

Training Health Workers from Public and Mission Health Facilities in Kenya on Effective Malaria Medicines Management: April-July 2009

Mildred Shieshia
Mary Wangai
Michael Thuo

September 2009



This report was made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), under the terms of Cooperative Agreement #GHN-A-00-07-00002-00. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SPS

The strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance and enhancing access to appropriate use of medicines

Recommended Citation

Shieshia, M., M. Wangai, and M. Thuo. 2009 *SPS technical support to Division of Malaria Control for training health workers from public and mission health facilities in Kenya on effective management of malaria medicines: April-July 2009*. Submitted to the U.S. Agency for International Development by the Strengthening Pharmaceutical Systems (SPS) Program. Arlington, VA: Management Sciences for Health.

Strengthening Pharmaceutical Systems
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
Email: sps@msh.org
Web: www.msh.org/sps.org

CONTENTS

Acronyms and Abbreviations	v
Acknowledgments.....	vii
Executive Summary	ix
Background	1
Training Rationale	3
Broad Objective	3
Specific Objectives.....	3
Training Methodology	3
Implementation Plan	4
Training Rollout.....	7
Training Health Workers.....	8
Training Outcomes and Evaluation Results.....	11
General Organization of the Workshop	11
Participants' Expectations.....	11
To What Extent Were Workshop Objectives Attained.....	12
Training Challenges/Lessons Learned.....	13
Recommendations for the DOMC	13
Next Steps	13
Annex 1. Implementation Plan	15
Annex 2. Proposed TOT Training Plan by Core Trainers	17
Annex 3. Effective Management of Malaria Medicine Training Agenda for TOTs—Training Agenda at National Level	19
Annex 4. Effective Management of Malaria Medicines.....	21
Annex 5. April-July Malaria Medicines Management Training Planned Activities and Logistics Arrangements	23
Annex 6. TOTs Participants' Registration List.....	29
Annex 7. Terms of Reference for the Training Coordinators.....	39
Background	39
Tasks	39
Number of Days and Duration	41
Annex 8. Dummy Tools.....	43
Form A. Artemether-Lumefantrine Dispenser's Book (ABD)	43
Form B. Health Facility Monthly Summary	47
Form C: District Aggregation Tool Manual.....	53
Form D. District Aggregation Electronic Tool	56
Annex 9. Pre- and Post-Test Questions	57

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AL	artemether-lumefantrine
DOMC	Division of Malaria Control
DPTWG	Drug Policy Technical working group
DSMSC	Drug Supply Management Sub-committee
DH	District Hospital
DMOH	District Medical Officer of Health
DPF	District Pharmaceutical Facilitator
FY	Financial Year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
KEMSA	Kenya Medical Supplies Agency
KNH	Kenyatta National Hospital
LMU	Logistics Management Unit
LMIS	Logistics Management Information System
M&E	monitoring and evaluation
MEDS	Mission for Essential Drugs Supply
MoPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
PMO	Provincial Medical Officer of Health
PSCM	Partnership for Supply Chain Management
PPB	Pharmacy and Poisons Board
SP	sulfadoxine/sulfamethoxypyrazine–pyrimethamine
SPS	Strengthening Pharmaceutical Systems
TOT	Training of Trainers
USAID	U.S. Agency for International Development

ACKNOWLEDGMENTS

The country wide health worker trainings on effective management of malaria medicines were conducted by Management Sciences for Health (MSH) Strengthening Pharmaceutical Systems (SPS) Program and achieved through funding from the U.S. Agency for International Development/ President (USAID). Technical support for this training was provided by SPS's Dr. Mildred Shieshia, Dr. Mary Wangai, and Dr. Michael Thuo.

Sincere appreciation goes to the Ministry of Public Health and Sanitation, Division of Malaria Control (DOMC) Head Dr. Elizabeth Juma, and Dr. Dorothy Memusi, focal person for case management for spearheading the development and implementation of the training plan We also thank the Drug Management Subcommittee members for their role as core trainers for Training of Trainers (TOT) and their contribution towards development of the Curriculum and Implementation Guide that was used for the trainings.

Special appreciation goes to the District Medical Officers of Health and the District Pharmaceutical Facilitators who were the TOTs and contact persons for the trainings. We would also like to thank the health workers who attended and participated in the trainings on effective management of malaria medicines.

Our sincere gratitude goes to the training coordinators who provided logistical support at various training venues while in the field. The efforts of the administrative staff of MSH/SPS in providing financial, logistical, and administrative support are highly appreciated.

EXECUTIVE SUMMARY

Malaria is one of the leading causes of morbidity and mortality in Kenya, particularly for children under five years of age. The development of resistance to antimalarial medicines has prompted many countries, including Kenya, to review their antimalarial treatment policies to incorporate artemisinin-based combination therapies (ACTs). In April 2004, Kenya announced its revised National Antimalarial Treatment Policy which recommended artemether-lumefantrine (AL) as the first-line treatment for uncomplicated malaria, and officially adopted it in April 2005.

The new ACT policy for treatment of uncomplicated malaria was implemented in March 2006. This was followed by training 9,000 first-line health workers on the new AL treatment policy. This training focused on case management and did not equip health workers with skills on effective management of malaria medicines. The result of this omission was that health workers were not able to effectively provide timely and accurate logistics information as well as manage inventory for malaria medicines. In addition, lack of adequate inventory management tools at health facilities made it difficult for health workers to provide reports on stock status and consumption.

To overcome these challenges, the Division of Malaria Control (DOMC) and partners with technical and logistical support from the Strengthening Pharmaceutical Systems (SPS) Program developed a strategic approach and action plan aimed at improving facility reporting rates. This plan recommended—

- Developing a curriculum and implementation guide for training health workers on effective management of malaria medicines
- Developing a trainer’s manual and a participant’s manual
- Revising, printing, and disseminating malaria medicine consumption tracking tools - the AL register, the health facility monthly summary and the manual and electronic district aggregation and summary tool
- Developing a Logistics Management Information System (LMIS) for malaria medicines

The action plan also recommended training of health workers on effective management of malaria medicines. Following this, the DOMC and members of the Drug Management subcommittee with technical support from SPS developed the recommended training materials and tools.

In April–May 2009, the DOMC with SPS support carried out four, two-day training of trainers (TOT) workshops on “Effective Management of Malaria Medicines” targeting 149 DPFS who in turn trained 3,434 first line health workers country wide between April and July 2009. The trainings focused on filling the new consumption tracking tools, understanding the information flow for malaria medicines and inventory management. During the district trainings, health workers were provided manual AL registers and health facility monthly summaries to carry back to their facilities for immediate use.

BACKGROUND

In 2006, the Division of Malaria Control (DOMC) implemented the ACT policy with artemether-lumefantrine (AL) for treatment of uncomplicated malaria. AL was procured and distributed through KEMSA and MEDS to all mission and public health facilities in the country. To ensure the smooth implementation of the policy, a total of 9,000 health workers were trained on malaria case management. The training of these first-line health workers focused on the classification, diagnosis, and management of malaria including a pharmacology section dealing with dosages of medicines to administer, their side effects, and contraindications

In 2007, the DOMC, with Rational Pharmaceutical Management (RPM) Plus support, developed and instituted an interim tracking system that would enable health facilities receiving AL to report its consumption to the DOMC and the Kenya Medical Supplies Agency (KEMSA). The reports obtained would also be used to guide annual quantification of AL, alert the DOMC of impending stock-outs and expiries, and evaluate the effectiveness of the DOMC program. The AL consumption tracking tools were distributed with malaria medicines to all health facilities. Health facilities were required to provide monthly summary reports to their respective districts which would in turn send disaggregated reports to DOMC for collation, analysis, and report writing.

A review of the performance of the health workers in reporting on the consumption of malaria medicines in FY 2008 revealed the following.

- Many health facility staff members were not able to fill the reporting tools; and the reporting rate for the AL consumption tracking tools fluctuated between 10 and 19 percent.
- Health facilities in some regions experienced stock-outs of AL and other malaria medicines while in other regions there were expiries.
- The district pharmacists seldom visited health facilities to conduct support supervision. They were ill equipped to make informed decisions regarding the stock management of malaria medicines within their districts with regard to supply chain for malaria medicines.

The DOMC attributed these challenges largely to not having communicated the rationale for and importance of AL consumption tracking in the new malaria treatment policy case-management trainings. The result was that health workers were not able to effectively manage inventory and information for malaria medicines. To overcome these challenges and improve management of malaria medicines and reporting on consumption, the DOMC with support from SPS developed a *Strategic Approach and Action Plan Aimed at Improving Health Facility-Level Reporting of Malaria Medicine Consumption* (2008).

The key recommendations of the action plan were—

- Revising the malaria medicine health facility consumption tracking tools
- Developing a tool to be used by district pharmaceutical facilitators (DPFs) to aggregate facility malaria data
- Designing and developing a logistics management information system (LMIS) for antimalarial medicines
- Developing a curriculum and implementation guide for training health workers on effective management of malaria medicines, a participants' manual, and a trainers' manual
- Training health workers countrywide on effective management of malaria medicines with a focus on filling of the revised malaria medicines consumption tracking tools and the LMIS for tracking consumption of malaria medicines

Following the development of the training curricula; revision and printing of health facility tools; development of manual and electronic district aggregation and summary tools and development of a LMIS for malaria medicines including data screens at the Logistics Management Unit (LMU) for capturing malaria logistics information, DOMC in collaboration with SPS proceeded to plan for countrywide health worker trainings.

TRAINING RATIONALE

There was need to train first line health workers and equip them with skills that will enable them manage malaria medicines effectively to—

- Adequately and accurately provide reports on consumption, stock on hand and other logistics management indicators that will guide quantification and other medicine management activities
- Avert stock-outs and expiries.

Broad Objective

The objective of this training was to equip health workers with skills to enable them manage malaria medicines effectively; ensure patients get medicines in adequate quantities when they need them; and provide monthly accurate, complete and timely reports on consumption and other LMIS indicators.

Specific Objectives

- Train 149 district pharmaceutical facilitators, one from each district, as TOTs,
- Distribute malaria medicine consumption tracking tools consisting of—
 - AL registers
 - Health facility monthly summaries
 - Manual district monthly summaries
 - Electronic district aggregation tools
- Train 5,000 health workers, one from each health facility countrywide, on effective malaria medicine management

Training Methodology

The DOMC made a decision to use a two-level training approach which involved training of DPFs as TOTs by the Drug Management Subcommittee members. The subcommittee members consist of representatives from DOMC, KEMSA, Mission for Essential Drugs Supply (MEDS), John Snow Inc. (JSI)/Procurement and Supply Chain Management Consortium (PSCMC), Pharmacy and Poisons Board (PPB), and SPS. The DPFs would then target training at least one health worker per facility in their respective districts. This training used a standardized curriculum and implementation guide for effective management of malaria medicine. Trainer's and participant's manuals were provided for the DPFs and health workers respectively.

Sessions consisted of a combination of the following methods—

- Presentations
- Discussions (plenary and group)
- Exercises on completing daily AL dispensing registers, health facility monthly summary, and district aggregation dummy manual and electronic tools.
- District planning sessions
- Training tool review
- Pre- and post-test evaluations

Introductory sessions included—

- Workshop objectives and pre-test evaluation
- Management of malaria medicines

Main sessions included—

- Inventory management of malaria medicines
- Information management for malaria medicines
- How to complete the AL register
- How to complete the health facility monthly summary
- How to complete the manual district monthly summary
- How to complete the electronic district monthly summary
- Post-test and workshop evaluation
- Brief on logistics arrangements
- Certification

Implementation Plan

The table below summarizes intended sub-activities, responsibilities, and timelines that were used to achieve the successful countrywide roll out of effective management of malaria medicines.

Table 1. Subactivities and Timelines For Rollout of Effective Management of Malaria Medicines Trainings

Activity	Lead Responsibility	Timeline
Cover letter signed by Head of DOMC	DOMC/ SPS	March 24, 2009
Letters sent to provinces and districts by courier	SPS	March 26, 2009
Availability of curricula and AL tools	SPS	March 16, 2009
Orientation of the national trainers	DOMC SPS	March 31, 2009
Training of TOTs	DOMC/SPS	April 7–May 14, 2009
Countrywide rollout of training to 5,000 health workers and dissemination of malaria medicine consumption tracking tools	DOMC/SPS	April 6–July 4, 2009

The countrywide trainings were scheduled to occur concurrently and independently of one another in different regions since they involved training of health workers from different regions. A defined time frame for training and tool dissemination was key to ensuring countrywide reach and LMIs implementation/utilization planned for July 2009.

TRAINING ROLLOUT

The trainings were planned to take place between April and July 2009. A training and implementation plan and training agenda was drawn up by the DOMC and SPS in collaboration with other Drug Management Subcommittee members (annexes 1 and 2).

A one-day sensitization workshop for core trainers drawn from the Drug Management Subcommittee of the Drug Policy Technical Working Group which consists of members from DOMC, PPB, KEMSA, MEDS, and JSI/PSCMS was held on March 31, 2009. This workshop was held to discuss the training modules, training dates, training agenda, and develop TOT training plans (annexes 3 and 4). It was agreed that an abridged version of the Curriculum and Implementation guide for effective management of malaria medicines would be used as the standard training tool to ensure that key messages were disseminated as uniformly as possible. The training focused on inventory and information management of antimalarial medicines as outlined in the curriculum modules and completing the newly revised consumption tracking tools. The training of health workers was done simultaneously with the dissemination of the revised malaria medicines consumption tracking tools.

A cascade training approach consisting of two levels was used to roll out the country wide trainings (annex 5). Four 2-day TOT trainings consisting of 38 DPFs per training were conducted in Nairobi between April and May 2009, and a total of 146 DPFs, one drawn from each district in the country, were trained as a trainer of trainers (annex 6).

Table 2 below provides the TOT training schedule.

Table 2. Training schedule for DPFs and Timelines

Province	Districts, N	DPFs, N	Training dates, 2009
Nairobi		3	April 7-8
Central	11	8	April 7-8
Coast	13	13	April 7-8
North Eastern	11	11	April 7-8
Eastern	28	28	April 20-21
North Rift	25	25	April 20-21/May 6-7
South Rift	18	18	May 6-7
Western	19	19	May 13-14
Nyanza	21	21	May 13-14

The DPFs' training as TOTs focused on—

- The importance of data for decision making
- Dummy exercises on completing the AL register, health facility monthly summary reports, district manual, and electronic aggregation summary tools.
- Development of district training plans including numbers of participants expected to be trained and proposed training dates

Training Health Workers

Training health workers from the various regions was carried out simultaneously in towns which were selected for ease of access. Training coordinators were recruited to oversee implementation and completion of trainings in the regions allocated to them (appendix 7).

Once trained, the TOTs developed district training plans which were used as a guide in rollout of countrywide trainings targeting 5,000 health workers drawn from public and mission health facilities. Each TOT was responsible for training one health worker per facility in his/ her district. The health workers targeted for the training were those involved in malaria medicines management. They included nurses, clinical officers, pharmacists, and pharmaceutical technologists. Following the training, all health workers carried one AL register and one health facility monthly summary back to their facilities to immediately start reporting. The DPFs were provided with one manual district monthly aggregation and summary tool and a flash disk containing an Excel-based electronic summary tool. The trained health workers were required to update other health workers within their health facilities as part of their Continuous Medical Education sessions. This is in an effort to enhance sustainability in training a critical mass of health workers and ensure that malaria medicines are managed effectively.

Following the training, health facility in-charges will be expected to use the AL daily register for dispensing. The health facility monthly summary will be used to record requisite data from the bin card and AL register and sent to the DPF by the fifth of every month. The DPF will collate and carry out simple analysis of data from all his/her facilities and provide an aggregated summary report to the LMU housed at KEMSA by the 20th of every month. Reports will be sent to LMU manually via courier services or electronically via e-mail. They will then be entered or uploaded into the system, validated, and analyzed to produce monthly reports specific for set malaria indicators to the DOMC. A total of 3,434 health workers were trained between April-July 2009.

The table below provides a summary of the number of trainings held and the total number of health workers trained by region.

Table 3. A Summary of the Health Worker Trainings

Province	Training dates, 2009	Number of trainings held	Number of health workers trained
Central	April 15-23	6	325
Coast	April 22-30	2	230
Eastern (Embu)	May 3–June 18	10	334
Eastern (Machakos)	May15-29	11	340
Eastern (Isiolo)	May 19-20–June 4-5	4	58
Rift Valley (Nakuru)	May 25-June 10	12	421
Nairobi	April 5-21	7	246
Rift Valley (Samburu)	June 3	1	38
Rift Valley (Kajiado)	May 20-21	2	51
Rift Valley (Eldoret /Turkana)	June 18-26	15	455
Nyanza	June 2-30	19	537
Western	June 8-22	11	334
NEP	April-23-24	2	65
Total		102	3,434

Table 4. Summary of the Health Worker Trainings by Cadre And Province

Cadres	Provinces								Total
	Nairobi	Eastern	Nyanza	Western	Rift Valley	Central	Coast	North Eastern	
Pharmacist	16	46	28	16	23	14	8	2	153
Pharm Tech	55	17	25	38	39	5	13	5	197
Nurse	154	609	423	244	741	283	190	56	2,700
Medical Officers	0	7	0	3	4	3	0	1	18
Clinical Officers	12	39	36	13	45	12	7	0	164
Record Officers	1	15	4	4	7	0	3	0	34
Laboratory Technician	1	2	0	1	4	7	1	1	17
Public Health Officers	0	2	7	2	6	0	0	0	17
KEMSA	0	8	0	0	0	2	0	0	10
Regional Liaison Officer	1	1	1	1	1	0	0	0	5
Education Officer	0	1	0	1	1	0	0	0	3
OTHERS-Chws/SS1	1	3	6	5	42	3	7	0	67
Students	10	2	7	6	21	2	1	0	49
Total	246	741	537	334	933	325	230	65	3,434

TRAINING OUTCOMES AND EVALUATION RESULTS

General Organization of the Workshop

The participants made the following observations—

- The general organization and management of the workshop was good. Learning resources were adequate, available, and well referenced.
- Participants felt that their invitation letters should have been clearer on the workshop's venue and accommodations.
- Facilitation was well organized and participants were happy with the facilitators. They said the training was educational. The facilitators were knowledgeable, clear, and precise, and made clarifications and corrections when necessary.
- Demonstrations and explanations were given on how to fill out the dispenser's book and complete the monthly consumption data tool.
- Colleagues actively participated and worked in groups.
- Participants felt that the short course duration did not allow more practice on use of new tools. This was a unanimous complaint from both those who felt objectives had been achieved and those who thought otherwise.
- Participants requested guidelines on malaria management or other malaria-related resources which can be distributed in such trainings. They requested that more health workers be trained and all rural health facilities be equipped with the guidelines.

Participants' Expectations

During the first day of each training participants were invited to share their expectations for the training. The summarized responses include—

- Learn about new changes in management of antimalarials
- Get to know the side effects of antimalarials
- Record management
- Know the challenges in reporting and supply of antimalarials
- Receive information about proper reporting along with the necessary tools to use
- Get a certificate
- Understand the concepts of quantification
- Learn about the procurement process and ordering of antimalarials
- Learn possible solutions to challenges
- Learn more about commodity management
- Find out on the progress of malaria vaccines
- Learn the trends, prevalence, and the management of malaria
- Get to know more about the efficacy of drugs not in the STGs
- Get a certificate

The participants' expectations generally corresponded with the workshop objectives and general evaluation of the objectives as stated below shows that most of their expectations were met.

To What Extent Were Workshop Objectives Attained

Participants felt that the workshop objectives were attained to a great extent and facilitators gave sufficient information.

- Only one participant thought the objectives had not been achieved while a few said objectives were achieved to a minimal extent. However, 72 percent of the participants said the objectives had been covered to a good extent and 24 percent to a great extent.
- In summary, those with positive comments were happy about—
 - Availability of the new reporting tools at the end of the workshop
 - Provision of learning materials, especially the training manuals coupled with use of audiovisual equipment.
 - The quality of facilitation provided during the course
 - Provision of certificates and use of pre- and post-tests
- At the end of training, all the trainees had learned how to use malaria medicine consumption tracking tools and were issued with—
 - AL dispenser book
 - Certificate of participation
 - District monthly aggregation and summary report book for each district was issued to respective DPFs
 - The DPFs brought back AL dispenser books and Health Monthly Facility Summaries for the health facilities whose health workers did not attend training; they were required to provide on-the-job training on how to use the malaria medicine tracking tools to health workers from facilities that missed the training
 - Generally, the workshop was successful; though, most agreed that one day was too short to cover everything. In addition, participants felt that facilitators were well acquainted with the necessary information and were able to pass it to the trainees.

TRAINING CHALLENGES/LESSONS LEARNED

- Conflicting activities within the districts targeting the same health worker resulted in no shows or postponement of planned activities
- Timelines were tight because the entire country needed to be covered within a three-month period
- Obtaining appropriate venues for training health workers from far flung districts such as Pokot and Turkana was difficult
- In remote districts, a one-day training should be held close by to minimize time spent on travelling

Recommendations for the DOMC

- Regular updating of health worker skills on inventory management through in service and on the job trainings should be carried out to ensure effective malaria medicines management
- DOMC should ensure the continuous availability of inventory management tools at health facilities will encourage health worker compliance in providing requisite logistics information for malaria medicines

Next Steps

- Support supervision for health workers through field visits to monitor use of the new tools and store management
- Perform periodic assessments to establish availability and management of malaria medicines
- Strengthen and monitor the LMIs to ensure availability of timely, accurate and complete reports and thus an improved reporting rate
- DOMC should plan for feedback forums at regional/district level to review successes and challenges faced while implementing the new tools and share best practices

ANNEX 1. IMPLEMENTATION PLAN

Province	Districts, N	DPFs, N	Facilities in province, N	Trainings per province, N	Nairobi training dates, 2009	Planned Rollout dates, 2009	Venue for rollout
Nairobi	3	3	370	9	April 7-8	April 15-27	Nairobi
Central	11	11	619	15	7-8 April 09	April 15-May 13	Nyeri
Coast	13	13	350	9	7-8 April 09	27th April -8th May	Mombasa
North Eastern	11	11	148	4	April 7-8	April -27-30	Garissa
Eastern	28	28	1007	25	April 20-21	May 11-23	Machakos and Embu
North Rift	25	25	1,428	36	April 20-21–May 6-7	May 25–June 15	Eldoret
South Rift	18	18			May 6-7	May 25–June 15	Nakuru
Western	19	19	381	10	May 13-14	15 June - 26 June 09	Kakamega
Nyanza	21	21	696	17	May 13-14	June 8-27	Kisumu
Total				125			

ANNEX 2. PROPOSED TOT TRAINING PLAN BY CORE TRAINERS

Time Allocation	Agenda	Facilitator team 1	Facilitator team 2
		April 7-8	April 20-21
		May 6-7	May 13-14
Day 1			
9:00 a.m.–9:15 a.m.	Welcome and introductory remarks	Dr. Elizabeth Juma	Dr. Elizabeth Juma
9:15 a.m.– 9:45 a.m.	Workshop objectives and pretest	Dorothy Memusi	Andrew Nyandigisi
9:45 a.m.–10:30 a.m.	Management of malaria medicines	Newton Omale	James Mwenda
10:30 a.m.–11:00 a.m.	Tea Break		
11:00 a.m.–12:00 noon	Inventory management of malaria medicines	Gichohi Mwangi	Joanne Wakori
12:00 noon – 12:30 p.m.	Information management for malaria medicines	Mildred Shieshia	Mildred Shieshia
12:30 p.m.–1:00 p.m.	AL register	Dorothy Memusi	Andrew Nyandigisi
1:00 p.m.–2:00 p.m.	Lunch Break		
2:00 p.m.–3:00 p.m.	Health facility monthly summary	Newton Omale	Joanne Wakori
3:00- p.m.–4:00 p.m.	Manual district monthly summary	Mercy Maina	Mercy Maina
4:00 p.m.–4:30 p.m.	PLENARY		
4:30 p.m.–5:00 p.m.	Tea Break		
Day 2			
9:00 a.m.–10:00 a.m.	Electronic district monthly summary	Josephine Karuri	Josephine Karuri
10:00 a.m.–11:00 a.m.	Work plan development	Mildred Shieshia	Mildred Shieshia
11:00 a.m.–11:15 a.m.	Tea Break		
11:30 a.m.–12:30 p.m.	Post-test and workshop evaluation	Dorothy Memusi	Andrew Nyandigisi
12:30 p.m.–1:00 p.m.	Certification	Dr. Elizabeth Juma	Dr. Elizabeth Juma
1:00 p.m.–2:00 p.m.	Lunch Break		
2:00 p.m.–3:00 p.m.	Logistics	Mildred Shieshia	Mildred Shieshia

ANNEX 3. EFFECTIVE MANAGEMENT OF MALARIA MEDICINE TRAINING AGENDA FOR TOTS—TRAINING AGENDA AT NATIONAL LEVEL

DAY 1		
Time allocation	Agenda	Facilitator team 1
9:00 a.m.–9:15 a.m.	Welcome and introductory remarks	Dorothy Memusi
9:15 a.m.–9:45 a.m.	Workshop objectives and pretest	Dorothy Memusi
9:45 a.m.–10:30 a.m.	Management of malaria medicines	Newton Angw'a
10:30 a.m.–11:00 a.m.	Tea Break	
11:00 a.m.–noon	Inventory management of malaria medicines	Dorothy Memusi
Noon–12:30 p.m.	Information management for malaria medicines	Mildred Shieshia
12:30p.m.–1:00 p.m.	AL register	Dorothy Memusi
1:00 p.m.–2:00 p.m.	Lunch Break	
2:00 p.m.–3:00 p.m.	Health facility monthly summary	Dorothy Memusi
3:00 p.m.–4:00 p.m.	Manual district monthly summary	Josephine Karuri
4:00 p.m.–4:30 p.m.	Plenary	
4:30 p.m. –5:00 p.m.	Tea Break	
DAY 2		
9:00 a.m.–10:15 a.m.	Electronic district monthly summary	Josephine Karuri
10:15 a.m.–11:00 a.m.	Management of manual and electronic district summary tools	Mercy Maina
11:00 a.m.–11:30 a.m.	Tea Break	
11:30 a.m.–12:30 p.m.	District Work plan development	Mildred Shieshia
12:30 p.m.–1:00 pm	Post- test and workshop evaluation	Dorothy Memusi
1:00 p.m.–2:00 p.m.	Lunch Break	
2:00 p.m.–2:30 p.m.	Logistics and Plenary	Mildred Shieshia
2:30p.m.–3:00 p.m.	Certification and workshop closure	Dr. Elizabeth Juma

ANNEX 4. EFFECTIVE MANAGEMENT OF MALARIA MEDICINES

Training Agenda for Health Workers

Time allocation	Agenda
9:00 a.m. – 9:15 a.m.	Welcome and introductory remarks
9:15 a.m. – 9:45 a.m.	Workshop objectives and pre test
9:45 a.m. – 10:30 a.m.	Management of malaria medicines
10:30 a.m. – 11:00 a.m.	Tea Break
11:00 a.m. – 11:45 a.m.	Inventory management of malaria medicines
11:45 a.m. – 12:30 p.m.	Information management for malaria medicines
12:30 p.m. – 1:00 p.m.	AL register
1:00 p.m. – 2:00 p.m.	Lunch Break
2:00 p.m. – 3:00 p.m.	Health facility monthly summary
3:00 p.m. – 4:00 p.m.	Post test and workshop evaluation
4:00 p.m. – 4:30 p.m.	Certification
4:30 p.m.–5:00 p.m.	Tea Break

ANNEX 5. APRIL-JULY MALARIA MEDICINES MANAGEMENT TRAINING PLANNED ACTIVITIES AND LOGISTICS ARRANGEMENTS

Name of Training: Training Course on Effective Management of Malaria Medicines

Dates of Training, 2009	Check in Date	Check out Date	Venue (Town)	No. of trainings	Requirements	Comments	Training Coordinator	Transport	MSH staff
April 15-27	-	-	Nairobi	9	<ul style="list-style-type: none"> • Number of Pax: 40 every day for weekday trainings • LCD, laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans 	Office support needed for reimbursements	Dorothy Memusi	Office support needed to transport training material and tools to training venue on 14th April 09	Mildred
April 15-24	April 15th	April 25th	Nyeri	8	<ul style="list-style-type: none"> • Number of Pax: 40 every day for weekday trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans 	Office support needed for reimbursements Road transport Departure on 15th April. Return on 25th April 2009	Jackson Mwangi-10 days	Office support needed to transport training material and tools to training venue on 14th April 09	Mildred-22-23 April 2009 Admin-
April 22-30	April 22nd	1st May	Mombasa	7	<ul style="list-style-type: none"> • Number of Pax: 40 every day for week day trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, Laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plan 	Office support needed for reimbursements AIR transport Departure on 21st May. Return – 1st May 09	Andrew Nyandigisi (per diem)	Office support needed to transport training material and tools to training venue on 14th April 09	Mildred – 26-29 April 2009 Admin-

Training Health Workers from Public and Mission Health Facilities in Kenya on Effective Malaria Medicines Management: April-July 2009

Dates of Training, 2009	Check in Date	Check out Date	Venue (Town)	No. of trainings	Requirements	Comments	Training Coordinator	Transport	MSH staff
April 23-24	April 22nd	April 25th	Garissa/Wajir	4	<ul style="list-style-type: none"> TO BE SUPPORTED BY DOMC 	TO BE SUPPORTED BY DOMC			
May 15-29	May 14th	May 30th	Machakos	11	<ul style="list-style-type: none"> Number of Pax: 40 every day for week day trainings Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant LCD, laptop for projecting, and screen Flip chart stand No. of those spending a night will be determined by the district plans 	<p>Office support needed for reimbursements</p> <p>1 day travel. Road.</p> <p>Departure – 14th May. Return 30th May 09</p>	Joan Wakori	<p>Office support needed to transport training material and tools to training venue on 15th May 09</p> <p>Car hire for the training coordinators on 14th May 2009- pick and drop then drop on 17th May and pick on 30th May 2009</p>	<p>Admin support- Mildred 13th-14th May</p>
May 18– June 3	May 17th	June 4th	Embu	12	<ul style="list-style-type: none"> Number of Pax: 40 every day for week day trainings Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant LCD, laptop for projecting, and screen Flip chart stand No. of those spending a night will be determined by the district plans 	<p>Office support needed for reimbursements</p> <p>1 day travel. Road.</p> <p>Departure – 17th May. Return 4th June 09</p>	Josephine Wahito	<p>Office support needed to transport training material and tools to training venue on 17th May 09</p> <p>Car hire for the training coordinators to depart on 17th May 2009. Return on 4th June 09</p>	<p>Admin support- Mildred 19-20 May</p>

Annex 5. April-July Malaria Medicines Management Training Planned Activities and Logistics Arrangements

Dates of Training, 2009	Check in Date	Check out Date	Venue (Town)	No. of trainings	Requirements	Comments	Training Coordinator	Transport	MSH staff
May 19-20	May18th	May 21st	Isiolo	2	<ul style="list-style-type: none"> Number of Pax: 40 every day for week day trainings Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant LCD, laptop for projecting, and screen Flip chart stand No. of those spending a night will be determined by the district plans 	<p>Office support needed for reimbursements.</p> <p>1 day travel. Road.</p> <p>Departure – 17th May. Return 21st May 09</p>	Newton Ang'wa	<p>Office support needed to transport training material and tools to training venue on 17th May 2009</p> <p>Car hire for the training coordinators to depart on 17th May. Return 21st May 09</p>	
May 20– 21	May19th	May 22nd	Kajiado (Kitengela or Kajiado) Suggested venue – Wave Hotel	2	<ul style="list-style-type: none"> Number of Pax: 40 every day for week day trainings Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant LCD, laptop for projecting, and screen Flip chart stand No. of those spending a night will be determined by the district plans 	<p>Office support needed for reimbursements.</p> <p>1 day travel. Road.</p> <p>Departure – 19th May. Return 22nd May 09</p>	Kimeu Raphael	<p>Office support needed to transport training material and tools to training venue on 19th May 2009</p> <p>Car hire for the training coordinators to depart on 19th May. Return 22nd May 09</p>	
June 8-9	June 7th	June 10th	Turkana (Training venue in Lodwar)	2	<ul style="list-style-type: none"> Number of Pax: 40 every day for week day trainings Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant LCD, laptop for projecting, and screen Flip chart stand No. of those spending a night will be determined by the district plans 		George Walukana	<p>Office support needed to transport training material and tools to training venue on 7th June 2009</p> <p>Car hire for the training coordinators to depart on 7th June 2009. Return 10th June 09—from Eldoret</p>	

Training Health Workers from Public and Mission Health Facilities in Kenya on Effective Malaria Medicines Management: April-July 2009

Dates of Training, 2009	Check in Date	Check out Date	Venue (Town)	No. of trainings	Requirements	Comments	Training Coordinator	Transport	MSH staff
June 3-5 June 15-17 and June 22-30	2 June 14th June- 21 June 09	6 June 18th June 1st July 09	Eldoret	13	<ul style="list-style-type: none"> • Number of Pax: 40 every day for week day trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans 	Office support needed for reimbursements	George Walukana	Office support needed to transport training material and tools to training venue on 24th May 09	Admin support-
May 25- June 10	24 May	11th June	Nakuru	13	<ul style="list-style-type: none"> • Number of Pax: 40 every day for week day trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, Laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans- these get dinner & breakfast and 1 soft drink 	Office support needed for reimbursements Road to Nakuru Depart 24th May Return -11th June 2009	Evelyne Wesangula	Office support needed to transport training material and tools to training venue on 24th May 09 Car hire for the training coordinators to depart on 24th May. Return 11th June 09	Admin support-
June 3	2 June 2009	4th June	Samburu (Venue in Maralal)	1	<ul style="list-style-type: none"> • Number of Pax: 40 every day for week day trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans- these get dinner & breakfast and 1 soft drink 	Office support needed for reimbursements Road to Nakuru Depart 24th May Return -16th June 2009	Raphael Kimeu	Office support needed to transport training material and tools to training venue on 2nd June 09 Car hire for the training coordinators to depart on 2nd June 2009 Return 4th June 09	Admin support-

Annex 5. April-July Malaria Medicines Management Training Planned Activities and Logistics Arrangements

Dates of Training, 2009	Check in Date	Check out Date	Venue (Town)	No. of trainings	Requirements	Comments	Training Coordinator	Transport	MSH staff
June 8- 22	7th June	23rd June	Kakamega	11	<ul style="list-style-type: none"> • Number of Pax: 40 every day for week day trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans- these get dinner & breakfast and 1 soft drink 	Office support needed for reimbursements	Kenneth Bukachi -13 days	Office support needed to transport training material and tools to training venue on 7th June 09	Admin support- Mildred 24-27 June 09
June 2-27	1st June	1st July	Kisumu	19	<ul style="list-style-type: none"> • Number of Pax: 40 every day for week day trainings • Conference Package: 40 to include lunch, 2 teas, two ½ litres water, and 1 soft drink for each participant • LCD, laptop for projecting, and screen • Flip chart stand • No. of those spending a night will be determined by the district plans- these get dinner and breakfast and 1 soft drink 	Office support needed for reimbursements Air Fare to Kisumu Depart 7th June Return -28h June	Geoffrey Mwangi -21 days	Office support needed to transport training material and tools to training venue on 1st June 09	Admin support-

ANNEX 6. TOTS PARTICIPANTS' REGISTRATION LIST

Date: April-July 2009

Venue: Kenya School of Monetary Studies

Name	Designation	District	Province	Telephone	E-Mail Address
Dr. Sonde	DMOH	Ijara	North Eastern	0722-390970	rastsonde@yahoo.co.uk
Dr. John Muriithi	Pharmacist	Ijara	North Eastern	0726-815325	jmbaptizer@yahoo.com
Abdullahi Matan	Pharm tech	Iftin	North Eastern	0722-213307	abdullahimatan@hotmail.com
Dr. Jacqueline Gachihi	Pharmacist	Nairobi West	Nairobi	0720-360880	jackyrop@yahoo.com
Oscar Kiboi	Pharm tech	Kinango	Coast	0720-758501	kiboioscar@yahoo.com
Abdul G. Shambaro	Pharm tech	Tana River	Coast	07710-882027	agshambaro@yahoo.com
Dr. Kimathi Mbaka	Pharmacist	Nyeri South	Central	0720-661047	kimbaka@yahoo.com
Dr. Makori Jones	Pharmacist	Msabweni	Coast	0721-589663	j_obonyo@yahoo.com
Dr. Ochieng Erick	Pharmacist	Iftin	North Eastern	0726-142618	erickochieng@yahoo.com
Dr. Erick Kithinji	Pharmacist	Gatundu	Central	0727-767866	e.njega@gmail.com
Dr. Mohammed	Pharmacist	Malindi	Coast	0722-761942	hanifjin@yahoo.com
Dr. Aisha Ayieta	Pharmacist	Taveta	Coast	0724-794547	aisha_ayieta@yahoo.com
Dr. Mwanaisha Athman	Pharmacist	Kilindini	Coast	0722-905024	ashaath2@yahoo.com
Dr. Bob Agwata	Pharmacist	Voi	Coast	0726-819982	bagwata@yahoo.com

Name	Designation	District	Province	Telephone	E-Mail Address
Dr. Phyles Musembi	Pharmacist	Kilifi	Coast	0722-218089	philosiago@yahoo.com
Moulid.D. Mohammed	Pharm tech	Wajir East	North Eastern	0736-673823	moulidd@yahoo.com
Fredrick Kipsang	Registered Nurse	Mandera West	North Eastern	0726-762695	fredrickkipsang@yahoo.co.uk
Dagane T. Dabar	Pharm tech	KEMSA	North Eastern	0721-540973	dtdabar@yahoo.com
Aden Hussein	DPHN	Garissa	North Eastern	0722-919027	adeno2005@hotmail.com
Abdirashid Diney	Actg DMOH	Lagdera	North Eastern	0720-918149	ardieny5@yahoo.com
Dr. M.K Njoroge	Pharmacist	Kwale	Coast	0725-977539	kamikey19yahoo.com
Dr. Pauline W. Kamau	Pharmacist	Garissa	North Eastern	0720-878738	paulwatahi@yahoo.com
Dr. Victor Tole	Pharmacist	Lamu	Coast	0721-778971	victor.tole@yahoo.com
Dr. Kirubi D.	Pharmacist	Murang'a North	Central	0721-835543	qrubi@yahoo.com
Dr. Ngugi J. K.	Pharmacist	Kiambu West	Central	0720-764082	jonngugik@yahoo.com
Dr. Felix Kimotho	Pharmacist	Ngao	Coast	0724-504475	kimothojnr@yahoo.com
Mahat Jelle Noor	Pharm tech	Wajir East	North Eastern	0723-863568	nooridd1@yahoo.com
Dr. Tracy Njonjo	Pharmacist	Naiorbi East	Nairobi	0722-719780	twnjonjo.pmo@gmail.com
Dr. Meera Shah	Pharmacist	Mombasa	North Eastern	0721-221778	meer.shah@live.com
Dr. Gathogo J. N.	Pharmacist	Mandera	North Eastern	0722-798545	jngatha@yahoo.com
Gibrian Muinde	Pharm tech	Mandera Central	North Eastern	0721-919928	gibrian@yahoo.com

Annex 6. TOTs Participants' Registration List

Name	Designation	District	Province	Telephone	E-Mail Address
Muhamud Mukhtar S	Actg DMOH	Mandera Central	North Eastern	0723-983401	Mohamud.Shuka@yahoo.com
Onyango Oduor	Pharmacist	Garissa	North Eastern	0736-589826	onyango_oduor@yahoo.com
Dr. Anthony M Irungu	Pharmacist	Kirinyaga	Central	0721-382335	mwangigithuru@yahoo.com
Dr. Esbon Gakuo	Pharmacist	Nyeri North	Central	0721-642418	gesbon@yahoo.com
Dr. Gerald Munyao	Pharmacist	Thika	Central	0721-513855	geraldmunyao@yahoo.com
Dr. Gladys Kioko	Pharmacist	Nairobi North	Nairobi	0724-410635	kioko98@yahoo.com
Ali Mohamed T.	Pharm tech	Wajir South	Central	0721-751378	marashi82@yahoo.com
Dr. Makau J. K	Pharmacist	Maragua	Central	0724-931786	j.kioli@yahoo.com
Dr. Aruja Mureithi	Pharmacist	Nyandarua	Central	0724-306185	aruja2001@yahoo.com
Dr. Rose Kitawi	Pharmacist	Thika	Central	0733-432175	rkitawi@yahoo.com
Dr. Benedict Munyaka	Pharmacist	Mwingi	Eastern	0723-300970	benedictmunyaka@yahoo.com
Dr. Sarah Mwangi	Pharmacist	Kangndo	Eastern	0724-652226	nimusara@yahoo.com
Joseph Ndolo	DCO	Mwala	Eastern	0725-972722	
Muema Mutunga	DCO	Kyuso	Eastern	0722-995355	muema-mutunga@yahoo.com
Daniel Kimeu	DPHN	Nzau	Eastern	0721-472734	Danielmunyao@yahoo.com
Mr. Richard Chemoringo	DPHN	Pokot Central	Rift Valley	0710-359698	
Mr. John Keditukei	Pharm tech	Pokot North	Rift Valley	0711-824537	

Name	Designation	District	Province	Telephone	E-Mail Address
Dr. Weu M. Douglas	Pharmacist	Igembe	Eastern	0720-343304	dweru@yahoo.com
Dr. Chweya Laban	Pharmacist	Kwanza	Rift Valley	0735-647388	Labo_80@yahoo.com.in
Dr. David Njenga	Pharmacist	Kitui	Eastern	0721-681633	dnnjenga@gmail.com
Valerie Obare	Pharmacist	Koibatek	Rift Valley	0721-275119	valerieobare@yahoo.com
Kiogora Gatimbu	Pharmacist	Isiolo	Eastern	0720-790655	gatimbu@yahoo.com.au
Dr. Nguri Josephine	Pharmacist	Meru Central	Eastern	0720-920325	Jowambui@yahoo.com
Dr. Joe Kanja	Pharmacist	Imenti North	Eastern	0720-276821	jkkanja@yahoo.com
Dr. Peter Kalia	Pharmacist	Mbooni	Eastern	0716-539904	dumpet2002@yahoo.com
Dr. Esekon Epem	Pharmacist	Turkana Central	Rift Valley	0721-329597	osekos@gmail.com
Dr. Samwel Kola	Pharmacist	West Pokot	Rift Valley	0723-936255	samwelkola@yahoo.com
Dr. Charles Mulwa	Pharmacist	Makueni	Eastern	0720-349153	lesmulwa@yahoo.com
Dr. Kabiru John	Pharmacist	Marsabit	Eastern	0720-355008	Johnkabiru@yahoo.com
Dr. Paul Mwaka Mbasu	Pharmacist	Embu	Eastern	0733-426412	paulmwaka@bigfoot.com
Dr. Kibe Victor	Pharmacist	Meru South	Eastern	0735-808949	victorwkibe@yahoo.com
Dr. Loise Mutwiri	Pharmacist	Mbeere	Eastern	0721-327866	loisenaila@yahoo.com
Dr. Korir Emmanuel	Pharmacist	Turkana North	Rift Valley	0722-941202	korire@gmail.com
Dr. Nelson Muriu	DMOH	Garbatulla	Eastern	061-2303380	nelmwangi@yahoo.com

Annex 6. TOTs Participants' Registration List

Name	Designation	District	Province	Telephone	E-Mail Address
Jeremiah Munyoki	DNOi/c	Mutomo	Eastern	0720-848067	
Abdullahi Duba	Pharm tech	Moyale	Eastern	0725-756700	
Jacob K. Kangogo	DCO	Turkana South	Rift Valley	0722-243397	Jegoroti@yahoo.com
Dr. David Kasanga	DMOH	Marsabit South (Laisamis)	Eastern	0720-323975	dmohmarsabit@yahoo.com
Wako K. Banchale	DPHN	Chalbi	Eastern	0729-827596	banchale@gmail.com
Dr. Calvine Lwaka	Pharmacist	Trans-Nzoia East	Eastern	0721-624468	calvinelwaka@yahoo.com
Dr. Obwocha Adams	Pharmacist	Trans-Nzoia West	Rift Valley	0721-581151	adamsobwocha@yahoo.com
Dr. Maore Norah	Pharmacist	Tigania	Eastern	0726-033901	nmaore@yahoo.com
Dr. Grace Marete	Pharmacist	Imenti South	Eastern	0720-475926	gracemarete@yahoo.com
Dr. Birundu Boniface	Pharmacist	Machakos	Eastern	0734-550090	drbonnyb@yahoo.com
Dr. George Walukana	RLO	KEMSA	Rift Valley	0733-450029	george.walukana@kemsa.co.ke
Dr. Isaac O Sigege	Pharmacist	Marakwet	Rift Valley	0722-648056	osigege@yahoo.com
Dr. Josephine Mbondo	Pharmacist	Yatta	Eastern	0734-656057	joskathino@gmail.com
Dr. Caroline Kavilu	Pharmacist	Maara	Eastern	0723-704152	kavilu21@yahoo.com
Dr. Chepkwony Richard	Pharmacist	Keiyo	Rift Valley	0722-946277	chekwonyir@yahoo.com
John T. Kiprono	DPHN	Kipkelion	Rift Valley	0721 -587097	John_kiprono@yahoo.com
Joseph Mwangi	Pharm tech	Loitoktok	Rift Valley	0742 -728437	

Name	Designation	District	Province	Telephone	E-Mail Address
Vincent Tarus	Pharm tech	Rumuruti	Rift Valley	0720 -269647	
Kaptich Siele	Pharm tech	Bomet	Rift Valley	0733 -562304	dkaptich@yahoo.com
felicitas.c.yego	Pharm tech	Uasin Gishu East	Rift Valley	0721 -510084	
Henry.m.Muli	pharmacist	Kajiado	Rift Valley	0722 -647873	anmuhia@yahoo.com
Edwin Kirwa	Pharm tech	Tindiret	Rift Valley	0722 -550882	
Jessica.w.Njenga	Pharmacist	Narok South	Rift Valley	0733 -318082	
Dr. Valentina Ngeleso	Pharmacist	Nanyuki East	Rift Valley	0723 -876112	vagola@yahoo.com
Francis Ruga	DPHN	Laikipia North	Rift Valley	0733 -930181	rugafrancis@yahoo.com
Apua Lenamunyi	DPHN	Samburu East	Rift Valley	0720 -245571	lenamuny@yahoo.com
Agnes Ayoti	Pharmacist	Kericho	Rift Valley	0722 -713242	ayotiaa@yahoo.com
Pauline Duya	Pharmacist	Bureti	Rift Valley	0720 -336242	atienoduya@gmail.com
Dr. Chirchir Elvis	Pharmacist	Nandi Central	Rift Valley	0729 -772489	elvokc@yahoo.com
Dr. Andrew Kisang	Pharmacist	nandi south	Rift Valley	0711 -859414	akkisangke@yahoo.com
Felix Cheruiyot	Pharm tech	sotik	Rift Valley	0723 -699526	cheruiyotf@yahoo.com
Katatha W. N.	Pharmacist	Nandi East	Rift Valley	0722 -257442	wkatatha@yahoo.com
Siambi Kikete	Pharmacist	Uasin Gishu West	Rift Valley	0722 -798318	siambi_k@yahoo.com
Alice Gichobi	Pharmacist	Nakuru Central	Rift Valley	0725 -820525	njerere@yahoo.com

Annex 6. TOTs Participants' Registration List

Name	Designation	District	Province	Telephone	E-Mail Address
Ericah.J.Koima	Pharmacist	Nandi North	Rift Valley	0722 -218176	emwarey@yahoo.com
Enid Kiptoo	Pharm tech	Baringo North	Rift Valley	0722 -272110	
Jeff Adala	Pharmacist	Transmara	Rift Valley	0721 -249953	Adalajeff@yahoo.com
Evans Kituzi	Pharmacist	Molo	Rift Valley	0721 -674034	evanskituzi@yahoo.com
Isaac C. Chebor	Nursing Officer	East Pokot	Rift Valley	0710 -917735	chemtoi.isac@yahoo.com
Masese Peter	Pharmacist	Nakuru North	Rift Valley	0725 -735917	Pet_masese@yahoo.com
Hezekiah Abuga	Pharmacist	Samburu Central	Rift Valley	0729 -066397	hezekiahabuga@yahoo.com
Modesta Lihanda	Pharmacist	Samburu North	Rift Valley	0721 -579058	moddeh@yahoo.com
Kamau. S. M	Pharmacist	Narok	Rift Valley	0721 -825955	silasmwangi@hotmail.com
Joan Wakori	RLO	Kemsa	Rift Valley	0722 -897426	joan.wakori@kemsa.co.ke
Raphael Kimeu	FLO	Nakuru Kemsa	Rift Valley	0722 -700465	mumo.kimeu@kemsa.co.ke
Michael Muturi	Pharmacist	Naivasha	Rift Valley	0722 -371708	mndungu_2004@yahoo.com
Dr.Christine Ogolla	RLO	KEMSA	Rift Valley	0722 -289029	christine.ogolla@kemsa.co.ke
Dr. Joseph Bundotich	Pharmacist	Baringo Central	Rift Valley	0721 -944102	
Dr. David Kinyanjui	Pharmacist	Vihiga	Western	0722-579931	davidkinyanjui@yahoo.co.uk
Godfrey Kusimba	RCO	Nyando(DMOH's Office)	Nyanza	0722-585125	kassamanigodfrey@yahoo.com
Stellah Omwenga	Pharm tech	Masaba	Nyanza	0733-744860	skogiven@yahoo.com

Name	Designation	District	Province	Telephone	E-Mail Address
Dr. Faustina Sakari	Pharmacist	Butere DH	Western	0712-364987	fausysakari@yahoo.com
Dr. Rose Sikolia	Pharmacist	Iguhu DH	Western	0724-448208	lusike223@yahoo.com
Dr. Atieno Mary O	Pharmacist	Kisumu East	Nyanza	0722-274250	manyatiesi@yahoo.com
Dr. Martha W. Mandale	Pharmacist	Webuye DH	Western	0720-307956	mandelm@yahoo.com
Dr. Caroline Wafula	Pharmacist	Kisumu West	Nyanza	0723-245127	esrabal@yahoo.com
Dr. Christabel Khaemba	Pharmacist	Nyando	Nyanza	0721-806321	cnkhaemba@hotmail.com
Geoffrey Mwangi	RLO	KEMSA	Nyanza	0733-801180	geoffreyalumila@yahoo.com
Dr. Vincent Wekesa	pharmacist	West Bungoma	Western	0721-581121	vinwekesa@gmail.com
Dr. Lukorito Mathias	pharmacist	North Bungoma	Western	0720-353766	mlukoh@yahoo.com
Dr. Gregory Chacha	pharmacist	Suba	Nyanza	0723-807937	chaphilgreg@yahoo.com
Makokha B. Anthony	Pharm tech	Mt. Elgon	Western	0721-308105	tonycoxy@yahoo.com
Dr. Samuel Mwaniki	pharmacist	Busia	Western	0721-543351	integritysam@yahoo.com
Dr. Ongas Magdalene	pharmacist	Homa Bay	Nyanza	0720-672339	lisameg200@yahoo.com
Milton Anono	Pharm tech	Kakamega Central	Western	0721-411787	miltonanono@yahoo.com
Dr. Owuor James	Pharmacist	Siaya	Nyanza	0722-629113	jamesjakatiko@yahoo.com
Dr. Bob Chweya	Pharmacist	Rachuonyo	Nyanza	0725-832575	bobchweya@yahoo.co.uk
Dr. Kosgei Wycliffe	Pharmacist	Kakamega North	Western	0723-758635	wkkoskei@yahoo.com

Annex 6. TOTs Participants' Registration List

Name	Designation	District	Province	Telephone	E-Mail Address
Dr. Otachi O Eric	Pharmacist	Samia	Western	0720-118456	eric_ogamba@yahoo.com
Dr. Ambale Claris	Pharmacist	Teso	Western	0723-629157	ckalaka@yahoo.com
Kenneth Bukachi	FLO	KEMSA	Western	0722-477630	bukachi2004@yahoo.com
Dr. Polycarp Kulo	Pharmacist	Lugari	Western	0729-592855	pfakulo@yahoo.com
Dr. Ong'oa Haron	Pharmacist	Nyamira	Nyanza	0723-767901	Ong'oa-haron@yahoo.com
Dr. Ooga Wesley	Pharmacist	Bondo	Nyanza	0720-903265	woghera@yahoo.com
Raphael Siwoyi	Pharm tech	Port Victoria DH	Nyanza	0725-930392	siwoyirapha@yahoo.com
Dr. Cheruiyot Kimutai	Pharmacist	Kisii Central	Nyanza	0723-569000	robbyshim@yahoo.com
Dr. Ronald Wandera	Pharmacist	Migori	Nyanza	0721-952521	ososoocc@yahoo.com
Sammy Koech	Pharm tech	Likuyani DH		0722-386877	bwaisam@yahoo.com
Allan Munema	RCO	Kuria East	Nyanza	0727-572812	allanmunema@yahoo.com
Dr. Anthony Kamar	Pharmacist	Kuria	Nyanza	0721-497454	antonykamar@yahoo.com
Dr. Njagi Mutiria	Pharmacist	Kakamega North	Western	0724-785415	gnjagi008@yahoo.com
Dr. Eugene Odame	Pharmacist	Mumias	Western	0722-108598	opaka792002@yahoo.com
Eric Walukano	Pharm tech	Khunyangu SDH	Western	0728-143060	obimboeric@yahoo.com
Dr. Agoro Paddy	Pharmacist	Rarieda	Nyanza	0728-626611	Suparko@yahoo.com

ANNEX 7. TERMS OF REFERENCE FOR THE TRAINING COORDINATORS

Support to the Division of Malaria Control for Implementation of Health worker Training Countrywide on Effective Management of Malaria Medicines

Background

Through funding from U.S. Agency for International Development (USAID) since 2003, the RPM Plus project and its successor, the SPS program, have been supporting the Division of Malaria Control (DOMC) through the process of transitioning to and implementing its current antimalarial treatment policy. In addition, support has been provided through both projects for the establishment of robust but practical monitoring and evaluation (M&E) systems to ensure the timely tracking of implementation of the National Malaria Strategy.

In FY 2008, with funding provided by the USAID Kenya mission through the President's Malaria Initiative, SPS has continued to provide support to the DOMC supply chain management activities. With the launch of the new AL policy, AL tracking consumption tools were developed with TA support from RPM Plus. These tools were sent out alongside the malaria medicines. Health facilities were required to send disaggregated reports monthly through the district pharmacists to DOMC for collation, analysis, and report generation. Challenges observed with this system included low reporting rates oscillating between 10 and 19 percent and lack of data ownership by the districts. In an effort to improve on reporting rates, DOMC, with support from MSH/SPS, developed a curriculum and implementation guide for training health workers on effective management of malaria medicines with modules on information and inventory management, revised and printed new AL consumption tracking tools and revised the information flow system. The DOMC with support from MSH/SPS plans to train 149 DPF as TOTS and 5,000 health workers country wide on malaria medicine management and use of the revised AL tracking tools as well as distribute the revised AL consumption tracking tools to all public health facilities country wide

To facilitate these activities, MSH requires the services of a training coordinator to handle the following.

Tasks

The training coordinator will work in close collaboration with Dr. Mildred Shieshia to accomplish the following tasks—

Countrywide training of 5,000 health workers on effective management of malaria medicines

1. Coordinate and over see the training of all health workers (1 per facility) in the region allocated to them on use of the revised AL consumption tracking tools and effective management of malaria medicines.

2. Ensure availability of the following AL consumption tracking tools for each health worker to carry to their facility at the end of the training;

- AL daily register
- Health facility monthly summary

Ensure that each health worker attending the training receives a participant's manual on effective management of antimalarial medicines

3. Coordinate logistical functions for the training which include—

- Confirming availability of all training materials for all participants during the trainings which include; dummy tools for AL consumption tracking exercises, stationery, pre and post test questionnaires and work shop evaluation forms, LCD, lap top and screen.
- Liaising with the TOTs (DPFs) prior to and on each training day to ensure that the trainings take place as scheduled on the district training plans
- Completing of miscellaneous, incidentals, and expenses; accommodation; and transport reimbursement forms for all participants against valid public transport receipts
- Writing out and together with the TOTs, presenting certificates for all health workers who complete the trainings.
- Ensure that participants' registration lists, pre and post-test questionnaires and work shop evaluation forms for each training day are completed.
- Confirming and signing off every day on receipts for conference and accommodation charges of participants.

4. Provide a report on the district trainings

This activity is expected to begin from April to June 2009

Deliverables

1. Participants' registration lists for each training day
2. Complete miscellaneous, incidentals, and expenses; accommodation; and transport reimbursement forms with valid receipts for health workers attending the training
3. A report on trainings of health workers on effective management of malaria medicines and use of new tools for the province. The training report should include—
 - a. Names of districts and number of health workers trained in each district
 - b. Average pre and post-test scores
 - c. Summary of findings on the work shop evaluation
 - d. Challenges faced and recommendations for carrying out future trainings

The Consultant **must**—

1. Demonstrate strong organizational skills, attention to detail
2. Previous collaboration with the DOMC
3. Have a background in public health and/or extensive experience in pharmaceutical management
4. Know the structure and be familiar with Kenya's drug supply and management system
5. Have experience in coordinating trainings for health workers
6. Be available from April to June 2009
7. Have experience working with MSH
8. Have a collaborative, problem-solving approach to work, and be comfortable identifying and sharing information with colleagues about things that are not going according to plan

Number of Days and Duration

The duration for the training is April–June 2009.

The number of days will vary for each training coordinator and will depend on the number of trainings to be conducted in each region.

Location of Work

This work will be performed in Nairobi at the MSH offices in Nairobi and the designated training venue.

ANNEX 8. DUMMY TOOLS

Form A. Artemether-Lumefantrine Dispenser's Book (ABD)

Instructions for Use

The book should be used to—

- To record the name and quantity of the artemether-lumefantrine (AL) dispensed each day (needed to monitor medicine utilization and help detect inappropriate use)
- To calculate consumption of each medicine over a chosen period (for estimating order requirements)
- To compare ADB records with stock (use stock control cards or bin cards and physical inventory checks) to identify discrepancies between medicines issued from stores and those actually dispensed.

Note: See sample completed ADB sheet—section A

Entering ADB Records

1. On a new page, go to the row *Balance from previous page* and enter the closing balance stock balance brought forward for the various AL doses from the previous filled page—section A. Obtain these figures from the row *Balance end of this page* on the previous filled page.
2. If *new stock* is received from the drug store, record the following information for each receipt of drugs—
 - a) *Receipt Date* of the receipt of drugs from the stores
 - b) *Reference Number* of the receipt of drugs, e.g., the S12 number
 - c) *Quantities Received from Store* (in doses) for each dose of AL—section B
 - d) Add the received amount to the *Balance from previous page* figure to get the *Total stock available*—section C
3. Record the following information for each patient—
 - a) *Date* of the patient's visit/date of dispensing
 - b) *IP/OP Number* = Inpatient (IP) or outpatient (OP) number that references the inpatient or outpatient registers
 - c) *Weight category* in which the patient falls, e.g., 5-14 kilograms (kgs), 15-24 kgs, 25-34 kgs or 35+ kgs. Indicate using a tick in section D
 - d) *Quantity dispensed* (in doses) to the patient (put this figure in the correct column for the dose), e.g., 1, 0.25 (for ¼ pack), 0.5 (for ½ pack)—section E
4. **Start each month on a new page.**

Calculating totals for patient on AL by weight band summary

Calculate these on a page basis (not on a daily basis). For each patient, there should be a tick mark against the appropriate weight band/category.

Run down each weight category column and carefully add the ticks. Insert the total number of tick marks for each weight band in the boxes provided in the totals section **H** on the page.

Calculating total quantity dispensed

Calculate these on a page basis (not a daily basis).

1. Run down each dose column and carefully add up the quantity dispensed in section **E**.
2. Insert the total quantity dispensed for each dose in the row *Total Quantity Dispensed* in section **F** at the bottom of the page.
3. Calculate the closing balance for each AL dose at the end of the page by subtracting the *Total Quantity Dispensed* from the *Total Stock Available* as below.

$\text{Balance End of this Page} = \text{Total Stock Available} - \text{Total Quantity Dispensed}$
--

Enter this figure into the row *Balance End of this Page* (section **G**) for each AL dose.

Note: This is also the *Stock Balance Carried Forward* to the next page.

4. Copy this figure into the *Balance from Previous Page* boxes in section **A** at the top of the next page (i.e., the new stock balance brought forward for that page).

At the End of the Month

- For a health facility with multiple dispensing points, the pharmacist in charge/health facility in charge should obtain all the AL dispenser's books at all dispensing points, all bin cards from the store, and compile them into one health facility summary by including all the information on stock dispensed, quantity consumed, stock on hand, losses and adjustments, etc.
- For each dose of AL, add the total quantity dispensed during the month and report this figure, together with the beginning balance, quantity received during the month, any losses and adjustments, physical stock on hand at the end of the month, and number of days out-of stock on the *Facility Monthly Summary Report for Antimalarial Medicines*.
- For "patients on AL by weight band," sum up the total for each weight band for the month and fill in these figures on the *Facility Monthly Summary Report for Antimalarial Medicines*.
- Send the completed form to the District Pharmaceutical Facilitator (DPF).

Note: The last column 'Adjusted consumption' will be filled by the DPF.

Page number						Artemether-Lumefantrine AntiMalarials - DOSES				
Republic of Kenya – Ministry of Health										
Artemether-Lumefantrine Dispenser's Book						AL 6's	AL 12's	AL 18's	AL 24's	
The total quantities of drugs dispensed are counted per page .										
Balance previous page →						8	0	60	3	A
Receipt Date		6/7/2008		Quantities Received from Store						B
Reference Number		S12 832343				0	60	60	0	
Receipt Date										
Reference Number										
Total Stock Available						8	60	120	3	C
Date	IP / OP Number	Weight Category (Tick)				Quantities Dispensed				
		5-14	15-24	25-34	35+					
6/7/2008	OP 12349				√				1	
6/7/2008	OP 12365		√				1			
6/7/2008	OP 12379	√				1				
6/7/2008	OP 12382			√				1		
6/7/2008	OP 12384	√	D			1	E			
6/7/2008	OP 12392				√				1	

6/8/2008	IP 10/392	√				1				
6/8/2008	OP 13245	√				1				
6/8/2008	IP 10/394	√				1				
6/8/2008	OP 13382			√				1		
6/8/2008	OP 13364				√				1	
6/8/2008	OP 13925			√				1		
6/8/2008	OP 13926		√				1			
6/8/2008	OP 13927		√				1			

6/9/2008	OP 14333	√				1				
6/9/2008	OP 14447		√				1			
6/9/2008	OP 14449	√				1				
6/9/2008	OP 14450				√		2			
6/9/2008	OP 14500				√	1		1		
6/9/2008	OP 14511				√		2			
6/9/2008	OP 14513	√					0.5.			
6/9/2008	OP 14516		√				1			
6/9/2008	OP 14517			√				1		
6/9/2008	OP 14520	√						0.33.		
6/9/2008	OP 14522		√				1			
Total		9	6	H ₄	6	8	10.5	5.33	3	F
Balance end of this page (Total stock available less quantity issued)						0	49.5	114.7	0	G

Form B. Health Facility Monthly Summary

This Summary report is completed by the staff in-charge of antimalarial medicines or other person designated by the health facility.

Facility Name: Write the name of the health facility where the patients are being treated with antimalarial medicines.

Province: Write the name of the province where the health facility is located.

District: Write the name of the district where the health facility is located.

Facility Type: Tick the circle that indicates the type of the health facility where the patients are being treated with Antimalarial medicines as follows—

- 2–Dispensary
- 3–Health Center
- 4–Sub District Hospital/ District Hospital
- 5–Provincial Hospital
- 6–Teaching and Referral Hospitals

Period of Reporting: Write the day, month, and year (dd-mm-yyyy) for which the report is being prepared (indicating both the beginning date and the ending date).

The reporting period is the most recent full calendar month (from first day of the first month to last day of the month for which the information is being reported).

Example: Beginning: 01/01/2008 Ending: 31/01/2008

1. Completing the consumption data report section

Before commencing the exercise, obtain all copies of AL dispenser's book and bin cards in the health facility from all dispensing points.

Drug name/basic unit: Antimalarial medicine name and its basic unit are pre-printed on the report.

Note: Each pack size of AL (6s, 12s, 18s, and 24s) is included.

If there is a medicine that is not included (including different pack size, strength, and/or dosage form) in the preprinted names, then write the name, strength, and basic unit in the extra blank rows provided.

Beginning Balance (A): Enter the total *Quantity in Basic Units*: packs for AL, tins of 1,000s for quinine 200 mg and 300 mg, ampoules for quinine injections, and tins of 000s for sulfadoxine-pyrimethamine (SP) of each usable antimalarial medicine on hand in the facility on the last day of the previous reporting period. The beginning balance is equal to the physical count of the previous reporting period.

Quantity Received this period (B): Enter the quantity (in basic units) of each antimalarial medicine received from the supplier (e.g., KEMSA) within the reporting period under review.

If no quantities of the medicine were received at the facility during the reporting period, enter a zero (“0”) in this column. The quantities of each antimalarial medicine received by the facility can be found in the *Quantity Received* column of the bin card/stock control card. Do **not** include quantities issued from the bulk or drug store to the hospital pharmacy dispensing area.

Total Quantity Dispensed (C): Record the total quantity (in basic units) of each antimalarial medicine dispensed to the patients within the reporting period under review. If no quantities of the medicine were dispensed to patients during the reporting period, enter “0” in the *Total Quantity dispensed* column for that medicine. This information is obtained from the *AL Dispenser’s Book* from the quantity issued column of the quinine bin card/stock control card for quinine tabs 200 mg and 300 mg, and for quinine injection; and from the ANC register for SP used for intermittent preventive therapy (IPT) in Pregnancy.

Note: The total quantities of each AL pack size dispensed to patients are recorded in the Total Quantity Dispensed row of the Artemether-Lumefantrine Dispenser’s Book. Be sure to write the total quantities that were *dispensed to* patients. If several pages of the *AL Dispenser’s Book* have been used over the month, be sure to add the figures in this *Total Quantity Dispensed* row across all the pages used that month for each AL pack size.

Note: For quinine 200 mg tabs, 300 mg tabs, and injection, calculate the total quantity issued during the month being reported on. Record this number in the Total Quantity dispensed column **C** on this summary report.

Note: For SP for IPT, go to the ANC Register and count the total number of clients given IPT (IPT1 and IPT2) during the month being reported on. Multiply this number by 3 to calculate the Total Quantity of tablets dispensed during the month being reported on. Record this number in the Total Quantity dispensed column **C** on this summary report.

Losses (D): Enter the quantity of any loss in the stock of antimalarial medicine. This refers to health facility losses including quantities of missing, defective, or damaged drugs, and should be removed from stock.

Note: The reason for the loss should be written in the *Comments* section. Any missing or lost drug unaccounted for should be documented and suspected theft investigated according to the government’s policy.

The quantities lost at the health facility are found in the bin card/stock control card kept by the facility’s bulk or drug store for each antimalarial medicine. Losses should not include expiries as these are recorded separately on the sheet.

Positive adjustments (column E): Enter the quantity of any adjustment to the stock balance of the antimalarial medicine. The reason for the adjustment should be written in the *Comments* section. A positive adjustment is a change in stock balance for any reason other than quantities issued to the dispensing areas (e.g., pharmacy) for dispensing to

patients or quantities received from other health facilities or stock that you discover you had during the stock count which had previously not been recorded in the bin card. Adjustments should be recorded in the bin card/stock control card when they occur. Examples of positive adjustments include additional quantities counted at stock-taking and medicines received in a transfer from another health facility (other than KEMSA).

Negative adjustments (column F): Negative adjustments should also be recorded and explained on the summary form. Examples of negative adjustments include discrepancies in quantities counted at stock-taking, transfer of medicines to another health facility, or quantities being used for training purposes.

Physical count (column G): Enter the total quantity of usable antimalarial medicine physically counted in the health facility. This should be done at the close of business in the last day of the month for each reporting period.

Note: The physical count for each drug should be equal to the ending balance for the reporting period obtained by the calculation—

$$F = A + B - C - D + E$$

Write the physical count and report any discrepancies between the physical count and expected ending balance from the calculation as a positive or negative adjustment. The reason for the adjustments should be written in the *Comments* section.

Quantity of expired drugs (H): During the physical count, note and record for each antimalarial medicine, the expired medicines, and record this in column H.

Quantity of drugs with six months to expiry (I): During the physical stock count, record also the quantities of drugs that are within six months of expiry.

Days out of stock (J): Enter the total number of days that the health facility was stocked out of any antimalarial medicine during the month being reported on. This information should be obtained from the facility bin cards/stock control cards.

Adjusted Consumption: This column is filled in only by the district pharmaceutical facilitator (DPF).

2. Completing the Patient Summary section of the Report

Patients on AL by weight band summary report: 5-14 kgs, 15-24 kgs, 25-34 kgs, 35+ kgs

Record the total number of patients that received AL at the health facility during the specified reporting month.

Each weight band has a separate box for data entry.

The total number of patients for each weight band is found in the section labeled *Patients on AL by Weight Band Summary Report (This page)* at the bottom of each page in the *AL Dispenser's Book*. Please add up the page totals across all pages filled during the specified reporting month for each weight band.

Comments: Use this space to provide any explanations or details on losses or adjustments and any other issues, e.g., an expected increase in the number of patients requiring antimalarial medicines at the facility.

Examples of losses are medicines that are damaged, returned by patient, used in training, and wastage. If more than one loss or adjustment to the stock balance occurred in the period, enter the corresponding reasons for each type of loss or adjustment.

Report prepared by: The person(s) responsible for preparing this report should provide his or her full name, designation, contact telephone number, then date and sign the report.

Report reviewed by: After reviewing the report, the District Pharmacist should write his or her full name, sign, and write the date of signing. This confirms that the report has been reviewed and is valid.

Annex 8. Dummy Tools

MINISTRY OF HEALTH HEALTH FACILITY MONTHLY SUMMARY REPORT FOR MALARIA MEDICINES												
Province: _____				District: _____								
Facility Name: _____												
Facility Type: <input type="radio"/> Level 2 <input type="radio"/> Level 3 <input type="radio"/> Level 4 <input type="radio"/> Level 5 <input type="radio"/> Level 6												
Period of Reporting: Beginning: _____						Ending: _____						
(Day/Month/Year)						(Day/Month/Year)						
Drug Name	Basic Units	Beginning Balance	Quantity Received this period	Total Quantity Dispensed	Losses (Excluding Expiries)	Positive Adjustments	Negative Adjustments	Physical Count	Quantity of Expired Drugs	Medicines with 6 Months to Expiry	Days Out of Stock	Adjusted Consumption (to be filled by DPF)
		A	B	C	D	E	F	G	H	I	J	C x (Period Covered (days)/ Days in Stock)
Antimalaria Drugs												
Artemether-Lumefantrine 20/120 Tabs	6s											
Artemether-Lumefantrine 20/120 Tabs	12s											
Artemether-Lumefantrine 20/120 Tabs	18s											
Artemether-Lumefantrine 20/120 Tabs	24s											
Quinine Tabs (200mg)	"Tins of 1000's"											
Quinine Tabs (300mg)	"Tins of 1000's"											
Quinine Inj (600mg/2ml)	Amps											
Sulphadoxine Pyrimethamine	Tabs											

Patients on AL by Weight Band Summary Report

5-14 kgs		15-24 kgs		25-34 kgs		35+ kgs	
----------	--	-----------	--	-----------	--	---------	--

Comments (including explanations of losses and adjustments):

Report Prepared by: _____	Signature _____	Designation _____
Name of Reporting Officer		
Contact Telephone: _____	Date: _____	
Report reviewed by: _____	Signature _____	Designation _____
District Pharmaceutical Facilitator		
Contact Telephone: _____	Date: _____	

(To be Submitted to the District Pharmaceutical Facilitator by the 5th Day of Every Month)

Form C: District Aggregation Tool Manual

Completing the District Monthly Summary Report for Antimalarial Medicines

This summary should be generated by completing the District summary for antimalarial medicines- aggregation tool.

The District summary for antimalarial medicines consists of a set of monthly summary sheets into which the district updates its information on malaria medicines each month on the relevant sheet. Before completing the summary tool, please be sure that you fill in the month which you are reporting for.

Once filled up, the district aggregation tool should generate the district summary monthly report.

How to use the district aggregation tool

1. For each health facility summary tool, run down the different medicines and adjust the consumption for each column by using the formula—
 - a. $\text{Adjusted consumption} = \text{total quantity dispensed} \times (\text{days in a month} / \text{days when the item was in stock})$
 - b. $-(\text{days when the item was in stock} = \text{total days in the month} - \text{total stock out days})$
2. On the sheet, fill up the province and district for which you are reporting.
3. Indicate in the space provided the month you are reporting for. Fill up the days covered in the space provided.
4. In the provided space, fill in the health facility name and indicate the level of health care for the specified facility as follows—
 - 2 – Dispensary
 - 3 – Health Center
 - 4 – Sub District Hospital/ District Hospital
 - 5 – Provincial Hospital
 - 6 – Teaching And Referral Hospitals
5. For each discreet AL weight specific pack, fill in total dispensed, days out of stock, the calculated adjusted consumption, stock on hand, losses quantity expired, and indicate as Y/N whether or not the health facility had an expiry for a particular product.
6. Run down the column and fill in the aggregated patients on AL per weight band.
7. On the facing page, fill the facility names and level of health care corresponding to the immediate preceding AL page.

8. For each health facility, fill in numbers for total dispensed, days out of stock, calculated adjusted consumption, stock on hand, losses quantity expired and indicate as Y/N whether or not the health facility had an expiry for a particular product.
9. Sum up the **totals** in the third column provided—these totals will be transferred to the district monthly summary report.
10. The totals right below the column names' facility name and facility level are totals for the whole districts as per the reports that have been entered into the system.

How to fill the district monthly summary report

1. Turn to the district monthly summary section.
2. Fill in the province and district for which you are reporting.
3. Indicate in the appropriate space the month you are reporting for.
4. For each antimalarial medicine, transfer the totals calculated for the aggregated adjusted consumption, aggregated stock on hand, aggregated losses, and aggregated expiries indicating the number of health facilities that reported an expiry.
5. Indicate the total number of health facilities that reported a stock-out of **more than seven** days.
6. At the bottom of the table, indicate the total number of patients per weight band.
7. Indicate the number of health facilities that have reported versus the number that were expected to report and calculate the overall reporting rate as = (number of health facilities that have reported/ number that were expected to report) x 100.
8. If any figures you have noted on the report require urgent intervention, note the reason why in the comments section.
9. Finalize the report by filing in your name, designation date of compilation, contact telephone and email address.

Please note that all the information contained in the health facility monthly summary is not necessarily captured in the district monthly summary report primarily because this is information that you should use and act on at your level.

Remember to countercheck these items.

1. That your health facilities have adequate stocks by comparing stock on hand with adjusted consumption. If stock on hand is less than adjusted consumption, the health facility is likely to run out of stock and urgent action should be taken to ensure that stocks are borrowed from other health facilities to replenish the health facility with enough stock at least up to the time they will receive another supply from the central medical stores (KEMSA or MEDS).

Form D. District Aggregation Electronic Tool

MINISTRY OF HEALTH							
DISTRICT MONTHLY SUMMARY REPORT FOR ANTI-MALARIA MEDICINES							
Province:							
District Name:							
Period of Reporting:		Month:					

Drug name	Basic Units	Aggregated Adjusted Consumption	Aggregated Stock On Hand	Aggregated Losses	Aggregated		No. of Facilities who Reported a Stock out of
					Total Qty	No of Facilities	
		A	B	C			D
Antimalaria Drugs							
Artemether-Lumefantrine 20/120 Tabs 6s	6s						
Artemether-Lumefantrine 20/120 Tabs 12s	12s						
Artemether-Lumefantrine 20/120 Tabs 18s	18s						
Artemether-Lumefantrine 20/120 Tabs 24s	24s						
Quinine Tabs (200mg)	Tabs						
Quinine Tabs (300mg)	Tabs						
Quinine inj (600mg/2ml)	Amps						
Sulphadoxine Pyrimethamine	Tabs						

Aggregated Patients on AL

Reporting Facilities

		Expected:	Reported
5 - 14 kgs		Level 2	
15 - 24kgs		Level 3	
25 - 34kgs		Level 4	
35+ kgs		Level 5	
		Level 6	
		Total	
		Reporting Rate	

Comments:

Report Prepared by:		
Name of Reporting officer		Signature
Designation:	DPF	
Date:		
Contact Telephone:		
Report reviewed by:		Email:
strict Medical Officer of Health		Signature
Designation:		
Contact Telephone:		
		Date: Day/Month/Year

(To Be Submitted to LMU/DMC by 26th of Every Month)

ANNEX 9. PRE- AND POST-TEST QUESTIONS

Instructions

Indicate TRUE or FALSE in the box provided below—

1. *P. ovale* is the most common malaria causative agent in Kenya.
2. Malaria is a viral infection.
3. The first-line drug for treatment of uncomplicated malaria in Kenya is amodiaquine-sulfadoxine-pyrimethamine (AQ-SP).
4. Proguanil is one of the chemoprophylaxis agents in malaria.
5. The elements of management support in commodity management include finance, human resources and inventory management.
6. The commodity pipeline length is the total time it takes for a commodity to get from the top of the pipeline to the client at the service delivery point.
7. The components of an inventory management cycle are selection, procurement, distribution, and use.
8. A standard operating procedure is a set of written instructions indicating a routine or repetitive activity to be followed by an institution.
9. The Consumption Data Report and Request form shows daily consumption data.
10. The LMIS can be used as monitoring and supervision tool.
11. Rational medicine use requires that patients receive medications appropriate to their clinical needs in doses that meet their own individual requirements for an adequate period of time regardless of the cost of them.
12. The dispenser can promote effective use of antimalarial by changing a wrong prescription without consulting the prescriber.

Answers

Q1: FALSE
Q2: FALSE
Q3: FALSE
Q4: TRUE
Q5: FALSE
Q6: TRUE

Q7: FALSE
Q8: TRUE
Q9: FALSE
Q10: TRUE
Q11: TRUE
Q12: FALSE

