FOCUS ON RESULTS

Kenya

Close collaboration with the Kenyan Ministry of Health over the past 10 years has resulted in increased product availability. Above, logistics staff offload CD4 reagents.

In 2006, DELIVER and the Kenyan Ministry of Health (MOH) initiated a pilot intervention in the Eastern South province to test the efficacy of intensified logistics support. The pilot program focused increased attention and resources on strengthening three key elements of the supply chain system: the logistics management information systems (LMISs), inventory control procedures, and monitoring and supportive supervision efforts.

One unique element of the pilot program was the placement of a logistics advisor in the province to oversee distribution, inventory control, and logistics information issues. Baseline indicators collected before the intervention and an endline assessment conducted eight months later demonstrated marked improvements in logistics system performance, including increased LMIS and inventory record availability, increased reporting rates, and improvements in supervision and trained personnel. Most important, even after the short intervention period, reduced product stockouts at the district level were registered. Intensive and structured supervision was an important factor contributing to the initial promising results.

In the last five years, previous gains made in contraceptive security in Kenya have begun to hit a plateau. The contraceptive prevalence rate has remained at 39 percent, and the total fertility rate has increased slightly, from 4.7 to 4.9. Coupled with a growing youth population and an adult HIV prevalence rate of 6.1 percent, the challenges for improving the health of Kenyans will continue to grow. Now, more than ever, it is critical that efficient logistics systems ensure the uninterrupted availability of reproductive and essential public health commodities to clients at districts and health facilities.

Building and strengthening public-sector capacity to manage increasingly complex systems in Kenya has been both the role of DELIVER and its challenge. Close collaboration with the Kenyan MOH over the past 10 years has resulted in improved planning, procurement, distribution, and information systems, as well as increased availability of public health commodities. DELIVER has continuously looked for innovations that can contribute to substantial improvements in the logistics systems.

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This paper highlights several key improvements seen in the family planning logistics system due to the pilot intervention in Eastern South province.

INTENSIFYING SUPERVISION EFFORTS

Supervision is a crucial element of quality assurance for the performance of any logistics system. Used effectively, supervision provides an opportunity to improve both individual and system performance and alert managers to potential problems before they disrupt the system. Intensified supervision efforts were one of the primary mechanisms employed in the pilot program.

A regional logistics advisor was stationed in the Eastern South province to coordinate all supervision activities. Teams composed of national and district health officers made regularly scheduled visits to district stores and facilities. During the supervision visits, teams checked inventory control records, dejunked the stores, reviewed reports, and provided on-the-job training when required. After each supervision visit and periodic receipt of LMIS reports, feedback reports were provided to stores and facilities detailing the performance of the logistic system by commodity type to help commodity managers regularly assess their strengths and weaknesses.

Results of the assessment showed that these intensive efforts made a difference. The percentage of facility workers in the Eastern South province who reported receiving a commodities management supervision visit in the six months before the assessment increased from 54 percent to 82 percent. Additionally, while the percentage of facility workers reporting that they received a commodities management supervision visit in the last 1–3 months increased in the pilot province, from 51 percent at baseline to 67 percent, the rest of Kenya remained virtually unchanged, at 41 percent (see figure 1).

Similar improvements were seen at district stores in the Eastern South province. There was a dramatic increase in stores receiving commodities management supervision, from 44 percent at baseline to 75 percent. In the rest of Kenya, only 29 percent of district stores reported receiving commodities management supervision in the last few months. (See figure 2.)

Figure 1. Percentage of Facilities Receiving Commodities Management Supervision

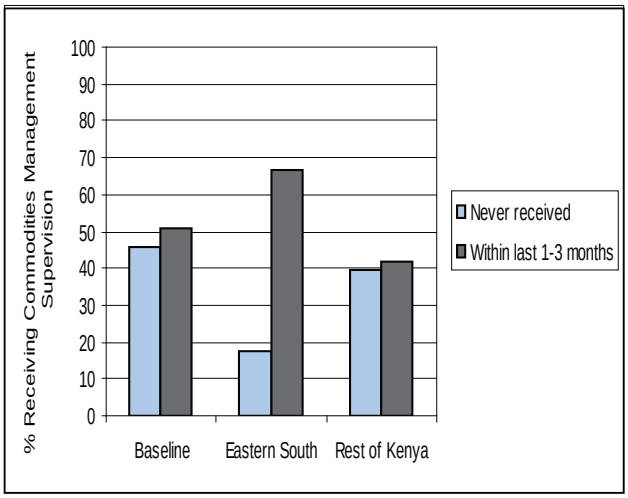
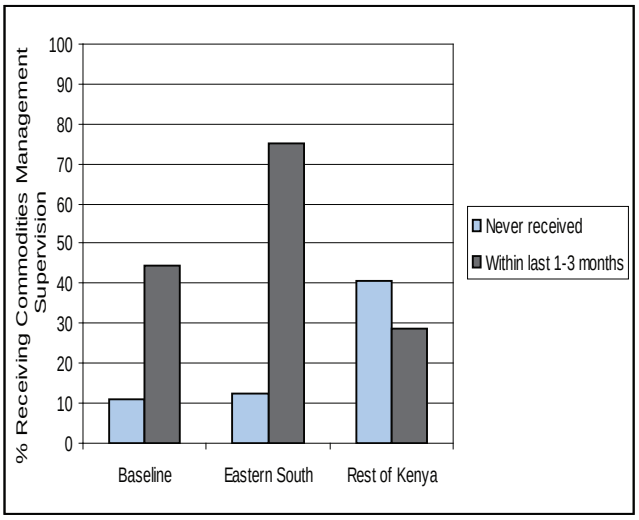


Figure 2. Percentage of District Stores Receiving Commodities Management Supervision



ENSURING WIDESPREAD AVAILABILITY AND USE OF LMIS TOOLS

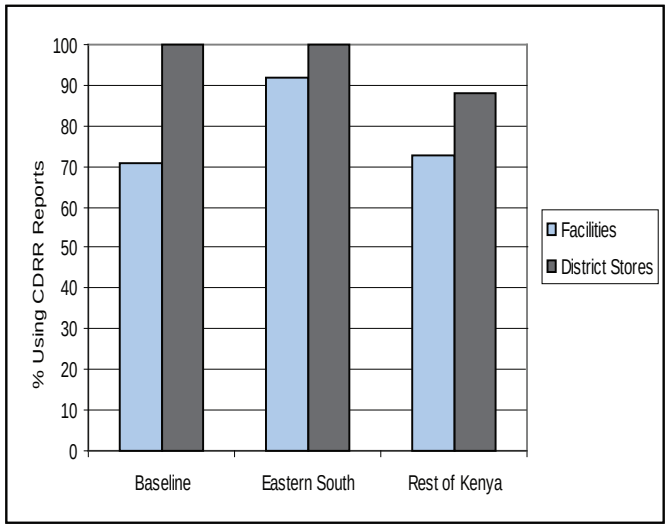
Increased availability and use of LMIS tools will help ensure that appropriate information gets reported back into the system for proper planning, commodity management, and troubleshooting.

Proper commodity management requires that LMIS tools are both available and used. In the pilot province, increased efforts were made to ensure that the necessary tools were available at health facilities and district stores for

use by family planning commodity managers. The LMIS tools included Daily Activity Registers, Consumption Data Report and Request (CDRR) forms, and stockcards.

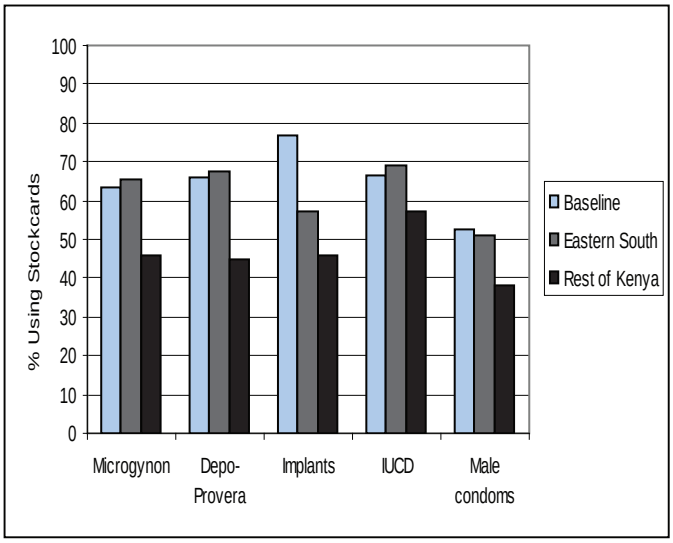
Results of the assessment showed a dramatic difference in use of LMIS tools between the Eastern South province and the rest of Kenya, as shown in figure 3. At baseline, use of the CDRR forms at facilities was approximately 71 percent. After the pilot intervention, the Eastern South province reported almost 92 percent availability and usage of the CDRR forms, while nationally, this figure increased only slightly, to approximately 73 percent.

Figure 3. Percentage of Facilities Using CDRR Forms



Stockcards, a critical LMIS tool, are required for appropriate commodity management. For family planning commodities where information was available at both baseline and endline, improvements were seen in the use of stockcards for most commodities in the pilot province, whereas significant drops in the use of stockcards for those same commodities were recorded in the rest of Kenya. For example, stockcard usage for Microgynon, Depo-Provera, and intrauterine contraceptive devices (IUCDs) at baseline was 63 percent, 66 percent, and 67 percent, respectively. At the follow-up assessment, usage increased slightly for these commo-dities in the pilot zone (to 65 percent, 67 percent, and 69 percent, respectively) but significantly decreased in the rest of Kenya, to 46 percent, 45 percent, and 57 percent, respectively, for these same commodities. (See figure 4.)

Figure 4. Percentage of Facilities Using Stockcards



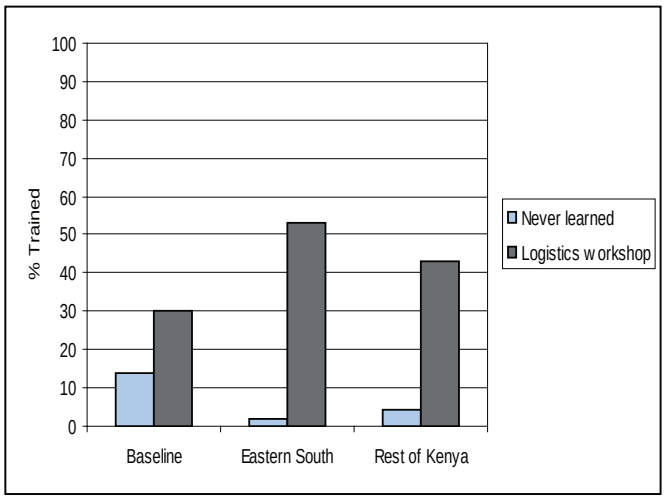
INCREASING TRAINED PERSONNEL

Sustaining an efficient logistics system depends in large part on trained personnel who know how to use relevant logistics forms and reports. In the pilot province, training was provided to ensure that an increased number of family planning commodity managers were trained in how to use the necessary logistics forms and records.

In the baseline assessment, approximately 14 percent of commodity managers reported never having learned how to complete these forms and records. After the intervention, those managers who had never learned dropped to 2 percent in the pilot province, while nationally the drop was to only 5 percent. Additionally, the number of commodity managers reporting participation in a logistics workshop training increased from 30 percent at baseline to almost 53 percent in the pilot province, while in the rest of Kenya this increase was only 43 percent. (See figure 5).

A similar situation was found at the district store level as well. At baseline, 50 percent of district stores reported receiving training at a logistics workshop. This indicator increased to over 87 percent in the pilot province, while increasing to only 69 percent in the rest of Kenya.

Figure 5. Percentage of Trained Personnel for Family Planning Commodities at the Facility Level

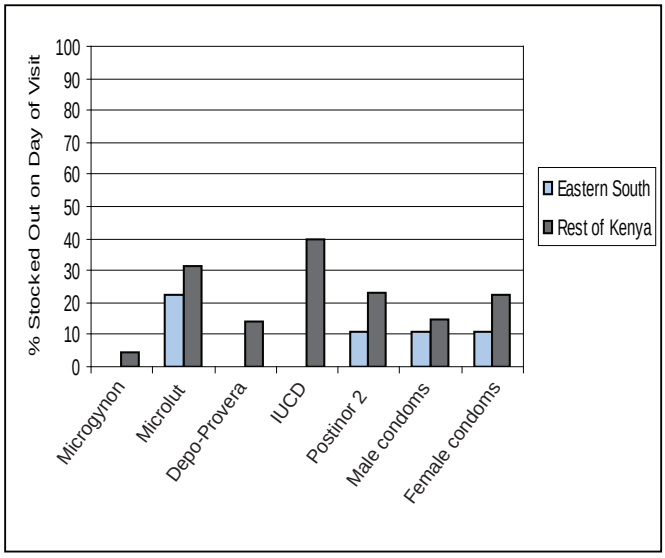


IDENTIFYING SIGNS OF IMPROVEMENTS IN LOGISTIC SYSTEM PERFORMANCE

Intensified supervision, monitoring, and training would be frustrating efforts if results were not seen in terms of product availability for clients. Though the pilot intervention was brief, the effects were already evident at the district store level in the Eastern South province compared to the rest of Kenya.

One of the most important outcomes of a logistics system is stock availability. Stockouts can represent a critical failure of the logistics system. At the district store level, the results of the assessment show striking differences in several family planning commodities between the Eastern South province and the rest of Kenya. In the pilot region, there were no stockouts of Microgynon, Depo-Provera, and IUCDs, while these contraceptives were stocked out at 5 percent, 14 percent, and 40 percent, respectively, of district stores in the rest of Kenya, as shown in figure 6.

Figure 6. Percentage of District Stores Stocked Out on the Day of Visit



CONCLUSION

The pilot intervention implemented in the Eastern South province of Kenya provides increasing evidence that consistent monitoring and supervision are essential for logistics system strengthening. In addition, supervision visits were structured to ensure that key issues were regularly reviewed during each visit and feedback was provided to the facilities on a regular basis. Though much remains to be done to ensure the full effectiveness of the multiple complex systems in Kenya, important steps have been taken to help direct the allocation of future efforts and resources for maximum impact.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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