
TOTAL	1,873,224	1,110,411*	990,000

* This is a provisional figure for the quarter, pending closure of books for June, 2014

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.

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 Q4, 2014 Quality of Care survey (Malaria) Round 8 is planned.

11.0 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.

Personnel

There were staffing changes experienced in the program during this quarter. Three Technical Advisors exited the project, while one of the technical advisors transitioned to a Regional-level for the SIAPS program hosted by MSH-Kenya. There was also one incoming staff (M&E). The staff departures are consistent with the program plan on 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

The current workplan is now fully funded.

12.0 SUCCESS STORIES

a. HCSM and Kenya's Ministry of Health Develop the National Essential Medical Laboratory Commodities List

Effective laboratory services support accurate medical diagnoses and evidence-based patient care and also help improve disease management and surveillance. However, the lack of a standard list of laboratory commodities has been a big challenge leading to the uncoordinated procurement and use of these items. This has resulted in shortages, wastages and sometimes procurement of poor quality commodities.

To address these challenges in laboratory commodity management, the Ministry of Health with technical support from USAID-funded Health Commodities and Services Management (HCSM) program spearheaded the development of the Kenya Essential Medical Laboratory Commodity List (KEMLCL). The document lists, defines and classifies items considered to be essential laboratory commodities and tests for the country's health system.

The development of the KEMLCL represents a major step forward in improving the quality of medical laboratory services and as the document will act as a reference tool for procurement of laboratory commodities, reimbursement for laboratory tests by health insurance organizations, and other health financing strategies.



The reviewers of the KEMLCL met in Maanzoni Hotel, Machakos County, under the leadership of the Head of Laboratory Diagnostics and Services Unit

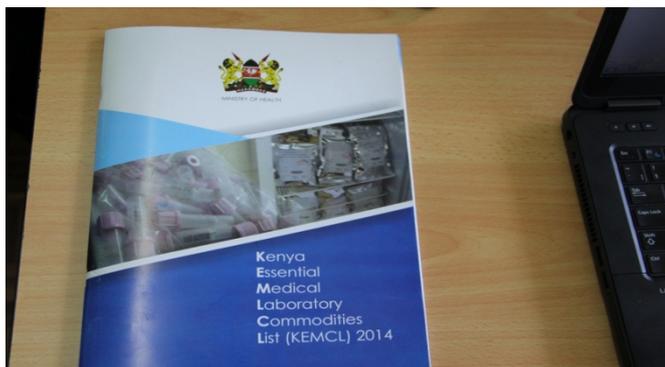
Anticipated Uses and Applications of KEMLCL:

- Healthcare financing and laboratory supply budgeting
- Health insurance schemes
- Laboratory commodities procurement, supply and distribution
- Healthcare workforce development
- Laboratory regulation and monitoring (quality assurance)

- Appropriate use of laboratory tests (including supportive supervision activities)
- Laboratory policy monitoring and operational research
- Laboratory manufacturing standards

The KEMLCL is expected to support better procurement, storage, distribution, stock management, and record keeping by defining a smaller, predictable list of items. Since KEMLCL prioritizes a range of items and guides procurement efforts, the overall effectiveness and efficiency of the supply chain has the potential to be improved. For the laboratory supply chain, the KEMLCL is expected to be used as a basis for determining quantities of specific commodities to be procured as well as act as a serving as the basis for costing laboratory services.

The list is also expected to result in the lowering of prices, through economies of scale, promote multi-year procurements, and free up time for other critical procurement functions like quality assurance. Costs of managing supplies is also expected be lowered (e.g. storage requirements maybe reduced) through better planned delivery schedules and call down systems.



The Kenya Essential Medical Laboratory Commodity List booklet

b. MoUs Strengthen Collaboration and Improvement of Health Services Delivery



A memorandum of understanding (MoU) is a written agreement between two or more parties. It states what actions the parties intend to take together and can be seen as a formal documentation of gentlemen's agreement. MOUs are usually prepared in circumstances where parties involved do not consider it appropriate to have a legally binding agreement or where a legally binding agreement cannot be made.

The Health Commodities and Services Management (HCSM) Program is a USAID-Kenya funded systems strengthening program with the mandate of improving health commodity management, Pharmaceutical Policy and Service delivery as well as the laboratory supply chain both at national and peripheral level. Since its inception in 2011, the program has worked at the National level and peripherally, at provincial, district and facility levels- through Provincial Health Management Teams, District Health Management Teams and Health facility Management Teams - to implement interventions to improve overall commodity management and use. However, with the administrative changes brought about by the new constitution and the creation of 47 counties, the program had to refocus its support to selected priority counties to better focus and support activities in identified high need areas.

In November 2013, the HCSM program started working in these 13 priority counties, 10 of which are located in Western Kenya and 3 at the Coast. To facilitate engagement and activity implementation, the program re-deployed staffs that were previously coordinating project activities at provincial levels to be responsible for a cluster of counties in the focus regions. As the program started working at county level, it re-engaged with county health management teams (CHMTs), outlining to these teams the system strengthening technical assistance that the program was mandated to provide to them and what was expected from the teams. To help clarify the two-way approach (partnership) in which the program is to operate, it was found necessary to

develop a guiding document. This is why Memoranda of Understanding (MOUs) between HCSM and county health management teams (CHMT) were developed.

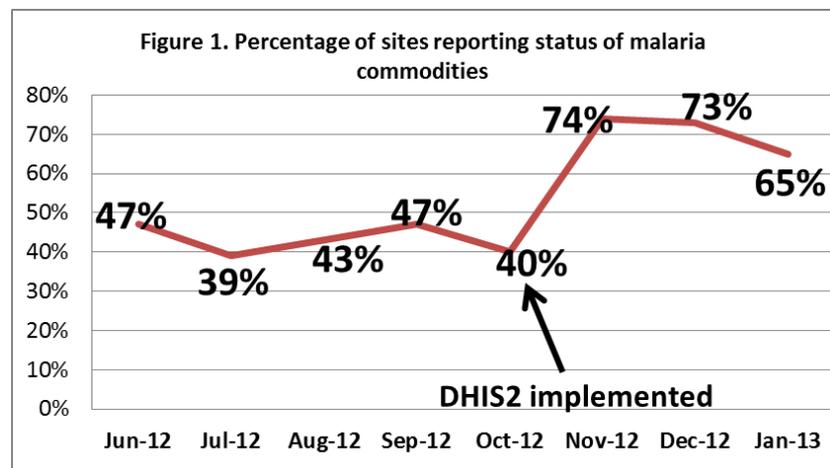
These MOUs have since been signed by the Counties and HCSM and are valid till March 2016. They provide details on what HCSM and the counties are partnering to do in order to strengthen all aspects of health commodity management, pharmaceutical policy and service delivery and the laboratory supply chain. They also specify what role each of the parties is to play in the collaboration. Other areas covered by the MOUs include channels of communication, reporting and decision making mechanisms.

According to HCSM staffs working at the various counties, the MOUs have led to a clearer understanding of the relationship that is envisioned between the HCSM program and the counties and has facilitated smoother planning, activity implementation, monitoring and reporting of achievements and results. It is hoped that both HCSM and CHMTs will continue to work together guided by this framework ultimately leading to improved delivery of health services and outcomes for the citizens in these counties.

c. HCSM Supports Informed Decision Making in Kenya through Use of DHIS2

An effective reporting system for health commodities is critical in providing required information which ensures informed decision-making and accountability within the supply chain in the country, the lack of a national harmonized and integrated reporting system has been a big challenge leading to poor reporting rates across the board and sub-optimal utilization of commodity data for decision-making at all levels.

To help improve reporting, the Ministry of Health in 2010 approved the use of the District Health Information System (DHIS2) for the reporting of malaria commodities data at the sub-national level. DHIS2 is free and open-source computer software ordinarily used for reporting health service data and to monitor health indicators for a national health system. In health information



systems, collecting and analysing data helps to improve health outcomes by enabling evidence-based decision making rather than basing decisions on intuition or broad estimates. With support from the USAID-funded Health Commodities and Services Management (HCSM) program and other partners, Kenya's Malaria Control Unit transitioned its reporting system to DHIS2 in October 2012. Use of DHIS2 resulted in the improvement of Malaria reporting rates from approximately 45% to over 70% in the months after its implementation (Figure 1).

Building on the experience of using DHIS2 for malaria reporting, HCSM has worked with the other PHPs and its 13 priority counties to promote reporting through DHIS2 for family planning, HIV, nutrition, and laboratory commodities. As of 30 April 2014, DHIS2 introduction and implementation had begun in 9 of the 13 focus counties.

Following the successful introduction of DHIS2 for commodity reporting in these nine target counties, USAID facilitated an orientation workshop in early May for its service delivery partners to share lessons learned from this initiative and to plan rollout to other counties. The Health Information Systems unit of the Ministry of Health and staff from the HIV, TB, malaria, reproductive health and family programs participated in the workshop.



Dr. Andrew Nyandigisi from the Malaria Control Unit discusses experiences to date and lessons learned in the implementation of DHIS2 with workshop participants. (Photo credit: Yvonne Otieno/MSH)

During the workshop, consensus was reached to continue the rollout of DHIS2 for commodity reporting to additional counties which is expected to further enhance and strengthen the management and use of health commodities and improve the use of data for decision making at all levels of the health system.

The key lesson learnt by the program is that effective solutions like DHIS2 can help improve accountability across the health system and should be scaled up. This will require identification of champions, training, and assigning roles and responsibilities at various levels for long-term sustainability. Ultimately, solutions that support management and accountability are expected to improve access to health commodities and thus contribute to improve health outcomes.

d. USAID Project Management Team Conducts Field Visit to Evaluate Results of HCSM Activities

The USAID project management team conducted the first ever field visit to evaluate the outcomes of the program's activities at health facility level in Western Kenya. The visit conducted between 19th-22nd May 2014 focused on assessing the status of commodity management, pharmaceutical and laboratory service delivery both in general and with specific reference to the priority health programs- HIV/AIDS, Malaria, Family Planning & Reproductive Health and Tuberculosis. A broad range of facilities covering all levels of the health system and across the public and FBO sectors were selected for the visit and included Vihiga and Rachuonyo Hospitals; Makunga Rural Health Demonstration Centre in Vihiga; St Joseph's Mission Hospital in Migori; and Amukura Mission Health Centre in Busia among others. The USAID team was accompanied by staff from the program and APHIAplus Western Kenya during the exercise.

In line with the theme of the visit- 'Partnerships for sustainable results', the team also evaluated the program's collaboration with other regional implementing partners in rolling out interventions and in leveraging both technical and financial resources in activity implementation. Moreover, the County Health Management Teams in the visited counties were able to share their experiences and perspectives on their work with HCSM and strategies adopted to ensure maximization of impact and sustainability of results from their collaboration with the program.

The visit concluded with a half- day debrief meeting where the USAID team shared their findings and recommendations with the HCSM and APHIAplus teams with specific actions for each highlighted. This was

followed by the quarter 2 progress review meeting where achievements, challenges, lessons learnt and plans for the subsequent quarter were presented and discussed.



One of the teams at the Vihiga Hospital CCC laboratory



The Pharmacy store at the Makunga RHDC



A discussion session at Migori County Hospital

13.0 LIST OF DELIVERABLE PRODUCTS

The following products were generated during the quarter.

HIV/AIDS

- i. National Stock Status Reports for HIV Lab commodities – April, May, June 2014
- ii. National ARV stock status reports April 2014
- iii. Monthly HIV commodity security meetings April, May 2014
- iv. Guideline for National HIV commodity quantification (Draft)
- v. Revised ARV LMIS tools updated as per 2013 ART guidelines

Family Planning

- i. Draft FP annual quantification report 2014/15
- ii. PPMR and national stock status reports – April, May, June 2014
- iii. Monthly FP logistics TWG meetings – April, May 2014
- iv. Draft guideline for the Annual National Quantification of Family Planning commodities in Kenya, 2014 (Draft)
- v. MOU between HCSM and DIFPARK/ESHE, July 2014

Malaria

- i. Monthly stock status and pipeline monitoring reports
- ii. Monthly two pager reports – April, May, June 2014
- iii. MOP Gap analysis FY 2014/2015
- iv. Malaria commodities dashboard
- v. Malaria QOC round 7 report

Cross-cutting: National

- i. County quantification package
- ii. ADT Support Package
- iii. County On-Job-Training/Support Supervision package
- iv. Abstract and presentation titled “Continuing Professional Education for Pharmacy Professionals in Kenya: Updated Guidelines”
- v. Kenya Essential Medical Laboratory Commodities List [KEMLCL];
- vi. Workshop Report on Orientation and Planning Retreat for the National Medicines and Therapeutics Committee (NMTC)
- vii. Workshop reports for review of NASCOP County HIV Health Commodities Management Orientation Package and training materials on HIV Pharmacovigilance
- viii. Workshop report for curriculum review of the UoN Pharmacy Degree Course
- ix. Trip Report for the validation workshop for the KMTC revised curriculum
- x. 2-pager report for the 2nd pharmacovigilance strategic information
- xi. MOH/ PPB abstract on “Improving Reporting and Analysis of Suspected Adverse Drug Reactions in Kenya: what are we seeing?”
- xii. Abstract on DHIS2 (Using Technology To Improve Malaria Case Management)
- xiii. DHIS technical guide, DHIS commodity curriculum & orientation material

Cross-cutting: County

- i. County Quantification of Essential Health Commodities for 5 counties
- ii. Memoranda of Understanding (MOUs) between HCSM and CHMTs
- iii. Trip reports for county level activities in the 13 priority counties
- iv. Approved/ Adopted Terms of Reference for county commodity TWGs- various
- v. County Commodity TWG meeting minutes
- vi. County quantification proceedings reports & quantification reports and budgets
- vii. DHIS 2 Orientation Workshop reports
- viii. HCMP Orientation Workshop reports
- ix. ADT orientation workshop reports

- x. Assessment of 8 ART sites in Kakamega County
- xi. Supportive supervision reports for Model Sites in Kwale, Mombasa and Kilifi Counties