

# **Management Sciences for Health Health Commodities and Services Management Program**

**Work Plan: October 1, 2014 – September 30, 2015**

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MSH/Health Commodities and Services Management

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## **About Management Sciences for Health/Health Commodities Services Management Program**

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

## **Recommended Citation**

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## ACRONYMS

ACRONYM	DESCRIPTION
ADRs	adverse drug reactions
ADT	ARV Dispensing Tool
AIDS	Acquired Immune Deficiency Syndrome
AKMLSO	Association of Kenya Medical Laboratory Scientific Officers
AMPATH PLUS	Academic Model Providing Access to Healthcare - People-centered, Leadership, Universal Access, Sustainability
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral
CDC	Centres for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHAK	Christian Health Association of Kenya
CHMT	County Health Management Team
CME	Continuing medical education
COMU	Country operations management unit
COP	Country Operational Plan
CPD	Continuing Professional Development
CPR	Contraceptive Prevalence Rate
DANIDA	Danish International Development Agency
DFID	(UK) Department for International Development
DHIS2	District Health Information System
DIFPARK	Delivering Increased Family Planning Across Rural Kenya
EGPAF	Elizabeth Glazer Paediatric Aids Foundation
EHPT	Essential Health Products and Technologies
EMMS	Essential Medicines and Medical Supplies
ESHE	Enabling Sustained Health Equity (project)
F&Q	Forecasting and Quantification
FACES	Family AIDS Care & Education Services
FBO	Faith Based Organization
FP	Family Planning
FY	Financial Year
GOK	Government of Kenya
HCMP	Health Commodities Management Platform
HCSM	Health Commodities and Services Management [program]
HIS	Health Information Systems
HIV	Human immunodeficiency virus
HMT	Health Management Team
HOPAK	Hospital Pharmacists Association of Kenya
HSS	Health System Strengthening

<b>ACRONYM</b>	<b>DESCRIPTION</b>
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Interagency Coordinating Committee
IR	Intermediate Result
KAIS	Kenya AIDS Indicator Survey
KCCB	Kenya Conference of Catholic Bishops
KEML	Kenya Essential Medicines List
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Authority
KHSSP	Kenya Health Sector Strategic Plan
KMLTTB	Kenya Medical Laboratory Technicians and Technologists Board
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
KPA	Kenya Pharmaceutical Association
LCM	Laboratory commodity management
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MCU	Malaria Control Unit
MEDS	Mission for Essential Drugs and Supplies
MIPV	Medicines information and pharmacovigilance
MIS	Management Information System
MMR	Maternal Mortality Rate
MNCH	Maternal & Neonatal Child Health
MoH	Ministry of Health
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
MTM	Medicine Therapy Management
MTP	Monitoring-training-planning
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Program
NBTS	National Blood Transfusion Services
NCPD	National Council for Population and Development
NGO	Non-Governmental Organization
NMR	Neonatal Mortality Rate
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
OJT	On the Job Training
PEPFAR	President's Emergency Plan for AIDS Relief
PHP	Public Health Programs
PMI	(US) President's Malaria Initiative
PMP	Performance monitoring plan

<b>ACRONYM</b>	<b>DESCRIPTION</b>
PPB	Pharmacy and Poisons Board
PQMP	Poor Quality Medicinal Products
PSK	Pharmaceutical Society of Kenya
PSU	Pharmaceutical Services Unit
PV	Pharmacovigilance
PVERS	Pharmacovigilance Electronic Reporting System
QA	Quality assurance
QC	Quality Control
QoC	Quality of Care
RCORE	Regional Center of Regulatory Excellence
RDT	Rapid Diagnostic Test (kits)
RH	Reproductive Health
RMHSU	Reproductive & Maternal Health Services Unit
RR	Reporting Rate
RTK	(HIV) Rapid test kits
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPHLS	Strengthening Public Health Laboratory Systems (project)
STGs	Standard Treatment Guidelines
TA	Technical Assistance
TFR	total fertility rate
ToR	Terms of Reference
ToTs	Training of Trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UoN	University of Nairobi
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

## **1. BACKGROUND**

### **1.1. Introduction and context**

The Kenya Constitution 2010 in its article 43 (1) states that “*every person has the right to the highest attainable standard of health which includes the right to healthcare services including reproductive health*”. It defines two levels of governance each with allocated functions with enormous responsibility for health service delivery lying with the counties as defined in the 4<sup>th</sup> schedule which distributes functions between the national and county governments.

The Kenya Health Policy 2012-2030 provides guidance to the health sector in terms of identifying the requisite activities in achieving the government’s health goals. The policy is aligned to Kenya’s Vision 2030, the Constitution of Kenya and global health commitments such as the Millennium development goals. It outlines seven policy orientations [allied to the six health system strengthening building blocks] and six policy objectives which included elimination of communicable diseases; halting and reversing the rising burden of non-communicable diseases; provision of essential health services; and strengthening collaboration with health related sectors. The policy also provides an institutional management framework. Significant progress has been noted in Public Health Programs (PHPs). For instance, the Kenya AIDS Indicator Survey (2012) shows improvement across a majority of indicators with prevalence of HIV among adults and adolescents aged 15-49 years at 6% being lower than 8% recorded in the 2007 survey. Moreover, the proportion of those ever tested for HIV has doubled from 2007 to 2012 increasing from 34% to 71%. However, there is an apparent epidemiologic shift with HIV prevalence now increasing with advancing age, peaking at 35-39 years among women and 45-49 years among men hence opening a new frontier in the fight against the disease.

With regard to family planning, the Contraceptive Prevalence Rate (CPR) has gradually improved and stood at 46% in 2009. However, the unmet FP needs remains high at 25% and whose elimination is an essential step towards reaching some of the objectives of Vision 2030 social and economic pillars. As per Sessional Paper No. 3 of 2012 on Population Policy for National Development approved by the Cabinet this year and now awaiting approval by parliament, the target is to increase the CPR to 56% by 2015 and 70% by 2030.

A significant decline has been observed in recent years due to aggressive efforts of scaling up malaria prevention and control interventions in most parts of the county. In spite of these efforts, moderate to high levels of transmission persist in some geographical foci. The prevalence around Lake Victoria remains particularly high at 38% with prevalence in other epidemiological zones having dropped to less than 5%. As a result, the Kenya Malaria Strategy 2009-2017 prevention and control interventions are tailored to the current epidemiology of malaria with efforts concentrated in the lake-endemic zone and parts of the coastal region.

Emerging challenges have been experienced in the transition of health service delivery from the national to county levels and which might have profound implications on the overall access to quality health care services and health indicators in the short term. In the devolved

system, healthcare is organized in a four tiered system, with the counties responsible for the first three levels and the national government responsible for only the national referral services as outlined below:

**Table 1: Tiers and levels of care**

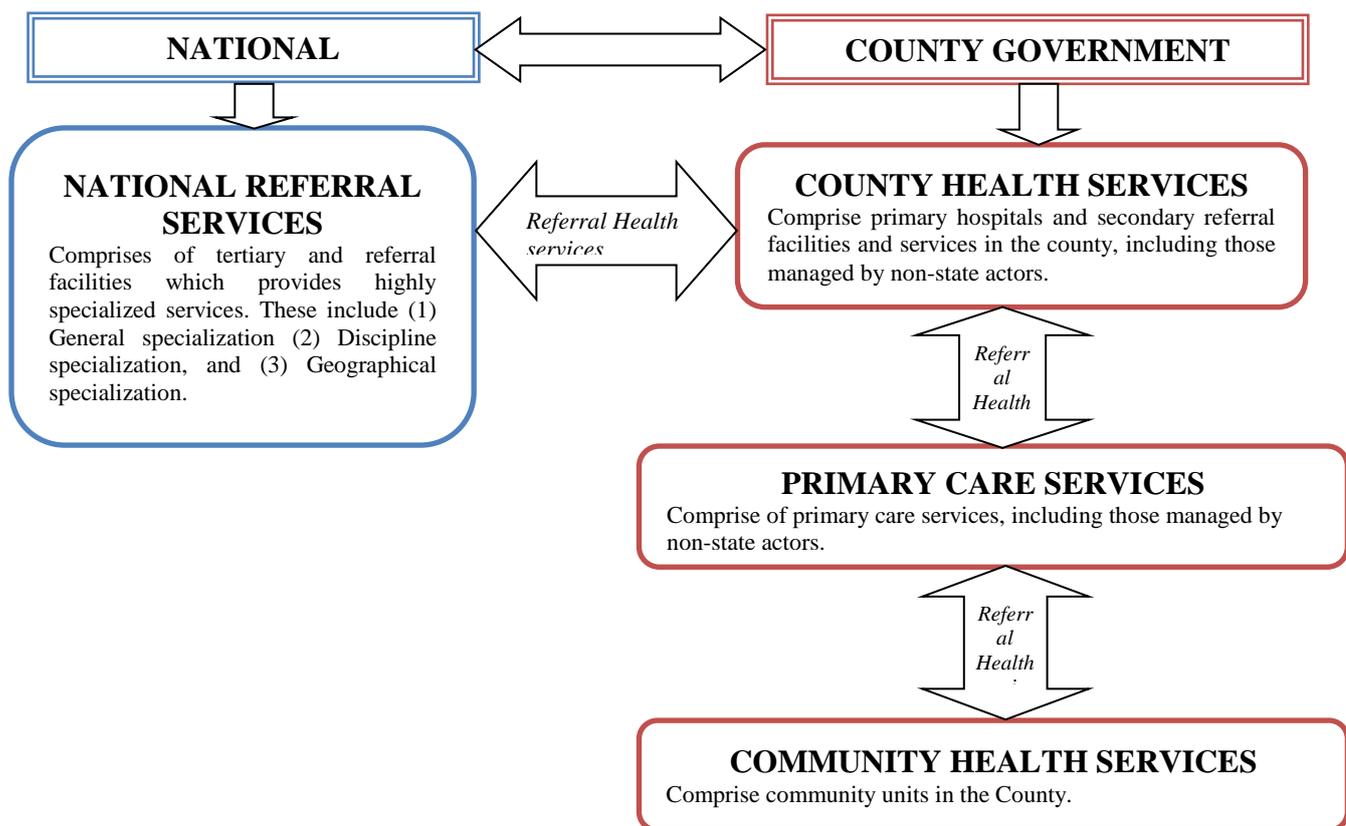
<b>Policy Tiers of Care</b>	<b>Previous levels of health Care (Pre-Constitution 2012)</b>	<b>Desired levels of care by 2030</b>
Tier 1: Community	Level 1: Community	Level 1: Community
Tier 2: Primary care	Level 2: Dispensary / clinics Level 3: Health Centres	Level 2: Primary care facilities
Tier 3: Secondary referral	Level 4: Primary care hospitals Level 5: Secondary care hospitals	Level 3: County hospitals
Tier 4: Tertiary referral	Level 6: Tertiary care hospitals	Level 4: National referral hospitals

- Community services-comprising of all community-based demand creation activities, that is identification of cases that need to be managed at higher levels of care
- Primary care services-comprising of all dispensaries, health centers and maternity homes for both public and private providers
- County referral services-hospitals operating in, and managed by a given county comprising of former level 4 and level 5 hospitals in the county and include public and private facilities
- National referral services- comprising of facilities that provide highly specialized services and includes all tertiary referral facilities

Figure 1 below illustrates the inter-governmental linkages and respective tiers of health care.

Slow set-up and operationalization of county health departments which are supposed to provide an enabling institutional and management structure responsible for coordinating and managing the delivery of health care mandates and services at this level has been a significant challenge over the last year. Moreover, financing gaps, especially for the procurement and distribution of essential health products and technologies (EHPTs) have surfaced in many counties and coupled with the perennial issues around human resources/ health workforce have threatened to derail this transition.

The Health Commodities and Services Management (HCSM) Program is part of the USAID/Kenya national health systems strengthening support projects which is designed to reach the counties directly and through collaborations with other USG service delivery/implementing partners and other stakeholders. Its focus is to strengthen health commodity management, pharmaceutical policy and services, and laboratory supply chain systems at all levels of health care delivery. This addresses intermediate result 2.4 under results 2 of the USAID/Kenya Implementation framework 2010-2015 whose objective is to strengthen health systems for sustainable delivery of quality services.



*Figure 1: Organization of the Kenya health service delivery system*

Going forward, HCSM will focus on supporting the two levels of government to achieve their mandates for the elements that fall within its program goal and objectives. This will include support for overall improvement in commodity management at both national and county levels; support to priority public health programs (HIV & AIDS, Malaria and Family Planning/Reproductive Health) to address their program specific priorities to meet both their short and long term objectives; and support to county level health departments to improve delivery/access to quality health services as mandated by the constitution.

## **1.2. Health Sector Support by the Health Commodities and Services Management (HCSM) Program**

The USAID/Kenya five year implementation framework for the health sector (2010-2015) has the goal of supporting attainment of sustained improvement of health and well-being for all Kenyans through four key areas namely:

- Strengthened leadership, management and governance for sustainable health programs
- Strengthened health systems for sustainable delivery of health services
- Improved use of quality health services and information

- Enhanced social determinants of health to improve wellbeing of target communities and populations

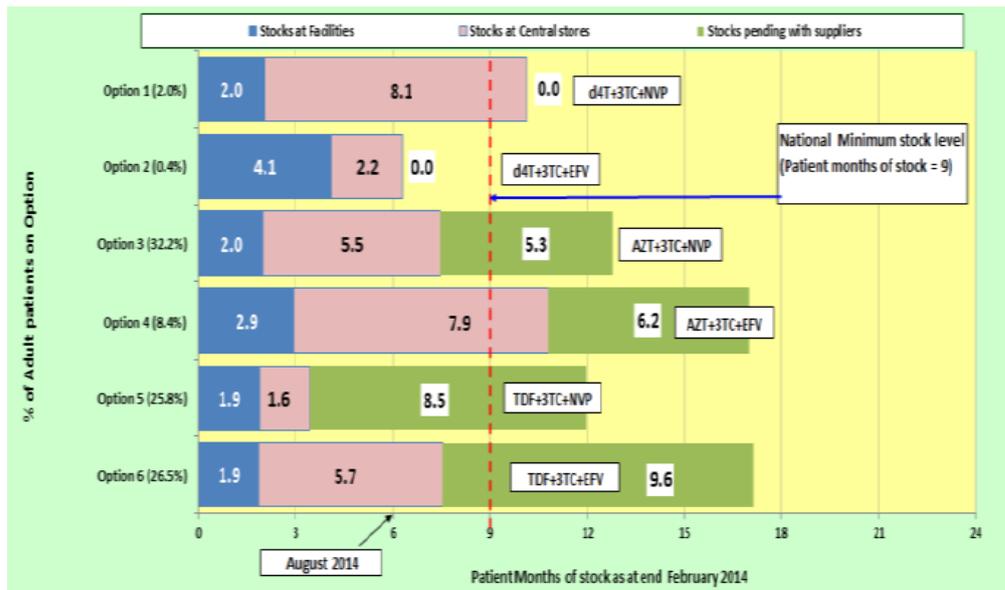
The above are aligned to the GoK priorities as described in the various health policy documents and strategic frameworks therefore incorporating tenets of USG strategies and international mandates together with needs and priorities for the country.

Launched on April 1, 2011, and running through March 30, 2016, the USAID through MSH/HCSM has been implementing GoK priorities in line with the USG targets. Through support from HCSM program and in collaboration with other partners, significant strides have been made to ensure target populations in Kenya have improved access to affordable, quality health commodities, and services at all times.

Below is a summary of the key achievements made by Kenya's health programs through HCSM program's contributions from April 2011 through June 2014.

### **HIV and AIDS**

- Rollout and use of the ARV Dispensing Tool (ADT) continues throughout the country at ART service delivery points for dispensing ARVs as it facilitates accountability for the ART-related commodities as well as tracking of patient data, with resultant improvement in stock management and reporting levels. There are 315 ordering points (higher level facilities) currently who receive drugs from national level and re-supply to lower-level health facilities. Of the total ordering sites, 236 (75%) are currently using ADT, while 144 of the satellite facilities are using the tool. In total, ADT is currently installed in over 380 service delivery points nationwide and scale up continues. The total number of patients on ART in Kenya was 677,209 (as at April 2014). The 236 ordering sites are providing routine data for 561,260 patients (82%) on a monthly basis. Over 500 healthcare workers have been trained on ADT use and support so far (compared to 395 at end Sept 2013). The continued ADT scale up is due to ongoing sensitizations/refresher trainings conducted by regional ADT champions.
- There have been zero stock-outs of ARVs at the central level resulting from HCSM program's technical assistance (TA) to the National AIDS and STI Control Program (NAS COP) on monthly commodity stock status and pipeline monitoring, support to the central level HIV commodity security committee and the annual quantification for HIV & AIDS commodities. NAS COP has routinely shared strategic information on national stock status with all stakeholders for use in decision making (see figure 2 below).



Data sources: NASCOP, KEMSA & LMU, Kenya Pharma, MSH/HCSM

Figure 2: National ARV stock status reports- End Feb 2014 based on patient months of stock

- The HCSM program also supported NASCOP to rationalize its procurements under GF using a Forecast accuracy tool developed by HCSM. 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. Figure 3 shows that most adult regimens (supporting about 60% of adult patients) were within the acceptable ranges for forecast accuracy at  $\pm 25\%$ . However, all paediatric regimens were found to be outside the projected forecast accuracy ranges, based on the assumptions that had been used.

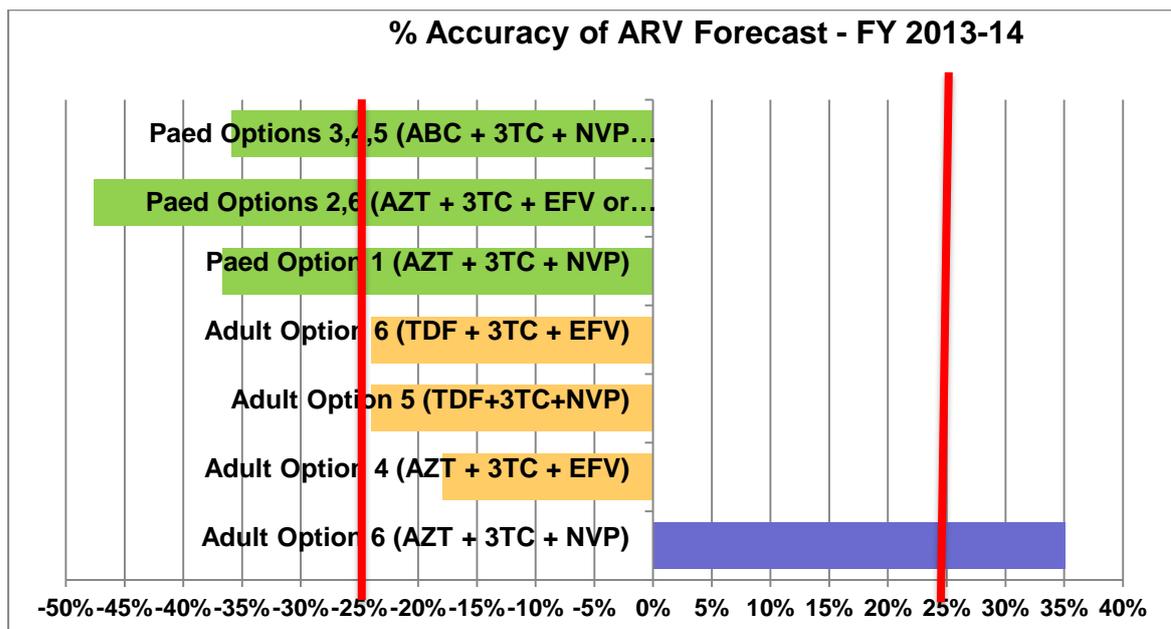


Figure 3: Analysis of ARV forecast accuracy

- ART reporting rates remained high throughout the implementation period, with an average reporting rate of 93% (between July 2013 and May 2014). The reporting rate for HIV rapid test kits (RTKs) has increased to over 70% nationwide, with the average reporting rate in the HCSM priority counties being currently at over 80%, through HCSM's contributing support to piloting of an electronic RTK reporting tool (HCMP) in its 13 counties. As at April 2014, national Nutrition commodity reporting rate was at 60%.
- HCSM continues to provide support to the ongoing decentralization of ART commodity management in its priority 13 counties. Of the 14 new ordering points approved by NASCOP countrywide based on requests received from the counties, 2 were in Migori. Another 9 sites in Nyanza and Western have been approved, pending final communication from NASCOP to the respective counties.
- HCSM undertook a supply chain mapping in 13 counties where challenges that constrain the uninterrupted supply of HIV commodities were identified. These were specifically highlighted for RTKs where dissemination was done to the national level NASCOP managers. Recommendations have informed ongoing discussions on restructuring of the HIV laboratory supply chain arrangements.

## **Malaria**

- There has been consistent availability of diagnostic services in the country with 90% of facilities being able to carry out malaria diagnostics due to availability of rapid diagnostic tests (RDTs).. HCSM provided support to the quantification and forecasting of RDTs, and continuous monthly stock status monitoring of the same to ensure adequate availability of the malaria rapid diagnostic tests. HCSM program is in the process of finalizing a quality assurance plan for the RDTs to ensure accuracy and reliability of the test results conducted using the RDTs.
- An uninterrupted supply of anti - malarials at Kenya Medical Supplies Authority (KEMSA) and also in facilities countrywide, where 80 percent of facilities had artemisinin-based combination therapies (ACTs) in stock all year round. HCSM has built capacity for appropriate forecasting and quantification and undertakes monthly central level stock status monitoring. HCSM also facilitated the printing and distribution of 4000 reporting tools to health facilities countrywide.
- Continued adherence to Malaria treatment guidelines was maintained at 47% compared with the 28% in 2010. Furthermore, only 16% percent of patients testing negative for Malaria were treated for Malaria compared to 53% at baseline in 2010.
- Continued support to commodity reporting via the DHIS2 platform saw reporting rates maintained at above 70% throughout the year. Due to this, an analysis of commodity data based on consumption figures from the county triggered a national redistribution exercise in May 2014, for commodities to be redistributed from Low Malaria endemic regions to High Endemic regions, hence reducing expiries and stock outs country wide.

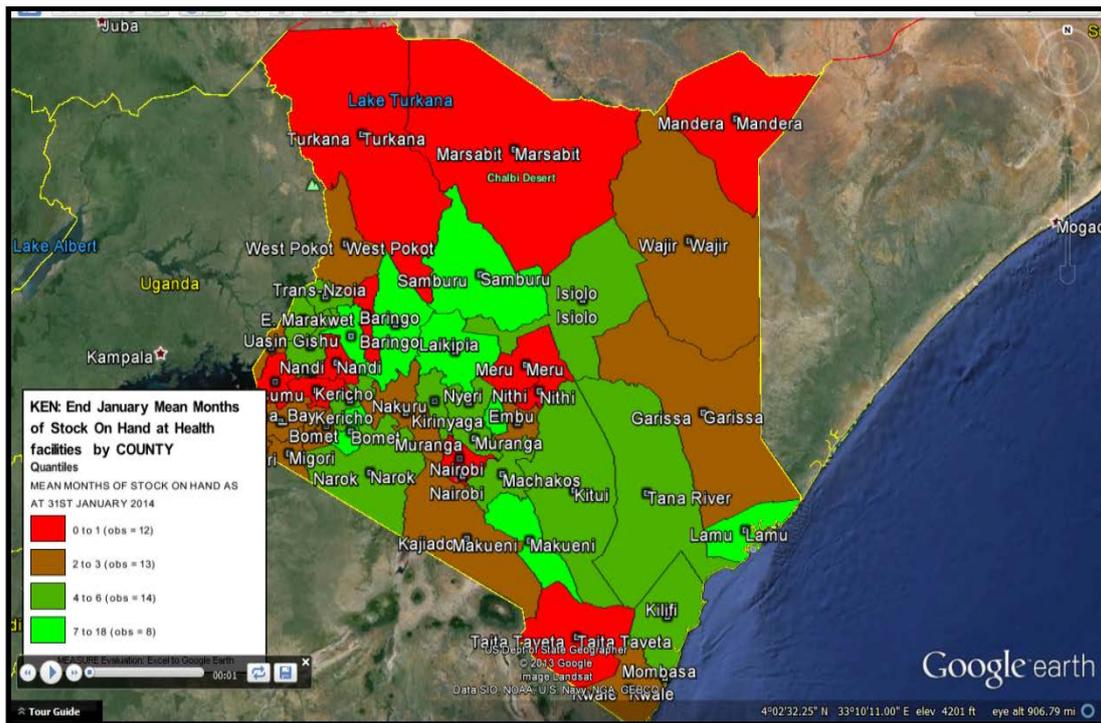
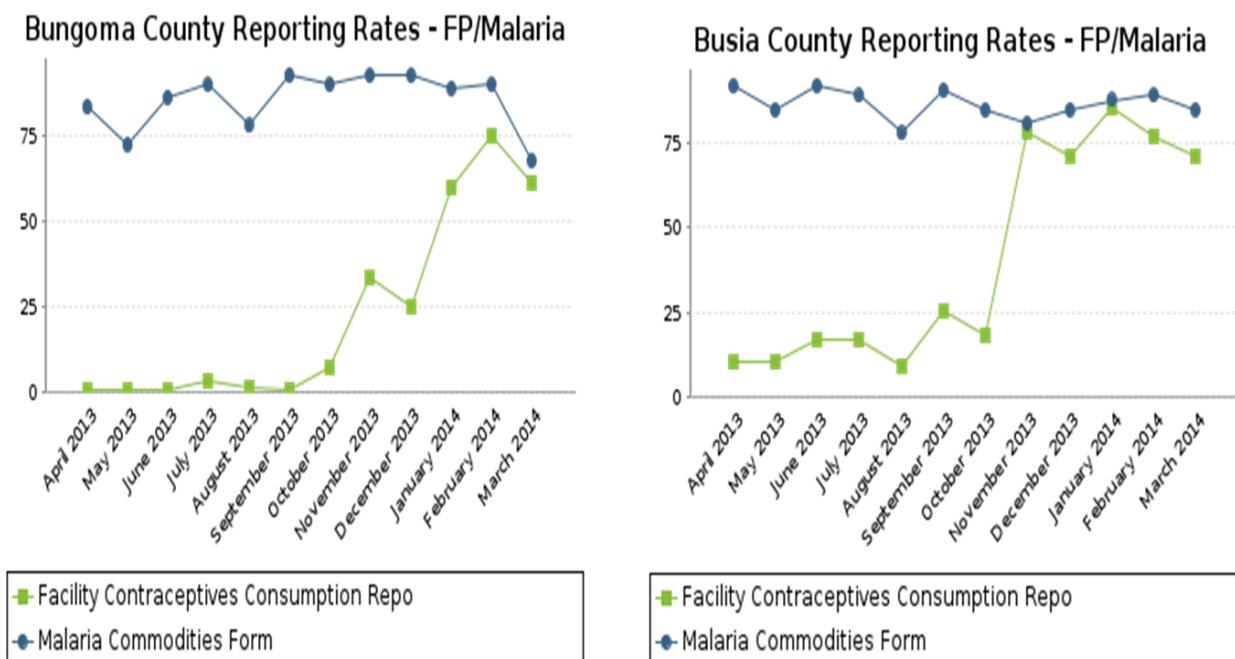


Figure 4: Use of Data from DHIS 2- Malaria Commodity Map

### Family Planning /Reproductive Health

- National FP commodity dashboard was developed and implemented. The dashboard has provided FP partners with online access to FP commodity data and simplified pipeline and stock status monitoring. The improved visibility and access has made it possible for stakeholders to use the data for decision-making in routine supply chain management at national level.
- In November 2013, HCSM supported thirteen priority counties to conduct supply chain mapping which showed that the FP tracer commodity Depot Medroxyprogesterone Acetate (DMPA) was available in 80% of facilities visited, with 15% of the facilities reporting a stock out in the preceding three months. The proportion of facilities reporting a stock out has continued to trend downwards from 26.11 % at baseline – 2011. The mapping also showed that 78.5% of the facilities assessed had the FP-Facility Consumption Drug Request and Report (FCDRR) available and 74.1% of them had submitted their FP reports for the previous month.



**Figure 5: Improving Reporting at county level using DHIS2**

- As part of efforts aimed at achieving the target of 80% FP commodity reporting rates, HCSM convened a meeting between all the PHPs (Malaria, HIV, TB and FP) and Health Information Systems (HIS) unit, where the FP Program presented its reporting requirements and related validation rules.
- A slowdown in uptake of FP commodities was noted during FY14, this is attributed to changes in health commodity distribution arrangements arising from devolution. To mitigate the impact of this change and prevent supply disruptions, the FP Program in collaboration with KEMSA conducted two distributions of FP commodities to Sub county stores.

### Pharmaceutical Services

In partnership with the various MOH departments, the following are a few of the accomplishments that have been realized over the past year:

- *National Medicines and Therapeutics Committee (NMTC)*: HCSM successfully supported the development of a more integrated and institutionalized NMTC with roots in Kenya's National Pharmaceutical Policy and the Health Sector Strategic Plan. With HCSM's support the new committee began operating in April 2014 and has already ratified a new set of terms of reference, established expert committees, and has begun to implement activities on its calendar of activities.
- *Facility based Medicines and Therapeutics Committees (MTC)*: The HCSM Program supported selected MTCs to implement interventions aimed at improving appropriate use of medicines and other health commodities. The program supported the Kenyatta

National Hospital to develop an hospital formulary which be adopted by the NMTC for national use

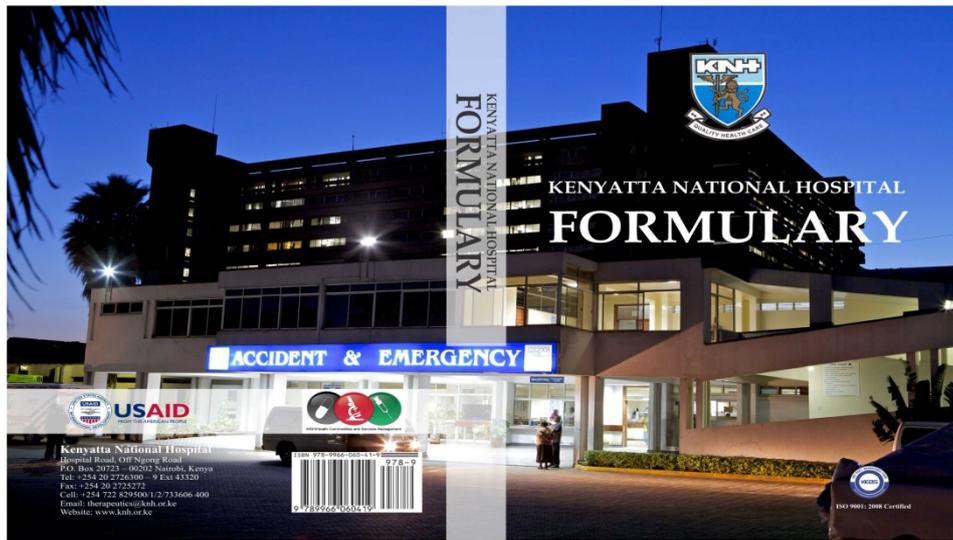


Figure 6: The Kenyatta National Hospital Formulary

### Pharmacovigilance (PV):

- The integrated pharmacovigilance electronic reporting system (PVERS) for adverse drug reactions (ADRs) and poor quality medicines that was developed in the previous work plan year has been a huge success with the number of online reports for ADRs overtaking manual reporting for the first time in the quarter April – June 2014 (122 vs. 116). HCSM supported NASCOP and PPB to develop a PV 2-pager summary in March 2014. This summary provides useful PV data for decision-making to policy makers and managers at MOH. Figure 6 is a snapshot of the PVERS.

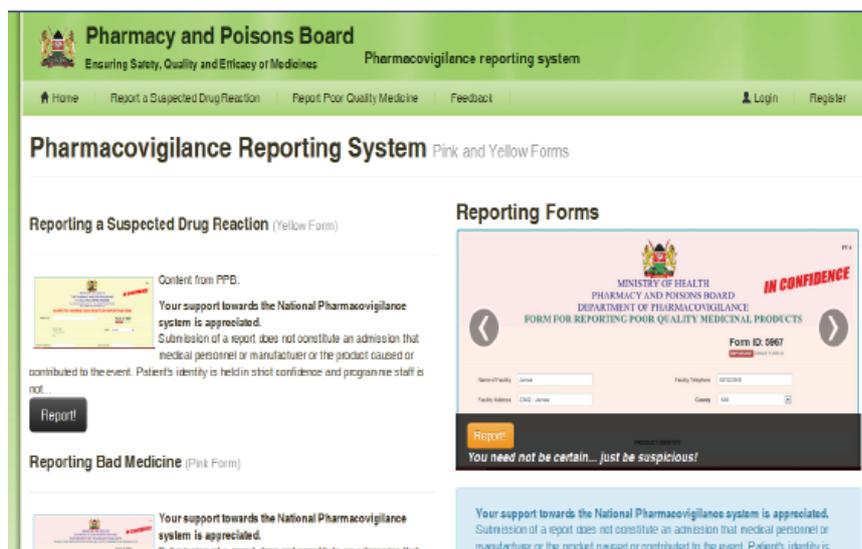
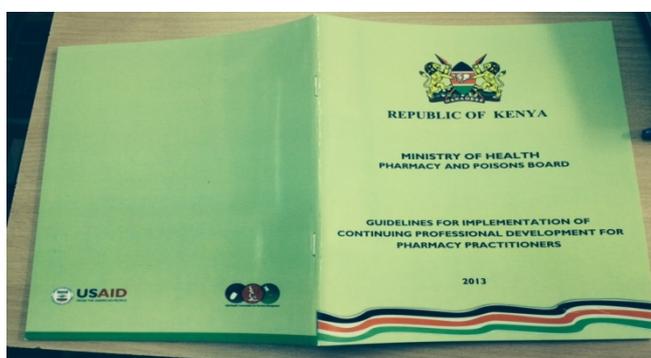


Figure 5: Pharmacovigilance Electronic Reporting System (PVERS)

- Through systematic capacity building of the Kenya Pharmacovigilance by the HCSM program, there has been an increased reporting of suspected ADRs from about 7600 (Sept 2013) to over 8,000 in June 2014 and poor quality medicinal products from 489 (Sept 2013) to over 600 in June 2014. Additionally, over 15,000 healthcare providers from public, private and faith based sectors had been trained by June 2014.
- Through HCSM support, the Kenya PV Center successfully applied for and was designated by the New Partnership for Africa's Development (NEPAD) Agency as a Regional Center of Regulatory Excellence (RCORE) in May 2014. This recognition means that other African Countries will be coming to this center to study and learn best practices on pharmacovigilance system strengthening activities.
- *Capacity Building – Pre-Service:* KMTC reviewed and updated its pharmacy diploma curriculum to incorporate health commodity management topics through HCSM support and in collaboration with the MSH/ LMS program. This was a huge towards sustainability and ensuring that the diploma graduates from KMTC are suitably equipped with the necessary skills and knowledge required to effectively manage health commodities and provide quality pharmaceutical services.
- *Capacity Building – In-service:*
  - The HCSM program provided TA to the Pharmacy and Poisons Board (PPB) to develop Continuing Professional Development (CPD) guidelines in February 2014 (Figure 8 below). The new guidelines take into account recommendations of the PPB assessment of the status of implementation of CPD programs for pharmacy professionals in Kenya that was completed in February 2013.



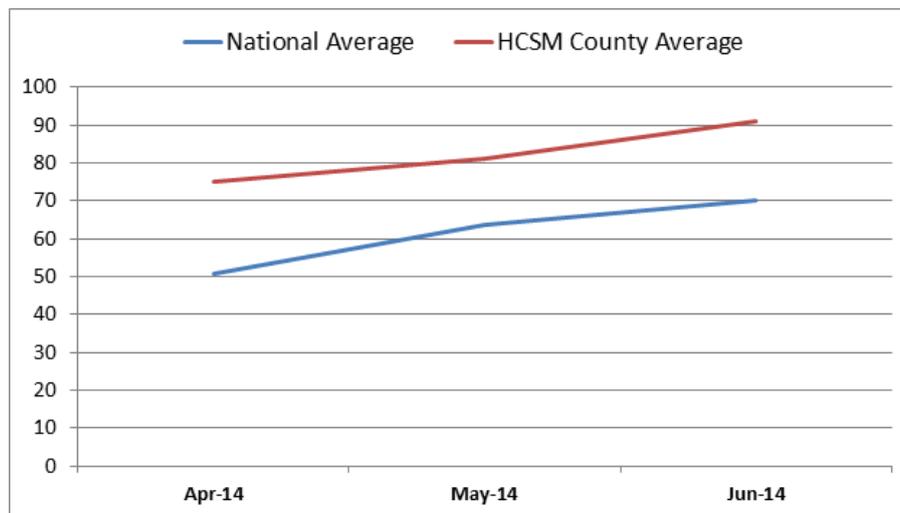
*Figure 8: CPD guidelines for pharmacy practitioners in Kenya*

- HCSM supported the Pharmaceutical Services Unit (PSU) to finalize the national curriculum for Quantification of Health Commodities and a draft curriculum on Supportive Supervision for discussion and finalization with County health managers. These will be available for rollout to other counties beyond HCSM reach and focus in FY15.

## **Laboratory**

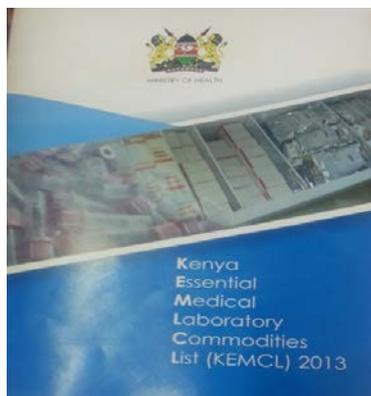
The following summarizes key achievements made by the Kenya National Public Health Laboratories through HCSM's contributions from April 2011 to date.

- Improved inventory management, demonstrated by the availability and use of laboratory stock cards which has risen to 80% in 2014 from the baseline level of 52% in 2011. This has been achieved through enhanced dissemination of laboratory inventory tools to the facilities and intensive capacity building using mentorship and OJT to laboratory staff.
- Improved reporting rates for HIV Rapid Test Kits (RTK) from 30% in 2011 to 70% in June 2014 with HCSM supported counties having over 90% reporting rates (figure 9 below). This result came about after the development and implementation of an online reporting and tracking tool for which HCSM was involved. In HCSM priority counties, sub-county and county teams have been orientated on use of DHIS2 for reporting and tracking of all health commodities.



**Figure 9: HIV RTK average reporting rates (HCSM priority counties vs national)**

- Contributed to continuous availability of HIV laboratory commodities at the central level through quantification and routine pipeline monitoring for HIV commodities, training and mentorship of central level lab staff.
- HCSM has provided intensive TA to Laboratory Diagnostic Services Unit in development of various commodity management documents for use in capacity building. These documents include:
  - Kenya Essential Medical Laboratory Commodities List



**Figure 10: The Kenya Medical Laboratory Commodities List 2013**

- Lab commodity management training curriculum, which has also been converted into e-learning platform through collaboration with FUNZO-Kenya
- Standard Operating Procedures (SOPs) on laboratory inventory management
- The HCSM program supported Malaria Program in development of QA/QC implementation plan for malaria diagnostics.
- In line with devolution, Commodity Security Technical Working Groups (TWGs) with representation from the laboratory fraternity were established in the 13 HCSM priority counties at the county health management team (CHMT) level. These TWGs/committees are important mechanisms for overall coordination of county level health commodity management activities.

### **1.3. HCSM Interventions for Fiscal Year 15 (FY 15)**

The overall program focus is to support devolution of healthcare services in the country guided by the Kenya Health Sector Strategic Plan (KHSSP 2012-2017) which will involve providing Technical assistance (TA) to MoH to strengthen policy development and implementation for optimal provision of health services through: improved commodity management, improved pharmaceutical policy and services and efficient laboratory supply chain. At the peripheral level, the program will work with county departments of health to strengthen the management and oversight capacity for commodity management, pharmaceutical service delivery and laboratory supply chain by the CHMTs for health commodities including those used by the priority public health programs (PHPs) – HIV and AIDS, malaria and family planning. Specific areas of focus include:

#### **HIV and AIDS**

Interventions will be guided by the Kenya National AIDS Strategic Plan and the PEPFAR FY 2014 Country Operational Plan anchored on the objective of creating an AIDS-free generation. Key for the HCSM Program will be:

- Strengthening the technical and management capacity for commodity security to ensure the various targets under HIV and AIDS prevention, care and treatment are met.

#### **Malaria**

The program's support will be anchored on the priorities of the National Malaria Strategy (2009-2017) and the President's Malaria Initiative (PMI) Kenya FY 14 Malaria Operational Plan. Of note is the PMI objective to develop capacity and structures for supply chain management and strategic & operational planning for the 47 counties. Specific areas highlighted for support with regard to commodity management and related use are:

- Strengthening supply chain management for malaria commodities at national and county, sub-county and health facility levels
- Strengthening anti-malaria drug quality monitoring and surveillance

- Strengthening the systems for quality assurance/quality control of malaria diagnostics
- Support to the uptake and consistent use of Long Lasting Insecticide Nets (LLINs).

### **Family Planning/ Reproductive Health**

Although the CPR has risen to 46% and the total fertility rate (TFR) having fallen to 4.6 as per the last estimates in 2008-09, the unmet need for FP remains high at 25.6%. The National Reproductive Health Policy (2007) postulated that the high rate of unmet need is largely due to inadequate service provision exacerbated by periodic stock-outs of contraceptives, and poor access, especially among the poor and other socially disadvantaged groups. These challenges are comprehensively addressed in the 2012-2016 National Family Planning Costed Implementation Plan (CIP). In the coming fiscal year, HCSM Program will continue focusing on provision of technical assistance towards improving FP commodity security at both the national and county levels through the following actions:

- Support to FP Commodity TWG to go beyond traditional logistics role and begin to anticipate problems, provide and communicate solutions
- Strengthen co-ordination and harmonization between GoK and partners for commodity security
- Strengthen county level commodity security co-ordination mechanisms in light of devolved government
- Strengthen commodity management systems at facilities and county level through collaborations

### **Scale up of commodity management support for RH/FP commodities**

Support for improved RH/FP commodity management and reporting is one of the key areas that the MSH/HCSM project has focused on in its county level activities. This has been executed through overall strengthening of health commodity management and supply chain systems and also through specific focus in RH/FP related challenges and priorities.

It is important to note that access to FP services continues to be a challenge in a number of counties which have high unmet FP needs and relatively low contraceptive prevalence rates which are partially attributable to inconsistent availability of the required health commodities. There are huge disparities in CPR between individual counties ranging from 83.21 in Kirinyaga to 2.61 in Wajir [2010 figures]. Moreover, performances with regard to RH/FP commodity management indicators vary significantly between counties. For instance, the FP commodity reporting rates for August 2014 range from 100% for Makueni,

Therefore with the request for the project to explore scale-up of its support to two additional counties with specific focus on RH/FP, a number of criteria were developed to guide this selection. It is important to note that although this request is specific for RH/FP support, there are possible benefits for the other areas/programs due to the systems strengthening approach by the project in the implementation of its activities. However, activities would primarily be focused on improving FP commodity targets/indicators.

### *Selection Criteria*

1. High need counties with regard to RH/FP services estimated by considering the absolute CPR and the total population in each of the counties. For instance the overall impact on a county with a low CPR and low population may be less than a county with probably slightly higher CPR but a higher population
2. Counties with poor RH/FP commodity performance indicators such as low reporting rates
3. Priority FP, RH or MNCH counties for MoH and/or other partners or counties with presence of other partners supporting FP. This would allow the project to leverage both technical and financial resources facilitating faster attainment of targets/results.
4. Accessibility and ease of providing support- These would be counties that are logistically accessible and easy to support from Nairobi, Western or Coast regions. Such counties would not require set-up of new support structures ensuring lower mobilization costs and faster initiation of activities. This may also include consideration of the existence of other partners within the counties for leveraging resources and technical expertise- see above
5. Counties where the project has worked previously (priority districts in year 1 & 2) or those with strong and functional county health management teams and with good infrastructure and human resource capacity
6. Selection to ensure geographic spread- beyond the current Nyanza, Western and Coast counties

### *Short list of qualifying counties*

Based on the above criteria (see matrix below) the following are the counties that most closely fit the above criteria and are good candidates for selection as additional HCSM counties for FP support

1. Nairobi [Accessible, high population, existence of partner support, significant impact expected even with moderate improvement in FP indicators]
2. Uasin Gishu- Accessible, previous HCSM work, partner presence/support, selection would ensure geographical spread
3. Nakuru- Accessible, high population, existence of partner support (APHIA Plus), significant impact expected even with moderate improvement, moderate need county
4. Kajiado- same as above
5. Kericho- same as above
6. Bomet- Previous HCSM work in the county limited
7. Trans Nzoia- can be supported from Western Kenya, moderate need county
8. Elgeyo Marakwet- Can be supported from Western Kenya, previous but limited work in the county, fairly low FP RR (50%) in August 2014

Using the above criteria and the project's current organizational and operational layout, **Elgeyo Marakwet & Uasin Gishu** have been identified as the most suitable counties for scale-up of RH/FP support during this work plan year.

#### ***Priorities & activities in the new counties***

In these two new counties, the project will focus on strengthening oversight for RH/FP commodity management, capacity building in inventory management and supporting RH/FP commodity data reporting. To initiate activities, the project will work with the CHMTs to conduct baseline assessments to inform the subsequent design of interventions to improve RH/FP commodity management. To enhance oversight for RH/FP commodity management, planning and implementation of activities, the project will provide TA for the establishment and operationalization of FP commodity TWGs in these two counties (Ref activity 1.3.1). To strengthen commodity management practices, HCSM will support the TWGs to implement targeted interventions to improve RH/FP commodity management which will include orientations on inventory management & other priority areas such as quantification and OJT & mentorship (Ref activity 1.3.2)

To improve FP/RH commodity usage reporting and use of information for decision-making, the project will work with county & sub-county managers, facility staff and regional implementing partners to strengthen RH/FP commodity reporting through the DHIS 2 and other electronic platforms. Illustrative activities will include orientation on use of DHIS 2 for RH/FP commodity reporting and support for data review meetings to address reporting rates and data quality issues (Ref activity 1.3.3)

## **1.4. Challenges**

The broader challenges from HCSM's perspective during FY 14 were:

- The slow progress in completing the re-structuring and re-organization of MoH and adjusting to changes in roles and responsibilities at both national and county levels following devolution, including: limited to poor co-ordination and linkages among central MoH staff, priority programs and between central and peripheral levels.
- Human resource constraints within MOH: Some key positions at county level are yet to be filled whereas at national level, there has been redeployment of focal commodity staff due to on-going devolution process.
- Competing priorities at national and regional levels e.g. several rounds of polio campaigns implemented countrywide over the last year mostly took the few MOH focal staff away from supporting interventions other than polio.
- Delayed start in implementation of activities during the 1<sup>st</sup> quarter due to organizational and operational changes within HCSM and MOH. This was occasioned by the refocusing of the HCSM's program activities to selected counties in Western and Coast regions, closeout from other regions and the delay in setup of new governance structures at national and county levels.

## 2. STRATEGIC APPROACH

### 2.1. Problem Statement

There is a need to ensure that the national and devolved county structures in the country have the requisite capacity to sustain the gains made in improving access to health commodities and services. In spite of the achievements over the last 3<sup>1</sup>/<sub>2</sub> years in strengthening the capacity for oversight of health commodity management and security at both national and county levels, a number of challenges still exist impacting negatively on efforts to improve availability and appropriate use of health commodities at various levels of the health system. The program will therefore work to address these challenges, consolidate gains made to date while ensuring sustainable impact to secure long-term improvements in overall commodity management in the country. With the reducing funding levels, it will be important to ensure that interventions are consolidated and integrated across all programs so as to attain desired health outcomes for the entire health system as well as for the individual programs- HIV& AIDS, malaria, family planning and reproductive health.

### 2.2. Portfolio Vision/ Goal

The HCSM program is designed to contribute towards results area II- health systems strengthened for sustainable delivery of quality services - of the USAID/Kenya 2010-2015 framework for health. Specifically, the program works towards achievement of IR 2.4- strengthened commodity management systems, a component of the above results area. Overall, the program's goal as defined through its results framework is strengthened commodity security and pharmaceutical services across all programmatic areas. As with previous work plans, a health systems strengthening approach will be used to ensure sustainable strengthening of systems for health commodity management, pharmaceutical service delivery and the laboratory supply chain. Aligned to its funding, HCSM under this work plan will predominantly focus on supporting priorities and achievement of targets of the HIV & AIDS program funded through PEPFAR; malaria, funded through PMI and family planning/reproductive health through population funding while strengthening the related health commodity management systems.

### 2.3. USAID Health Team Expectations

Funding sources and expectations of HCSM as dictated by USAID/Kenya's operational planning documents are shown below:

**Funding Source:** *HIV and AIDS funding to HCSM: \$ 1,244,818*

**Planning Document:** PEPFAR Country Operational Plan (COP 2014)

**Approach USAID expects HCSM to use:** Work collaboratively with the National AIDS Control Council (NACC) and MOH divisions and units (NASCOP, NPHLS, NBTS, RMHSU, PPB, and Pharmaceutical Services Unit), implementing partners and other stakeholders to support management

of the commodities required for HIV and AIDS diagnosis, care, and treatment. System strengthening activities are expected to target integration, decentralization, strengthening of county structures, and task shifting activities, including support to policies and guidelines.

**National level work:** At the national level, support development and implementation of policies and structures that will guide and oversee health commodity management and related services at the county level. Target strengthening structures such as the HIV and AIDS commodity Technical Working Groups (TWGs), national laboratory commodities TWG, National Medicines and Therapeutics Committee. **Work with selected pre-service training institutions, USAID Training Partner and in-service providers to develop, institutionalize and implement competency-based curricula on supply chain/health commodity management and pharmaceutical care.** Improve quality of care and retention of patients started on ART by working with NASCOP and PPB to promote adherence through improved appointment keeping, adherence monitoring, defaulter tracking, and monitoring and reporting of adverse drug reactions (ADRs) and post-market surveillance of ARVs.

**County level work:** Work to support the county and sub-county health teams to provide stewardship, and oversight on commodity management and rollout interventions including mentorship, providing tools, on-the-job training in specific areas, strengthening planning skills, and using data for decision making. HCSM will also work with County health management teams and other stakeholders to implement innovative strategies for monitoring usage of key HIV commodities including rapid test kits, ARVs among others in order to reduce stock-outs.

**Expected results:** Key expected results include improved integration of services, national level commodity requirements planning and use of data for decision making, reduced stock-outs of HIV and AIDS commodities at national and county levels; facility commodity usage reporting of ARV medicines (>90 percent) and HIV laboratory reagents (80 percent).

**Funding Source: Malaria funding to HCSM for FY15: Approx \$1,175,000**

**Planning Document:** Discussions with PMI team on Malaria Operational Plan FY15

**Approach USAID expects HCSM to use:** Support and monitor malaria diagnosis and treatment.

Provide implementation support for roll-out of rapid diagnostic tests. Specifically, provide technical assistance for training, supportive supervision and monitoring of implementation of the RDT national roll-out plan, including implementation of the national laboratory quality assurance and quality control system, to ensure adherence to the national malaria policy guidelines for treatment. Work with the malaria control unit and other implementing partners to provide technical assistance at lower level health facilities to ensure a functional and robust laboratory diagnostics system for malaria in selected counties.

Provide technical assistance for supply chain management at county level. Target lower levels of the antimalarial supply chain from sub-county to facility level in the highly endemic districts. Heighten monitoring of program commodities including artemether-lumefantrine, sulphadoxine-pyrimethamine, artesunate injection and RDTs. Improve LMIS reporting rates. Provide technical support to the Malaria Control Unit, Pharmaceutical Services Unit, and county pharmacists for quantification of medicine and diagnostic needs, procurement, distribution and supervision of stock monitoring, on-the-job training and collection of antimalarial drug consumption data. Monitor quality of care for malaria case management and the LMIS to assess stock-outs through the end-use verification tool.

**Expected results:** Key expected result is to have 100 percent of fever cases which present to a health worker receive prompt and effective diagnosis and treatment by 2015.

**Funding Source: Family planning funding to HCSM: \$543,055**

**Planning Document:** Reference to USAID/Kenya Operational Plan FY14

**Approach USAID expects HCSM to use:** Work at national level and in selected priority counties. Leverage on HIV and AIDS funding in similar priority counties. In Uasin Gishu and Elgeyo Marakwet, the HCSM program will focus on strengthening commodity management and reporting for RH/FP commodities for greater impact to the FP program.

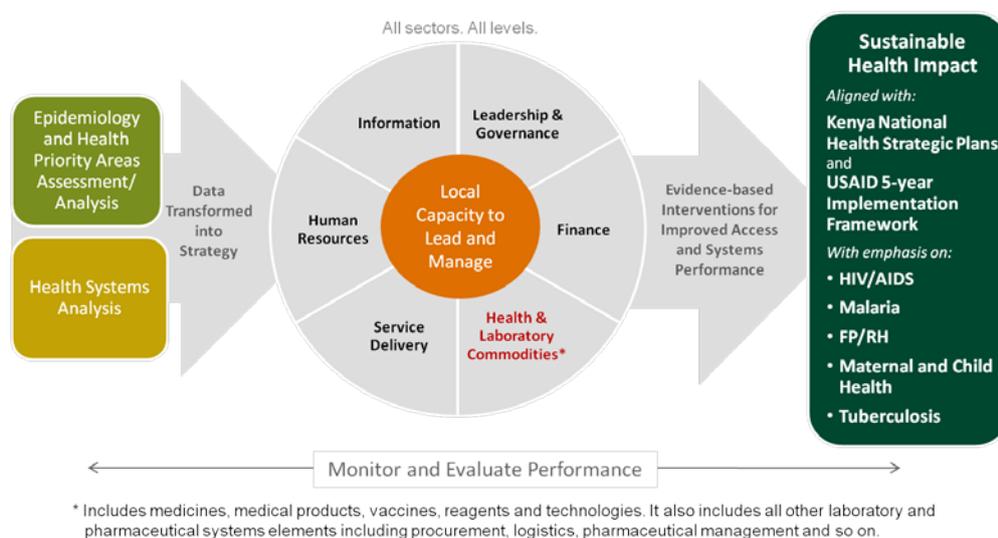
Strengthen commodity management systems at facilities and county level, handover of key roles like forecasting and quantification to the Reproductive and Maternal Health Services Unit; strengthen coordination and harmonization between government of Kenya and partners. Adapt two- page reports to capture peripheral level information/data adequately and follow up on warranted actions.

Strengthen county level coordination mechanisms. Support to FP commodity technical working group (TWG) to enable them go beyond traditional logistics role and begin to anticipate problems and provide solutions.

**Expected results:** Reduced national stock outs of FP commodities; Improved reporting of FP commodities (>80% in focus counties)

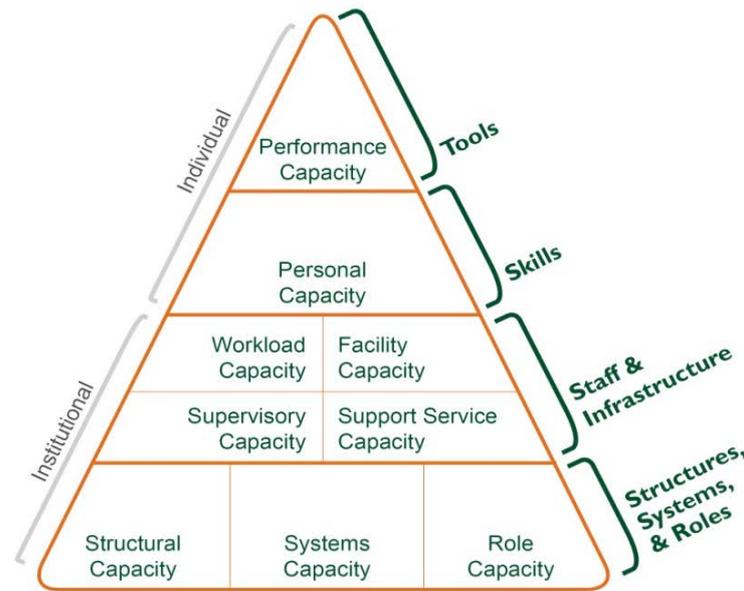
## 2.4. Overall Approaches

The HCSM program’s health systems strengthening interventions will be guided by the MSH health systems strengthening (figure 11) and systematic capacity building models described below



**Figure 11: Health Systems Strengthening Implementation Model (Ref MSH)**

This health system strengthening (HSS) implementation model seeks to build local capacity and systems for management and oversight of laboratory and pharmaceutical services using evidence-based interventions, piloted and scaled up as necessary. As HCSM continues to use this HSS model, it will further ensure sustainability by utilizing a systematic capacity building approach to MOH and other partners using the MSH capacity-building model (figure 12).



Potter, C., and R. Brough. 2004. Systemic Capacity Building: A Hierarchy of Needs. *Health Policy and Planning*. 19(5): 336-345.

**Figure 6: MSH Capacity Building Model**

The capacity building model addresses both individual and institutional capacity and considers all the elements from structural to performance capacity of a system in the design and roll-out of interventions. In rolling out various interventions within this work plan, HCSM will leverage on the strategic collaborations already established with other partners.

In attainment of the results expected of this work plan, HCSM will build on previous work plan achievements and continue to strengthen both national and county levels in health commodity management and related services. With the program entering its fourth year of implementation, the focus will be on handing over approaches to MOH and mainstreaming the various products and activities initiated in the first three years.

With a focus on both the national and county levels, the HCSM program will be informed by lessons learned during the past three years of implementation and continue building on existing systems using its core principles and approaches adopted at program initiation. These include promoting country-led and country owned initiatives; promoting integration of approaches and tools for pharmaceutical and laboratory systems across public health programs; building on existing and new collaboration and linkages with stakeholders, donors, and implementing partners to scale-up interventions; adopting a sector-wide systems strengthening for commodity management and service delivery to include both faith-based organizations and private sectors; and identification and scale-up of innovative strategies to address health system challenges and improve access to services.

## 2.5. HCSM's Approach at National Level

At the national level, HCSM will work with the priority health programs, MOH divisions and units to build capacity and transfer skills to government officers to facilitate sustainability beyond the HCSM program life, including commodity quantification and the generation and dissemination of strategic information reports to inform supply planning, pipeline monitoring

and management of the public health programs. The program will continue to build technical and management capacity for mentorship, on-the-job training, and the monitoring-training-planning (MTP) quality improvement approaches for both institutional and individual capacity building and skills transfer. HCSM will seek opportunities for smart integration of interventions and pursue deliberate handover of commodity management activities to MOH and other counterparts.

## **2.6. HCSM's Approach to County Level Support**

During FY 14 and following the establishment of 47 county governments, the program in consultation with USAID reviewed its approach to its peripheral level support resulting in changes in focus and coverage. From a national-wide coverage to a focused one:

- Support MoH and regional implementing partners in selected high need counties based on disease burden for the different health priorities to implement interventions in commodity management to support service delivery and attainment of targets for each of the programmatic areas
- Formulate , interventions and innovations, pilot and document them, aimed at improving commodity management, pharmaceutical service delivery and the laboratory supply chain in these counties before handover to MoH and other counterparts for national-wide roll out
- Building on existing and new collaboration and linkages with stakeholders, donors and implementing partners, support MoH to scale-up these interventions/innovations to other counties to address health system challenges and improve access to quality health services

Working on this premise, the program focused its work in 13 priority counties identified as high need regions and relatively poorer service delivery systems for - HIV& AIDS, Malaria and Family Planning/ Reproductive Health in the Western and Coast regions of the country namely - Kisumu, Siaya, Homabay, Migori, Kisii, Nyamira, Busia, Bungoma, Kakamega, Vihiga, Mombasa, Kwale and Kilifi.

Building on the lessons learnt and experiences from implementing these interventions, the program will in FY 15 work to transition these activities to MoH, implementing partners and other stakeholders and to prepare for the scale-up of the same on the basis of county-by county readiness for HCSM pull out. This will be carried out via a sustainability scoring model through:

- Developing required packages and capacity building materials on selected interventions e.g. For Commodity TWGs, DHIS2 for commodity reporting; OJT & mentorship/commodity management; and Forecasting & quantification
- Providing TA to regional implementing partners to take-up and support scale-up of these interventions in their specific regions
- Capacity-building support model for both individuals and institutions

Other key components of the MSH/HCSM county approach will focus on mainstreaming and institutionalizing interventions initiated, tested and documented during the FY 14 and strengthen existing and new collaborative linkages with stakeholders and implementing partners so as to build/enhance sustainability. This will include:

- Strengthening and mainstreaming of county commodity TWGs - This will include support for operationalizing these TWGs to enhance their functionality and building their capacity in commodity management
- Capacity building of county & facility level staff through OJT & mentorship and support supervision using local trained facilitators Trained trainers County HMT members to promote institutionalization of these approaches within MoH
- Strengthen MIS, commodity consumption reporting and use of information for decision- making- the focus will be to provide follow-up support to improve overall reporting of commodity usage/consumption data through electronic platforms and addressing data quality issues. In addition, the program will pilot test the upgraded ADT in selected sites in these counties prior to countrywide roll-out.
- Continue providing targeted support to specific facilities (model Sites) through county advisors, regional partners and local champions to improve commodity management practices, strengthen appropriate medicine use and apply best practices through
  - Improving commodity use/ best practices through support for county level model sites/ centers of excellence to serve as learning sites
  - Strengthening selected facility MTCs to address commodity use and pharmaceutical delivery issues
  - Support for the establishment of county Medicines and Therapeutics Committees to provide oversight and stewardship for appropriate medicine use and pharmaceutical/laboratory service delivery
- Build on the gains from FY 14 to further strengthen the laboratory supply chain system through capacity building [OJT & mentorship; supportive supervision] to improve commodity management, support for lab commodity reporting and follow-up end-user verification exercises to evaluate and address

Overall, the theme of the program's support at county level will be to transition interventions and activities to the counties/county departments of health for sustainability whilst working with other implementing partners and stakeholders to scale up the same in other counties not within the HCSM priority regions.

### ***Exit strategy***

HCSM has envisioned that with time, the supported counties would achieve specified milestones which would allow the project to reduce the intensity and scope of support. The project expects that with the achievement of these milestones, sustainable improvement in commodity management would have been achieved allowing for scaling down of activities and eventual exit from these counties. Based on progress to date in activity implementation

and the resultant improvement in commodity management practices, the project plans to initiate this transition as from end of the second quarter of FY 15 work plan (March 2015). The following are the important milestones to be applied in evaluating the readiness of priority counties to adequately and sustainably provide oversight for commodity management functions

1. Successful implementation and uptake of HCSM county level commodity management intervention package which includes
  - a. Establishment of functional county commodity TWGs with regular meetings and calendar of activities/work plans
  - b. Capacity building of key County and facility staff in inventory management, quantification, procurement planning, LMIS/commodity reporting, appropriate medicine use and pharmacovigilance
  - c. Established/ regular OJT & mentorship/ support supervision
  - d. Establishment of county medicine & therapeutics committees and institutional MTC in target facilities
  
2. Improved commodity management practices and indicators
  - a. Target reporting rates for the various PHP program commodities- HIV & AIDS, RH/FP and Malaria consistently achieved
  - b. Improved commodity management practices over time e.g. inventory management assessed using the support supervision tools e.g. the scored checklist
  - c. Improved commodity use and patient care practices e.g. improved Malaria QoC indicators, improved HIV DR early warning indicators
  
3. Availability of a sufficient number of commodity management ToTs and champions within a county to support capacity-building, OJT, mentorship and support supervision activities

The project will evaluate status and performance of each of the 13 counties at the end of Q1, Q2 & Q3 of FY 15 with regard to the above criteria to guide the handover and exit process.

## 2.7. Key Partnerships

A key tenet of HCSM's implementation approach has been to collaborate with and leverage other key partners working in Kenya to achieve access to quality health care. Collaboration with regional stakeholders and implementing partners mentioned above such as APHIAPlus projects will enable the cascading of interventions to priority and other counties. Besides collaboration with the MOH, donors and implementing partners, the HCSM program collaborates with local institutions and the private and faith based sectors to strengthen health commodity management systems. A summary of key partners and collaborators by HCSM work areas is shown in table 2 below:

**Table 2: Key HCSM collaborating partners**

ORGANIZATIONS	Area of collaboration with HCSM		
	Commodity Management	Ph Policy & Services	Laboratory
USG Agencies and Partners – APHIAplus, FUNZOKenya, AfyaInfo, PSK, CDC Partners	X	X	X
Faith Based Sector: MEDS, CHAK, KCCB	X	X	X
KEMSA	X	X	X
MOH & Counties	X	X	X
NCPD	X		
WHO	X	X	X
DANIDA	X	X	X
Tupange	X	X	
DFID and partners - DIFPARK/ESHE	X		
CHAI	X		X
UNFPA	X	X	
University of Nairobi	X	X	
KMTC	X	X	X
Marie Stopes	X	X	X
PPB	X	X	
PSK	X	X	
KPA	X	X	
KMLTTB			X
KEMRI Welcome Trust	X	X	
AKMLSO			X

### 3. Results Framework

As mentioned earlier, the HCSM program takes a systematic, evidence-based approach to health systems strengthening. The program tracks its progress against predefined target outcomes (also known as intermediate results) that are categorized under its three key contractual objectives. Notably, HCSM’s results framework contributes to the Government of Kenya’s Health Sector Strategic plan, and is also aligned with USAID health team expectations under the technical priority areas within PEPFAR, PMI and POP, as well as USAID/Kenya’s 2010-2015 results framework, Intermediate Result 2.4 *Strengthened Commodity Management Systems*. The planned activities in Section 4 are presented within the HCSM results framework (figure 13), which forms the backbone of the monitoring and evaluation approach.

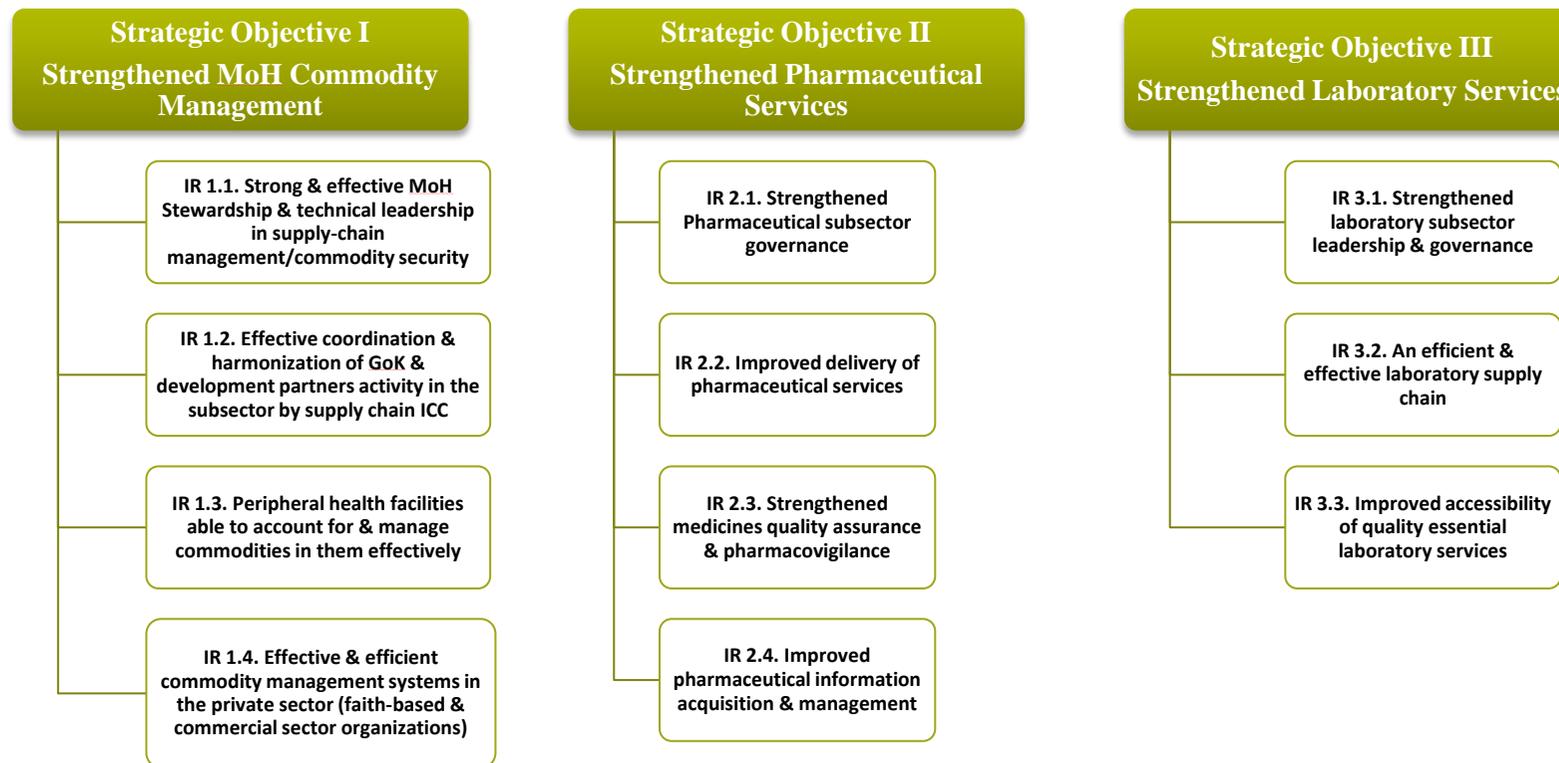


Figure 13: the HCSM Program’s Results Framework

## **4. PLANNED ACTIVITIES**

During this work plan period (FY15), HCSM will focus its support at two levels, national and county to build sufficient capacity for sustainability. The running theme under this workplan is transitioning out. While there still are some unresolved issues under the devolution – mainly around the sharing of resources, the systems have to a large extent settled down and health services delivered at satisfactory levels in most counties.

### **4.1. Technical Area I—Ministry of Health and Health Facilities Commodity Management Support**

This area focuses on strengthening systems for commodity management support at the national and county levels. At national level, the support has been channeled through the priority health programs (HIV, malaria and RH/FP). HCSM has been supporting these programs through the responsible MOH units (NASCOP, MCU and RMHSU respectively). Additionally, HCSM program has worked with the parent MOH divisions/units (Pharmacy, Nursing and National Public Health Laboratory Services). At county level, HCSM has worked with the County Health Management Teams (CHMTs), FBOs and the private sector in thirteen counties in Nyanza, Western and Coast regions of the country.

#### **Intermediate Result (IR) 1.1 Strong and effective MoH stewardship and technical leadership in supply chain management/commodity security**

During FY14 and as a result of organizational changes brought about by the devolved governance system, HCSM's work with MOH at national level was aimed at supporting the transition of roles after devolution so as to support continuity of operations. In FY15, HCSM will continue to focus its support on empowering the national level to deliver on its mandate of leadership in supply chain management and commodity security systems for all health commodities.

HCSM will work with MOH and other service providers to strengthen their technical stewardship role in supply chain management and commodity security. Support will be channeled through the priority health programs (Malaria, HIV & AIDS, and FP), with a focus on systems strengthening to promote skills transfer, integration and institutionalization of approaches for sustainability. HCSM will also assist the MOH to identify and prioritize interventions that ensure national commodity security.

Under this IR, HCSM will undertake the following activities.

##### *Activity 1.1.1: Strengthen and institutionalize commodity security and supply chain oversight at national level*

In FY15, HCSM will work to support the national level Interagency Coordinating Committees (ICC) that focus on health commodity related agenda as well as the commodity security committees under the priority health programs and selected key MoH units in

developing interventions to address gaps identified in previous work plan periods. HCSM will also support documentation of national processes as a measure towards institutionalization and ensuring sustainability of the processes.

Working with MoH and key stakeholders, sub-activities will include:

1. Building on the findings from the FY14 national level commodity security and supply chain management gap analysis, to adopt recommendations and implement interventions to address identified gaps
2. Development/review, adoption and dissemination of guidelines and related materials as inputs in skills transfer and mentorship at both national and county levels.

**Table 3: List of documents to be supported by HCSM in FY15**

<b>Product</b>	<b>Activity</b>
Quantification and Supply planning guidelines - by PHP (Malaria, FP, HIV and AIDS)	Finalization, adoption and dissemination
PHP supply pipeline and stock status monitoring guideline	Develop, adopt and disseminate
County supply pipeline and stock status monitoring guideline	Develop and adopt for dissemination at county level
Health commodity disposal guidelines	Review, adopt and disseminate – at county level

3. Provide technical assistance to national health commodity-related TWGs and committees, with a focus on handover of roles to the PHP teams (HIV and AIDS, malaria and FP) and strengthening their capacity based on identified gaps. This will include ongoing mentoring to the focal persons during the monthly commodity security committee meetings, and the annual quantifications and bi-annual reviews.
4. Undertake tracking of USAID-funded health commodity shipments for Kenya to improve upstream supply chain visibility. This will entail follow-up of shipments with international freight forwarders and local clearing agents, and sharing of bi-weekly shipment status reports to USAID.

**Expected results:**

Reduced central level stock outs; guidelines for management of various national supply chain processes available and in use; MoH focal persons able to independently undertake quantification and supply planning, stock status and supply pipeline monitoring; updated upstream information on health commodity shipments available.

*Activity 1.1.2: Strengthen the national system for commodity information reporting and use of data for decision-making through nationally approved platforms*

HCSM will build on the achievements under the previous work plan to further strengthen commodity information reporting and use. HCSM will work with stakeholders to support

harmonization and integration of information management processes and systems within the health commodity sector.

The activities will entail continued engagement with various MOH divisions and units, including the priority health programs (mainly HIV & AIDS, malaria, FP), NPHLS, and the HIS and e-health units under the Division of Health Informatics, Monitoring and Evaluation, as well as other stakeholders to develop / review and strengthen the required structures to assure improved reporting and use of commodity data for decision making.

Specific sub-activities will include:

1. Support MoH to standardize and coordinate commodity reporting through enhancement of the DHIS2, including incorporation of data validation rules, and support to specific TWGs.
2. Build capacity through national level Training-of-Trainers (ToTs) to roll out interventions that improve reporting and information use through DHIS2 for HIV & AIDS, malaria, family planning and laboratory commodities.
3. Support implementation of a national level health commodity portal and dissemination of supply chain strategic information. Focus will mainly be on HIV & AIDS, malaria and FP to reduce national level stock outs and inform supply chain decision making.
4. Technical support to development of orientation materials and capacity building of national ToTs for the rollout of the electronic Dispensing Tool – an upgrade of the Antiretroviral Dispensing Tool to accommodate all health commodities.

**Expected results:**

Improved reporting of HIV, FP and Malaria commodity consumption data from all levels through electronic platforms e.g. >80% target for FP; enhanced use of data for decision-making at national and county government levels.

### **IR 1.2 Effective coordination and harmonization of GoK and development partners' activity in the subsector**

With the changes in government structures that have taken place over the last two years, a number of issues have emerged that affect national level health commodity security across all priority health programs in the country, such as:

- Long commodity clearance and delivery times – due to changes in import policy / regulations
- Inadequate funds for distribution of some program commodities
- Lack of consumption data for essential medicines, as counties shift to direct ordering which does not requires them to report consumption
- Weak coordination of distribution / re-distribution processes at national and county level
- Poor county level commodity pipeline monitoring practices

There is a need to facilitate stakeholders to take stock of the current state of the health commodity sub-sector and initiate dialogue aimed at addressing the key areas of concern and fostering a shared and coordinated vision in the subsector.

To address the many emerging challenges in supply chain management and health commodity security at national level, HCSM will undertake the following activity:

#### *Activity 1.2.1 Convene a national health commodity consultative forum to discuss emerging issues affecting national health commodity security*

Main sub-activity will include:

1. Support MoH to convene a national health commodity security consultative forum (involving key stakeholders) to share and disseminate best practices and discuss emerging issues on health commodity supply chains.

#### **Expected results:**

Position paper on way forward for health commodity security developed; Roadmap to address the emerging issues in commodity security and supply chain available.

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

HCSM will build on the gains made in FY14 to further strengthen commodity management at peripheral level working through the county health management teams and regional stakeholders. To facilitate transition of these activities and promote sustainability, the program will build capacity and work through local ToTs and champions at CHMT and facility level for implementation.

*Activity 1.3.1 Strengthen and institutionalize County Commodity TWGs to enhance sustainability*

In FY14, HCSM worked with CHMTs to establish Commodity TWGs in 100% of target counties. All the 13 TWGs have been enabled to provide leadership and oversight for health commodities in respective counties. These committees served as focal points for planning, coordinating and monitoring of commodity management support, with the objective of improving commodity security for EMMS and programmatic commodities for HIV & AIDS, FP and Malaria. However, an observed gap is the over-reliance of these TWGs on the HCSM program thereby compromising their sustainability.

In FY15, HCSM will work towards enhancing the TWGs' coordination role to enable them meet their mandates whilst advocating for their mainstreaming into the formal CHMT structure to enhance sustainability. Major focus will be to transition the roles to the CHMTs to drive the commodity management agenda at county level.

The specific sub-activities will include:

1. Provide TA for institutionalization of county health commodity TWGs through support for partner co-ordination, planning and review meetings, action plan / activity calendar development and implementation to promote sustainability
2. Capacity building of county TWGs to provide oversight for commodity management through building skills in quantification and supply pipeline monitoring.
3. Baseline assessments and TA for the establishment of county commodity TWGs in the additional two HCSM priority counties

**Expected Results:** Enhanced functionality of commodity TWGs; Improved oversight and co-ordination of commodity management support and activities; improved commodity management and security

*Activity 1.3.2 Provide TA to County Health Management Teams and implementing partners for improved commodity management*

The supply chain mapping exercise, ongoing commodity supportive supervision and other assessments at facility level conducted in FY14 revealed specific gaps and challenges in commodity management, including poor inventory management and record-keeping practices. Working with the county commodity TWGs, regional implementing partners, e.g. APHIAplus Western Kenya, AMPATHPlus, ICAP, FACES and EGPAF, and building on activities implemented in FY14, HCSM will provide further support for the ongoing implementation of a defined package of interventions for improved commodity management and mainstreaming of the same within the CHMTs. HCSM will continue to leverage on regional partners to utilize their comparative strengths to reach lower level facilities.

This activity will be realized through:

1. Capacity building of regional implementing partners in commodity management

2. Capacity building of facility level staff through OJT and mentorship utilizing local champions and ToTs, and through regional partners’ county-based mentorship support teams and HCSM county advisors.
3. Provide TA to CHMTs /county commodity TWGs to enable them conduct integrated commodity supportive supervision using the revised supportive supervision toolkit. Illustrative tasks will include
  - a. Support two supportive supervision exercises in each county
  - b. Facilitate follow up actions post the support supervision including evaluation of findings and implementation of interventions by the CHMT in collaboration with implementing partners and other stakeholders.
4. TA to model sites in the area of commodity management to foster their application of best practice approaches and enhance their value as centers of excellence and learning. Illustrative tasks will include
  - a. Capacity building of model sites through OJT, mentorship, CMEs, support supervision and application of the MTP to improve their overall commodity management practices including reporting
  - b. Provision of job aids and other commodity management tools to support application of best practices at these sites

**Table 4: Indicative Tasks for capacity building of model sites**

<b>Tasks</b>	<b>Collaborators</b>
Review of the OJT and mentorship package	HCSM and CHMT
Selection of model sites	HCSM County advisors, Regional Health Management Teams, Regional Implementing Partners
Formal engagement of the administration of selected model sites	HCSM County advisors& regional implementing partners
Provide TA and mentorship package to CHMT to conduct OJT and mentorship through MTP approach	Facility lead/team for model site activities (TOTs), HCSM County advisors, implementing partners, Regional Health Management Teams
	Facility lead/team for model site activities (TOTs), implementing partners, HCSM County advisors
Continuous follow up with CHMT for feedback and technical reports	Implementing partners , Facility lead/team for model site activities, HCSM County advisors
Quarterly progress review visits for monitoring continuous quality improvement	Facility lead/team for model site activities, HCSM County advisors, implementing partners

5. Support for regional biannual consultative and review meetings for cadres involved in commodity management for dissemination of materials and/or results, planning and sharing of best practices.

**Expected Results:** Demonstrated improved county level capacity for commodity management coordination support; improved commodity practices at health facilities

*Activity 1.3.3 Provide technical assistance to MOH and partners for improved commodity usage reporting, data quality and use of commodity information for decision-making*

In FY14, HCSM worked with the HIS unit, priority health programs (NASCOF, MCU and RMHSU) and CHMTs to support the transition of commodity data reporting to electronic platforms to address the perennial problems of poor quality and poor reporting rates. Going forward, both reporting rates and data quality will continue to be a priority for the program. The program will also support key players to enhance commodity information use for decision-making and promote local ownership. HCSM will liaise with county and regional implementing partners' ICT support mechanisms to bridge the gap in provision of technical support for MoH implemented tools. The wide network of regional ToTs and champions from MoH and implementing partners will be scaled up to ensure maximum availability and access to electronic tools for commodity management, accountability and reporting. Specific activities will include:

1. Provide technical assistance (TA) to CHMTs to improve commodity data reporting rates through capacity building and OJT to enhance their ability to analyze data and follow up non-reporting sites. This will include orientation on the use of DHIS2 and other electronic platforms for commodity data reporting in the two additional HCSM priority counties
2. TA to CHMTs to address data quality issues and build capacity of health workers at the county level through quarterly data review and feedback meetings in 13 counties
3. TA for the development/review of commodity management and primary data collection and reporting tools at national level and collaboration with regional implementing partners to facilitate provision of the tools at county level.
4. Support for the deployment of electronic tools at facilities for dispensing and inventory management, including the electronic Dispensing Tool (for all health commodities).

**Expected Results:** Improved commodity data acquisition and reporting; improved commodity data quality; optimal use of commodity information for operational, management and strategic decision-making

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

In most African countries, the sum-total of health and other social services are provided to populations by a combination of the public sector, civil society, faith-based and private sectors. Besides the public sector, the others play an important complementary role in provision of health services, often filling critical capacity gaps. It is important that these facilities are able to deliver quality health services to ensure that the quality of care across board is not compromised, desired health outcomes are achieved and that they contribute to the improvement of the overall health indicators. To enhance the reach and impact of HCSM activities at national level, the program will partner with national umbrella organizations and professional bodies (representing non-public sectors) to strengthen their systems in supply chain management and appropriate use of health commodities.

At county level, HCSM will work with the CHMTs and other implementing partners towards inclusion of private and faith based facilities in support activities aimed at public sector facilities.

#### *Activity 1.4.1 Strengthen health commodity management systems in faith-based and private sector organizations*

Sub activities will include:

1. Engagement of relevant FBO sector stakeholders, mainly Christian Health Association of Kenya (CHAK), Kenya Conference of Catholic Bishops and Mission for Essential Drugs and Supplies (MEDS), to build capacity of focal persons in commodity management for oversight and as ToTs, alongside their public sector counterparts.
2. Dissemination of HCSM supported commodity management training packages, approaches, guidelines, tools, job aids and best practices to support the FBO sector and the private sector through professional associations.

***Table 5: Indicative materials for dissemination***

<b>Pharmacy Job aids</b>	<b>Lab Job aids</b>
1. How to quantify your facility medicine needs	1. Good inventory management practices
2. Good dispensing practices	2. Good storage practices for health commodities
3. Malaria RDT job aid	3. Good record keeping practices in health commodity management
4. How to report a suspected adverse drug reaction (ADR)	4. Quantification of lab commodities
5. How to report poor quality medicinal products	5. Laboratory Commodity reporting using MOH643
6. When Should I Suspect an ADR	6. Inventory management of HIV RTKs

Pharmacy Job aids	Lab Job aids
7. Why should I report an ADR	
8. Pharmacovigilance tools	

3. Support CHMTs to include FBO and private facilities in their plans and activities.  
*(Activities 1.3.2 and 1.3.3 above will include faith-based and private sector organizations)*

**Expected Results:** Commodity Management TOTS developed for the FBO and Private sector; Guidelines, tools and job aids disseminated; FBO and Private sector facilities included in national and county commodity management support activities and forums.

#### **4.2. Technical Area II—Support To Pharmaceutical Policy and Service Delivery**

This technical area focuses on improving and strengthening governance and service delivery in the pharmaceutical sector to promote access to quality, efficacious and safe medicines and health commodities including those for HIV and AIDS, Malaria and Family Planning. Under this area, the HCSM program will continue to work with the Pharmaceutical Services Unit (PSU), the regulatory body (Pharmacy and Poisons Board [PPB]), professional organizations, training institutions, priority health programs and the county health management teams.

With health services having been devolved in late 2013, technical assistance to PSU will focus on enabling it to provide a clear strategic vision for a coordinated, effective and efficient pharmaceutical sector anchored in appropriate policy, legislative and regulatory frameworks. Support to Counties will focus on implementation of the above policies to ensure availability of health commodities and quality services. Additionally, support will be provided towards assurance of medicines quality and safety in use (pharmacovigilance) for improved health outcomes.

The National Medicines Therapeutics Committee (NMTC) is the highest level medicines management and therapeutics advisory body in the country. Support to the revived NMTC and its expert committees will be provided to enable it to effectively execute its mandate of providing the strongest possible authoritative voice to address challenges related to use of medicines and other health commodities and achieve the best overall public health outcome with limited resources.

##### **IR 2.1 Strengthened Pharmaceutical Sub-Sector Governance**

In the past three years, HCSM has supported the MOH’s Pharmaceutical Services Unit (PSU) to develop several key policy and guideline documents for the pharmaceutical sector. During FY14, HCSM worked with PSU to align some of the guidelines to the devolved system of

governance in the country. There is need to disseminate these documents to the County managers who are expected to implement them at their level.

*Activity 2.1.1 Dissemination of the Kenya National Pharmaceutical Policy (KNPP) and development of a KNPP Implementation Plan or Pharmaceutical Strategy*

HCSM previously supported the MOH's Pharmaceutical Services Unit (PSU) to develop the KNPP. This policy was subsequently passed by parliament. There is need for County managers and executives to be sensitized on the contents of the KNPP and its implications on pharmaceutical services and management. There is also need for a strategy to implement the KNPP. In view of the above:

1. HCSM will participate in the development of an implementation plan or strategy to help in operationalization of the KNPP. This activity will be led by PSU
2. Participate in the development and dissemination of the KNPP communication package.

**Expected Result:** County teams sensitized on the KNPP in order to support its implementation through the KNPP implementation plan or strategy developed.

*Activity 2.1.2 Support PSU and other stakeholders to develop, finalize and disseminate to Counties key guidelines and policy documents to improve service delivery*

The main function of the national government is formulation of policies and development of guidelines to be implemented at County level. The national government is also mandated to build capacity and provide technical assistance to counties.

In FY14, HCSM supported PSU to adapt various guidelines to align with devolution. These included the Forecasting and Quantification guidelines, guidelines for Supportive Supervision for Essential Health Products and Technologies (EHPT) and guidelines for management of Essential Medicines and Medical Supplies (EMMS). Additional guidelines to ensure implementation of existing ones will be developed.

1. HCSM will support PSU and other stakeholders to design physical infrastructure and layout guidelines for medical stores at county level & health facility pharmacies and medical stores for tiers 2, 3 and 4.
2. HCSM will support PSU to convene a forum bringing together county health managers and other stakeholders to disseminate key national documents such as Supportive Supervision Guidelines for EHPT, Quantification Guidelines, Product Disposal Guidelines, Guidelines on Appropriate Medicine Use, Standards and Guidelines for County Medical Stores & Hospital Pharmacies
3. Support PSU to reactivate the PSU website and load final versions of key guidelines and policies for easy access by all stakeholders

**Expected Result:** Key guideline documents disseminated and used by county teams.

## **IR 2.2 Support to Improve Delivery of Pharmaceutical Services**

In FY14, HCSM supported various stakeholders to strengthen human and institutional capacity for improved medicine use at national and county levels. These included the Kenya Medical Training College (KMTC), University of Nairobi (UoN) and MOH. HCSM will continue working with the relevant stakeholders to ensure sustainability of health commodity management training at pre-service level.

### *Activity 2.2.1 Support curriculum reform & enhance training of health commodity management at tertiary training institutions*

In FY14, HCSM worked with KMTC to successfully incorporate health commodity management training into the undergraduate diploma training curriculum. HCSM also supported KMTC to train final year pharmacy students who did not benefit from the revised curriculum. Steps to strengthen health commodity management training for the UoN Bachelor of Pharmacy course were initiated with HCSM supporting the development of a course outline for the undergraduate degree course.

In FY15, the main sub-activities will be:

1. Support to UoN and other tertiary institutions in the development and implementation of training packages for health commodity management for undergraduate and post-graduate commodity management training
2. Support commodity management training for final year KMTC students. This will be the last group of pharmacy students at KMTC that will not have benefited from the revised curriculum

**Expected Result:** Pre-service training in health commodity management strengthened at both undergraduate and post –graduate levels for pharmacy and laboratory cadres; improved skills and capacity for commodity management

### *Activity 2.2.2 Support the National Medicines and Therapeutics (NMTC) to formulate guidelines and policies for appropriate use of Essential Medicines and Health Technologies*

During FY14, HCSM successfully advocated for and supported MOH to reactivate the NMTC with revised membership (comprising top level multi-disciplinary MOH policy makers). With HCSM support, the new committee began operating in April 2014 and ratified a new set of terms of reference, established expert committees and set its calendar of activities.

In FY15, HCSM will support the NMTC in the following sub-activities:

National level:

1. Support MTCs in the private sector to adapt the national MTC guidelines and utilize them to promote appropriate use of medicines through their professional associations (e.g. the Hospital Pharmacists Association of Kenya [HOPAK])
2. Strengthen the capacity of NMTC members and support the NMTC to review and disseminate National and County MTC Guidelines, the Kenya Essential Medicines List (KEML), the Kenya Clinical Guidelines and Appropriate Medicine Use guidelines, tools and training materials
3. Improve availability of STGs (for HIV, Malaria etc.) and other key documents using innovative methods (*development of website and smartphone App*)

County level

1. TA for the establishment of county MTCs in selected counties and the operationalization of selected facility MTCs to address commodity use and pharmaceutical service delivery issues at both levels

**Expected Results:** Functional NMTC, County MTCs and hospital MTCs (in both the public and private sectors) that successfully monitor and coordinate interventions to improve use of Essential Health Products and Technologies

*Activity 2.2.3 Support to operational research to inform programmatic interventions and decision-making*

This activity will have the following sub-activities:

1. Support for the bi-annual Quality of Care (QoC) by the Malaria Control Unit to monitor the provision of quality care compliance to guidelines for the management of malaria. This will also include analysis and use of QoC data.
2. TA to NASCOP to conduct operational research on a number of indicators in selected ART sites to inform decision-making e.g. quantification, program management etc.

**Expected Outcomes:** Case management quality of care determined and progress monitored over time; operational, tactical and strategic decisions informed by best evidence.

*Activity 2.2.4 Support to the Uptake and consistent use of Long Lasting Insecticided Nets (LLINs)*

In order to ensure an increased uptake of malaria control tools and their continued use, it is important to develop appropriate strategies that will enhance the target groups understanding and appreciation for the provided controls, hence ensuring their continued use as required.

The HCSM program will support the Health Communication and Marketing (HCM) project in developing a plan of action which will ensure that LLINs uptake and their consistent use increases in regions where the mass net distribution will have taken place.

Specific sub-activities will include:

1. Undertaking a baseline assessment to identify current status and gaps in the uptake and use of LLINs
2. Development of a strategy informed by the identified bottlenecks and proposing recommendations.
3. Working with HCM project to develop an action plan to address the proposed recommendations and strategic approaches.
4. Development of indicators and measures of success to monitor implementation of interventions aimed at increasing uptake and use of LLINs.

**IR 2.3 Strengthened Medicine Quality Assurance and Pharmacovigilance (PV)**

During FY14, the Pharmacy and Poisons Board with HCSM support achieved major milestones, among them, recognition as a Regional Centre of Regulatory Excellence (RCORE), analysis of PV data to produce a 2-pager summary to inform decision-making by MOH managers and compilation of the Lifesaver magazine to provide feedback on PV related issues to health workers across the country. So far, most of the ADRs have been noted to come from ARVs, and the information has continued to inform revision of the ART guidelines.

*Activity 2.3.1 Support to PPB to enhance reporting of Adverse Drug Reactions (ADRs) and Poor Quality Medicinal Products (PQMP)*

In FY15, HCSM will continue supporting PPB to strengthen reporting of ADR and PQMP. There will be both national level and county level activities to support this.

National sub-activities will be as follows:

1. Review and update PV guidelines, SOPs and other key documents
2. Capacity building to support national roll out of PV E-Reporting system: develop module on PVERS; develop ToTs at national level
3. Strengthen the 12 existing sentinel PV sites (support forum for staff from sentinel sites to review PV data and reporting from these sites); explore additional PV sentinel sites in HCSM counties

#### County level sub-activities

1. TA to PPB, priority programs CHMTs and partners for capacity building on PV for healthcare workers and rollout sensitization/ orientation meetings, CMEs and dissemination of guidelines and reporting tools

**Expected Result:** PV guidelines and SOPs updated and sentinel sites strengthened to improve reporting of ADRs and PQMPs to PPB

#### *Activity 2.3.2 Support PPB in provision of PV feedback to health workers as well as analysis and use of PV data for decision-making*

In FY15, HCSM will continue supporting PPB to institutionalize analysis of PV data and use of this data for decision-making as well as enhancing provision of feedback to health workers on PV-related matters including ADR and PQMP reports submitted and regulatory actions taken by PPB.

National level sub-activities will be as follows:

1. Strengthen routine analysis of PV data and support generation of a quarterly (or bi-annual) 2-pager
2. Support PPB for medicine safety communication to health workers and consumers e.g. through the quarterly/ bi-annual MIPV/ LifeSaver newsletters

**Expected Result:** Enhanced provision of feedback by PPB and analysis as well as use of PV data to inform decision-making

#### **IR 2.4 Improved Pharmaceutical Information Acquisition and Management**

During FY14, HCSM made strides in acquisition of MIS data for pharmaceutical products for the priority health programs. There still remains a gap in acquisition of comprehensive pharmacy-related information to inform decision-making at both national and county level. This need was stated by MOH/ PSU during a stakeholders' prioritization meeting.

In FY15, HCSM will support MOH in the following sub-activities:

1. Strengthen the use of DHIS2 for health commodities reporting (*Refer to Activity 1.1.2*)
2. Support PSU to initiate design of a Pharmacy MIS framework to support decision-making at both National and County level. This will include compilation of proposed indicators for routine monitoring of various aspects of pharmaceutical services (inventory management, quality of care, workload, medicine financing etc.)

**Expected Result:** Draft PMIS framework designed to act as a basis for consultation with County teams and other stakeholders.

#### **4.3. Technical Area III—Support to Laboratory Governance, Commodity Security and Service Delivery**

Delivery of quality health care services is dependent on diagnostic /laboratories services being reliable, consistent, and readily available. To deliver potentially life-saving results quickly and efficiently, laboratories must be well equipped and staffed and supplied with lab commodities and infrastructure. Given the type of disease burden Kenyans face, particularly the priority diseases HIV & AIDS, Malaria, maternal conditions associated with reproductive health and TB, laboratory services are a critical component. Demand is compounded by the changing approaches to the management and surveillance of these and other diseases. Historically, laboratory services in the country have been constrained by an inadequate human resource capacity, lab commodity supply challenges and overall skills gap in management of these commodities- all compounded by a weak regulatory and policy framework.

Specifically, the HCSM program has focused on strengthening the laboratory supply chain with a goal of promoting access to quality laboratory commodities especially for the priority programs HIV & AIDS and Malaria. Some of the significant results to date include: overall improved lab commodity security specifically for HIV test Kits, CD4 reagents and Malaria RDTs; improved inventory management both at the national and county level; and improved skills for management of laboratory commodities and delivery of related services. However, certain challenges still persist including poor accountability for lab commodities, poor reporting of lab commodity consumption and periodic stock-out of some lab commodities at facility level- areas the program will focus on addressing during its FY 15 work plan.

##### **IR 3.1 Strengthened Laboratory Subsector Leadership and Governance**

The achievement of this IR is through activities implemented by the CDC-funded Strengthening Public Health Laboratories Systems (SPHLS) project and the HCSM program. Specifically the HCSM program will focus on strengthening laboratory supply chain governance. The program will build the oversight capacity of the MOH for stewardship and coordination to ensure efficient and effective laboratory supply chain.

Specific activities include:

1. In collaboration with SPHLS project, finalize the Kenya Laboratory Policy and the Kenya Medical Laboratory Strategic Plan 2014-2018
2. Support to operationalization of the national laboratory commodity coordinating mechanism such as the laboratory commodity security TWG ( Refer to activity 3.2.4)
3. Development and implementation of capacity building materials aimed at strengthening laboratory supply chain management and coordination at national and county levels (Refer to activity 1.1.1)

**Overall expected outcomes:** Functional national Laboratory commodity security TWG, Governance and related capacity building documents available and in use.

### **IR 3.2: An Efficient and Effective Laboratory Supply Chain**

Through collaborative effort and support from HCSM alongside other MSH Kenya projects (i.e. SPHLS), and other stakeholders, significant strides have been made in the past 3 years towards improving and strengthening the Laboratory supply chain system both at the national and county level. The effort has specifically been aimed at improving laboratory commodity management and security. To ensure sustainability and smooth transition on the gains made, and building on the work done in the past, HCSM in collaboration with other implementing partners will continue to strengthen the MOH on laboratory supply chain systems with the main focus aimed at transferring skills to the MOH staff and PHPs.

**Overall expected outcomes:** Improved capacity of MOH to manage and coordinate laboratory commodity security activities (quantification, pipeline monitoring and distribution planning); improved inventory management practices for laboratory commodities; improved reporting on HIV RTKs and CD4 laboratory commodity usage to >80 percent.

#### *Activity 3.2.1: Strengthen the capacity of county laboratory managers / CHMT to provide laboratory commodity management oversight*

In line with the devolved system of the government, HCSM worked with county health management teams in FY14 to establish commodity management oversight mechanisms through county commodity TWGs in the priority 13 counties. The TWGs are aimed at identifying gaps in commodity management in their counties and developing interventions to address the gaps. These county TWGs comprised MoH players across various commodity groups including the laboratory. In FY15, the focus will mainly be strengthening the county TWGs to be able to improve and provide oversight on laboratory commodity management and supply chain aspects to the facilities with a key focus on selected commodities such as HIV test kits and malaria diagnostics.

In FY14, an OJT package was developed and deployed in selected counties (Homa Bay and Nyamira) with the objective of equipping laboratory staff with the necessary skills to improve management and reporting on laboratory commodities. In FY15, HCSM will strive to scale this OJT package to other counties as a tool for improving the commodity management skills of the facility and strengthen internal controls. Support for continuous monitoring and implementation of action plans for model sites will also be carried out.

Specifically, HCSM will carry out the following sub-activities:

1. Build capacity of CHMTs in quantification, supply pipeline monitoring and distribution, and commodity tracking (especially for HIV and malaria diagnostics) at county level (*refer to 1.3.1 and 1.3.2*)
2. Strengthen and support CHMTs and regional implementing partners to undertake capacity building of facilities on laboratory commodity management through OJT, mentorship & CMEs (*refer to 1.3.2*)
3. Support targeted county health teams to conduct integrated lab commodity supportive supervision (*refer to 1.3.2*)

4. Provide TA to CHMT to strengthen selected model sites/centers of excellence which will serve as learning sites at county level to improve laboratory commodity management through intensive mentorship and OJT (*refer to 1.3.2*)

**Table 6: List of tasks for support to model sites**

Tasks	Collaborators
1. Disseminate the laboratory OJT and mentorship package	HCSM and CHMT
2. Formal engagement with the administration of selected model sites	HCSM county advisor & regional implementing partners
3. Provide TA and mentorship package to CHMT to conduct OJT and mentorship at the model sites	Facility lead/team for model site activities (TOTs), HCSM county advisor, implementing partners, Regional Health Management Teams
4. continuous follow up to CHMT for feedback and technical reports	Implementing partners , Facility lead/team for model site activities, HCSM county advisor,
5. Quarterly progress review visits for monitoring continuous quality improvement	Facility lead/team for model site activities, HCSM county advisor, implementing partners

**Expected result:** Improved capacity of counties to coordinate/manage laboratory commodity management activities

*Activity 3.2.2: Strengthen laboratory system for commodity reporting and use of data for decision making at national and county levels*

In the past 3 years, HCSM in collaboration with MOH and other partners have worked toward strengthening the laboratory data collection and reporting systems. Some of the collaborative efforts include design and pilot of an online RTK reporting tool which has seen the reporting rates rise from the baseline of 30% in 2011 to 74% in mid-2014. Additionally, feedback from orientations conducted on use of DHIS2 for lab commodity reporting from the 13 priority counties revealed large skills gap at facility level on laboratory inventory and data management practices, largely as a result of staff movements occasioned by devolution.

In FY15, the focus will mainly be on improving reporting and increase the use of data to inform decision-making.

Specific sub-activities at county level include:

1. Build capacity of county and sub-county laboratory focal persons and implementing partners to improve reporting through DHIS2 and use of data for decision-making through OJT, mentorship and continuous medical education (CME) (*refer to 1.3.3*).
2. Convene county data review meetings in targeted counties to address laboratory commodity data quality concerns and facilitate sharing of best practices (*refer to 1.3.3*)

3. Provide support for deployment of electronic inventory management tool to support lab commodity management practices in selected sites (*refer to 1.3.3*).

At national level, HCSM will collaborate with other coordinating mechanisms to enhance the reporting on DHIS2 and harmonize reporting through engagement with relevant stakeholders, including HIS unit & NPHLS (*Refer to activity 1.1.2*).

Expected results: Improved reporting rates on use of lab commodities (>80% for HIV RTKs, CD4 reagents)

*Activity 3.2.3: Support MOH in malaria Rapid Diagnostic Test roll out in facilities in Coast, Nyanza and Western region.*

HCSM will work with the Malaria Control Unit (MCU) and stakeholders to enhance the support to the Quality Assurance system for Malaria diagnostics, with specific focus to RDTs to ensure continue adherence with the current malaria case management guidelines.

Specific activities include:

1. Disseminate the MCU-developed Malaria QA/QC implementation plan
2. Update and disseminate the Malaria diagnostics QA/QC curriculum
3. Support the Malaria control program in developing Malaria diagnostic QA/QC Monitoring & Evaluation framework with defined quality indicators, data collection and reporting tools, and checklists to be used for supportive supervision
4. Support the national Malaria Control unit to undertake quality assurance visits to selected counties and facilities in conjunction with Walter Reed and other partners
5. Strengthen selected county health teams and lab county malaria services coordinators in supportive supervision to enhance test performance and data collection for RDT use cross reference with other support supervision activities (*refer to activity 3.2.1*)
6. Complete the roll out of Malaria RDTs and support reporting from facilities to the county and national levels to enhance accountability.

**Expected result:** Improved QA/QC practices for use of malaria diagnostics in selected counties; Improved reporting on use of malaria diagnostics (>80%)

*Activity 3.2.4: Build capacity at the national level for stewardship and coordination of lab supply chain*

Over the past years, HCSM and other partners have been providing TA to the PHP commodity security committees (HIV, TB and Malaria) in coordinating various commodity management activities at the national level. Some of these activities include national commodity quantification, supply pipeline monitoring and generation of monthly stock status reports. HCSM TA has culminated in the establishment of a national Laboratory commodity security TWG by the MoH which is expected to provide oversight for all laboratory supply

chain and commodity security activities at the national level. This TWG has developed and adopted TORs and has defined its membership and work plan.

In FY15, the focus will mainly be to strengthen and transfer skills and provide mentorship to the national level laboratory commodity security TWG as well as the various PHP commodity security committees/TWGs to streamline and provide stewardship on Laboratory commodity management activities at the national level.

Specific activities will include:

1. Support to operationalization of the national lab commodity coordinating mechanism through TA to implement their work plans
2. Support the Laboratory commodity security TWG to disseminate and sensitize counties on approved laboratory documents, e.g. laboratory commodity management training materials, referral guidelines and essential commodity and tracer lists, through manual and electronic means.
3. Develop capacity building materials in areas of quantification and supply pipeline monitoring to strengthen Lab supply chain management and coordination at national and county levels (*refer to activity 1.1.1*)
4. Support NPHLS and PHPs in the development of guidelines for laboratory commodity distribution at the county level.

**Expected result:** Improved coordination of national commodity security activities at national level

### **IR 3.3 Improved accessibility of quality essential laboratory services**

The achievement of this IR is being catered for by SPHLS. HCSM will leverage achievements made by SPHLS under IR 3.3.

## **5. HCSM PROGRAM MANAGEMENT**

### **5.1. MSH/HCSM Management Team**

The HCSM program has configured technical teams to support the key components of its work while ensuring adequate linkages and uniformity of approaches with overall coordination provided by the Chief of Party (COP) with the support of the program senior management team. There have been no major changes in the composition of the project's senior management team which consists of the Chief of Party, two deputy COPs, the finance manager, the regional/county support manager and the M&E advisor. Though there have been a number of changes in the home office oversight to the project, these changes have not had any impact on the running of the program in Kenya. The backup support from MSH home office continued through a management focal point and a technical focal point. The leads for each of the project's technical areas have continued to work closely with MoH counterparts with regular consultation with USAID for direction and collaboration with other donors and partners to leverage technical expertise for activity implementation. The program has recently hired a new M&E advisor to replace the previous holder of the position who transitioned out of the project.

This being the fourth work plan by the HCSM program, the program will plan and execute the final 18 months in line with the contractual obligations, including at least 30-40% reduction in the level of staffing. This will be taken into context by ensuring the MOH and other recipient counterparts are ready and well mentored through learning by doing. The downsizing of HCSM staff will be done in a manner that minimizes interruptions in service provision within MOH and at the county level.

### **5.2. Technical Resources**

The program's technical team is composed of central level and county level staff. The program continues to have a health program liaison for each of the priority program, HIV & AIDS, Malaria & Family Planning/Reproductive Health. However, the program is also focusing on integration and harmonization of approaches hence its cross-cutting technical support staff for supply chain management, management information systems, laboratory, capacity-building & pharmaceutical services and governance play a central role in this aspect. The TB portfolio lead transitioned to SIAPS to support the TB East Africa regional activities following the cessation of the project's in-country TB support.

MSH/HCSM program continued to utilize its county based technical staff for activity implementation with support from the Nairobi office sought as required. The current MSH/HCSM team comprises of highly qualified professionals with the required skills mix in public health, medical, pharmaceutical, laboratory, nursing and information technology for the program to execute its mandate.

### **5.3. County Support Teams**

For the county level support, HCSM will initially continue to maintain the current compliment of six technical advisors in the short term but this will continually be reviewed as HCSM transitions out of the counties under FY15. To this end, the county advisors will continue to engage with regional and county partners to undertake mentoring and capacity building utilizing the developed MoH commodity ToTs and champions to ensure seamless handover/ takeover of activities as the program approaches its end- date. The county team is fully backed up by the central level staff who provide required support as required. The setup of the MSH/HCSM Kisumu regional office has greatly facilitated activities in the Nyanza and Western regions by addressing logistical bottlenecks previously experienced.

In FY15, the program will deliberately review and aim to reduce its overall level of effort in line with the original award. This will be done in a manner that doesn't compromise activity implementation and handover to counterparts (see above)

### **5.4. Technical Activity Coordination and Monitoring**

This activity comprises work plan development, technical activity coordination, implementation monitoring, routine M&E activities, budget and progress monitoring, reporting, meetings and communications with USAID/Kenya and collaborators. This will include oversight activities from the MSH home office, as well as in-country coordination activities. Typically this will entail coordination meetings with MSH home office, scheduled visits by specific managers and technical advisors from MSH home office, meetings with USAID mission, as well as scheduled visits by USAID team and home office counterparts among others. This technical activity coordination will allow for full utilization of technical resources and effective linkage of HCSM activities with those of MoH at national and county levels, as well as with other partners.

### **5.5. Office Management and Operations**

Administration and operations for the program are supported by a MSH country operations management unit (COMU), which includes MSH staff members shared among all MSH Kenya projects, thereby helping to assure financial and operational efficiencies, compliance with procurement procedures and leverage resources. The COMU structure ensures provision of the day to day running of the office and includes administrative support, provision of stationery and supplies, utilities, equipment among others. These are necessary for the smooth running of the program activities. With concentration of HCSM activities in Western Kenya region, HCSM has an office in Kisumu for logistical support and coordination.

Over the next work plan period, HCSM will continuously review the need to have the HCSM Kisumu office as the activities are transitioned to the counterparts in the counties, and also as the staffing levels are reduced. HCSM will also review the inventory (laptops, desk computers, telephone system) and replace based on need. Additional aspects on operations

will include vehicle maintenance, maintenance of office security systems and minor office refurbishments as may be necessary.

## **5.6. Knowledge Management Plan**

MSH/HCSM recognized the role of Communications and knowledge management in translating knowledge to action and influencing change in the health sector. The program employs advocacy and strategies in communication for results to ensure that the best practices in the program interventions are captured and disseminated. The information, results and impact from programmatic interventions will be presented in forms that highlight its applications and efficiency and can be replicated by interested parties beyond the local stakeholders where the activities are undertaken.

Over the past couple of years, the program has been implementing a communications and knowledge management strategy that guides HCSM's communication practices and various target audiences using the appropriate channels, in a timely manner and in suitable formats. The objectives of the HCSM's communications strategy which guides the knowledge and management plan are as listed below.

1. Convey key messages about the role of proper policy and regulation in commodity management, pharmaceutical and laboratory services.
2. Sharing impact/result stories that help position HCSM as a leader in role in improving all aspects of health systems strengthening and supply chain management.
3. Guide HCSM technical team to proactively think about effectively communicating their outputs to achieve better outcomes and impacts.
4. Enable the HCSM to manage its institutional memory more effectively.

The communications plan outlines the strategies that will be put in place to support the achievement of the program IRs, and to communicate to key stakeholders what MSH/HCSM and its collaborators are doing.

The Knowledge and Communication plan will focus on four areas as follows:

### **a. Communication for Results**

Being a systems strengthening project, HCSM would like document the various strategies and interventions implemented over the past three years. This will be captured in a success story compendium publication that will highlight key success stories per technical leading to a total of ten success stories captured over one year. This will include program activities and achievements implemented in collaboration with partners to a wide audience, that includes USAID/Washington, USAID/Kenya, the Government of Kenya (national and counties), MOH, the US Government, MSH worldwide colleagues in the global health and other relevant stakeholders.

### **b. Documentation and Institutional Memory**

The objective here is to capture and document key interventions and success and products in a central place. Documentation includes archiving of all key program achievements and publications in a compendium that will be accessible to all partners. The HCSM compendium of products will have information on the project, unique approaches, lessons learned, best practices, and proven tools and approaches, publications and job aids that can be used for further reference.

A key output in FY15 will be the development of a HCSM documentary highlighting the impact of HCSM work in all three technical areas. HCSM, with relevant approvals from USAID Communication and technical teams will continue utilizing the mass media like interviews and studio appearance on national radio and TV, talk shows, news bulletins and documentaries, newspapers features, editorials, commentaries and blog articles. Media field trips/visit will also be arranged where possible or necessary.

Besides the mass media HCSM will also contribute to USAID editorial plan which includes submission of program articles to USAID Kenya website and County briefs. HCSM will also utilize MSH website where HCSM's key information and knowledge products will be made accessible. Additionally the HCSM newsletter and county briefs will be regularly circulated to a wide range of stakeholders.

### **c. Publications**

During this work plan year (FY14) we shall work to link success stories or articles to the publications as well as develop abstracts, posters and presentations to ensure that the knowledge is shared widely. A deliberate effort by the HCSM program will be to document all the successes, over the past years and building an evidence base for sharing with various stakeholders. Lessons learnt from past implementation will be key in informing the USG, GOK/MOH and other stakeholders on requisite inputs required for achieving desired outcomes. Various avenues will be sought in sharing of the compiled evidence.

In sharing success stories, our key output will be a Bi- Annual newsletter (online and print) HCSM recap and County briefs with highlights from program activities in the 13 priority counties per quarter.

### **d. Participation at Conferences**

Best practices, lessons learned and innovations will be shared through active participation and presentation of abstracts and posters at major international events relevant to health systems strengthening is a key feature of the HCSM communication plan. This is an important part of sharing our knowledge and expertise, attendance at such events is strategic and can help ensure that we only participate in highly relevant international/national events.

Target events will include -critical stakeholders meetings, major workshops, policy meetings, thematic conferences and donor coordination meetings.

## **6. MONITORING AND EVALUATION**

### **6.1. Performance Management**

The HCSM program management will be tailored to deliver results as outlined in the current performance monitoring plan. The senior management team (SMT) will hold weekly meetings to provide managerial, financial and technical oversight to the project. The SMT will also coordinate technical assistance to MOH counterparts and collaboration with partners, as well as monitor program progress to assure that the program is responsive to technical obligations as expected. The two senior technical leads will be responsible for the day-to-day management of technical work, supervision of staff, and coordination of HCSM work plan activities. Specifically, they will work with staff to ensure that technical objectives are clear, work plans and budgets are realistic, and that activities are carried out effectively and efficiently in their respective technical areas. Additionally, the technical leads will ensure close linkage with MOH and other implementing partners in roll out of the activities outlined in this work plan. HCSM will continue to support the MOH implementing partners to ensure that sound M&E approaches are system-engrained within the partners' strategy for commodity/pharmaceutical services.

The technical team will hold bi-weekly in-house meetings to share updates and gather support to improve implementation approaches for the work plan. Monthly planning and review meetings will be conducted to ensure there the team is able to share lessons emanating from their areas of mandate, taking into consideration variability across various priority program areas and counties.

The program will use both routine and periodic data to track performance in implementation. Currently, the program is undertaking an in-depth review of the established M&E systems in order to improve data quality, refining & prioritization of indicators, data collection tools & approaches and also data management mechanisms. The program will work towards optimal implementation of the PMP to ensure that the results are useful in ultimately guiding the decision making processes by the program, USAID and MOH/implementation partners at all levels.

### **6.2. Program Output Data**

Output data will be sourced from direct program implementation activities, for instance number of health care workers trained. Periodic activity implementation progress will be measured against activity implementation plans. On a quarterly basis, the program will measure and report on the proportion of activities, outputs, and results achieved against the targets and timelines set in the annual work plan. The HCSM M&E unit will work to develop a national/county program dashboard to collate and present results during these meetings. Additionally, an annual progress report will be developed, detailing the overall progress achieved in realizing intended outcomes and key milestone targets. These data will be obtained from quarterly reports that are in turn based on activity reports submitted by the HCSM technical staff leading implementation of the same.

### **6.3. Routine National MIS Systems**

In FY15, the program will continue emphasizing on support to fine-tuning and implementation of electronic reporting platforms, with a key focus on the DHIS2. During FY14, the program worked intensely to support MOH in enhancing the national DHIS2 platform so that it includes a commodity supply chain module across all national PHPs. The program intends to utilize this platform to obtain data to measure progress on commodity supply chain indicators such as facility commodity consumption, reporting rates, stock-outs of both pharmaceutical, non-pharmaceutical and laboratory commodities among others. To enhance sustainability and application of the tools, the program will provide support to MOH by ensuring that training and mentorship is done for the health care workers.

### **6.4. Surveys and Special Studies**

HCSM program will provide sound evidence on the status of program implementation and the expected outcomes at various stages by conducting or supporting surveys and operational research. For example the program has been providing technical support to MCU in conducting Malaria Quality of Care (QoC) surveys. HCSM utilizes this exercise to obtain key commodity stock-out data through incorporation of questions into the MOH data collection tool.

A qualified data analyst with experience in analyses of health data will be incorporated in the survey team during the exercise- right from the survey design to the report writing stage. This will ensure that the questionnaires are appropriately designed and that the data collected provides an objective measure for the selected indicators. The results obtained from these studies will be fed into the HCSM M&E database. Of special interest will be providing technical assistance to MOH in streamlining the data collection and transmission systems to avoid duplication of resources.

### **6.5. Program Reporting**

The program will build on the already established internal reporting mechanisms within MSH to track activities, outputs, and products. In addition, the following mechanisms will be used to enhance reporting and results dissemination—

- On quarterly basis, the program will hold in-house technical review meetings with program staff to review progress in activities implementation against the annual work plan to enable decision makings/remedial actions that may be required to address activities that fall behind schedule.
- Periodic technical and financial progress (quarterly, semi-annual and annual) and ad-hoc reports will be shared with USAID/Kenya clearly highlighting actual activity performance against the set targets. These forums will also be used to review targets and re-align activity implementation if required.

- Tailored feedback reports on progress of work plan implementation (achievements, variance, best practices/ lesson learned, scientific articles) will also be shared during the regular technical working group meetings and other relevant national/county forums with the relevant GoK ministries, national programs, private sector and FBO/NGOs organizations that HCSM will be collaborating with, for instance the County HIV performance review meeting and the annual HIV forum.
- HCSM will ensure representation by key program staff in all the relevant GoK technical working group meetings. The technical working group meetings are usually held quarterly and will serve as a good forum for HCSM to share program results and best practices not only with GoK but also with other implementing partners and funders.

## **6.6. Data Quality Assurance**

Following a data quality assessment (DQA) carried out during FY14; the program developed a data quality improvement plan, highlighting specific areas earmarked for improvement, namely data validity, precision and integrity. In the current work plan period, HCSM has incorporated the recommended corrective actions in the program work plan/activities to ensure continuous data quality improvement. A holistic critical review of all indicators has also been carried out to ensure that the concerns raised in the recent DQA are addressed in the PMP and also in the M&E activities within the work plan. HCSM will continue working with MOH to ensure data quality is maintained and that MoH staff and implementing partners apply standardized data collection tools and procedures in data generation and management. HCSM will work with the priority programs to review, update and harmonize these tools as need arises and support roll- out by providing seed copies and user guides, more so at county level.

For each indicator, a reference sheet has been developed to provide clear definitions of all the parameters to guarantee accuracy and consistency in the measurement of indicators. Further, output level performance indicators in the PMP have been segmented by the program results areas to ease tracking of implementation of the work plan. Data verification for these indicators will be incorporated into normal activity implementation and integrated with the activity monitoring & support supervision field visits. During surveys and special studies M&E program staff will lead in development of protocols and the subsequent data cleaning and analysis to ensure optimal design, data collection and analysis.

In situations where the program require use of data generated by partners and third parties efforts will be made to work with the third parties in ensuring that data quality components are engrained; which may include support in performing data quality audits.

## **7. FINANCIAL DUE DILIGENCE**

### **7.1. Financial Management and Accountability**

The MSH Kenya office maintains high standards for financial resource management to assure accountability and efficiency. This is done through a common platform for finance and operations (the Country Operations Management Unit, COMU) which ensures the use of shared resources, thereby minimizing duplication.

Financial tracking will be part of the routine program tracking and control reporting mechanism. The HCSM Director of Finance and Operations will prepare and present to USAID periodical financial reports, as required, to assure updated financial progress monitoring, particularly tracking and reporting expenditure against budget. MSH headquarters has a formal internal audit department that conducts periodic internal audits of field offices. The internal audit will help the office self-assess and improve the level of compliance with MSH and USG policies and regulations in the areas of internal control and compliance with contracts/agreements.

## 8. BUDGET AND FUNDING

The total budget for the FY 15 work plan for HCSCM activities equals **USD \$ 5,647,108**. Approximately \$2,000,000 of this budget is pipeline funding from the just ending fiscal year.

The budget breakdown is as follows:

YEAR	PEPFAR	PMI / MALARIA	Reproductive Health and Family Planning
FY2015	\$1,244,818	<b>\$1,616,230</b>	<b>\$786,060</b>
<b>TOTAL</b>	<b>\$1,244,818</b>	<b>\$1,616,230</b>	<b>\$786,060</b>

The funding breakdown for PEPFAR and PMI funding is as follows:

### PEPFAR

Component Funding	USD
Adult Treatment (HTXS)	290,993
Adult Care and Support (HBHC)	123,825
HTXD	-
Laboratory Infrastructure (HLAB)	650,000
Health System Strengthening (OHSS)	180,000
<b>TOTAL</b>	<b>1,244,818</b>

### PMI\*

Component Funding	USD
Diagnostics	TBD
Supply Chain Management	TBD
Quality of Care	TBD
<b>Uptake and use of LLINs</b>	<b>TBD</b>
<b>TOTAL</b>	<b>1,616,230</b>

*TBD – to be determined*

*\*NB: Assumes level funding from previous year*

## 9. ANNEXES

### 9.1. Annex A. Work Plan Implementation Matrix

October 1, 2014 – September 30, 2015

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Annual
<b>RESULT AREA 1: STRENGTHENED MOH COMMODITY MANAGEMENT</b>												
<b>Intermediate Result 1: Strong and effective MOH stewardship and technical leadership in supply chain management/commodity security</b>												
<b>Expected outcomes: Strengthened capacity of MOH and priority health programs for oversight and supervision of supply chain and commodity security at central and peripheral levels and ability to identify and address gaps in health commodity management</b>												
KHSSP III 2019/10-Section 4.4 and 4.4.2:  MOH National FP costed IP 2012-2016:  KNASP III 2019/10-2012/3: 6.4.2, 6.4.3, 6.4.4, 6.4.5, 7.4.2	Investment area 4: Required investments in Health Products  <i>Commodity security</i>  Procurement approaches; Coordination of Technical Working Groups  Readiness	Central-level stock-outs of commodities reduced  PHPs Annual procurement request schedules developed	Contraceptive Commodities Security Strategy 2007-2012:  Uninterrupted and affordable supply of contraceptives  National Malaria Strategy 2009-17  3.2 Strategic Orientations	<b>Activity 1.1.1: Strengthen and institutionalize commodity security and supply chain oversight at national level</b> a) Finalize and disseminate quantification and supply planning guidelines b) Develop/review and disseminate guidelines for skills transfer and mentorship at both national and county levels. c) Provide technical assistance to national health commodity-related TWGs and committees d) Undertake tracking of USAID-funded health commodity shipments	Mid Term Procurement Planning Institutionalized  Increased allocation for family planning in the national budget  Preparation of medium-term forecasts and quantifications for each	Technical assistance in standardizing and dissemination of quantification and supply planning  Technical support to MoH staff to undertake routine stock status and pipeline monitoring, annual F&Q and review for PHPs  Participation and support to	HCSM, MoH-PHPs KEMSA & other supply chain partners, Donors and other implementing partners in health commodity management	X	X	X	X	

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines					
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul -Sep	Annual	
SARAM report pg 128:	for maternity services					commodity group.	technical leadership in key health commodity related TWGs and committees						
KHSSP III 2019/10- Section 4.4, 4.5  Kenya E-Health Strategy 2011-2017: 4.1  KNASP III 2009/10-2012/3: 6.4.3, 6.4.4, 6.4.5	Investment area 4: Commodity monitoring system in DHIS  Investment area 5: Health information  Pharmacy and Medical Supply Chain Information Management  Procurement approaches to be adopted by KNASP III	<b>Reporting of HIV, FP and Malaria commodity usage consumption data from all levels through DHIS2 Improved</b>  <b>Quality data on health commodities available for use in decision making</b>	Kenya health Policy 2012-2030  MOH RH strategy – 2009-2015: Improving M&E Information Use for Priority Setting	<b>Activity 1.1.2: Strengthen the national system for commodity information reporting and use of data for decision-making through nationally approved platforms</b> a) Undertake enhancement of DHIS2 to support standard health commodity reporting b) Build capacity of national TOTs to roll out interventions that improve reporting and information use c) Support implementation of a national level health commodity portal and dissemination of supply chain strategic information d) Support implementation of a national level health commodity portal for supply chain coordination e) TA in development of orientation materials and capacity building of national TOTs for the rollout of the FDT	Integrated commodity monitoring system linked into the DHIS  Logistical Management Information System strengthened and fully resourced at district level..	Technical support to MoH-HIS in enhancement of the supply chain module within the DHIS and its roll out at county level  Development of orientation materials and training of national and County TOTs for scale up of DHIS/FDT roll out	Key MOH Divisions and Units (NPHLS, PSU, etc) PHPs, County representation, HCSM, donors and other stakeholders in health commodity security	X	X	X	X		

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul -Sep	Annual
<b>Intermediate Result 2: Effective coordination and harmonization of GoK and development partners' activity in the subsector</b>												
<b>Expected outcome: Effective, integrated, coordinated approach to management of health commodities</b>												
KHSSP III 2019/10-Section 4.4	Rational investment in and efficient management of health products	Roadmap to address the emerging issues in commodity security and supply chain in place		<b>Activity 1.2.1 Convene a national health commodity consultative forum to discuss emerging issues affecting national health commodity security</b> a) Support MoH to convene a national health commodity security consultative forum to share and disseminate best practices and discuss emerging issues on health commodity supply chain	Aligned National management of Health Products	Technical support in packaging and dissemination of good practices in commodity management	MOH POPs, County HMTs, MSH and other stakeholders	X	X	X	X	
KHSSP III 2019/10-Chapter 4:	Health systems investments											
<b>IR 1.3 Peripheral health facilities able to account for and manage their own health commodities effectively</b>												
<b>Expected outcomes: Improved commodity management demonstrated by improved inventory management and reporting and reduction on stock-outs for EMMS and programmatic health commodities</b>												
KHSSP III 2019/10-Section 4.4	4.4.1 Health Products Management priority actions:	Oversight and coordination of commodity management support and activities improved Commodity management and security improved		<b>Activity 1.3.1 Strengthen and institutionalize County Commodity TWGs to enhance sustainability</b> a) Provide TA for institutionalization of county health commodity TWGs b) Capacity building of county TWGs to provide oversight for commodity management c) Support establishment of FP commodity TWG in the Uasin Gishu and Elgeyo Marakwet	Counties with functional Systems for Coordinating Health Products	Improved use of health commodities ensured in target counties	HCSM, MoH, CHMTs, IPs at county level, (e.g. APHIAPlus), commercial sectors players and other Partners	X	X	X	X	

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
KHSSP III 2019/10-Section 4.4  Chapter 4: Health systems investment  Human Resource Management priority investments	4.4.1 Health Products Management priority actions  % of facilities supervised  Develop leadership and management capacity at all levels	Local capacity for commodity management support improved;  Commodity practices improved		<b>Activity 1.3.2 Provide TA for improved commodity management at facility level</b>  a) Capacity building of county regional implementing partners in commodity management b) Capacity building of facility level staff through OJT and mentorship c) Provide TA to CHMTs / county commodity TWGs to conduct integrated commodity supportive supervision d) TA to model sites in the area of commodity management e) Support for regional consultative and review meetings f) <b>Baseline assessment /Supply chain mapping for RH/FP commodities in the two new HCSM FP counties</b>	Driven pull system institutionalized within the Counties	Technical assistance to CHMTs and others implementing partners in capacity building initiatives at county and facility levels	HCSM, MoH, CHMTs, IPs at county level (e.g. APHIAplus, ICAP), private and faith-based sector players and other partners	X	X	X	X	
KHSSP III 2019/10-Section 4.4, 4.5	Commodity monitoring system in DHIS  Investment area 5: Health	Commodity data acquisition and reporting Improved;  Commodity data quality improved; Optimal use of commodity information for operational, management and	HIS AWP 2014/15: Health information products	<b>Activity 1.3.3 TA for improved commodity usage reporting, data quality and use of commodity information for decision-making</b>  a) Provide TA to CHMTs to improve commodity data reporting rates b) TA to CHMTs to address data quality issues and build capacity of health workers at the county level c) TA to CHMTs for development/review and provision of commodity	Accurate DHIS information produced in a timely and complete manner at county level  Counties using IT based system for Vital Events information collection  Inventory	Technical support in to ensure improved reporting and quality data for health commodities in priority counties  Scale up of use of electronic inventory management and information system and ensure sustained	HCSM, MoH, CHMTs, IPs at county level (e.g. APHIAPlus, ICAP), private and faith-based sector players and other partners	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul -Sep	Annual
	information	strategic decision-making		management and primary data collection and reporting tools d) Support for the deployment of electronic tools at facilities for dispensing and inventory management e) <b>Orientation of the use of electronic platforms (DHIS2) for commodity reporting in the two new HCSM FP counties</b>	management system at facilities and county level to improve supply chain efficiency)	application						
<b>IR 1.4 Effective and efficient commodity management systems in the private sector (faith-based and commercial sector organizations)</b>												
<b>Expected Result: Improved availability and use of commodity management tools and national guidelines in targeted private sector and FBO facilities; Improved capacity of FBO and private sector staff in commodity management</b>												

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
KHSSP III 2019/10-6.2.2.5	Non State Implementing partners:  The Private Sector (for-Profit and Not-for-Profit)	Commodity Management TOTs developed for the private sector  Guidelines, tools and job aids disseminated  Private sector participation in national and county commodity management support activities enhanced	Kenya health system assessment report, 2010: 10.4  Service delivery and governance recommendations  KNPP 2010 (3.6.1)  Promoting appropriate medicines use  National Malaria Strategy 2009-17  3.2 Strategic Orientations	<b>Activity 1.4.1 Strengthen health commodity management systems in private sector organizations</b>  a) Engagement of relevant FBO sector stakeholders mainly to build capacity of focal persons in commodity management  b) Dissemination of HCSM supported commodity management training packages, approaches, guidelines, tools and job aids to support the FBO sector  c) Support CHMTs to include FBO and private facilities in their plans and activities	Regularize/ enhance productivity of collaboration between MOH and the private sector	Ensure that FBOs and commercial sector play and active role in commodity management at national/county levels for sustainability	HCSM, MoH, CHMTs, IPs at county level, CHAK, KCCB, MEDS, private sector players and other partners	X	X	X	X	
<b>RESULT AREA 2: STRENGTHENED PHARMACEUTICAL SERVICES</b>												
Intermediate Result 1: Strengthened Pharmaceutical sub-sector governance												
Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened												

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
Draft Health Bill Part 9 (Product Regulation)	PPB Policy formulation and strategic planning	<b>KNPP disseminated and KNPP implementation plan or pharmaceutical strategy developed</b>	KNPP 2010 (3.6.1) Promoting appropriate medicines use	<b>Activity 2.1.1 Dissemination of the KNPP and development of KNPP Implementation Plan or Pharmaceutical Strategy</b> a) Participate in the development of an implementation plan or strategy to help in operationalization of the KNPP. b) Participate in the development and dissemination of the KNPP communication package.	KNPP implementation plan developed  Reviewed decision making systems for improved governance	Technical assistance in development and dissemination of KNPP implementation plan	HCSM, national level MOH, PSU, PPB, county representation	X	X	X	X	
KNPP 2010 (3.6.1) Promoting appropriate medicines use:	Capacity strengthening and retooling of management support, and service delivery staff	<b>Policy documents and key guidelines developed and disseminated to relevant County officials</b>		<b>Activity 2.1.2 Support PSU and other stakeholders to develop, finalize and disseminate to Counties key guidelines and policy documents</b> a) Support PSU and other stakeholders to design physical infrastructure and layout for Medical Stores at County level & Health Facility Pharmacies and medical stores for tiers 2, 3 and 4. b) Support PSU to convene a forum bringing together county health managers and other stakeholders to disseminate key national documents c) Support PSU to reactivate the PSU website and load final versions of key guidelines and policies for easy access by all stakeholders.	Policy documents developed in line with devolution and disseminated	Technical guidance in guidelines development and dissemination activities  Support in formulation of platforms for information exchange at county/national level	HCSM, MOH-PSU, CHMTs	X	X	X	X	
<b>Intermediate Result 2: Improved delivery of pharmaceutical services</b>												

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Annual
<b>Expected outcomes: Functional Medicines and Therapeutics Committees at all levels and improved institutional capacity for rational medicine use and pharmaceutical service delivery</b>												
KHSSP III 2019/10-Section 4.3.1. & 4.3.5  KHSSP III 2019/10-4.2.3 and 4.4.2	% staff who have undergone CPD  Updated curriculum for training institutions	<b>Health commodity management strengthened at both undergraduate and post-graduate level</b>	Sessional Paper 4; Sections - 3.6.1 – 120, - 130  KNPP 2010 (3.6.1) Promoting appropriate medicines use  KMTC: Policy formulation and strategic planning	<b>Activity 2.2.1 Support curriculum reform &amp; enhance training of health commodity management at tertiary training institutions</b>  a) Support UoN and other tertiary institutions in development and for health commodity management for undergraduate and post-graduate commodity management  b) Support commodity management training for final year KMTC students.	Functional MTC at national and County levels  Application of evidence-based essential package of health products and technologies	Technical assistance in repackaging /dissemination of training materials and roll out of the training modules	MOH, KMTC, UoN and other tertiary institutions, CHMTs, health facilities, other stakeholders	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
KHSSP III 2019/10-Section 4.4.2  Pharmacy and Poisons Board:	Defining and applying an evidence-based essential package of health products and technologies.  Capacity strengthening and retooling of management support, and service delivery staff	NMTC, County MTCs and hospital MTCs that successfully monitor and coordinate interventions to improve use of Essential Health Products and Technologies	KNPP 2010 (3.6.1)	<p><b>Activity 2.2.2 Support the NMTC to formulate guidelines and policies for appropriate use of Essential Medicines and Health Technologies</b></p> <p>a) Support MTCs in the private sector to adapt the national MTC guidelines and utilize them to promote appropriate use of medicines</p> <p>b) Strengthen the capacity of NMTC members and support the NMTC to review and disseminate National and County MTC Guidelines, the Kenya Essential Medicines List (KEML), the Kenya Clinical Guidelines and Appropriate Medicine Use guidelines, tools and training materials</p> <p>c) Improve availability of STGs (for HIV, Malaria etc.) and other key documents using innovative methods (development of website and smartphone App)</p> <p>d) TA for the establishment of county MTCs in selected counties and the operationalization of selected facility MTCs</p>	<p>Functional NMTCs and County MTCs</p> <p>Medicines and Therapeutic Committees in Hospitals established</p> <p>Essential commodities Lists appraised and updated</p> <p>KNPP implementation plan available</p> <p>Preparation of medium-term forecasts and Quantifications for each commodity group.</p>	<p>Provide Technical assistance in operationalizing use and monitoring functions</p> <p>Technical input to development of KNPP strategy/plan</p>	HCSM, MoH-PHPs KEMSA & other supply chain partners, Donors and other implementing partners in health commodity management	X	X	X	X	

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
KHSSP III 2019/10-Section 4.4  National Malaria Strategy 2009-17	Investment priorities:  3.2 Strategic Orientations	<b>Institutional capacity for appropriate use of medicines and other health products as well as delivery of services improved</b>	KNASP III 2009/10 - 2012/13: 7.3  National HIV M&E and Research Systems	<b>Activity 2.2.3 Support to operational research to inform programmatic interventions and decision-making</b>  a) Support for the bi-annual Quality of Care (QoC) by the Malaria Control Unit to monitor the provision of quality care compliance to guidelines  b) TA to NASCOP to conduct operational research in selected ART sites to inform decision-making	National appraisal mechanism for health products and technologies established	Participate in development of regular comprehensive reports on quality of care and supply chain management	MOH (MCU, NASCOP), HCSM, other stakeholders	X	X	X	X	
National Malaria Strategy 2009-17	Strategic Objectives 1 and 5	Objective 1.1 Universal distribution of LLINs through appropriate channels  Objective 5: To strengthen advocacy, communication and social mobilization capacities for malaria control.	MOH/ National Malaria Strategy 2009-17	<b>Activity 2.2.4 Support to the Uptake and consistent use of Long Lasting Insecticided Nets (LLINs).</b>  a) Undertaking a baseline assessment to identify current status and gaps in the uptake and use of LLINs  b) Development of a strategy informed by the identified bottlenecks and proposing recommendations.  c) Working with Health Communication and Marketing (HCM) project to develop an action plan to address the proposed recommendations and strategic approaches.  d) Development of indicators and measures of	To ensure that at least 80% of people in malarious areas have knowledge on prevention and treatment of malaria	Undertake baseline assessment; develop strategy, action plan and indicators to monitor implementation of interventions.	MOH-MCH, HCM and other stakeholders	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
				success to monitor implementation of interventions aimed at increasing uptake and use of LLINs.								
<b>Intermediate Result 3: Strengthened Medicine Quality Assurance and Pharmacovigilance</b>												
<b>Expected outcomes: Improved capacity of health care workers to identify and report SADR and PQMPs; Improved reporting of SADR &amp; PQMPs and improved awareness by health care workers and the public on medicine safety</b>												
KHSSP III 2019/10-Section 4.4.3.  Sessional Paper 4 of 2012. Section 3.8- 147	Investment priorities:  Rational investment in and efficient management of health products and technologies	a) PV guidelines and SOPs Updated  b) Improved reporting of ADRs and PQMPs to PPB	Pharmacy and Poisons Board:  Resource mobilization and partner coordination	<b>Activity 2.3.1 Support to PPB to enhance reporting of Adverse Drug Reactions (ADRs) and Poor Quality Medicinal Products (PQMP)</b> a) Review and update PV guidelines, SOPs and other key documents b) Capacity building to support national roll out of PV E-Reporting system: develop module on PVERS; develop ToTs at national level c) Strengthen the 12 existing sentinel PV sites (support forum for staff from sentinel sites to review PV data and reporting from these sites); explore additional PV sentinel sites in HCSM countries d) TA to PPB, priority programs CHMTs and partners for capacity building on PV for healthcare workers and rollout sensitization/ orientation meetings, CMEs and dissemination of guidelines and reporting	Availability and use of PV data for decision making	Revision of resource materials and technical assistance in use of the data management systems and enhancement of skills among users	PPB, MOH, DOP, PHPs, WHO, Other implementing partners	X	X	X	X	
HIS AWP 2014/15	Health information products											

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines					
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul -Sep	Annual	
				tools									
Sessional Paper 4 of 2012. Section 3.8- 147	Pharmacy and Poisons Board: Resource mobilization and partner coordination	<b>Provision of feedback by PPB and use of PV data enhanced to inform decision-making</b>	Kenya health system assessment report: 10.4 Medical products management recommendations	<b>Activity 2.3.2 Support PPB in provision of PV feedback to health workers as well as analysis and use of PV data for decision-making</b> a) Strengthen routine analysis of PV data and support generation of a quarterly (or bi-annual) 2-pager b) Support PPB for medicine safety communication to health workers and consumers	Communication and use of PV information in decision making	Technical support in data analysis and reporting /sharing	MOH (PPB, PSU, PHPs), WHO, implementing partners and other stakeholders	X	X	X	X		
<b>Intermediate Result 4: Improved Pharmaceutical Information Acquisition and Management</b>													
<b>Expected outcome: National PMIS that incorporates Pharmaceutical Management and related services developed</b>													
Kenya E-Health Strategy 2011-2017: 4.1  HIS AWP 2014/15	Pharmacy and Medical Supply Chain Information Management  Health information products	<b>PMIS indicators and design framework drafted</b>	KNPP Sessional Paper 4 of 2012. Section 3.8- 147  Kenya health system assessment report: 10.4 Medical products management recommendations	a) Strengthen DHIS2 for health commodities reporting ( <i>refer to activity 1.1.2</i> ) b) Support PSU to initiate design of a Pharmacy MIS framework to support decision-making at both National and County level.	Comprehensive e-platform for reporting pharmaceutical service delivery components	( <i>outlined in activity in Tech Area 1</i> ); TA to design of draft PMIS framework	HCSM, MOH (HIS Unit, PSU, PHPs, KEMSA, etc), County HMTs	X	X	X	X		

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
KHSSP III 2019/10-Section 4.4.3.	Investment priorities		ns									
<b>RESULT AREA 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY</b>												
<b>Intermediate Result 3.1 : An efficient and effective laboratory supply chain</b>												
<b>Expected outcome: Improved management of laboratory commodities</b>												
KHSSP III 2019/10-Section 4.4	Health Products Management priority actions  Human Resource Management priority investment:  % of facilities supervised	Capacity of counties to coordinate laboratory commodity management activities <b>Improved</b>	KNSAP III 2010-2013: 6.4.5  Procurement approaches to be adopted by KNASP III	<b>Activity 3.2.1: Strengthening the capacity of county laboratory managers / CHMT to be able to provide laboratory commodity management oversight</b> a) Build capacity of CHMTs in quantification, supply pipeline monitoring, distribution and commodity tracking (refer to 1.3.1) b) Support CHMTs and regional IPs to undertake capacity building of facilities on laboratory commodity management c) Support targeted county health teams to conduct integrated lab commodity supportive supervision (refer to 1.3.2) d) Provide TA to CHMT to strengthen selected model sites/centers of excellence which will serve as learning sites at county level to improve laboratory commodity management	Operational county commodity TWGs	Technical support to CHMT operationalize County Commodity TWGs  Conduct capacity building to CHMTs on lab commodity management in collaboration with other partners at county level	HCSM, MOH, NPHLS, KEMSA, USG, APHIAPlus, FBOs, and other regional partners,	X	X	X	X	

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul -Sep	Annual
KHSSP III 2019/10-Section 4.4, 4.5  Kenya E-Health Strategy 2011-2017: 4.1	Commodity monitoring system in DHIS  Investment area 5: Health information  Pharmacy and Medical Supply Chain Information Management	Reporting rates on use of lab commodities Improved (>80% for HIV RTKs, CD4 reagents)	HIS AWP 2014/15:  Health information products  KMLTTB strategic plan 2012-17 : Strategic objective 11	<b>Activity 3.2.2: Strengthen laboratory system for commodity reporting and use of data for decision making at county level</b> a) Build capacity of county and sub-county laboratory focal persons to improve reporting through DHIS2 and use of data for decision-making ( <i>refer to 1.3.3</i> ) b) Convene county data review meetings in targeted counties to address laboratory commodity data quality concerns and facilitate sharing of best practices ( <i>refer to 1.3.3</i> ) c) Provide support for deployment of electronic inventory management tool to automate lab commodity management practices in selected sites	Functional reporting mechanisms to ensure data for use in decision making at county level	Technical support in rolling out of electronic reporting platforms to enhance reporting rates and quality data for priority programs  Wide stakeholder engagement to ensure sustainability (including FBOS and other commercial sector players)	HCSM, MOH APHIAPlus, NPHLS, KEMSA, Regional partners	X	X	X	X	

**Annex A. Work Plan Implementation Matrix**

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
<p>KHSSP III 2019/10-Chapter 4</p> <p>KNPP 2010 (3.6.1)</p> <p>National Malaria Strategy 2009-17</p>	<p>Human Resource Management priority investment:</p> <p>Health systems: investments: % of facilities supervised</p> <p>Promoting appropriate medicines use:</p> <p>3.2: Strategic Orientations</p>	<p><b>QA/QC practices for use of malaria diagnostics in selected counties Improved;</b></p> <p><b>Reporting on use of malaria diagnostics Improved (&gt;80%)</b></p>	<p>KNPP Sessional Paper 4 of 2012. Section 3.8- 147</p> <p>Kenya health system assessment report: 10.4:</p> <p>Medical products management recommendations</p> <p>KMLTTB strategic plan 2012-17 : Strategic objective 11</p>	<p><b>Activity 3.2.3: Support MOH in malaria Rapid Diagnostic Test roll out in facilities in Coast, Nyanza and Western region</b></p> <p>a) Disseminate the MCU-developed Malaria QA/QC implementation plan</p> <p>b) Update and disseminate the Malaria diagnostics QA/QC curriculum</p> <p>c) Support the Malaria control program in developing Malaria diagnostic QA/QC M&amp;E framework and supportive checklists supervision</p> <p>d) Support the national Malaria Control unit to undertake quality assurance visits to selected counties and facilities in conjunction with Walter Reed Project</p> <p>e) Strengthen selected county health teams and lab county malaria services coordinators in supportive supervision</p> <p>f) Complete the roll out of Malaria RDTs and support reporting from facilities to the county and national levels.</p>	<p>Strengthen capacity in programme management to achieve malaria programmatic objectives at all levels</p> <p>Strengthen surveillance, monitoring and evaluation systems so that key malaria indicators are routinely monitored and evaluated at all levels</p>	<p>Technical support in capacity building and roll out use of RDTs</p> <p>Enhancement of reporting platforms and support use at facility level</p>	HCSM, MOH, NPHLS, MCU, CHMTs and IP at county levels	X	X	X	X	
<p>KHSSP III 2019/10-Section 4.4 and 4.4.2:</p>	<p>Investment area 4: Required investments in Health</p>	<p><b>Coordination of national commodity security activities at national level</b></p>	<p>Kenya health Policy 2012-2030</p>	<p><b>Activity 3.2.4: Build capacity at the national level for stewardship and coordination of lab supply chain</b></p> <p>a) Technical assistance in operationalization of the national lab commodity coordinating</p>	<p>Mid Term Procurement Planning Institutionalized</p>	<p>Technical assistance in standardizing and dissemination of quantification and supply planning</p>	HCSM, MOH, USG, NASCOP, NBTS, KEMSA	X	X	X	X	

GOK Activity Ref.	Indicator Ref.	Output	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party & Collaborators	2014/2015 Quarterly Timelines				
					GOK Target	HCSM Contribution		Oct- Dec	Jan - Mar	Apr-Jun	Jul-Sep	Annual
KHSSP III 2019/10-2010-2013: 6.4.5, 7.4.2	Products Procurement approaches; Coordination of Technical Working Groups	improved		mechanism b) Support the Laboratory commodity security TWG to disseminate and sensitize counties on approved laboratory documents, c) Develop capacity building materials in areas of quantification, supply pipeline monitoring and distribution planning ( <i>refer to activity 1.1.1</i> ) d) Support NPHLS and PHPs in development of guidelines for HIV lab commodity distribution.		Technical support to MoH to undertake routine stock status and pipeline monitoring, annual F&Q and review for lab commodities						
KHSSP III 2019/10-Chapter 4.0	Investment area 5: Health information	Detailed in result area 1 (Refer to activity 1.1.2).	HIS AWP 2014/15: Health information products	<b>Activity 3.2.5: Strengthen laboratory commodity reporting system and use of data for decision making at national level</b> Activities will include support for enhancement of DHIS2 for lab commodity reporting tools, including data validation rules to address data quality concerns. - Detailed in result area 1 (Refer to activity 1.1.2)	Integrated lab commodity monitoring system linked into the DHIS	Technical support to MoH-HIS in enhancement of the supply chain module within the DHIS and its roll out at county level  Development of orientation materials and training of national and County TOTs for scale up of DHIS/FDT roll out	HCSM, MOH, HIS NASCOP, NBTS	X	X	X	X	

## 9.2. Annex B. Anticipated STTA and International Travel

<b>Activity Name</b>	<b>Name of Traveler</b>	<b>Destination</b>	<b>No. Of Trips</b>	<b>Total Cost</b>
Technical Activity Coordination - Regular Program Management and Technical Oversight	TBD	KENYA, Nairobi	2	\$12,770
Technical Activity Coordination - HCSM staff to HO	CPD, DCPD, or FM	UNITED STATES, Virginia-ARL	2	\$12,770
Attendance at International Conference	TBD	TBD	2	\$8,540
Attendance at International Conference	TBD	TBD	1	\$5,015
Attendance at International Conference	TBD	TBD	1	\$5,015
Strengthen laboratory services: STTA	Catherine Mundy	KENYA, Nairobi	1	\$7,620
MIS technical support to MOH: STTA	Kyle Duarte	KENYA, Nairobi	1	\$7,620
Support supply chain: STTA	Mavere Tukai	KENYA, Nairobi	1	\$7,620
CPD R&R	CPD	TBD	3	\$5,400
<b>TOTAL</b>				<b>\$72,370</b>

### 9.3. Annex C. Activity Budget Matrix

No.		Amount (US\$)
1.	Technical Activity Coordination	543,529
2.	Strengthen and Institutionalize commodity security and supply chain oversight at national level	361,576
3.	Strengthen national system for reporting and use of data for decision-making through nationally approved commodity information management platforms	344,665
4.	Hold a national forum to discuss emerging issues affecting national health commodity security	106,762
5.	Strengthen and institutionalize County Commodity TWG to enhance sustainability (added \$ 60,764)	327211
6.	Provide TA for improved commodity management at facility level (added \$ 97, 222)	509166
7.	TA for improved commodity usage reporting, data quality and use of commodity information for decision-making (added \$ 85,069	459560
8.	Support PSU to disseminate and implement the Kenya National Pharmaceutical Policy (KNPP)	63,685
9.	Support PSU and other stakeholders to develop, finalize and disseminate to Counties key guidelines and policy documents	111,223
10.	Support curriculum reform & enhance training of health commodity management at tertiary training institutions	27,390
11.	Support the National Medicines and Therapeutics Committee (NMTC) to improve use of medicines and essential health products and technologies	177,992
12.	Support to Operational Research	223,169
13.	Support to the uptake and consistent use of Long Lasting Insecticide Nets (LLINs)	441,230
14.	Support to PPB to enhance ADR & PQM reporting	62,007
15.	Support PPB in provision of PV feedback to health workers as well as analysis and use of PV data for decision-making	23,811
16.	Enhance acquisition and use of pharmacy data for decision-making	64,815
17.	Strengthening the capacity of county lab managers /CHMT to be able to provide laboratory commodity management oversight	239,947
18.	Strengthen laboratory system for commodity reporting and use of data for decision making at county level	195,796
19.	Support MoH in Malaria Rapid Diagnostic Test roll out in facilities in Coast, Nyanza and Western region.	145,328
20.	Build capacity at the national level for stewardship and coordination of lab supply chain	264,913
21.	Strengthen health commodity management systems in private sector organizations	45,793
22.	Management & Operations	907,540
	<b>Total (This figure includes the additional new resources of \$684,252</b>	<b>5,647108</b>