

**Management Sciences for Health /Health Commodities and Services  
Management Program (MSH/HCSM) Progress Report:  
1<sup>st</sup> January 2012- 31<sup>st</sup> March 2012**

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April 2012



MSH/Health Commodities and Services Management

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### **About MSH/HCSM**

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

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## Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ADT	ART Dispensing Tool
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
CHAI	Clinton Health Access Initiative
CHS	Center for Health Solutions
CME	Continuous Medical Education
DANIDA	Danish International Development Agency
DASCO	District Aids and STI Coordinator
DDPC	Division of Disease Prevention and Control
DHMT	District Health Management Team
DHIS	District Health Information System
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DOP	Department of Pharmacy
DOD	Department of Defense
DRH	Division of Reproductive Health
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family planning
F&Q	Forecasting and Quantification
HCSM	Health Commodities and Services Management (Program)
HSCC	Health Sector Coordinating Committee
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
ITT	Inventory Tracking Tool
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
LCM	Laboratory Commodity Management
LMIS	Logistics Management Information System
LMU	Logistics Management Unit
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
MTM	Medication Therapy Management
M&E	Monitoring and Evaluation
NAL	North Arid Land
NASCOP	National AIDS/STI Control Program
NEP	North Eastern Province

NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PHMT	Provincial Health Management Team
PHC	Primary Health Care
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPB	Pharmacy and Poisons Board
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
PV	Pharmacovigilance
RH	Reproductive Health
RDT	Rapid Diagnostic Test
RTK	Rapid Test Kit
SDP	Service Delivery Point
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems (program)
STG	Standard Treatment Guidelines
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development

## **PART I: EXECUTIVE SUMMARY**

Health Commodities and Services Management (HCSM) program implemented by Management Sciences for Health (MSH) is U.S. Agency for International Development (USAID) program. The program is designed to address commodity management, pharmaceutical services and policy, and laboratory systems over a period of 5 years from 1<sup>st</sup> April 2011 until 31<sup>st</sup> March 2016. The goal of this program is to improve health outcomes and impact through sustainable country-led programs and partnerships. In line with the USAID/Kenya mission's implementation framework and the Ministries of Health national health strategic plans, MSH/HCSM program is to focus on health systems strengthening in the pharmaceutical and laboratory sectors in three key technical areas:

- Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) and Health Facilities Commodity Management Support
- Support to Pharmaceutical Policy and Service Delivery
- Support to Laboratory Governance, Commodity Security, and Service Delivery (to be implemented in collaboration with CDC-funded laboratory support program implemented through MSH)

In implementing the activities, HCSM has adopted a two pronged approach. At Central level, HCSM works closely with the two Ministries of Health to craft policies, interventions and tools that contribute to ensuring commodity security and delivery of pharmaceutical and laboratory services at the peripheral level. At the peripheral level MSH/HCSM works to provide technical leadership to Health team comprised of district level, partner and independent health workers to implement interventions at health facilities.

During the reporting period January – March 2012, several achievements were made with HCSM support across the three technical areas. The achievements are summarized thus below:

### **Health Commodity management support**

This area focuses on commodity management support to improve accountability at peripheral level as well as oversight and planning at central and peripheral levels. Emphasis is on ensuring uninterrupted access to health commodities at health facilities through the various interventions implemented with support from the program.

At the central level, MSH/HCSM participated in MoH program commodity security meetings (HIV/AIDS, TB, malaria, RH/FP, laboratory) during which strategic decisions on FP commodities were made to improve commodity security. MSH/HCSM supported DRH and DLTD to undertake national forecasting and quantification activities. These exercises were done under the leadership of DRH and DLTD. In the quarter, MSH/HCSM continued to support the development of National monthly stock status reports for priority health commodities which have been used to provide strategic information to MOH and programs, donors and partners supporting the public health sector. This strategic information has been used to make timely decisions including call downs and procurement of ARV medicines, malaria, RH/FP and Laboratory commodities. MSH/HCSM has continued to use forecasting, quantification and stock status monitoring activities as an avenue for mentorship and capacity building of senior health

workers at the national level by ensuring that senior MOH program staff actively participate and lead these exercises.

HCSM also participated in a PSC-ICC meeting held towards the end of March 2012 and chaired by the Director, MOPHS. This is a critical organ meant to provide stewardship on all supply chain activities nationally. The committee has been inactive for a while due to a lot of competing priorities within the Ministries of Health.

At the peripheral level, MSH/HCSM continued to support the provincial and district health managers to implement commodity management interventions. In support of health systems strengthening HCSM facilitated the operationalization of commodity management committees at both provincial and district level. Technical assistance was given to seven provincial committees to hold their quarterly meetings. Thirty nine district teams were supported to jump start their district level commodity management committees. The teams developed action plans plus made some key decisions to address their most pressing issues; for example in Nairobi, one year work plan was approved whereas in Nyanza province, the committee decided to prioritize internal re-distribution of 7,350 doses of anti-malarials.

Commodity management orientation was done to a total of 57 District Health Management teams. A total of 294 champions from 49 districts were identified and sensitized on commodity management including issues of reporting. A total 845 health care workers drawn from 465 health facilities have also been oriented on commodity management, pharmacovigilance and appropriate medicines use. Data from central level was shared with the provincial and district teams to inform their plans in improving reporting on commodity use. The regional champions were supported to cascade identified interventions using various approaches such as on-job-training (OJT), mentorship, continuous medical education (CME) sessions and supportive supervision. Use of regional champions was preferred to promote skills transfer and ownership of the activities while strengthening related health systems.

Integrated support supervision and/or facility visits were undertaken in 31 districts, reaching out to about 610 health facilities overall. The visits which were undertaken with support from the regional champions, identified gaps and a number of quick fixes undertaken e.g. on-job-training, provision of job aids and other commodity management tools.

To strengthen data management, HCSM continued to support rollout of both manual and electronic tools. The updated electronic ART Dispensing Tool was disseminated to 174 major ordering sites of which 95 were already using it by end of the quarter. Further, HCSM was supporting 23 major sites (including 3 FBO and 2 CBO sites) to implement the electronic Inventory Tracking Tool for managing inventory in their stores. Various other manual and Excel-based tools continued to be distributed to the regions e.g. 230 AL and 285 facility manual reporting tools for malaria commodities; electronic aggregation tools for FP. Additional manual tools for FP and laboratory are being printed and will be distributed in next quarter.

HCSM also supported the Division of Malaria control to disseminate results of the Quality of Care survey to national and provincial stakeholders. Plans for dissemination to district and facility level were developed.

## **Support to Pharmaceutical policy and service delivery**

This Technical objective focuses on interventions aimed at strengthening health systems that deliver quality pharmaceutical services at public, private and faith-based sector with a goal to: strengthened pharmaceutical sector governance, improve Pharmaceutical services, strengthen medicines quality assurance and pharmacovigilance (PV) and improved pharmaceutical information acquisition and management. During this quarter, HCSM continued to use a health systems strengthening approach to strengthen pharmaceutical policy implementation and service delivery at the central and peripheral levels.

HCSM worked jointly with the Ministry of Medical Services (MOMS); Ministry of Public Health and Sanitation (MOPHS) and other stakeholders to support the medical products thematic group, health policy framework 2011- 2030 and position paper on implementation of the constitution in the health sector.

Following the approval of the revised Kenya National Pharmaceutical Policy 2010 (KNPP) by Cabinet, HCSM has been supporting the Department of Pharmacy (DOP) to review the policy and identify implementation requirements that need legislative, regulatory and administrative changes. Further HCSM is supporting the development of a pharmaceutical services governance framework in a devolved system and in line with the KNPP and the constitution 2010.

Additionally HCSM continues to work with MOH, the Pharmacy and Poisons Board (PPB), priority health programs (PHPs) and other stakeholders to strengthen medicine quality and pharmacovigilance systems in Kenya. Specifically HCSM supported the finalization of anti-Malaria, anti-TB and ARVs post marketing surveillance reports (PMS) plus a dissemination plan.

At the peripheral level, HCSM continues to work with regional health teams (PHMT and DHMT), focal champions and other stakeholders to strengthen pharmaceutical services and pharmaceutical care using continuous quality improvement and a system-wide strengthening approach. During the quarter, HCSM supported the new 19-member KNH medicines and therapeutic committee (MTC) to review TORs and develop an action plan. Subsequently this MTC is spearheading several activities and has since sent 130 ADR reports to PPB. Additionally, sensitization of HCWs on Standard Clinical Guidelines (SCGs), Kenya Essential Medicines List (KEML) & Appropriate Medicine Use (AMU) was done in 16 priority districts.

In collaboration with other partners HCSM has supported orientation on pharmacovigilance and roll-out of pharmacovigilance guidelines and tools in the periphery. HCSM disseminated PV Job aids and MIPV Newsletters to 1081 facilities level 3-6 facilities countrywide. To support use of PV data for decision making, HCSM continued to PPB in data acquisition and management. By March 2012 cumulative ADR reports increased from 3243 at the end of December 2011 to about 3700 at the end of March 2012. Additionally about 200 reports of poor quality medicinal products had been received in the same period. These reports have been used for decision making resulting in several regulatory decisions including product recalls and withdrawals by the Pharmacy and Poisons Board.



### **Laboratory commodity security and supply chain support**

Technical area 3 focuses on strengthening the peripheral level laboratory systems to increase availability and accountability for commodities. Under this quarter laboratory managers and staff were involved in the district and facility commodity management systems strengthening activities in 49 districts, such as supportive supervision, orientation of facility staff on commodity management and dissemination of various commodity management tools and job aids.

In support of health systems strengthening, DMLTS meetings were successfully held in all the 8 provinces with the objective of addressing the poor reporting rates. During the meetings action plans were developed and each province set targets to improve by reporting rate. In addition HCSM worked jointly with NPHLS and the parallel programs to revise the manual laboratory LMIS tools. The facility consumption data recording and reporting (FCDRR) tool was revised to incorporate TB and Malaria diagnostic commodities. Electronic district Lab data aggregation tool was developed and is currently undergoing testing in selected sites.

On-job-training was conducted in 32 laboratory facilities to 133 laboratory staff. Laboratory recording and reporting tools and job aids were also disseminated. In addition a laboratory quantification job aid was developed and implemented at site level to support resupply decisions.

Under this quarter HCSM conceptualized and initiated an intervention that will leverage mobile phone technology to collect critical data on stock levels at districts for 3 HIV test kit commodities only. This data will provide supply chain managers with a snap shot of the stock status and when triangulated with distribution data (from SCMS) and regular reporting data, managers can make management decisions on re-supply, re-allocation or design intervention to improve reporting rates, trainings and supportive supervision.

In collaboration with Department of Diagnostic and Forensic Services (DDFS), National Public Health Laboratories (NPHLS) and their stakeholders HCSM developed the Essential Medical Lab Commodities List (EMLCL) and a Tracer Lab Tests List.

Implementation of the various interventions highlighted above has contributed to some favourable outcomes. Some of these include the following:

- There is a general improvement in inventory management practises at targeted health facilities. A lot of this was seen during the support supervision visits to health facilities.
- Strategic information from stock status data was used to inform redistribution of some selected commodities was undertaken in 3 provinces – mopping up of AL from Central province, redistribution of AL in Nyanza province and mopping up of excess male condoms in North eastern provinces.
- Implementation of the revised ADT has contributed to improving the data quality e.g. sites in Western Province that implemented the revised ADT had their patient numbers reduced by an average of 20%.
- Support to Pharmacovigilance resulted in increase in the cumulative ADR reports from 3243 at the end of December 2011 to about 3700 at the end of March 2012. About 200 reports of poor quality medicinal products had been received cumulatively by March 2012. These

reports have been used for decision making resulting in several regulatory decisions including product recalls and withdrawals by the Pharmacy and Poisons Board.

- Reporting rate for ARV ordering points were maintained at over of 90% and reached 96% in end February 2012, with increase of ordering points to 272 as at end Feb 2012. As at end Jan 2012, there was a rise in TB ordering point reporting rate to 59% while that for FP remained stable at about 54% and for Malaria, it fell to 41%. However, challenges in the courier system for transmission of reports during the quarter led to decreased reporting for some other programs e.g. TB reporting fell to 27% at end Feb 2012. The same was noted for FP and malaria commodities.

**In summary HCSM is using a continuous quality improved process and system wide strengthening approach that focuses on the systems, structures, roles, staff, infrastructure, skills transfer and implementation of tools. This has resulted in successful addressing of gaps at both central and peripheral level while working closely with MOH health management and delivery teams for buy-in, sustainability, country-led and country-owned results.**

## **PART II: ACHIEVEMENTS**

### **1. Technical Objective 1: Strengthened MoH commodity management**

This strategic objective focuses on health systems strengthening interventions to improve health commodity management at both facility and central levels. Overall expected outcomes include; Improve reporting rates on commodity usage, improved record keeping at health facilities as well as reduction of stock outs at facility level

**At the central level, the following achievements were realized during the reporting period;**

#### **a) Tools development and dissemination**

- Tools for pilot commodity logistics system for HIV Nutrition commodities and draft orientation package were developed in collaboration with NASCOP, KEMSA and NHP.
- Electronic tool for district FP commodity data aggregation disseminated to 135 districts
- Printing of FP commodity tools initiated. Distribution Plan for of FP tools agreed on with DRH and KEMSA.
- TB LMIS re-designed, including revision of commodity and information flow systems to include new role of the District Pharmaceutical Facilitator in TB commodity management.
- ART, FP, Malaria Excel based data aggregation tools updated and sent to LMU for dissemination to sites on request.
- The DOMC Malaria team engaged in implementation of the web-based malaria LMIS reporting using the DHIS2 platform has notified the selected pilot district (Nyamira).

#### **b) Priority program coordination**

- TOR for the HIV Commodities committee adopted.
- All priority programs (TB, Malaria, FP and HIV) held monthly commodity security meetings to review and guide program strategies for commodity security during the quarter: FP program had 2 meetings, TB and HIV had 3 meetings each. During TB committee meeting, delays in scheduled deliveries from suppliers were highlighted and managed by modification of the delivery schedules.
- HCSM provided TA to Condom TWG in using Pipeline software for review of the condom pipeline and developed recommendations for re-scheduling of condom shipments. These were accepted by the TWG, thereby preventing imminent stock-outs

#### **c) Stock status monitoring and F&Q**

- Supported timely production of monthly stock status reports for Malaria, FP and ARVs as well as PPMR reports for FP and Malaria.
- Country 12-month ACT situational forecast generated with Malaria program.
- National stock status report for TB commodities designed and generated for Dec 2011, Jan and Feb 2012.
- Model for Regional level stock status monitoring developed.
- Reviewed 2011 FP F&Q to cater for FY 2011/12-2013/14 requirements. This report was used by;
  - DRH to lobby for financial commitment from GoK and donors.
  - Procurement commitments from USAID for implants and COCs, from KfW and UNFPA for DMPA.

- HIV F&Q report and commodity technical specifications were finalized. This F&Q report used by NASCOP and stakeholders to determine initial quantities to procure through Kenya Pharma for special single commodities for ART (including TB/HIV) and PMTCT.

**d) Development of curriculum and training**

- Printing of KMTTC In-service Curricula on effective management and appropriate use of medicines completed, and training scheduled.
- Provided TA in stakeholder meetings for development and implementation of integrated In-service HIV Care and Treatment curriculum
- Conducted TOTs for “Pull” system for North Rift (21 districts in 6 counties: Baringo, Turkana, Samburu, Pokot, Elgeyo Marakwet, Trans Nzoia). 39 health workers were capacitated, as well as 2 local KEMSA stores personnel. The cumulative number of TOTs trained to date on the “pull” system is 162.

**At the peripheral level**

To ensure consistency in implementation, HCSM has defined the minimum package for implementation at the various levels e.g. district, facility level. Targeted interventions for the various levels will be aimed at realizing the following end states:-

a) Provincial level

- Coordination and Linkages
- Pharmaceutical services management
- Data use for decision making
- Plan and coordinate regional commodity management meetings
- Supportive supervision at district level

b) District Level-

- Data use for Decision Making
- Redistribution within the district or province
- Improved reporting rates
- Support supervision

c) District and health facility stores

- Improved Inventory management-- updated bin cards, storage practices, expiry tracking, timely reporting on commodity consumptions and commodity ordering and receiving
- Redistribution decisions and activities
- Tools – electronic and manual

d) Health Facilities

- Improved inventory management - updated bin cards, storage practices, expiry tracking, timely reporting on commodity consumptions and commodity ordering and receiving.
- Improved pharmaceutical care - Appropriate Medicine Use, pharmacovigilance (PV) and medicine therapeutic committees (MTC)
- Improved availability of tools – electronic and manual

**The following were the achievements were realized during the reporting period:**

a) Regional coordination

- North-Eastern Province commodity security committee formed and action plan was developed.
- Six (Nyanza, Nairobi, Coast, Western, Central and North-Eastern) Provincial health commodity security committees formed in the previous reporting periods supported to hold quarterly meetings for example;
  - During Nairobi province Commodity security meeting, a one year work plan was finalised and endorsed and Lab TWG report presented to the committee by PMLT
  - The Nyanza province commodity security committee prioritized re-distribution of 7,350 doses anti-malarials to be implemented through KEMSA Regional Liaison officer.
  - During the Coast province commodity security meeting, TORs were adopted with amendments; 2 sub-committees proposed; Pharmaceuticals/non pharmaceuticals and Lab.
- Six district health commodity security committees formed in the previous reporting periods were supported to hold their quarterly meetings. 25 district level commodity security committees were constituted this quarter.

b) Tools and forms distribution

Availability of tools has been singled out as one of the main contribution factor as to why facilities do not report. The program has put interventions toward addressing issues of availability of tools as highlighted;

- Malaria program reporting tools 230 AL and 285 monthly facility summaries disseminated to health facilities that required them
- ART reporting tools provided to Busia central store and 8 satellite sites in Bungoma south district
- Electronic Excel tool for district FP commodity data aggregation disseminated to 135 districts nationally
- Printing of FP tools has initiated, dissemination plan developed and approved for implementation in next quarter.
- Priority program data aggregation tools have been sent to LMU for dissemination to sites on request by the health facilities

c) MIS implementation at Peripheral Level

- Cumulatively 174 ART ordering sites oriented on the updated ART Dispensing Tool (ADT) across 5 provinces; Nyanza, Western, Coast, Rift Valley, and Central. 95 sites have since upgraded to and are using the new ADT.
- Inventory Tracking Tool was updated based on feedback received and so far installed in 23 sites country wide including 3 FBO and 2 CBO stores.

## **2. Technical Objective 2: Strengthened Pharmaceutical Policy and Service Delivery**

This strategic objective focuses on interventions aimed at strengthening health systems that deliver quality pharmaceutical services at public, private and faith-based sector. The overall expected outcome includes; Strengthened pharmaceutical sector governance with the availability of an approved Kenya National Pharmaceutical Policy (KNPP) and implementation plan to guide delivery of pharmaceutical services, Improved Pharmaceutical services, Strengthened medicines quality assurance and pharmacovigilance (PV) and improved pharmaceutical information acquisition and management.

MSH/HCSM had the following achievements during the quarter:

### **At the national/central level**

#### **Pharmaceutical Governance**

- HCSM worked jointly with the Ministry of Medical Services (MOMS); Ministry of Public Health and Sanitation (MOPHS) and other stakeholders to support the medical products thematic group, health policy framework 2011- 2030 and position paper on implementation of the constitution in the health sector.
- Following the approval of the revised Kenya National Pharmaceutical Policy 2010 (KNPP) by Cabinet, HCSM has been supporting the Department of Pharmacy (DOP) to review the policy and identify implementation requirements that need legislative, regulatory and administrative changes.
- HCSM is supporting DOP to develop the pharmaceutical services governance framework in a devolved system and in line with the KNPP and the constitution 2010.

#### **Pharmaceutical Services**

- Draft revised MTC training curriculum pre-tested and updated during the Kenyatta National Hospital MTC workshop.
- Assessment tools for CPD programs were developed and CPD survey to inform guidelines and implementation of CPD programs undertaken
- Commodity Management topics were incorporated into the drug supply management course outline for KMTC
- Preparations for review & finalization of draft course content and outline for post-graduate course in pharmacoepidemiology/pharmacovigilance for UON are ongoing.
- HCSM supported updating of DOP website to support dissemination of policy guidelines & materials to support quality improvement and service delivery.
- Supported NASCOP in the development of dissemination materials for the revised 'Guidelines for Antiretroviral Therapy in Kenya' - 4th Edition- Includes Power-point presentations, Case Studies and Job aids
- Developed dissemination materials (presentations) for national SCGs and KEML at Level 2-3 facilities for use in planned dissemination meetings in the next quarter

#### **Medicine Quality Assurance and Pharmacovigilance**

- Finalized PMS reports for antiretroviral medicines, Anti-TBs and anti-malarial medicines.

- Supported dissemination of anti-malarial PMS report to a stakeholder team from PPB, DLTLD, USAID, USP, DOP and KEMRI. Discussed strategies for integrated PMS activities instead of ad hoc program specific surveys. Also planned for dissemination of PMS reports for the 3 reports a Health System Strengthening approach.
- Printing of client/patient information leaflets to sensitize consumers/patients on suspecting and reporting side effects of medicines to improve patient safety done
- Vendor for the e-reporting system identified jointly with PPB team, contract signed and system development commenced in March 2012.
- A comprehensive Pharmacovigilance plan for NASCOP developed and active surveillance guidelines for ART finalized

**At the regional level HCSM achieved the following:**

**Pharmaceutical Services**

- HCSM supported the KNH 19 member MTC committee to review TORs and develop an action plan for activity implementation.
- Sensitization of HCWs on SCGs, KEML & Appropriate Medicine Use done in 16 priority districts. One hour dissemination sessions for SCG & KEML held for 130 HCWs from 45 facilities in 2 districts - Njiru & Makadara [Nairobi]
- HCSM supported dissemination of pharmaceutical SOPs and service charter handbooks during the regional orientation meetings on commodity management, appropriate medicine use and pharmacovigilance.

**Medicine Quality Assurance and Pharmacovigilance**

- 29 Kenya Defence Forces healthcare providers trained on Pharmacovigilance. The providers developed action plans after the training.

**Eastern/ Central region**

- 103 healthcare providers in Embu, Chuka, Karatina and Nyahururu sensitized on Pharmacovigilance. Sensitizations were conducted by ToTs at the facilities with support from PPB and HCSM.

**Nairobi region**

- 21 DHMT members and 130 Health Care providers from Njiru and Makadara Districts were sensitized on Pharmacovigilance.

**Coast Region**

- 64 healthcare providers from Msambweni and Kwale districts were oriented on PV and its reporting tools

**Rift valley**

- 41 participants in West Pokot from 31 facilities were sensitized on Pharmacovigilance

**North Eastern**

- 14 Masalani DH staff were trained on PV by focal champions

**Western/ Nyanza**

- 27 DHMT members from Kisii central, Kakamega central, North and East; Bungoma and Manga Districts were oriented on PV and its reporting tools
- HCSM disseminated PV Job aids and MIPV Newsletters to 1081 facilities level 3-6 facilities nationwide. The MIPV newsletters aim at strengthening advocacy for PV and update

HCWs on activities and regulatory actions taken by PPB thereby promoting medication safety.

- In collaboration with NASCOP and PPB, HCSM supported follow-up forum for capacity building and experiences sharing of health care providers from 11 ART sites during which 33 participants comprising of Pharmacists, doctors, nurses, pharmaceutical technologists and provincial pharmacists attended. Feedback showed that: Pharmacovigilance is being implemented for all drugs beyond ARVs; PV has been incorporated into some Annual Operational Plans and MTC activities and HCWs better at using reporting tools and PV data for decision making
- HCSM provided ongoing support on PV data acquisition and by March 2012 cumulative ADR reports increased from 3243 at the end of December 2011 to about 3700 at the end of March 2012. About 200 reports of poor quality medicinal products had been received. These reports have been used for decision making resulting in several regulatory decisions including product recalls and withdrawals by the Pharmacy and Poisons Board.



### 3. **Technical Objective 3: Strengthened Laboratory System and Service Delivery**

Result area 3 focuses on strengthening the peripheral level laboratory systems to increase availability and accountability for commodities. To achieve this, the program worked both at national and regional level. At the central level, the program put effort in strengthening leadership, oversight and approaches in support of peripheral level access and supply chain systems. At regional level, HCSM collaborated with SCMS, CDC/MSH Lab Support program, regional partners and other relevant stakeholders to strengthen commodity management and access to quality laboratory services. At facility level, HCSM worked to strengthen laboratory commodity information systems to generate reliable commodity data for decision making, and capacity building for health workers to effectively manage and account for laboratory commodities.

Achievements realized during the reporting period include;

#### **OJT on laboratory inventory management to individual facilities**

- 32 laboratories in 6 provinces received on-site support on inventory management
- In these sites, 133 laboratory staffs received on-the-job training
- Laboratory recording and reporting tools and job aids were disseminated.

#### **Revision of laboratory LMIS tools**

- The Laboratory Facility consumption data report and request (FCDRR), i.e. MoH 643 for reporting was revised to incorporate TB and Malaria diagnostic commodities and to also make the tool to be user friendly
- Developed a smaller version of F-CDRR for lower level facilities which offer limited lab services. These facilities do not require or use large sections of the reporting tool found in the standard version.
- Development of district Lab data aggregation tool that is currently undergoing testing in selected sites
- Dissemination of the new malaria aggregation tool with RDT component was done in 150 facilities
- NPHLS requested HCSM to print reporting tools for Lab commodities. Printing works began in this quarter. In the interim period, sites without the tools received either photocopied tools or soft copies of each of the tools.
- HCSM conceptualized and initiated an intervention that will leverage mobile phone technology to collect critical data on stock levels at districts for 3 HIV test kit commodities only. This data will provide supply chain managers with a snap-shot of the stock status and when triangulated with distribution data (from SCMS) and regular reporting data, managers can make management decisions on re-supply, re-allocation or design intervention to improve reporting rates, trainings and supportive supervision.

#### **Consultative DMLTs and laboratory in-charges meetings**

DMLT meetings have successfully been held in all the 8 provinces with objective of addressing the poor reporting rates. During the meetings, laboratory reporting tools and job aids were disseminated as follows:

- 5,080 copies for the Rapid Test Kits (RTKs)
- 900 copies of F-CDRR for ART lab monitoring reagents
- 200 Lab bin cards,
- 200 Lab top-up cards,
- 200 Lab Temperature monitoring charts
- 200 Lab expiry monitoring charts
- Job aids on quantification of laboratory commodities.

The amended District Malaria aggregation tool, with RDT component was disseminated to 150 facilities for use in reporting.

#### **LCM and document developments**

- Laboratory commodity management (LCM) training curriculum draft was complete and given to NPHLS for mainstreaming as a MOH curriculum
- LCM TOT curriculum draft was also completed
- Draft SOPs on good inventory management for laboratory were completed
- Job aid on quantification of laboratory commodities complete (undergoing printing)
- Essential Medical Lab Commodities List (EMLCL) was developed jointly with MOH and its stakeholders and shared with DDFS and NPHLS.
- Draft of Lab Tests List completed and shared with DDFS, NPHLS.
- Provided Technical assistance for the development of a comprehensive QA/QC system for malaria Diagnostics test kits (RDTs).

#### **Other National level activities**

- HCSM provided TA to national TB laboratory commodities forecasting and quantification exercise organized by the DLTLTD in collaboration with stakeholders
- Continuous TA in generation of national stock status reports for laboratory commodities on monthly basis.

### **PART III: CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR April-June 2012 QUARTER**

#### **Challenges**

- **Reporting:** During the quarter, there were interruptions with the courier account used to transmit commodity use reports to the KEMSA/LMU. The number of reports that reached the LMU were lower than is normally expected, which contributed to the lower reporting rates across most of the programs.
- The implementation of activities of the site based systems strengthening activities was affected by the health worker strike.
- Competing priorities by central level and peripheral MOH workers (e.g. ongoing review of health laws in line with the new Constitution) delayed implementation of some activities.

#### **Priorities for the coming quarter**

HCSM will continue to provide technical leadership and support to the national level, provincial/county, district and health facility teams to implement interventions that address identified gaps and institutionalize the good health commodity management practices and pharmaceutical service delivery. The program has also organized for training of national level DOP, DON, NPHLS and priority program staff on F&Q and Pipeline monitoring.

At the national level, HCSM will continue to support implementation of the position on implementation of the constitution in the health sector through active participation and technical support in the medical products thematic group and the development of Kenya Health Sector Strategic Plan (KHSSP) 2012-2016.

To promote sustainable pharmaceutical service delivery in the devolved structure HCSM will continue to support the DOP to finalize on the pharmaceutical services governance framework and the development of the KNPP implementation plan.

To scale up to other districts and strengthen health commodity management systems, HCSM will continue to work with MOH and regional health teams to identify, capacitate and use regional champions, mentors and TOTs from public, private and FBO health sectors. These regional health teams, champions, TOTs and mentors will be supported to cascade identified interventions using various approaches such as on-job-training, mentorship, continuous medical education sessions and supportive supervision. Use of regional health teams, champions, TOTs and mentors promotes sustainability, skills transfer and ownership of the activities by the regions.

Model sites within the intervention districts will also be capacitated to serve as centres of excellence, learning and mentorship sites. The facility staff and district health teams will be supported to write reports for submission to provincial health teams (e.g. commodity security committees) for monitoring and oversight. This will support health systems strengthening, promote continuous performance improvement and sustainability.

Further, HCSM will work jointly with other partners such as APHIA Plus, DANIDA, Walter Reed, CDC supported partners (e.g. University of Maryland, ICAP) and Tupange at the periphery to scale up these commodity management initiatives.

As newer districts are identified and brought on board, simple interventions will be identified to address their basic needs. The interventions will be tailored using lessons learnt and materials developed from the initial districts.

## PART IV: HCSP Program Activity Progress Matrix

	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new additional activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
<b>Result Area 1: Strengthened MOH Commodity Management (Technical Area I)</b>							
AOP 6: Section 3.1	Ensure functional stakeholders forums at provincial and district levels	Strengthened PHMTs and DHMTs oversight and coordination of stakeholders at regional level to promote health commodity security	AOP 6:- Table 3.1 (page 12)	<p>1: Develop and implement a coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams</p> <p>a) Jointly with PHMTs / County HMTs and other key stakeholders, constitute eight (8) regional health commodities management committees, 50 district health commodities management committees with appropriate TORs by end December 2011</p>	<p>Ongoing</p> <p>Provincial health commodity management committees</p> <ul style="list-style-type: none"> <li>- Seven (Rift valley, Nyanza, Nairobi, Coast, Western, Central and Eastern Provincial health commodity security committees formed in the previous reporting periods supported as follows: <ul style="list-style-type: none"> <li>- Nyanza, Central, Coast, Western, NEP and Nairobi supported to hold quarterly meetings.</li> <li>- Nairobi Province CSC: 1-year work plan finalised and endorsed and Lab TWG report presented to the committee by PMLT</li> <li>- Nyanza Province CSC: initiated a review of action plan for 2 sub-committees (Lab, Non-pharmaceuticals); prioritized re-distribution of 7,350 doses anti-malarials to be implemented through KEMSA Regional Liaison officer.</li> <li>- Central Province CSC: Draft TORs and Action plan developed.</li> <li>- Coast Province CSC: TORs adopted with amendments; 2 sub-committees proposed; Pharmaceuticals/non pharmaceuticals and Lab.</li> <li>- Western: TORs shared with stakeholders for inputs.</li> </ul> </li> <li>- North-Eastern Province CSC formed and action plan developed.</li> </ul> <p>District health commodity management committees</p> <ul style="list-style-type: none"> <li>- District health commodity security committees formed in the previous reporting periods supported to hold their quarterly meetings; Njiru, Makadara, Westlands, Starehe, Kamukunji, Kilindini districts. Cumulatively 39 district level commodity security committees have been constituted so far</li> </ul>		
				b) Advocate and provide support for inclusion of FBO sector in regional health commodity management coordinating forums	<p>Ongoing</p> <p>CHAK and KEC included in the provincial committees so far formed except in NEP</p>	Nearly all health facilities in NEP are government or community-owned	

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				c) Adapt and roll out commodity management trainings, SOPs, job aids and tools, and mentor focal persons in the FBO sector (KEC, CHAK, EPN, MEDS) by Sept 2012	Ongoing <ul style="list-style-type: none"> <li>- Oriented 14 facility in-charges from Catholic Diocese of Nakuru (CDN) facilities on MTP approach, inventory management and quantification of needs.</li> <li>- Disseminated 15 commodity management job aids to 14 facilities from CDN.</li> <li>- Mercy Hospital selected to be a FBO model facility among the CDN facilities.</li> </ul>		

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AOP 6:Section 5.1.2 DDPC propose d AOP 7, M&E section (page 15) PMI Kenya MOP FY10, M&E Table (page 53) AOP 6:Sections 4.2.1.3; 4.2.4 (page 38)		LMIS tools reviewed, printed and disseminated LMIS tools revised, printed and distributed to SDPs Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS). Regional commodity management teams who are capacitated to implement manual and electronic LMIS tools to support acquisition of commodity data for decision-making  Quarterly review meetings held by the regional commodity management teams and partners to strengthen commodity usage reporting and feedback	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71) PMI Kenya Malaria Operational Plan FY10, M&E Table (page 53)	2: Strengthen commodity use information management for decision making at regional level in 8 regions to strengthen commodity usage reporting and feedback a) Develop/review and avail manual and/or electronic LMIS tools as appropriate to health facilities and 50 district stores by end June 2012	<b>Ongoing</b> Support to District stores: – Gap analysis assessment conducted in the following regions ○ <i>Central and Eastern:</i> Thika West and Embu West; action plan for interventions developed. ○ <i>NAL:</i> Gap analysis assessment done for Isiolo and Garissa. 2 supplies officers from Isiolo and Samburu central oriented under district commodity management package. ○ <i>Western and Nyanza:</i> Gap analysis assessment done in 7 districts: Kakamega Central, Kakamega East, Kakamega North, Bungoma, Manga, Rachuonyo North and Rachuonyo South. ○ <i>Nairobi:</i> Gap analysis assessment done in 5 districts (Njiru - Dandora (1 site); Makadara – Makadara HC (1); Kamukunji – Pumwani Maternity Hosp (1); Starehe – STC Casino and Ngara HC (2); Westlands – Westlands HC and Kangemi HC (2)). ▪ HCWs manning the stores in Njiru, Makadara, Kamukunji oriented on inventory management, and provided with job aids and store checklists, and developed action plans. ▪ In Starehe (STC Casino) store reorganised. DHMT recommendation to convert STC to be sole store (instead of that at Ngara) and request support for shelving from partners. Pallets requirement quantified.  Regional support for LMIS reporting: – <i>Rift valley:</i> At Nakuru Central district store, introduced Inventory Tracking tool (ITT) software, Inventory management job aids and a district commodity reporting tracking tool. The Store officer was also trained on basics of inventory management. 300 bin cards provided. – <i>Nyeri PGH</i> lab supported to start using ITT and Maragua DH supported to upgrade and use ADT. – <i>Nairobi:</i> Electronic District reporting rate tracking tool (DRRTT) was presented to the provincial health commodity security committee by a TWG and approved for pilot testing. – <i>NAL:</i> Initiated the use of DRRTT in Isiolo and Garbatulla. – <i>Rift Valley:</i> Disseminated a district reporting rate tracking tool for use in 6 districts (Baringo Central, Nakuru Central, Laikipia East, West Pokot, Molo and Narok North).		

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					<p><u>Support to Programs:-</u></p> <p><b>Malaria program:</b></p> <ul style="list-style-type: none"> <li>- Reporting tools (230 AL registers, 285 monthly facility summary tools) disseminated to health facilities countrywide to fill gaps</li> </ul> <p><b>ARV program:</b></p> <ul style="list-style-type: none"> <li>- Provide technical guidance for mapping of ART and PMTCT sites data collection and validation in the regions.</li> <li>- In collaboration with PASCO's office mapping of ART and PMTCT Sites in South Rift concluded.</li> <li>- ART site mapping and decentralization review held jointly with APHIAplus and Kenya Pharma for Western province.</li> <li>- Tools for pilot commodity logistics system for HIV Nutrition commodities and draft orientation package developed in collaboration with NASCOP, KEMSA and NHP.</li> <li>- Job aids disseminated to 19 HCW from 2 ARV Central sites (Embu PGH, Thika DH) and 1 Standalone site (Mariakani SDH), who were also oriented on the Pilot commodity logistics system for HIV Nutrition commodities.</li> <li>- Disseminated ART reporting tools to Busia central store and 8 satellites in Bungoma south; supported orientation on LMIS tools for 32 champions and OJT to 45 facility staff on LMIS tools in Kisii and Kakamega central)</li> <li>- Distributed commodity management job aids to 16 WRP-supported ART sites.</li> <li>- Disseminated 25 Paed dosing wheels [Kajiado County (7), Laikipia County (7), Narok County (7), Nakuru County (8)].</li> </ul> <p><b>FP program:</b></p> <ul style="list-style-type: none"> <li>- Electronic tool for district FP commodity data aggregation disseminated to 135 districts nationally.</li> <li>- Printing of FP commodity tools initiated. Distribution Plan for of FP tools agreed on and to be implemented in next quarter.</li> </ul> <p><b>TB program:</b></p> <ul style="list-style-type: none"> <li>- TB LMIS re-designed, including revision of commodity and information flow systems to include new role of District Pharmaceutical Facilitator in TB commodity management.</li> </ul> <p><b>Other support:</b></p> <ul style="list-style-type: none"> <li>- ART, FP, Malaria data aggregation tools updated and sent to LMU for dissemination to sites on request.</li> <li>- DOMC Malaria team engaged in implementation of the web-based malaria LMIS reporting using the DHIS2 platform has notified the selected pilot district (Nyamira).</li> </ul>		



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				<p>b) Build capacity (in data collection and analysis) of at least 3 district level staff in each of the 50 districts to enable quarterly data collection, review and feedback meetings. These district level staffs will work jointly with APHIA Plus to capacitate at least one healthcare worker per health facility per district by Sept 2012</p>	<p><b>Ongoing</b> Sensitization of Provincial teams on new role of district pharmaceutical facilitators (DPFs) / district pharmacist in management and reporting of TB and FP commodities. Plans for orientation of pharmacists at district level developed.</p> <p><u>Data collection, review and feedback meetings:-</u> - <i>NAL</i>: Provided TA in monthly data review meetings held in Isiolo and Garbatulla. Key recommendations include: follow-up of non-reporting sites, plan for facility site visits (Isiolo), plan for district level re-distribution of short-term FP commodities. Provided TA to pharmacy i/c Garissa PGH to analyse KEMSA order fill rates and prescription audits.</p> <p><i>Rift Valley</i>: In collaboration with PMLT and PTLC, provided feedback on Commodity reporting rates for the TB program to 48 participants during the DLTLTD North Rift Valley Annual Consultative Meeting. Following feedback provided during annual TB meetings in North and South Rift, improvement in reporting noted in selected districts as at 1st March 2012. <i>Western and Nyanza</i>: DHRIOs in Bungoma, Manga, Rachuonyo north and Kakamega north (malava) districts to coordinate data collection in the districts, and liaise with DPFs to review data quality; checklists for program reporting disseminated to DPFs in 4 priority districts.</p>		

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AOP 6:Sect ion 5.1.2	Support supervisory field visits conducted 4 integrated supervisory visits to each province done and reports compiled	Integrated health commodities Support Supervision at health facilities conducted by the Regional health teams (PHMTs and DHMTs/county HMTs)  Comprehensive package for integrated supportive supervision for commodity management	AOP 6 Table 5.2 (page 71) MoPHS/ DCLM proposed AOP7, Section 3.1	3: Review and disseminate a comprehensive package for integrated supportive supervision for commodity management at regional level a) Review and finalize a comprehensive package for Integrated Supportive Supervision for commodity management by March 2012  b) Mentor PHMTs in 8 regions and DHMTs in 50 districts to undertake quarterly integrated health commodities support supervision missions from April 2012 using the integrated supportive supervision package.	Not done  41 DHMTs were oriented on commodity supportive supervision, namely <ul style="list-style-type: none"> <li>• <i>Nyanza</i>: Kisii Central, Manga, Rachuonyo North</li> <li>• <i>Western</i>: Kakamega North, Bungoma South and Kakamega East</li> <li>• <i>Coast</i>: Msambweni, Kwale</li> <li>• <i>Nairobi</i>: Makadara, Njiru, Kamukunji</li> <li>• <i>NAL</i>: Ijara, Isiolo, Samburu Central, Lagdera, Fafi, Garbatulla</li> <li>• <i>Eastern</i>: Imenti North, Tharaka North, Tharaka South, Embu North, Embu East, Embu West, <i>Makueni</i>, <i>Kilungu</i>, <i>Kathonzweni</i>, <i>Kitui West</i>, <i>Kitui Central</i>, <i>Kisasi</i>, <i>Nzambani</i>, <i>Mutomo</i>, <i>Lower Yatta</i>, <i>Matinyani</i>, <i>Katulani</i>, <i>Mutito</i>.</li> <li>• <i>Central</i>: <i>Kiambu East</i>, <i>Githunguri</i>, <i>Nyeri South</i>, <i>Mukurweini</i>, <i>Tetu</i>, <i>Muranga North districts</i></li> </ul> <p><i>Outcome</i>: 31 (75.6%) district teams went on to conduct commodity focused support supervision during which 610 facilities were reached</p> <p><u>Intra- and Inter-facility re-distribution:</u> Central &amp; Eastern: Orientation of Nyeri South DHMT on Inventory management resulted in identified need for support in re-distribution of excess antimalarials, which were shipped to Nyanza through support of APHIAPlus.</p> <p>Western &amp; Nyanza: AL redistribution done from Kisii to Kisumu (Nyanza PGH, Siaya DH); from Manga to Kakamega KEMSA depot to reduce stock-outs and expiries.</p>	Competing priorities - MoH (DOP and other central level departments), the leader of the review process, is engaged in devolution activities with implementation of the Constitution.	Continue engagement with MoH to advocate for review of the integrated supportive supervision package.

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<b>Expected outcome 2: Strong and Effective MoMS/MoPHS stewardship and technical leadership in supply chain management / Commodity Security</b>							
OP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6)  Section 5.1.2, Table 5.2, page 75 (Disease prevention and control)	Strengthen sector stewardship and partnerships with all stakeholders  Operations of technical working groups (TWG) strengthened	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies  Monthly Stock status summary reports generated by MoMS / MoPHS at central level of priority programs including malaria, ART FP, TB at regional level	AOP 6 AOP 6, Table 3.1 (page 12)  AOP 6, Table 5.2, page 75 (Disease prevention and control)	4: Provide technical leadership for commodity security and supply chain oversight at national level  a) Provide Technical leadership for review of TORs and membership of health commodity-related TWGs, committees and ICCs to ensure they address supply chain and commodity security elements  b) Provide TA for review, finalization and implementation of supply chain audit toolkit and support SCOC in supply chain audit in level 5 facilities	<b>Completed</b> – TOR for the HIV Commodities committee adopted. – All priority programs (TB, Malaria, FP and ARVs) held monthly commodity security meetings to review and guide program strategies for commodity security during the quarter: FP program had 2 meetings, TB and ARVs had 3 meetings each. • For TB, delays in scheduled deliveries from suppliers were highlighted and managed by modification of the delivery schedules. – HCSM provided TA to Condom TWG in using Pipeline software for pipeline review and developed recommendations for re-scheduling of condom shipments. These were accepted by the TWG and will contribute to reduced stock out risks for condoms nationally.  <b>Not done</b> – TORs for central level TB, FP and Malaria committees not yet completed  <b>Not done</b> This activity (on Supply Chain Oversight Committee) was put on hold	Conflicting priorities of MoH counterparts  The holistic approach to the re-structuring of the Pharmaceutical sub-sector means that the re-activation of the SCOC will only happen as part of implementation of the KNPP.	Advocacy for development of TORs is required  HCSM has held meetings with DoP to un-pack the KNPP as a step towards development of an implementation plan.

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				<p>c) Develop and implement stock status summary reporting package for central and regional level by June 2012</p> <p>d) Review the central level tracer lists for health commodities to create an integrated Tracer list, for commodity security oversight activities</p>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>– Supported timely production of monthly stock status reports for Malaria, FP and ARVs as well as PPMR reports for FP and Malaria.</li> <li>– Country 12-month ACT situational forecast generated with Malaria program.</li> <li>– National stock status report for TB commodities designed and generated for Dec 2011, Jan and Feb 2012.</li> <li>– Model for Regional level stock status monitoring developed.</li> </ul> <p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>– Development of an integrated stock status summary report package for both central and regional level for health commodities</li> <li>– Development of an integrated list of tracer pharmaceutical commodities in collaboration with various MoH programs</li> <li>– Development of the Essential Lab Commodity List, Tracer Tests List and Supplies catalogue, where a review and provision of revised draft of Lab tracer tests and commodities was done</li> </ul> <p><b>Ongoing</b> Comprehensive national integrated tracer commodity list not complete</p>	Competing priorities of MoH counterparts	Consensus meeting for the Integrated Tracer List planned for mid April 2012

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AOP 6: Section 5.4.8 Procurement	Ensuring security for commodities and supplies	Annual forecasting and quantification undertaken and procurement plan schedules developed and disseminated.	AOP 6 (page 118)	5: Develop / review guidelines and tools, and implement capacity building strategies for health commodity forecasting and quantification a) Develop / review training packages, SOPs, Job Aids and strategies for national and facility level on integrated health commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines targeting key officers in priority MoH programs (DOMC, NASCOP, DRH, DLTLD), DOP, DVI and Department of Nursing (DON) by March 2012  b) Mentor 12 senior health workers at national level on forecasting and quantification, procurement planning and pipeline monitoring	<b>Completed</b> – Reviewed 2011 FP F&Q to cater for FY 2011/12-2013/14 requirements. This report was used by; – DRH to lobby for financial commitment from GoK and donors. – Procurement commitments from USAID for implants and COCs, from KfW and UNFPA for DMPA. – HIV F&Q report and commodity technical specifications finalized. This F&Q report was used by NASCOP and stakeholders to determine initial quantities to procure through Kenya Pharma for special single commodities for ART (TB/HIV) and PMTCT.  <b>Not done</b> – Development of integrated F&Q and related training package and other materials not yet initiated  <b>Ongoing</b> – 2 staff from NASCOP mentored on condom forecasting during DRH's 2011/12-2013/14 F&Q. Ongoing mentorship for 1 DRH pharmacist.	Integration of Parallel systems and approaches takes time  Delays in organisation of joint quantification, pipeline monitoring and supply planning training of key officers in priority MOH programs	Training key officers in priority MOH programs on quantification, pipeline monitoring and supply planned for April 2012
MOMS Strategic plan, Table 6.7 (page 28); Table 5.14 (page	Pre- and In-service EMMS curricula developed	Facility staff and regional commodity management teams supported to implement capacity building approaches	MOMS Strategic plan (page 37)	6: Develop / review and disseminate curricula and training materials to improve commodity management a) Develop integrated pre-service commodity management curricula for tertiary training institutions (universities and medical training colleges) by Sept 2012	<b>Ongoing</b> Development of a revised ART Commodity Management Curriculum for PHC Settings for use in tertiary training institutions		

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94-96) (page 37)  AOP 6 Table 4.6				b) Implement in-service curricula on commodity management for facility level in collaboration with at least 2 tertiary training institutions such as KMTC, Kenya Institute of Supply Management (KISM), Strathmore College, and the Training TA, by Sept 2012	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>- Printing of KMTC In-service Curricula on effective management and appropriate use of medicines completed, and training scheduled.</li> <li>- Provided TA in stakeholder meetings for development and implementation of integrated In-service HIV Care and Treatment curriculum</li> </ul> <p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>- Finalization of curricula with Training Curriculum and Implementation Guide, Trainers and Participant Guides</li> </ul> <p><b>Not done</b> Training not yet done</p>		Training rescheduled to April 2012 due to competing priorities
				c) Jointly with APHIA Plus, and other stakeholders, undertake regional Training of Trainers (TOT) to capacitate 40 trainers in health commodity management by June 2012	No activity scheduled for this quarter		
				d) Jointly with DANIDA, APHIA Plus and other stakeholders, undertake 2 regional TOTs to capacitate 60 trainers nationally in "pull" system by Sept 2012	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>- Conducted TOTs for "Pull" system for North Rift (21 districts in 6 counties: Baringo, Turkana, Samburu, Pokot, Elgeyo Marakwet, Trans Nzoia). 39 health workers were capacitated, as well as 2 local KEMSA stores personnel. To date, a cumulative number of 162 ToTs have been trained.</li> <li>- Conducted facility level mentorship on ordering for the "pull" system d for 4 Health workers in 4 facilities in Merti, Isiolo district</li> <li>- Completed Training Workshop Proceedings reports for Nyanza &amp; Western</li> </ul>		
				e) Develop/review a package for commodity management at community level (CHWs) by Sept 2012	No activity scheduled for this quarter		

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AOP 6: Section 5.1.2 Disease Prevention and control  Table 5.2. Ensuring security for commodities and supplies .	Logistics Management Information System (LMIS) in place	MOMS/MOPHS and priority programs supported to assess their health commodity Management Information System (MIS) requirements and develop and implement interventions to commodity data management  MOH commodity MIS mapping report and implementation plan.	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100)  MoMS Strategic Plan 2008-12,	7: Review the MoH health commodity electronic MIS requirements at central and peripheral levels to identify gaps, design and implement interventions a) Review the ADT tool and scale up the user sites from the current about 190 sites to 350 service delivery points, by Sept 2012	<b>Completed</b> – Cumulatively 174 ART ordering point sites oriented on the updated ADT, across all the 8 provinces. Of these, 95 sites have ADT running. – Regional ADT TOT orientations for the quarter as follows: – Rift Valley – HCW from 25 out of 34 ordering sites oriented. 2 participants from implementing partners (Kenya Pharma) also trained. – North eastern: 3 out of 4 ordering sites oriented. – Coast: 28 out of 30 ordering sites oriented as well as 5 participants from partner organizations (APHIAPlus and Kenya Pharma) and the Coast Region’s PARTO. – Myanza: 38 out of 52 ordering sites oriented – Central: 24 out of 28 ordering sites oriented. – Eastern: 32 out of 36 ordering sites oriented – Nairobi: 8 out of 52 ordering sites oriented		Additional trainings are scheduled for April 2012.
				b) Review the Inventory Tracking tool (ITT) and support its use in 50 facilities, including district stores, by September 2012	<b>Ongoing</b> – ITT tool was updated based on feedback received from end users. ITT installed and in use in 23 sites countrywide, including 3 FBO stores (EDARP, Tenwek MH, Mater Hosp), and 2 community based sites (CHBC Mombasa, COGRI Nyumbani). The sites included 14 public district level stores.		
				c) Adapt the existing MIS tools to incorporate new functionalities and technologies, and enhance integrated reporting e.g. by use of web-based and mobile data transmission technologies.	<b>Ongoing</b> – Collaboration with I-Tech to develop companion software for standards-based interoperability between facility EMR system (CPAD) and the ADT. – HCSM given access to <a href="https://sites.google.com/site/oeckenya/discussions/technical-meetings">https://sites.google.com/site/oeckenya/discussions/technical-meetings</a> website for exchange of technical ideas with I-Tech to speed up development of the requisite companions.		
				d) Provide technical leadership in planning and mapping of MIS systems for managing health commodities in public and FBO health facilities by December 2011	<b>Completed</b> Analyzed the data collected in assessment of usage of ADT at all ARV ordering sites – this was used to inform the strategy for partner involvement in scaling up and supporting ADT at public health facilities <b>Not done</b> Assessment to establish other commodity MIS tools in use at health facility not conducted	Need to move systematically, first by scale up of ADT and then to review of other electronic tools at health facilities	

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				e) Build capacity of health workers in the 50 select districts for the implementation of the electronic tool, by July 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>- Capacity has been built for implementation and use of the updated ADT and ITT as follows: <ul style="list-style-type: none"> <li>o Regional orientation done for MoH staff and regional implementing partners in 6 provinces: Rift Valley, Coast, Nyanza, Eastern, Nairobi and Central</li> <li>o OJT ongoing on a site-by-site basis for initiation and support to use ITT at facility and district stores</li> </ul> </li> </ul>		Planned third party support for implementation of the electronic tools initiated from next quarter.
				f) Build regional capacity to roll out the electronic tool by engaging regional partners to provide on-site support and maintenance for electronic tool by Sept 2012	<b>Ongoing</b> <ul style="list-style-type: none"> <li>- Regional partners also included in the ADT and ITT orientations committed to provide sites with support as indicated on their action plans</li> </ul>		
PMI Kenya Malaria Operational Plan FY10		Rational use and availability of key anti-malarials determined; Overall malaria case management quality care improved	Malaria M&E plan (page 56) PMI Kenya Malaria Operational Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48)	8: Provide technical guidance to undertaking bi-annual surveys on health commodity management issues  <ul style="list-style-type: none"> <li>- Provide technical guidance, coordination and support for the Bi-annual Quality of Care Surveys - end use verification/ monitoring of availability of key antimalarial commodities at facility level</li> <li>- Undertake surveys on health commodity management issues at regional and facility level</li> </ul>	<b>Completed</b> <ul style="list-style-type: none"> <li>- Results for Round 3 of the Quality of Care (QoC) survey disseminated to national and provincial level stakeholders.</li> <li>- Plans for dissemination to district level developed.</li> </ul> <b>Ongoing</b> <ul style="list-style-type: none"> <li>- Provided TA for planning and initiation of the Round 4 of QoC survey. Additional questions have been included in the survey to assess health commodities apart from Malaria, i.e. the essential medicines.</li> </ul>		



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Expected outcome 3: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)							
AOP 6: Section 3.1	Complete establishment of sector coordination process and ICCs and SWAp secretariat Documentation of secretarial function for sector coordination structure available.  Ensure meeting of different coordination structure are taking place	1. A functional PSC-ICC that provides strong and effective leadership, coordination and harmonization of GoK and donor activities related to commodities management	AOP 6:- Table 3.1 (page 12);  Table 5.31, (page 116); Section 6.2 (pg 124)	9: Provide Technical leadership for review of TORs and development of work plan for the PSC-ICC  a) Provide technical leadership for review of TORs and membership; identify TWGs and development of work plan for an expanded PSC-ICC for overall health commodity oversight by June 2012  b) Provide technical leadership and support to quarterly meetings of the expanded PSC-ICC by June 2012	<b>Ongoing</b> Participated in one PSC-ICC meeting held towards end March under chairmanship of Dr Sharif (Director, Public Health & Sanitation). This was after a long period of inactivity for the PSC-ICC.	Re-structuring of the SWAP secretariat and the structures of the health coordinating mechanisms is ongoing albeit at a slow pace due to competing priorities with implementation of the Constitution	Continue engagement with SWAp Secretariat and the Department of Pharmacy to advocate for strengthening of PSC-ICC and to ensure that the PSC ICC is strategically placed in the envisaged structures of the health coordinating mechanisms.
<b>Result Area 2: Strengthened Pharmaceutical Policy and Service Delivery (Technical Area II)</b>							
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Functional hospital MTCs in existence in 30 level 4-6 hospitals across all sectors Improved pharmaceutical services as	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	Activity 10. Technical and operational support to establishment of functional hospital MTCs in 30 level 4-6 hospitals across all sectors  a. Revision and finalization of MTC guidelines and training materials by March 2012	<b>Completed</b> — Draft revised MTC training curriculum available and pre-tested and updated during the Kenyatta National Hospital MTC workshop — MTC Materials finalized, awaiting approval & adoption		

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		availability of STGs and EML from 47% and increase in tracer conditions treated according to recommender treatment guidelines from 6.9% to 15% for diarrhea and 22% to 40% for Malaria	AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use	b. Capacity building of institutional MTCs by June 2012	<b>Ongoing</b> – Two day training for the Kenyatta National Hospital MTC conducted where 19 participants were reached.		
				c. Follow-up and support of institutional MTCs by September 2012	<b>Ongoing</b> – MTC assessments on-going – Action planning meetings held for New Nyanza PGH		
AOP 6 5.3.7 5.2.2	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff  Standards and Regulatory Services	CPD material developed and targeted regional CPD sessions to private/community based practitioners undertaken	AOP 06; KNPP 2010 (3.9.3) Pharmaceutical Human Resource Utilization	<b>11.</b> Support CPD development and implementation plan targeting all sectors in the areas of commodity management and appropriate medicines use  a. Development and implementation of CPD guidelines and implementation plans.	<b>Completed</b> – Assessment tools for CPD programs developed. – CPD survey to inform guidelines and implementation of CPD programs undertaken  <b>Ongoing</b> – Development of CPD materials, CPD Guideline and Implementation plans is ongoing		
				b. Development of needs-based CPD materials	<b>Ongoing</b> – Held planning meetings with PSK to identify priority CPD related topics and their implementation. A comprehensive list of topics developed.		

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				c. Scale-up of trainings previously conducted in partnership with professional associations such as PSK and KPA.	<b>Ongoing</b> – Calendar for CPD implementation developed		
AOP 5.2.6	Pharmacy: Capacity strengthening and retooling of management support, and service delivery staff	Pharmaceutical services operational manual, charter, and standard operating procedures finalized and disseminated	AOP 6  MOMS strategic plan 2008 - 2012 pg.15	Activity 12. Technical and operational support for quality improvement and service delivery at all levels of the health system by March 2012;  a. Support to finalization and dissemination of pharmaceutical services operational manual	<b>Ongoing</b>  – Development of Pharmaceutical services operations manual		
				b. Support to finalization & dissemination of the Pharm. Services charter and SOPS	<b>Ongoing</b> – Dissemination of Pharmaceutical SOPs, service charter and handbook; Dissemination lists		
				c. Provide technical assistance for finalization and launching of the DOP website by March 2012.	<b>Ongoing</b> – On-going updating of website( <a href="http://www.pharmacy.or.ke">www.pharmacy.or.ke</a> ) content. Awaiting official launch		
				d. Support capacity building of the department's staff on website maintenance and content management by March 2012.	<b>Ongoing</b> – Updated/current DOP website to support dissemination of policy guidelines & materials to support quality improvement and service delivery		
AOP 6 5.3.4	KMTC: Policy formulation and strategic planning	Pharmaceutical care and management modules for pre-service level developed	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	Activity 13. Support finalization and integration of pharmaceutical care and management topics in pre-service training curricula for tertiary level training institutions by 2012  -TA for integration of pharmaceutical management and care into pre-service training	<b>Completed</b> – Inclusion of the following examinable topics; o KMTC: Commodity Management topics incorporated into the drug supply management course outline o UON: Preparations for review & finalization of draft course content and outline for post-graduate pharmacoepidemiology/pharmacovigilance done  <b>Ongoing</b> – Inclusion of Pharmaceutical care into pre-service curricula for tertiary level training institutions		

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Expected outcome 2: Strengthened medicine quality assurance and pharmacovigilance							
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	50 focal champions equipped with pharmacovigilance knowledge, skills and tools	AOP 6 Draft PPB AOP 7 2011-2012	Activity 14. Technical and operational support in orientation/sensitization of health care workers in all sectors using the national pharmacovigilance materials with a focus on priority programs HIV/AIDS, TB, and Malaria a. On-going technical and operational support in sensitizing health care workers in all on pharmacovigilance	<b>Completed</b> 103 healthcare providers in Embu, Chuka, Karatina and Nyahururu sensitized on Pharmacovigilance. Sensitizations were conducted by ToTs at the facilities with support from PPB and HCSM.  29 Kenya Defence Forces healthcare providers trained on Pharmacovigilance. The providers developed action plans after the training.  <u><b>Nairobi region</b></u> 21 DHMT members and 130 Health Care providers from Njiru and Makadara Districts sensitized on Pharmacovigilance.  <u><b>Coast Region</b></u> 64 healthcare providers from Msambweni and Kwale districts oriented on PV and its reporting tools  <u><b>Rift valley</b></u> 41 participants in West Pokot from 31 facilities sensitized on Pharmacovigilance <u><b>North Eastern</b></u> 14 Masalani DH staff trained on PV by focal champions <u><b>Western/ Nyanza</b></u> 27 DHMT members from Kisii central, Kakamega central, North and East; Bungoma and Manga Districts oriented on PV and its reporting tools		

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				b. Follow up of trained health care workers and their organizations and provision of technical support for the implementation of their action plans by September 2012.	<p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>- Trained healthcare workers followed up on implementation of their action plans. Support to implementation was provided and sensitization materials, reporting tools, information on courier services provided. Feedback provided was as follows: <ul style="list-style-type: none"> <li>- <b>West Pokot</b> Training in West pokot conducted by focal champions who were trained during the 3<sup>rd</sup> National PV training. Funding was provided by APHIAPLUS Rift Valley.</li> <li>- <b>Ijara district:</b> DHMT/ HMT feedback provided. PV incorporated into Malaria Case Management training for Health Facility staff</li> <li>- <b>Makueni District</b> DHMT feedback provided. CME conducted for 38 Makueni DH staff. 7 reports on ADRs and 5 on Poor Quality Medicinal products submitted to PPB.</li> </ul> </li> </ul>		
AOP 6 5.3.7; 5.1.2	Pharmacy and Poisons Board: Ensuring security for commodities and supplies. Disease Prevention and control	Institutionalization of post-marketing surveillance for strengthened medicines quality assurance and pharmacovigilance	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines: Quality, safety and efficacy	<p>Activity 15. Technical and operational support to PPB for post marketing surveillance surveys/activities in collaboration with NASCOP, DOMC, DLTL, other programs and stakeholders (This will involve building capacity for:</p> <p>a) analysis and documentation of post marketing surveillance surveys results by March 2012</p> <p>b) dissemination of post-marketing surveillance surveys/activities reports by September 2012)</p>	<p><b>Completed</b> Finalized PMS reports for antiretroviral medicines, Anti-TBs</p> <p><b>Dissemination of Anti-malarial PMS report to stakeholders from PPB, DLTL, MSH/HCSM, USAID, USP, DOP and KEMRI done</b> <b>A stakeholder meeting held to discuss strategies for integrated PMS activities instead of ad hoc program specific surveys.</b></p> <p><b>Ongoing</b> Planning for dissemination of PMS reports for ARVs, anti-TBs and anti-malarial reports done using a Health System Strengthening approach.</p>		

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AOP 6 5.3.7	Pharmacy and Poisons Board: Ensuring security for commodities and supplies	Improved awareness and participation of the community in strengthening medicine safety and quality.	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines : Quality, safety and efficacy	<b>16.</b> Technical and operational support to PPB for strengthening PV at consumer level  a) development and provision of required tools and IEC materials by June 2012	<b>Completed</b> Printing of client/patient information leaflets to sensitize consumers/patients on suspecting and reporting side effects of medicines to improve patient safety done		
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	Pharmacovigilance reporting tools printed and disseminated to 1000 facilities and E-system implemented to boost reporting	AOP 7 2011-2012	Activity 17. Support to PPB to: a. Review, print and disseminate pharmacovigilance training curriculum, jobs aids, manuals and reporting tools.  b. Implement an electronic system to boost reporting	<b>Ongoing</b> Disseminated PV Job aids and MIPV Newsletters to <b>1081</b> facilities level 3-6 facilities countrywide  <b>Rift Valley</b> 21 booklets each of the pink and yellow forms with SOPs, 200 alert cards, 42 PV guidelines disseminated to 21 facilities ;PV Reporting tool sets, SOPs and Job aids disseminated to 16 level 2-3 WRP- supported sites  <b>Eastern</b> Disseminated 30sets of PV reporting tools and SOPs to 30 level 2-3 facilities through ICAP  <b>Coast</b> PV Reporting tools disseminated to 7 facilities in Msambweni and Kwale Districts and DNO Msambweni.  <b>Nairobi</b> PV guidelines, reporting tools, SOPs and job aids disseminated to Mama Lucy Kibaki District Hospital  <b>Western</b> PV reporting tools for both ADRs and Poor Quality Medicines disseminated to 27 participants from priority district DHMT		
					<b>Ongoing</b> – Vendor for the e-reporting system identified jointly with PPB team, contract signed and system development commenced in March 2012.		

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AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	20 PPB and MOH staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision making	AOP 6  MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	Activity 18. Technical and operational support for PV data acquisition and information management for decision-making – Support to courier system for pv data acquisition	<b>Ongoing</b> – Provided ongoing support on PV data acquisition and by March 2012 cumulative ADR reports increased from 3243 at the end of December 2011 to <u>about 3700</u> at the end of March 2012. <u>About 200 reports</u> of poor quality medicinal products had been received. <b>Outcome report – several regulatory actions- Product withdrawals &amp; recalls by the Pharmacy &amp; Poisons Board</b>		
				– TA for PV data management and use (TA for PV information sharing, feedback and communication for decision making) e.g. pharmacovigilance newsletters by September 2012	<b>Ongoing</b> – Copies of the Medicines Information and Pharmacovigilance newsletters that aims at strengthening advocacy for PV and update HCWs on activities and regulatory actions taken by PPB thereby promoting medication safety disseminated to health care workers in <b>1081 health facilities</b>		
AOP 6	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	Active sentinel surveillance protocols developed 12 active surveillance sentinel sites strengthened to detect and report ADRs	AOP 6	Activity 19. Technical support to PPB for establishment of ADR active sentinel sites in collaboration with  a. Development of active surveillance protocol/concept paper or guidelines by June 2012	<b>Completed</b> – Active surveillance guidelines for ART finalized – A comprehensive pharmacovigilance plan for NASCOP developed		
				b. Capacity building, follow-up and support of ADR sentinel sites by September 2012	<b>Ongoing</b> Follow-up forum for capacity building and experiences sharing of health care providers from <b>11 ART sites</b> organized during which <b>33 participants</b> comprising of Pharmacists, doctors, nurses, pharmaceutical technologists and provincial pharmacists attended  Feedback showed that: Pharmacovigilance implemented for all drugs beyond ARVs; PV has been incorporated into some AOPs and MTC activities and HCWs better at using reporting tools and PV data for decision making		

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Expected outcome 3: Strengthened pharmaceutical subsector governance							
AOP 6 5.1.2 5.2.65 5.4.3	Disease prevention and control pharmacy: Ensuring security for commodities and supplies; Technical planning and monitoring	Standard treatment guidelines and KEML reviewed and disseminated nationwide	MOMS strategic plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6 KNPP 2010 (3.6.1) Promoting appropriate medicine use	20. Technical support to the review/dissemination of national clinical and referral guidelines, KEML and program specific treatment guidelines across all sectors – Regional dissemination of national clinical and referral guidelines and the KEML	<b>Ongoing</b> <b>National level support</b> – Developed dissemination materials (presentations) for Level 2-3 facilities for used in planned dissemination meetings next quarter – Supported NASCOP in the development of dissemination materials for the revised 'Guidelines for Antiretroviral Therapy in Kenya'- 4 <sup>th</sup> Edition- Includes Powerpoint presentations, Case Studies and Job aids <b>Regional level support</b> – One hour dissemination sessions for SCG & KEML held for 130 HCWs from 45 facilities in 2 districts- Njiru & Makadara [Nairobi] – Sensitization of HCWs on SCGs, KEML & Appropriate Medicine Use done in 16 priority districts		
AOP 6 5.1.2; 5.2.6	Disease prevention and control pharmacy: Ensuring security for commodities and supplies; Technical planning and monitoring	AMU guidelines and training materials finalized and disseminated	AOP 6	21. Technical and operational support to dissemination of AMU guidelines and training materials	No activities	Unable to schedule meetings due to other prioritized competing activities	Follow-up meeting to finalize development of the guidelines, training materials and tools not held. To be rescheduled for March-April 2012
AOP 6 section 5.2.6	Pharmacy: Policy formulation and strategic planning	KNPP officially endorsed and adopted KNPP implementation and M&E plans developed KPA strategic plan revised	AOP 6 MOMS Strategic plan 2008-2012 pg 36 (Results framework strategic thrust 7)	22. Technical and operational support to development of a comprehensive KNPP implementation plan	<b>Completed</b> – KNPP officially endorsed and adopted <b>Ongoing</b> – Supported DOP to start unpacking the KNPP in preparation for the development of an Implementation/Strategic Plan. – Supported DOP to review the pharmacy governance structure in-line with KNPP, constitution 2010 and health policy framework – Supported the end-term evaluation of the KPA 2009-2011 strategic plan to inform development of 2012-2016 strategic plan		



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AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance	MOMS Strategic plan 2008-2012 pg 36 (Results framework strategic thrust 7) KNPP 2010 (3.6.1.1) Promoting appropriate medicine use: Institutional and legal arrangement	23. Technical and operational support to the National Medicine & Therapeutics Committee (NMTC)	No activities during the quarter	Activities put on hold pending development & finalization of DOP governance structures and redefinition of the place & roles of the NMTC	
				<p><b>24. Capacity building on pharmaceutical governance for PPB, DOP, NQCL and senior program managers</b></p> <p>a) Training 20 PPB, NQCL, DOP and senior program staff on the tenets of pharmaceutical governance by March 2012.</p> <p>b) revision of pharmaceutical governance tools and SOPs in these institutions by June 2012</p>	<p><b>Ongoing</b></p> <p>– Discussions on the approach to use for capacity building on pharmaceutical governance for managers at PPB, DOP, NQCL and priority health programs held.</p>		Stakeholder forum scheduled for coming quarter

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<b>Result Area 3 Support to Laboratory Governance, Commodity Security and Service Delivery (Tech Area III)</b>							
AOP 6 NHSSP II Obj 4 (Pg 6)	Priority intervention: Strengthen the management and availability of commodities and supplies	Improved capacity for quantification at regional level.  Improved laboratory commodity reporting rates for HIV test kits from 50% to 65% and Malaria RDT from 0% to 45%	DDPC draft AOP 7 Sec 2: Security for Public Health Commodities	Activity 25: Establish and build capacity of regional and district Laboratory Commodity Security Technical Working Groups. – Work with the regional management teams (PHMT, County HMTs) and other stakeholders to strengthen oversight of laboratory commodities through the formation of regional Laboratory Commodity Security Technical Working Groups (LCS TWG).	<b>Completed</b> – In collaboration with NPHLS, PMLTS, PMLSO and DMLTs, facilitated and provided TA to DMLTs and laboratory in-charges meeting on improving RR for laboratory commodities in all 8 provinces. The meeting brought together the laboratory fraternity to discuss the challenges behind poor reporting on consumption of laboratory commodities. During the meetings action plans were developed and each province set targets to improve by reporting rates. Most improved districts (comparing Oct/Nov 2011 to Dec 11/Jan 12) are: Eldoret East from 2% to 50%; Tinderet from 25% to 67%; Koibatek from 0% to 38%; Nandi South from 0 to 32%; Trans Nzoia East from 5% to 33%; Kajiado South from 19% to 38%.		

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		Improved coordination of implementing partners		<ul style="list-style-type: none"> <li>– Work with regional TWG and management teams, and regional partners to provide facilities with tools for data collection and reporting.</li> </ul>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>– During the DMLTS and lab in-charges meeting, tools were disseminated as follows:</li> </ul> <p><b>Central province</b></p> <ul style="list-style-type: none"> <li>-1080 Photocopies copies of RTKs FCDRRs</li> <li>-100 copies lab ART monitoring reagents FCDRR</li> </ul> <p><b>Coast province</b></p> <ul style="list-style-type: none"> <li>-500 copies of RTKs FCDRR</li> <li>- 100 copies of lab ART monitoring reagents FCDRR</li> <li>- 200 bin cards</li> <li>- 200 top- up cards</li> <li>- 200 Temperature Monitoring</li> <li>-200 Expiry tracking charts</li> </ul> <p><b>Eastern province</b></p> <ul style="list-style-type: none"> <li>-1000 copies of RTKs FCDRR</li> <li>-100 copies of ART lab monitoring reagents</li> </ul> <p><b>Western province</b></p> <ul style="list-style-type: none"> <li>-1000 copies of RTKs FCDRR</li> <li>-50 copies of ART lab monitoring reagents</li> </ul> <p><b>Rift Valley province</b></p> <ul style="list-style-type: none"> <li>Provided Laboratory FCDRR photocopies to Narok North DHMT (300 copies)</li> </ul> <p><b>Nairobi province</b></p> <ul style="list-style-type: none"> <li>-500 copies of RTK FCDRR</li> <li>-50 copies of ART lab monitoring reagents.</li> </ul> <p><b>Nyanza province</b></p> <ul style="list-style-type: none"> <li>-1000 copies of RTK FCDRR</li> <li>-1000 Copies of lab job aid</li> <li>-200 copies of ART lab monitoring reagents</li> </ul> <p><b>North Eastern ;</b> soft copies of RTKs FCDRR, ART monitoring lab commodities FCDRR and laboratory job aids on quantification of laboratory commodities were sent to 14 DMLTs</p>		

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				<ul style="list-style-type: none"> <li>- Build capacity of 200 regional laboratory personnel from 50 selected districts through provision of commodity management tools, job aids, On Job Training (OJT), mentorship, by September 2012</li> </ul>	<p><b>Completed</b> Provided OJT on good inventory management, provision of tools and job aids in selected facilities as follows:-</p> <ul style="list-style-type: none"> <li>- Eastern Province: 5 laboratories supported. A total of 28 staff trained</li> <li>- Central Province: 5 laboratories supported. A total of 14 lab technologist trained</li> <li>- Western Province: 5 laboratories supported. A total of 29 lab staff trained</li> <li>- Nairobi Province: 6 laboratories supported. A total 30 of staff trained</li> <li>- Nyanza Province: 6 laboratories supported. A total of 26 HCW trained</li> <li>- Coast Province: 6 laboratories supported. A total of 6 laboratory staff were trained</li> </ul> <p>Laboratory cadre were a part of the cadres trained during district focus commodity management strengthening;</p> <p>a) Sensitization of DHMTs b) Champions on good inventory management c) Facility in-charges meeting</p>		
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level.)	<p>26. Strengthen the system to improve laboratory commodity information management at regional and health facility level</p> <p>a. Provide tools for data collection and reporting for essential lab commodities. MSH/HCSM will leverage with other regional partners in ensuring their constant availability at health facilities</p> <p>b. Build capacity of facility staff to use laboratory commodity information for decision making</p>	<p><b>Ongoing</b> Provided TA in revision/development of lab LMIS tools as follows:</p> <ul style="list-style-type: none"> <li>- Inclusion of TB and malaria lab commodities in the lab manual LMIS tool and approved by NPHLS.</li> <li>- Development of a smaller version of FCDRR for lower level facilities.</li> <li>- Development of district Lab data aggregation tool</li> <li>- Dissemination of the new malaria aggregation tool which was revised to include RDT component</li> </ul> <p>Activity scheduled for the coming quarter</p>		

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				c. Support systems for transmission of information generated at the facility levels to the regional and national levels for decision making and commodity resupply by Sept 2012			
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria RDTs at designated facilities	Improved access to and coverage of malaria RDTs at designated facilities	Activity 27: Support the implementation of the new malaria RDT guidelines for malaria diagnosis in 37 selected districts from different malaria epidemiological zones.	<b>Ongoing</b> Continued to give ongoing support to DHMTs and district teams to carry out RDTs focused support supervision		
				– Support Supervision and on the job training for RDTs and other laboratory commodities			
				– Support the review and finalization of the RDT reporting tools and integration of RDT usage reporting in the existing systems, e.g. the LMIS,			
				– Support development of job aids and SOPs for establishment of a QA/QC system for RDTs at facility level	<b>Ongoing</b> Provided Technical assistance for the development of a comprehensive QA/QC system for malaria Diagnostics.		

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MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38)  AOP 6 Sec 5.2.6 (Pg 97)  AOP 6 Sec 5.1.2, Performance monitoring and evaluation	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies.  No. of laboratory personnel updated on laboratory skills (Page 74)	Improved inventory management and accountability for commodities  Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs  NPHLS and DML/NBTS supported to develop a TOT Curriculum on Lab Commodity Management, and to utilize the same to strengthen the capacity of existing lab personnel and facilities	NPHLS AOP7 Policy formulation, implementation and evaluation ; Monitor availability of test kits in the country through targeted supportive supervision (Page 5)  NPHLS draft AOP 7: Train lab personnel on data management	a). Strengthen capacity of Health workers to manage laboratory commodities at facility level. Interventions will include supporting the NPHLS and DML/NBTS to:  a). Adapt the Laboratory Commodity Management (LCM) Curriculum for levels 2-3 and complementary job aids and SOPs for national rollout by December 2011 <b>(national level)</b>	Draft LCM curriculum handed over to MOH for mainstreaming as a government curriculum		
				b) Engage stakeholders to develop a Laboratory Commodity Management ToT Curriculum, job aids and SOPs for national rollout by March 2012 <b>(national level)</b>	Draft TOT curriculum developed and handed over to MOH for endorsement and mainstreaming		
				c). Build capacity of 40 ToTs nationally on laboratory commodity management with a special focus on HIV testing using local resources			
				d). Disseminate commodity management SOPs, job aids, inventory management tools and provide OJT by June 2012	<b>Ongoing</b> Draft SOP developed		

	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new additional activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
AOP 6 Sec 6.1 (Pg 124)	Providing Comprehensive leadership and management training for mid level managers	laboratory commodity management activities at national and regional level;  A national Essential Laboratory Commodity List in use for procurement	DDPC draft AOP 7 Sec 4.2: Capacity Strengthening and retooling of management support and service delivery (Leadership and management skills)	29. Build Capacity of the national laboratory commodity security committee to support and coordinate the peripheral level activities. MSH/HCSM will undertake the following: <b>(national)</b> a. Work with MOMS/MOPHS to reconstitute the existing national Laboratory commodity security committee to incorporate key laboratory stakeholders. This will expand the scope of the current committee beyond HIV commodities	<b>Completed</b> – Completed and shared drafts with DDFS, NPHLS the development of Draft 1 of: – Essential Medical Lab Commodities List (EMLCL Reagents and Supplies). – Tracer Lab Tests List complete		
				b. Active support to the annual national quantification and forecasting, procurement planning and development of routine strategic information reports by March 2012	<b>Ongoing</b> – Providing TA in compilation of lab monthly stock status for HIV lab commodities – Provide TA in the HIV lab commodities F and Q activities		
Provision of short term technical assistance and participation of participation in important international meeting and conferences.				Attend international meetings/conferences	No international meetings/conferences attended during the quarter		
MSH/HCSM Program Start-up				Undertake Baseline Evaluation for setting program performance targets	<b>Completed</b>		
				Develop and implement a HCSM Project database for Project Planning, Performance Monitoring and Reporting	Pending		