Finalization and Field-Testing of the Guide for Monitoring and Evaluation of Pharmaceutical Management Aspects of ACT Implementation in Kenya October 23-November 14, 2006: Trip Report

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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Key Words

Malaria, Monitoring and Evaluation, ACT Implementation

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ACRONYMS

ACT	artemisinin-based combination therapy
AFRO	Regional Office for Africa [WHO]
CDC	US Centers for Disease Control and Prevention
DOMC	Department of Malaria Control
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Stores Association
M&E	Monitoring and Evaluation
MEDS	Medical
MOH	Ministry of Health
MSH	Management Sciences for Health
PMI	President's Malaria Initiative
RBM	Roll Back Malaria Partnership
RPM Plus	Rational Pharmaceutical Management Plus Program [MSH]
SHEF/KeNAAM	Sustainable Health Enterprise Foundation/Kenya NGOs Alliance Against Malaria
UNICEF	United Nations Children's Fund
WHO	World Health Organization

BACKGROUND

More than 90% of the clinical cases of malaria each year occur in Africa with much of the burden in children under five years of age. Pregnant women are especially at risk and strategies to decrease the morbidity in this group have been found to be effective. Strategies to address these challenges must be implemented in collaboration with programs aimed at integrated approaches to childhood illness and reproductive health.

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in pharmaceutical management issues for malaria. RPM Plus is a key technical partner in the USAID Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), the ACCESS Program of JHPIEGO and RPM Plus. A key objective of the MAC is to create partnerships and linkages with other Roll Back Malaria (RBM) partners.

RPM Plus has been working to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials. RPM Plus has developed and applied tools to assess pharmaceutical management for malaria and has worked to provide technical assistance to countries by working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions. Significant among these interventions are Artemisinin-based Combination Therapies (ACTs).

Purpose of Trip

Kathy Webb from RPM Plus traveled to Nairobi, Kenya to work with RPM Plus Kenya staff to review, finalize and conduct a pilot test of a guide developed to monitor and evaluate to improve pharmaceutical management aspects of ACT implementation. Since June 2006 Kenya has been dispensing ACTs nationwide in the public sector. RPM Plus has provided considerable ongoing support and technical assistance to the Kenya Department of Malaria Control (DOMC) and the Kenya Medical Supplies Agency (KEMSA) during the past three years to change the malaria treatment policy and implement the new policy.

Many countries have changed their first-line malaria treatment to ACTs and some of them have initiated the implementation of their new policy. The majority of malaria endemic countries in Africa are at some stage of the transition, with some countries more advanced than others. The Roll Back Malaria Monitoring and Evaluation (M&E) working group has already developed a generic approach to tracking progress on policy implementation with population based indicators, however these indicators do not address the transition to ACTs and implementation of new malaria treatment policies.

Building on the ACT implementation guide[1] and ACT road map[2] already developed by RPM Plus, RPM Plus will develop a monitoring and evaluation strategy to guide the process of implementation in selected countries (DR Congo, Kenya and Senegal). The monitoring and evaluation approach will be developed based on country level experience with the objective of being globally promoted for country level application.

By applying this indicator-based approach countries will be able to evaluate the effects of support to malaria treatment policy change, transition and implementation. These indicators will not only allow evaluation of interventions and external support in rolling out ACTs in country, but will also support supervision and monitoring pharmaceutical management at health facilities and depots.

More importantly, results from these evaluations will allow RBM partners to better target support to countries in earlier stages of transition as well as those further along in the implementation process. This will be particularly important as the Global Fund continues to provide significant financial support to malaria control programs for ACT implementation throughout Africa. Other international donors such as the World Bank, through its Booster Program, and the President's Malaria Initiative (PMI) are also providing financial and technical support for countries transitioning to ACTs.

Scope of Work

- Review and finalize assessment guide with field-staff inputs
- Recruit and train data collectors for M&E of ACT implementation study field-test
- Meet with and discuss with the DOMC, KEMSA, MOH Pharmacy Division to collect data on ACT implementation for study
- Oversee data collection for study, compile and begin data analysis
- Provide initial findings to DOMC, KEMSA, MOH Pharmacy Division and other RBM partners
- Work to develop a support database for data entry and analysis

[1] Rational Pharmaceutical Management Plus Program. 2005. *Changing Malaria Treatment Policy to Artemisinin-Based Combinations: An Implementation Guide*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.
[2] Lee, E. 2004. Road Map for Scaling Up ACTs: 2004 and Beyond. Submitted to the U.S. Agency for International Development by the RPM Plus Program. Arlington, VA: Management Sciences for Health.

ACTIVITIES

Review and finalize assessment guide with field-staff inputs

After reviewing the latest draft of the tool with Gladys Tetteh and discussing possible modifications and improvements, we began refining the guide. This process is ongoing, with a goal of having a final draft for internal and external review by country program staff (Kenya DOMC, KEMSA) and MAC partners (CDC and WHO/AFRO) by mid-April. The components of the document that involved the most changes were those related to data collection at the central and provincial levels. Since the data planned to be collected by data collectors in Kenya involved primarily lower levels, the planned data collection would not be affected by the proposed modifications to the guide.

Recruit and train data collectors for M&E of ACT implementation study field-test

After identifying data collector candidates, pulling from consultants used in previous pharmaceutical management assessments in Kenya, the RPM Plus team trained the data collectors over three days, including a pilot-test of the data collection tools at health facilities just outside Nairobi. Kathy Webb, Gladys Tetteh and Elizabeth Njoroge conducted this training at the Kenya Safari Club Hotel in Nairobi. Fifteen data collectors were trained to collect data on antimalarial medicine availability and use at health facilities.

Meet with and discuss with the DOMC and KEMSA to collect data on ACT implementation for study

Although the original intent was to meet with in-country stakeholders at the central level to collect data on the effectiveness of ACT policy implementation operational plans and other activities, the request of the DOMC to postpone data collection to a later date resulted in a change of plans. (See Adjustments to Planned Activities and/or Additional Activities section below for further information) Subsequently the intent of these meetings was modified to get input from in-country partners on the M&E guide.

Kathy Webb, along with Gladys Tetteh, met with the director of the DOMC as well as a representative of KEMSA familiar with the ACT implementation process and challenges to discuss the planned guide and its potential usefulness to in-country partners. The purpose of the guide was discussed with both the DOMC and KEMSA to explore the expected usefulness of such a tool to monitor ACT policy implementation and to identify challenges and bottlenecks to be corrected. The DOMC assured us that existing tools and assistance from WHO/AFRO on M&E for ACT implementation do not address specifically or in detail the pharmaceutical management aspects and that the guide would be quite useful. In discussions with KEMSA, some of the potential challenges and data collection needs already identified and included in the tool were discussed.

Through these discussions it was clear that the existing draft of the tool has taken into account some of the anticipated and already experienced challenges related to

pharmaceutical management aspects of ACT policy implementation. It was also evident that this guide could be very useful to national malaria control programs and other interested parties to monitor and evaluate ACT policy implementation, focused on pharmaceutical management aspects. Once a more final draft of the guide and data collection tools (for the central level) is available these will be shared with the DOMC and KEMSA for review and comment.

Oversee data collection for study, compile and begin data analysis

No data was collected as previously planned due to the request from the DOMC to postpone data collection until a later date to allow more time to implement the new malaria treatment policy. However, as part of the data collector training a pilot test was conducted in two health facilities outside of Nairobi and several interesting implementation issues and challenges were observed.

Since no data were collected there was nothing to compile and analyze.

Provide initial findings to DOMC, KEMSA, MOH Pharmacy Division and other RBM partners

As no data were collected there were no initial findings to share with in-country stakeholders and partners. However, during the data collector training a pilot test of materials was conducted in Kiambu district and some of the challenges related to ACT policy implementation were shared during the drug policy technical working group meeting on Friday November 3rd. Other working group members included DOMC, KEMSA, MEDS, KEMRI (Kenya Medical Research Institute)/Wellcome Trust, United Nations Children's Fund (UNICEF) and SHEF/KeNAAM (Sustainable Health Enterprise Foundation/Kenya NGOs Alliance Against Malaria). During this meeting partners discussed ACT policy implementation to date shared their experiences and challenges they've observed related to ACT availability and distribution during the first months of policy implementation.

Work to develop a support database for data entry and analysis

During the data collector training Gladys Tetteh and Kathy Webb discussed the possibility to use one of the data collectors who has experience developing and working with databases to develop a database for data entry and analysis for this assessment guide. The data entry and analysis tool would also be able to be used for pharmaceutical management (malaria, TB, CS etc.) assessment tools as the data collection tools for these assessments were only modified slightly for the M&E of pharmaceutical aspects of ACT policy implementation guide.

Plan for data collection using the developed tool

Data collection is currently being planned for May 2007 and RPM Plus Kenya staff will discuss this revised timeline with the DOMC to ensure their approval.

Collaborators and Partners

- RPM Plus Kenya office staff
- Kenya MOH, Division of Malaria Control
- Kenya Medical Supplies Agency
- Pharmaceutical Management Working Group partners
- Data collection team (including some KEMSA staff)

Adjustments to Planned Activities and/or Additional Activities

On the final day of the data collector training, Monday, October 30, 2006, the Division of Malaria Control asked RPM Plus to postpone data collection in the selected health districts. Over the past couple of months the DOMC had been conducting supervision visits on ACT Policy Implementation. They were concerned that the health facilities need some more time before they were evaluated on the management of ACTs and that the data might reflect poorly on the DOMC regarding ACT policy implementation at this early stage.

Based on this request the data collection was postponed and the remainder of the visit was dedicated to further refining the M&E guide based on field experience and input from local partners, including the DOMC and KEMSA.

NEXT STEPS

Immediate Follow-up Activities

- Finalize the M&E for Pharmaceutical Management Aspects of ACT Policy Implementation guide
- Share the guide internally for review and comment
- Share the guide with MAC and in-country RPM Plus partners for review and comment
- Plan with the Kenya DOMC an appropriate time for data collection on ACT policy implementation
- Plan and carry out data collection on ACT policy implementation in close coordination with the DOMC to ensure their approval and buy in to assessment results and subsequent recommendations.

ANNEX 1. DATA COLLECTOR TRAINING AGENDA

Training for Data Collection
Field Test of Tool for M&E of ACT Policy Implementation
Nairobi, October 26-27, 2006

Time	Activity	Person (s) Responsible
	Day 1: October 26, 2006	
8.30 – 9.00am	Registration	
9.00 – 9.15am	Welcome and Introductions	Elizabeth
9.15 – 9.30am	Monitoring & Evaluation of Malaria Control Activities in Kenya	Gladys
9.30 – 10.00am	Background to Assessment	Kathy
10.00 – 10.15am	Training Objectives & Data Collector TORs	Elizabeth
10.15 – 10.45	Introduction to Data Collector's Guide & Methodology Overview of Indicators	Kathy Gladys
10.45 – 11.00am	*Tea/Coffee Break*	
11.00 – 1.00pm	Review of Tools • DAS – 2: Inventory Data Form • DAS – 3: Stock-Out Data Form • DAS – 4: International Price Comparison Form	Kathy/Gladys
1.00 – 2.00pm	*Lunch*	
2.00 – 4.00pm	Review of Tools • DUS - 1: Medical Records and Facility Review form for Uncomplicated malaria • DUS – 2: Observation Health Workers Data Form • DUS – 3 : Exit Poll Interview Form • DUS – 4: Simulated Purchase Form	Elizabeth/Gladys
4.00 – 4.15pm	Tea/Coffee Break	
4.15 – 5.00pm	Questions & Answers	Gladys

Day 2: October 27, 2006		
9.00 – 9.30am	Recap of previous day's work	Participant
9.30 – 10.30am	Role playing for use of DAS tools Role playing for DUS tools	Gladys/Kathy Elizabeth
10.30 – 11.00am	*Tea/Coffee Break*	
11.00 – 1.00pm	Work Schedule and compensation Location of Sites to be surveyed Assignment of data collectors to teams Review of supervisory role with all team leaders	Elizabeth Kathy Elizabeth Gladys
1.00 – 2.00pm	*Lunch*	
2.00 – 4.00pm	Preparation for Pilot study	Kathy/Elizabeth/Gladys
4.00 – 4.15pm	*Tea/Coffee Break*	
4.15 – 5.00pm	Questions & Answers	
Day 3: Monday October 30, 2006		
7.00am	Assemble at MSH board room	
7.30am	Depart for pilot study site	
9.00 – 11.00am	Conduct pilot study at hospital, health center & dispensary	All
11.30 – 1.00pm	Review tools as needed & print Administrative issues	Kathy/ Gladys Elizabeth/ /Kevin
1.00 – 2.00pm	*Lunch*	
2pm – 3:30pm	Debrief of pilot study	Team Leaders and Members
Tuesday, October 31, 2006	Depart for field	All