Management Sciences for Health (MSH)

Health Commodities and Services Management (HCSM) Program

Quarterly Progress Report for FY 2014 Quarter 4
(1st July 2014 - 30th September 2014)

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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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2014. *Management Sciences for Health/ Health Commodities and Services Management Program, Kenya, Quarterly Progress Report for FY 2014 Q4 (1st July 2014 – 30th September 2014).* Submitted to the U.S. Agency for International Development/Kenya by the MSH/HCSM Program. Nairobi, Kenya

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Table of Contents

Acronyms and Abbreviations

ADT	Anti-Retroviral Dispensing Tool
AIDS	Acquired Immune Deficiency Syndrome
STI	Sexually Transmissible Infection
AMPATH	Academic Model for Prevention and Treatment of HIV/AIDS
APHIA Plus	AIDS Population and Health Integrated Assistance Plus
ART	Anti-retroviral Therapy
CASCOs	County AIDS & STI Coordinators
CD	Compact Disc
CDRR	Consumption Data Report & Request
CHMT	County Health Management Team
CMB	Commodity Management Board
CPD	Continuous Professional Development
DAR	Daily Activity Register
DHIS	District Health Information Software
DMS	Director of Medical Services
EHPT	Essential Health Products & Technologies
EGPAF	Elizabeth Glaser Paediatrics AIDS Foundation
EMMS	Essential Medicines and Medical Supplies
ePV	Electronic Pharmacovigilance Reporting System
FBO	Faith Based Organizations
FDT	Facility Dispensing Tool
FP	Family Planning
HIS	Health Information Systems
HMT	Health Management Team
HOPAK	Hospital Pharmacists Association of Kenya
HTC	HIV Testing & Counselling
KEMLCL	Kenya essential medical laboratory commodity and tracer list
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
KPA	Kenya Pharmaceutical Association
LMIS	Logistics Management Information System
LOE	Level of Effort
MCU	Malaria Control Unit
MIPV	Medicines Information and Pharmacovigilance
MIS	Management Information Systems
MTC	Medicines & Therapeutics Committee

NASCOP	National AIDS and STI Control Programme
NEPAD	New Partnership for Africa's Development
NMS	National Malaria Strategy
NMTC	National Medicines & Therapeutics Committee
OJT	On-Job-Training
PEPFAR	Presidents Emergency Program For Aids Relief
PMI	President's Malaria Initiative
PPB	Pharmacy & Poisons Board
PPMR	Procurement Planning and Monitoring Report
PSU	Pharmaceutical Services Unit
PV	Pharmacovigilance
PVERS	Pharmacovigilance electronic reporting system
QA/QC	Quality Assurance/Quality of Care
QOC	Quality of Care
RCORE	Regional Centre of Regulatory Excellence
RH/FP	Reproductive Health / Family Planning
RMHSU	Reproductive & Maternal Health Services Unit
RR	Reporting Rates
SCHMT	Sub County Health Management Team
SDP	Service Delivery Point
SS	Supportive Supervision
TORs	Terms of Reference
TWG	Technical Working Group
TOT	Training of Trainers
UON	University of Nairobi
USG	United States Government
WP	Work Plan
USAID	United States Agency for International Development

1.0 EXECUTIVE SUMMARY

This was the final reporting quarter of the FY13/14 and as such, activities during this period were geared towards full implementation of the fiscal year work plan, concretizing gains made in the previous reporting periods. As the program embarks on its fourth year of implementation, significant investments have been made to enhance collaboration and partnerships with GOK and other Implementing partners at National and County levels as part the program's wider exit strategy. As highlighted in the section below, significant achievements have been made in improving overall commodity security and skills transfer/transitioning oversight to MOH staff across all PHP programs.

In the HIV and AIDS Program, HCSM focus was in building capacity of the national level to support the transitioning of core commodity security activities in addition to building capacity at the county level in commodity management, as stipulated under the devolved system of government. To this effect, HCSM involved the County AIDS & STI Coordinators (CASCOs), selected County pharmacists, County lab coordinators and staff in a recent annual national HIV commodities quantification exercise to sensitize and build ownership on HIV commodities quantification. HCSM also supported NASCOP in review of the Quantification exercise of 2013, comparing 2013 forecasts to actual consumption data, as well as mapping of quantification process aimed at simplifying the annual process and enhancing its efficiency. Stemming from the analysis of ART data from 7 selected ADT user sites, data on patient regimens and medicine consumption was used to provide evidence on health facility practices and adherence to the ART guidelines as well as to refine the quantification assumptions. The national reporting rate for ART commodities for the ART ordering points as at end August 2014 stands at approximately 98%.

For the Reproductive and Maternal Health Support Unit (RHMSU), the priority for this quarter was enhancing use of commodity information management tools to improve use of data for decision making at national and county level. At national level, HCSM supported the unit in updating of FP program reporting tools and the development of data validation rules to be used on DHIS2. HCSM also continued to provide strategic commodity information to USAID and DELIVER on national stock status, as part of the tracking efforts to ensure national commodity security.
At county level, HCSM in collaboration with other USAID implementing partners carried out DHIS2 sensitization and worked with the county teams to address technical constraints and enhance the use of DHIS2 for reporting of FP commodities to reach the target 80% reporting rate. These efforts bore fruits in this arena, as the target was achieved in all the regions where HCSM is present with Nyanza counties at 86.8%, Western counties at 92.0%, Coast counties at 87.8% and an overall national reporting rate of 75.3%. As a means to achieve sustainability in commodity security, beyond HCSM, a forum bringing together private sector players in FP commodity supply was convened and HCSM was involved in discussions aimed at defining the changing role of the private sector in provision of FP commodities

HCSM continued to work with the Malaria Control Unit (MCU) whose priority was review and re-configuration of national level commodity processes to sustain performance under the devolved government structure. Key activities included the development of a county malaria commodities order validation process to facilitate rationalization of orders received by KEMSA from counties and avoid over-supply and minimize the risk of resultant central level stock outs. In the previous quarter, the DHIS2 data showed overstocking in some sites; using these findings, HCSM also supported MCU in planning and

coordination of county level re-distribution of malaria commodities to mitigate the effect of a central level stock out caused by delayed shipments and over-supply to some counties. As part of on-going program monitoring, HCSM supported the Malaria Quality of Care survey (QOC) round 8 data collection and it is anticipated that the report will be done in the coming quarter. Going by the data extracted from the DHIS2 platform, the overall facility reporting rate for HCSM Supported counties for malaria was 92.2% (national rate is 66.7%).

With regards to management information systems (MIS), an intervention that cuts across all the public health programs (PHPs) at national and county levels, the program supported adoption of DHIS2 for commodity reporting at both national and county levels. This was achieved through intensive engagements of MOH, USAID supported national and county level partners and other county level partners. These DHIS2 - related activities have made it possible to leverage diverse resources and deliver a concerted effort that has resulted major improvements in reporting rates on DHIS2 and growing use of data from the system by national programs and county teams in planning and commodity management.

The main thrust for HCSM's county level work in this quarter was to enhance impact through stronger collaboration with partners – both within the thirteen HCSM priority counties and in the other counties where HCSM is not present. Subsequently, HCSM has built close working relationships with key USAID and non-USAID partners, including APHIA Plus, AMPATH Plus, ICAP and Kenya Pharma who have been active participants in the programs activities at national and peripheral levels. The program worked closely with CHMTs through enhancing functionality of the County Commodity TWGs. These are the primary focal points for engagement and activity implementation in the focus counties. In this reporting period, 11 County Commodity TWGs held their health commodity review meetings. To promote data reporting and use for decision making, 10 counties held data review meetings where 386 participants who included the CHMT, SCHMT and facility staff participated. The CHMTs and sub county HMTs were also supported to conduct integrated support supervision and provide mentorship and OJT at targeted facilities in 11 Counties. As a result, there has been an overall steady improvement in reporting rates across the PHP related commodities.

Under the pharmaceutical policy and service delivery results area, significant achievements have been made during the quarter with the production of the National Quantification Handbook and the accompanying training package and dissemination of the continuing professional development (CPD) guidelines for pharmacy practitioners. The Quantification package is key to standardizing the approach to determining accurate quantities of health commodities at the national and county levels. To supplement the ongoing curriculum review in tertiary training institutions to incorporate health commodity management training at the pre-service level, HCSM supported a 3-day in-service training on this topic for 247 pharmacy diploma students and 69 pharmacy degree students at KMTC and UoN respectively. Training of pre-service pharmacy staff is sustainable, significantly more cost-effective and ensures that the outgoing students are equipped with the necessary skills and knowledge to ensure appropriate management and use of health commodities. To promote dissemination of medicines quality assurance and pharmacovigilance data, the HCSM program supported the Pharmacy and Poisons Board (PPB) to develop a pharmacovigilance summary "2-Pager"report and the medicines information and pharmacovigilance (MIPV) newsletter. Wide dissemination is planned for last quarter of 2014.

Under the laboratory supply chain system strengthening, HCSM program supported the official launch and dissemination of the Kenya Essential Medical Laboratory Commodities List (KEMLCL) 2014 to County Laboratory Coordinators. This will play a key role in streamlining the procurement and management of lab commodities in the Kenya public health sector. Additionally materials disseminated at this forum included the laboratory commodity management training materials, laboratory commodity management SOPs and various commodity management job-aids. HCSM also provided technical inputs to the NASCOP-led, national laboratory commodity quantification exercise which yielded the HIV laboratory commodity requirements for the year 2014/15-2016/17. Additionally, HCSM in collaboration with Malaria control unit (MCU) and other partners developed the Quality Assurance/ Quality Control (QA/QC) system implementation plan for malaria testing through use of microscopy and RDTs. This is meant to improve the quality of testing for malaria in the country. In collaboration with Walter Reed, roll out of the QA/QC system was initiated in Kisumu County. To boost the use of data for decision making at all levels, data review meeting were held with the counties, where laboratory managers were oriented on use of information gathered from DHIS2 to improve commodity management, resulting in remedial actions towards redistribution of excess stocks. The overall national reporting rates for HIV Rapid test kits stands at 77% as at end August 2014. For lab monitoring reagents, the national reporting rate is 50% as at end August 2014 (source: NASCOP). Efforts are in place to address the persistent low reporting rates for certain commodities e.g.

Table 1.0 Key achievements

Focus Area	Highlights
Commodity management	• NASCOP F&Q mapping and review aimed at simplifying the annual quantification process and enhancing its efficiency. Findings were used to revise quantification assumptions and align the quantification models used in the August 2014 quantification exercise. • Review of the national malaria quantification process and adoption of new approaches that leverage consumption data from DHIS2 to enhance forecast accuracy. • DHIS2 sensitization and collaborating with the county teams to address technical constraints and enhance the use of DHIS2 for reporting of FP commodities to reach the target 80% reporting rate. HCSM-supported regions achieved an overall average of 89% against a national rate of 75% - Nyanza (87%), Western (92%) and Coast (88%) • Staff from MOH, USAID and non USAID partners trained in use of DHIS2 for commodity reporting and decision making at national and county levels. Improvement of commodity data quality on DHIS2 through continuous monitoring and county level data review meetings held in 10 counties with 386 participants in attendance. • CHMTs and sub county HMTs supported to conduct integrated support supervision and provide mentorship and OJT at targeted facilities in 11 Counties. • A total of 249 facilities, which included both GoK and FBOs, received supportive supervision visits.
Pharmaceutical policy and service delivery	• Finalization and production of seed copies of the National Quantification handbook and training package in collaboration with MOH- Pharmaceutical Services Unit (PSU). The MOH-PSU will disseminate these guidelines across the country thus contributing to improved quantification for health commodities in all counties. • Development of a pharmacovigilance summary "2-Pager"report and the medicines information and pharmacovigilance (MIPV) newsletter jointly with the Pharmacy and Poisons Board (PPB). By end September 2014, the PPB had received 579 suspected poor quality medicinal products and 7,800 suspected adverse drug reactions (ADRs) reports.

Laboratory governance, commodity security and service delivery	• Official launch and dissemination to county lab coordinators of the Kenya Essential Medical Laboratory Commodities List (KEMCL) 2014, the laboratory commodity management training materials, Standard Operating Procedures and various job-aids. • Undertook the national level HIV laboratory commodity quantification detailing the requirements for the year 2014/15 upto 2016/17.. • Developed the draft implementation plan of the QA/QC system for malaria testing for both microscopy and RDTs. The system aims at improving the quality of testing for malaria in the country. • Initiated support supervision activities for malaria QA/QC system in Kisumu county.

Project Management

The HCSM program's management has sustained regular touch base meetings with senior counterparts at national and county levels in addition to the USAID focal health leads. As part of exit strategy and towards sustainability, the program has reduces LOE costs by collapsing positions of some staff that have transitioned out of the program and is planning on closing the Kisumu office in early 2015.

To strengthen partnerships and promote leveraging of resources for activity implementation, the HCSM program supported a partners' forum in Nyanza and Western regions of Kenya which drew participation from partners involved in health commodity management. Additionally the HCSM program trained APHIAPlus-Western in health commodity management to equip the team with the requisite skills and tools to support scale up commodity management interventions.

The HCSM program made a presentation to the PEPFAR Commodity Management Board (CMB) on HIV Commodities' stock status report and the use of DHIS 2 in HIV commodity reporting.

The program also participated in several meetings convened by USG for routine updates on a diverse set of issues including the Pre-Annual Progress Report for PEPFAR, updates on the new Site Improvement Monitoring System (SIMS).

2.0 KEY ACHIEVEMENTS

Health Commodities and Services Management (HCSM) is a 5-year (1st April 2011 to 31st March 2016) USAID Kenya funded program, implemented by Management Sciences for Health (MSH). In line with the USAID/Kenya implementation framework for health and the Ministry of Health national health strategic plans, MSH/HCSM program focuses on health systems strengthening in the pharmaceutical and laboratory sectors. Its key expected outcome areas are:

1. Improved and sustainable commodity management capacity at national Ministry of Health level and Health facilities
2. Strengthened Pharmaceutical Policy and Service Delivery
3. Improved Laboratory Governance, Commodity Security and Service Delivery

The HCSM quarter four activities (July-September) were primarily aimed at enhancing impact and strengthening collaboration and partnerships as part of the general theme of preparations for the program transitioning out. The quarter saw a number of tangible results realized under each key result as shared in the following sections.

2.1. Result Area 1: Strengthened MOH Commodity Management

2.1.1. Support to commodity management at national level

This area focuses on strengthening systems for commodity management at the central and peripheral levels. Support was provided to the priority Health Programs (HIV-, NASCOP; Malaria-MCU; and RH/FP-RMHSU). Additionally, HCSM program has worked with the parent MOH divisions/units (Pharmacy, Nursing and National Public Health Laboratory Services) on wider policy and governance issues. At the peripheral level, the HCSM program focused on building the oversight capacity of County Health Management Teams for health commodity management in the 13 priority HCSM supported counties (*Refer to 2.1.2)*

The 2014/2015 GoK fiscal year that started in July 2014 is the first one with the fully devolved structure of government and during the period July to September the allocation/ sharing of resources between the national and county governments has dominated national dialogue. This has both positive and negative impact on commodity management. The transfer of procurement of health commodities related function to the counties has empowered counties to manage resources for health commodities, making them responsible and accountable for determining the required county-specific commodities and the subsequent management of the identified commodities. On the negative side, this transferred function has significantly disrupted the procurement and distribution activities of public health program related commodities. Under these circumstances, in addition to planned program activities, a significant part of HCSM's activities during the quarter under review have been aimed at supporting both levels of government to achieve continuity of health commodity supply.

HCSM Quarter Four Highlights

As stated above, the quarter focused on ensuring that partnerships and alliances were strengthened and formalized via MOUs, with the view to empowering these mechanisms for capacity building as the vehicles for transitioning out HCSM for purposes of sustainability. The key highlights of the quarter both at national and county levels are shared below.

A. HIV/ AIDS

During the quarter under review, HCSM's work in the HIV program with NASCOP and various stakeholders aimed at building capacity at the central level to support the transitioning of core commodity security activities as well as support for capacity building efforts by NASCOP at the county level for core commodity management activities such as quantification, in line with new roles under the devolved system of government. This is to ensure that gains made at national program level will not be lost with the devolution of health services. Towards this end:

- The program involved the County AIDS & STI Coordinators (CASCOs), selected County pharmacists, County lab coordinators and staff in the recent annual national HIV commodities quantification exercise. This sensitized them on how HIV commodities are quantified.
- The program supported NASCOP to finalize the national quantification for all HIV commodities for years 2014/15 upto 2016/17. During the exercise, HCSM introduced the use of simplified supply planning tools for all commodities to schedule commodity procurements and deliveries.
- HCSM also supported NASCOP in review of the Quantification exercise of 2013, comparing 2013 forecasts to actual consumption data, as well as Quantification process mapping aimed at simplifying the annual process and enhancing its efficiency. In this regard HCSM supported:
  - Analysis of ART data from 7 selected ADT user sites. Data on patient regimens and medicine consumption was used to provide evidence on health facility practices compared to the ART guidelines as well as refine the quantification assumptions. One of the key findings from this analysis was that a significant number of the children on ART are older, and hence are using adult regimens as shown in figure 2.1 and table 2.1 below.

Figure 2.1: Histogram of distribution of Children on ART by current age for 7 selected user sites (Oct – Dec 2013)

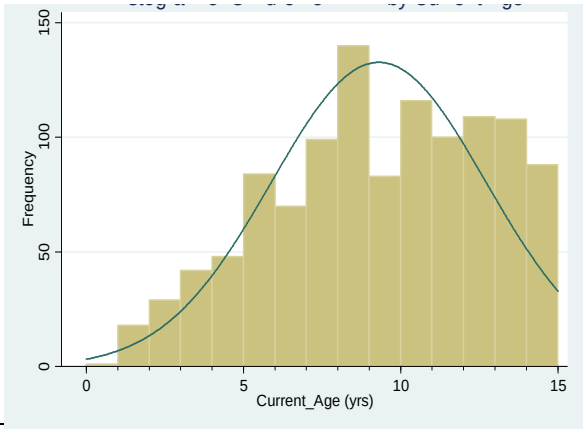


Table 2.1: Proportions of children on ART on 1st line Abacavir-based formulations (ABC 300mg + Lamivudine 150mg tabs vs ABC/3TC 60/30mg FDC tabs) for 7 selected user sites (Oct – Dec 2013)

Drug	Formulation	No. of Patients	%	Mean Age (yr)	Mean Weight (kg)
Std 1st Line on ABC	Adult tablets	148	35.2 %	10.2	27.8
	Paed FDC	267	63.4 %	6.5	18.3
	Paed liquid	6	1.4%	6.8	10.3
	Total	***421***	***100 %***		

Source: MSH/HCSM - Report on analysis of ART regimen data from selected health facilities in Kenya, July 2014

The findings were used to revise program quantification assumptions and align the quantification models used in the August 2014 quantification exercise to the current situation in the field.

Other milestones achieved as a result of HCSM support to NASCOP in development, review and finalization of the products are listed in table 2.2 below.

Table 2.2 Key Products realized in Q4 (HIV)

National ARV stock status reports (monthly)	National ARV stock status ("2-pager") reports for June and July 2014 generated and disseminated by NASCOP.
Monthly HIV commodity security meetings – minutes with actions	Available for June, July 2014
Monthly overall HIV commodity stock status report for PEPFAR CMB	First report completed – September 2014
Guideline for National HIV commodity quantification	Finalized draft complete, NASCOP adaptation pending.
Report on ART data analysis from ADT sites	Report complete
Revised ARV LMIS tools (updated as per revised 2014 ART guidelines)	Finalized package of tools & instructions available. NASCOP has instructed the 2 pipelines KEMSA and Kenya Pharma to provide soft copies to sites while awaiting printing.
2014 HIV commodity Quantification report	Draft Quantification report undergoing technical review.
ADT Support Package	**Complete** **Dissemination to health facilities and regional champions across the counties in progress**
Facility Dispensing Tool	Ready for facility pilot testing

B. Family Planning

Building on quarter 3 work initiatives, HCSM's support to the RMHSU during this quarter was aimed at enhancing the use of MIS tools to improve FP commodity visibility and the use of data for decision making – with activities at national and county levels as outlined below.

a) At national level, HCSM supported the unit in updating of FP program reporting tools and the development of data validation rules to be used on DHIS2. These products were presented to the HIS unit during a meeting that brought together NASCOP,RMHSU, TB Program and the HIS unit to discuss the DHIS2 requirements for each PHP.
b) Provision of strategic information to USAID and DELIVER teams on national stock status to inform delivery schedules.
c) At county level, HCSM in collaboration with other USAID implementing partners carried out DHIS2 sensitization and worked with the county teams to address technical constraints and enhance the use of DHIS2 for reporting of FP commodities to reach the target 80% reporting rate.

The foregoing activities resulted in achievement and surpassing of FP targeted reporting rates in HCSM supported counties (see Figure 2.2 below).

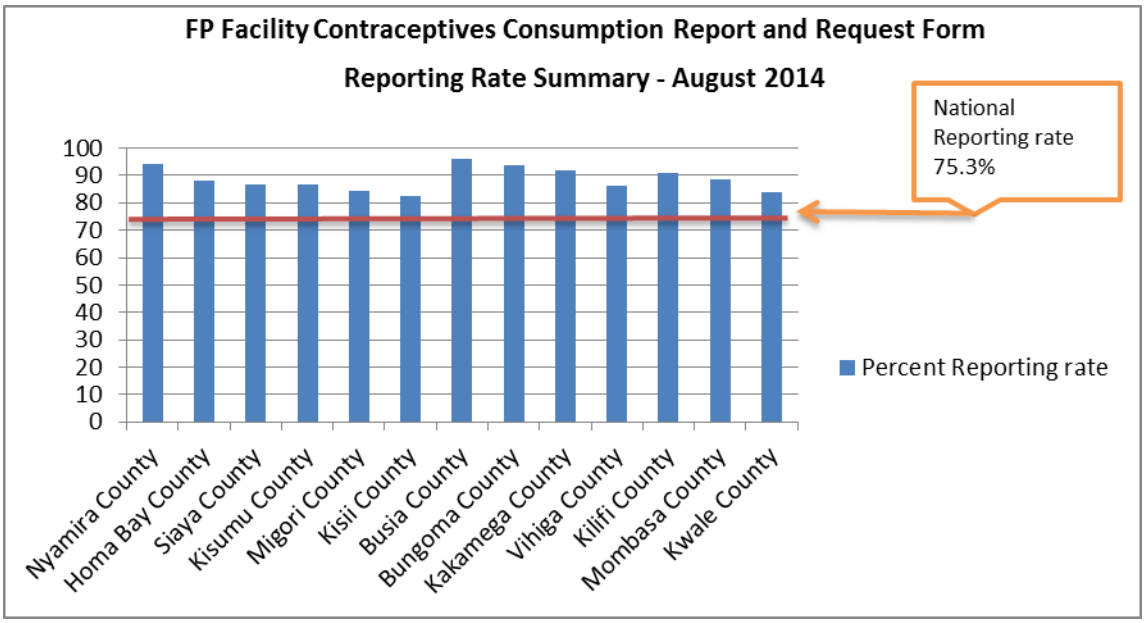


Figure 2.2 Key Reporting rates for FP commodities.
Source: DHIS2 FP FCDRR reporting rate data for August 2014

From the data above, the target 80% reporting rate was achieved and surpassed in 100% of the counties where HCSM is present with Nyanza at 86.8%, Western at 92.0%, Coast at 87.8% against a national reporting rate of 75.3%.

The availability of two bar contraceptive implants continued to be a constraint on the global market, and HCSM supported the RMHSU in this regard by liaising with the global Implant Access Program to ensure that Kenya's requirements were factored into supplier production schedules and monitored on a regular basis to ensure alignment with demand in Kenya and timely shipment.

As part of RMHSU initiatives aimed at achieving long term commodity security, a forum bring together private sector players in FP commodity supply was convened and HCSM was involved in discussions aimed at defining the changing role of the private sector in provision of FP commodities. Key products for this quarter are shown in table 2.3 below.

Table 2.3: Key Products realized in Q4 (FP)

Planned Product	Status
Routine pipeline monitoring reports	Monthly Procurement Planning and Monitoring Report (PPMR) complete for July and September 2014.
FP program DHIS2 reporting tools and validation rules	Complete Final RMHSU adoption and submission to HIS pending
FP program financial tracking action plan	Complete
FP commodity quantification guidelines	Draft complete, under technical review

C. Malaria

Kenya has experienced a reduction in Malaria burden in the recent years, indicated by the reduced morbidity and mortality caused by malaria infections. This is due to many interventions that are articulated in the National Malaria Strategy (NMS) 2009 – 2017. The HCSM program has mainly focused on objective 2 of the NMS whose goal is to have "*100% of all suspected malaria cases who present to health workers managed according to national treatment guidelines by 2017*". The HCSM program has supported the MCU to ensure that malaria commodities are adequately quantified, procured and tracked to ensure uninterrupted supply chain of malaria commodities. In addition, HCSM is involved in the roll out of Malaria Rapid Diagnostic Test Kits aimed at ensuring that Malaria treatment is only issued to confirmed Malaria cases in order to reduce irrational prescribing and in turn curb antimicrobial resistance. In collaboration with other partners, the HCSM program has been supporting the biannual quality of care surveys that have guided the monitoring and evaluation of the adherence to the set national case management guidelines.

During the quarter under review, the priority for the Malaria Control Unit (MCU) was review and re-configuration of national level commodity processes to sustain performance under the devolved government structure. In this regard, HCSM supported the unit in the following:

a. Development of a county malaria commodities order validation process to facilitate rationalization of orders received by KEMSA from counties and avoid over-supply and minimize the risk of resultant central level stock outs.

b. Review of the national malaria quantification process and adoption of new approaches that leverage consumption data from DHIS2 to enhance forecast accuracy.

c. The Reporting rate for Malaria commodities at national level is 66.7%. However for HCSM supported counties, the average reporting rate is 92.6%.

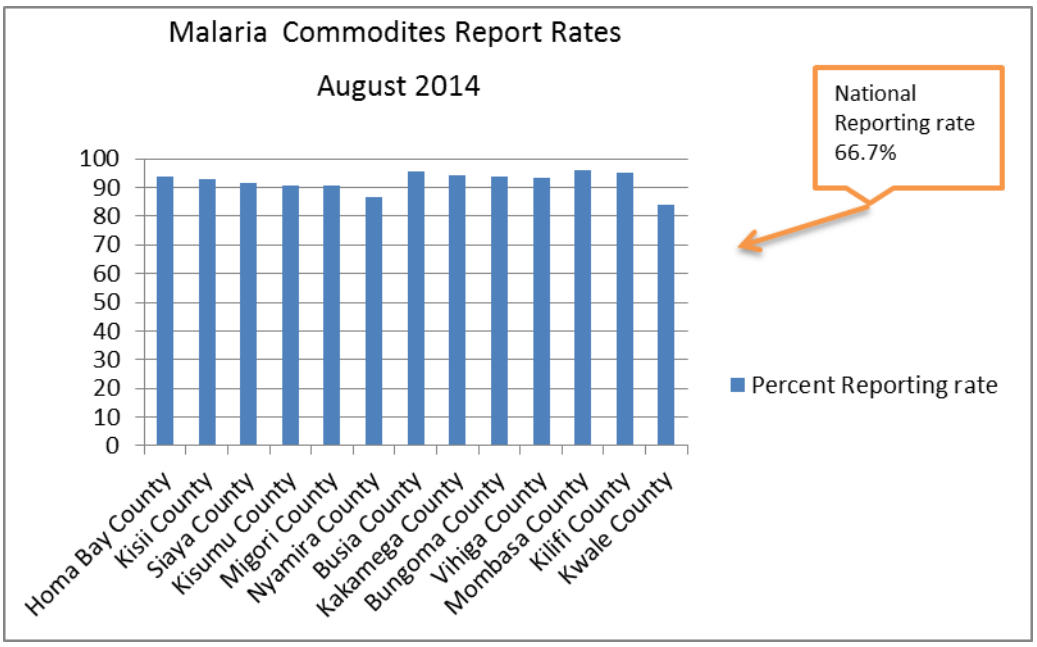


Figure 2.3 Key Reporting rates for Malaria commodities.
Source: DHIS2 FP FCDRR reporting rate data for August 2014

HCSM also supported MCU in planning and coordination of county level re-distribution of malaria commodities to mitigate the impact of a central level stock out caused by delayed shipments and over-supply to some counties. As part of on-going program monitoring, HCSM support the Malaria Quality of Care survey round 8 data collection and it is anticipated that the report will be prepared in the coming quarter. Key products delivered during the quarter under review are listed below.

Table 2.4: Key Products realized in Q4 (Malaria)

Planned Product	Status
National Malaria commodity Forecasting and Quantification Report 2014 - 2015	Complete
Malaria Quality of Care survey – Round 7 report	Complete, with MCU for signatures
Monthly 2 pager reports	Complete
Malaria QA/QC implementation plan	Consultative meeting held on 2nd – 5th September 2014. Draft report under review.
Malaria QA/QC training curriculum	Under development

D. Cross-cutting Systems Strengthening Support

Management Information Systems (MIS)

The main priority for HCSM in the area of MIS during the quarter under review was to facilitate the adoption of DHIS2 as a commodity MIS at national and county levels. This was achieved through engagements at both levels, with the main achievements highlighted as below.

a) Conducted mentorship and capacity building of APHIAPlus staff covering 10 counties (6 Nyanza, 4 Western) on use of DHIS2 for commodity reporting
b) Trained National level Nutrition Health Program staff to conduct orientation on DHIS2 for the county nutrition teams and provided them with the DHIS2 Orientation Package. This had country wide coverage - 47 counties targeting Nutrition commodity reporting on DHIS for Sub-county nutrition officers, Health Records Information Officers and County Nutrition Officers.
c) Conducted mentorship for Nairobi county Nutrition Officers and Health Records Information Officer in collaboration with Nutrition HIV Program as part f the national rollout.
d) Facilitated a 2 day Consultative Meeting for HIS and Key Stakeholders from MoH (NASCOP, MCU, RMHSU, NTLD, and NPHLS) on use of DHIS2 for health commodity reporting.
e) Consultative meeting held with AfyaInfo to define collaborative areas for ADT support at county level and areas of engagement at national level.

These DHIS2 related activities have made it possible to leverage diverse resources and efforts that has resulted in major improvements in reporting rates on DHIS2 and enhanced use of data from the system by national programs and county teams in planning and commodity management. This has already been highlighted in other sections of this report (under family planning and county level support sections). Key outputs during the quarter under review are summarized below.

Table 2.5: Key Products realized in Q4 (MIS)

Planned Product	Status
DHIS2 Orientation Package	Complete Package used during capacity building of USAID and other implementing partners in order to improve reporting rates for PHP commodities
ADT Support Package	Complete Dissemination to health facilities and regional champions across the counties in progress
Updated ADT user interface	Complete Deployment to existing ADT sites in progress
Facility Dispensing Tool	Ready for facility pilot testing Pilot testing at facilities planned for next quarter.
DHIS2 based national supply chain portal	Ready for deployment to live DHIS2 database Demonstrations to national programs planned for next quarter to obtain their buy-in and support.
Access based facility quantification tool	First prototype ready, technical review and testing in progress

2.1.2 Commodity Management Support at County Level

During the quarter, the project continued to support and implement various activities in the 13 priority counties aimed at strengthening overall commodity management practices and security. The overall theme for HCSM's county level work during the quarter under review was to enhance impact through stronger collaboration with partners – both within the thirteen HCSM priority counties and in the other counties where HCSM is not present. This was informed by the need to make HCSM products available to counties where HCSM was not physically present, other than by national level mechanisms approach and also prepare for HCSM's transition as the program prepares for its final year of implementation.

Towards this end, HCSM has built close working relationships with key partners drawn from the public, private and faith based sectors (e.g. Kenya Conference of Catholic Bishops); and implementing partners such as APHIA Plus, AMPATH Plus, ICAP and Kenya Pharma – who have participated in activities such as data review meetings, support supervision and commodity management training. Highlights of key activities undertaken at county level during this quarter are appended below:-

a) Strategic Partnerships and collaborations

i. Implementing Partners Forum

In line with one of its core principles of building partnerships and strategic collaboration with other partners, the project convened a forum for partners working in the Western Kenya region aimed at strengthening collaboration and harmonizing approaches in providing support to MoH for commodity

management. A total of 25 organizations were represented at the forum held with the key outputs being consensus / resolution on the formation of county – level stakeholder co-ordination forum (s) under the leadership of MoH; establishment of a platform(s) for communication, knowledge sharing & exchange between partners and biannual partners' meetings to further strengthen collaboration.

Dr. E. Ogaja, the Kisumu County Executive for Health addressing participants during the Partners' forum

ii. Partners Orientation on Commodity Management

The project conducted a two-day orientation for MOH staff and APHIA Plus Nyanza/Western Kenya technical staff to build their capacity for providing support for commodity management. The project conducted a two-day orientation on commodity management, commodity reporting, pharmacovigilance and improve their skill in providing OJT and mentorship to facility staff to improve commodity management practices (Ref SO2, Capacity-building section). The goal of this training was to build capacity of APHIAPlus in supporting interventions in health commodity management and in disseminating related guidelines, tools, job aids and packages in the spirit of collaboration and leveraging of resources.

b) Support for the operationalization and institutionalization of County Commodity TWGs

The table below highlights the key outputs of the support to county commodity TWGs during the quarter. Overall, the project supported formation, functioning and institutionalization of the commodity TWGs across 100% of the HCSM priority counties in three regions: Coast, Nyanza and Western.

Table 2.6: Key Outputs realized in the County TWGs

Activity description and outputs	
Quarterly TWG meetings	• TWG meetings were held in 11 of the 13 priority counties • Kisii & Migori meetings were not held due to other competing priorities
Outputs of meetings	• Feedback & review of status of planned activities • Development of quarterly work plans

Activities prioritized by the TWGs for the quarter	• Data review meetings • Finalization & dissemination of quantification reports • Support supervision • OJT & mentorship • Model site support • Establishment of institutional MTCs

c) Targeted Capacity building to improve commodity management

i. On-the-Job Training, mentorship & supportive supervision

CHMTs and sub-county HMTs were supported to conduct integrated support supervision and provide mentorship and OJT in targeted facilities in 11 out of 13 counties. A total of 249 GoK and FBO facilities were supported with supportive visits during the quarter. Moreover, the project built the capacity of 108 CHMT & sub-county HMT staff in the use of the revised supportive supervision (Supportive supervision (SS) tools, specifically the scored checklist. This enables the teams to objectively evaluate status and performance of these facilities, identify gaps and make recommendations to improve performance as a basis for follow-up. Figure 2.4 shows the number of facilities reached in this exercise by county.

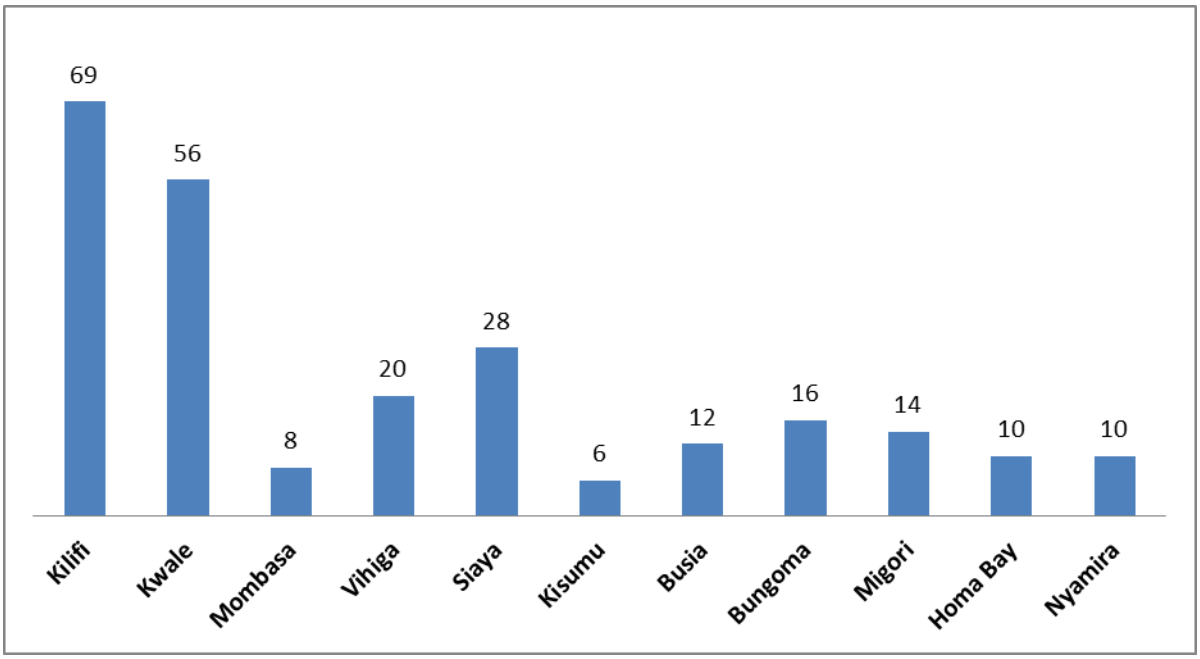


Figure 2.4: No of facilities reached during through supportive supervision

ii. Support to model sites

During the quarter, HCSM working with county and sub-county teams provided targeted support to 24 facilities designated as model sites in 11 counties. The package of interventions included assessment of commodity management practices, identification of gaps and provision of OJT and other targeted interventions. The aim is to strengthen these sites to serve as learning sites and/or demonstration

centres for good commodity management practices. The table below illustrates support provided in selected model sites

Table 2.7: Key Outputs realized in the County TWGs

Model site	County	Assessment done	OJT done	Targeted interventions done
Coast County Referral Hospital	Mombasa	√	OJT conducted in HTC SDPs on lab Inventory management.	Collaborated with JHPIEGO Tupange to redistribute excess FP commodities. Redistribution of Amoxycillin 250mg capsules done after assessment Commodity management job aids and accessories supplied
Port Reitz Sub County hospital	Mombasa	√	OJT conducted in all HTC SDPs on use of Top-up Forms, S11 Forms, lab DAR and on commodity reporting.	Commodity management job aids and accessories supplied
Malindi Sub County Hospital	Kilifi	√	Lab inventory management tools provided	
Webuye, County Hospital	Bungoma	√	Inventory management tools provided.	Arrangement of storage areas. OJT on good inventory management practices. Followed up on status of MTC and scheduled for meeting.
Bumala B Health Centre	Busia	√	Inventory management tools provided.	Arrangement of storage areas, OJT on good inventory management practices
Lugulu Mission Hospital	Bungoma	√	Inventory management tools provided.	Arrangement of storage areas, OJT on good inventory management practices
Khunyangu Sub County Hospital	Busia	√	Inventory management tools provided.	Arrangement of storage areas, OJT on good inventory management practices
Chulaimbo Sub County Hospital	Kisumu	√		PV, Pharmacy and Lab inventory management job aids and wall thermometers distributed to facilities
Kodiaga Health Centre	Kisumu	√		
Ambira Sub County Hospital	Siaya	√		
Ukwala Sub County Hospital	Siaya	√		
Sega Mission Hospital	Siaya	√		
St Paul's Methodist Health Centre	Siaya	√		
Migori County Referral Hospital	Migori	√	FP staff refreshed on the updating DARs, reviewing of monthly reports and flow of reports.	Staff sensitized on FP compliance issues regarding setting targets for FP.

d) Peripheral level commodity data reporting for decision-making

This was one of the key activities planned for the quarter with the aim of raising PHP commodity reporting rates through electronic platforms e.g. DHIS2 above 70-80%. Specifically, the project sought to raise RH/FP reporting rates to above 80% and improve reporting rates for HIV nutrition, RTKs and lab monitoring reagents as well as boost malaria RR above the 75% level. To achieve these targets, the project adopted a two-pronged approach namely:

- Continuous monitoring or reporting rates throughout the quarter with feedback to CHMTs & sub-county HMTs on observed gaps and supporting areas requiring improvement
- Support for data review meetings to address challenges and data quality issues

Continuous monitoring of RR trends for all program commodities across all counties was done during the quarter. CHMTs were provided with monthly updates of RR performance and issues of low reporting addressed. Interventions implemented to improve performance included:

- Addressing the issue of denominators for data sets in the DHIS 2
- Supporting data review meetings
- Providing airtime for internet bundles for uploading reports
- Capacity building of MoH staff on the use of DHIS 2

A total of 10 counties held data review meetings where 386 participants who included the CHMT, SCHMT and facility staff participated. Overall steady improvement in reporting rates was achieved as shown in the graphs for various counties below:

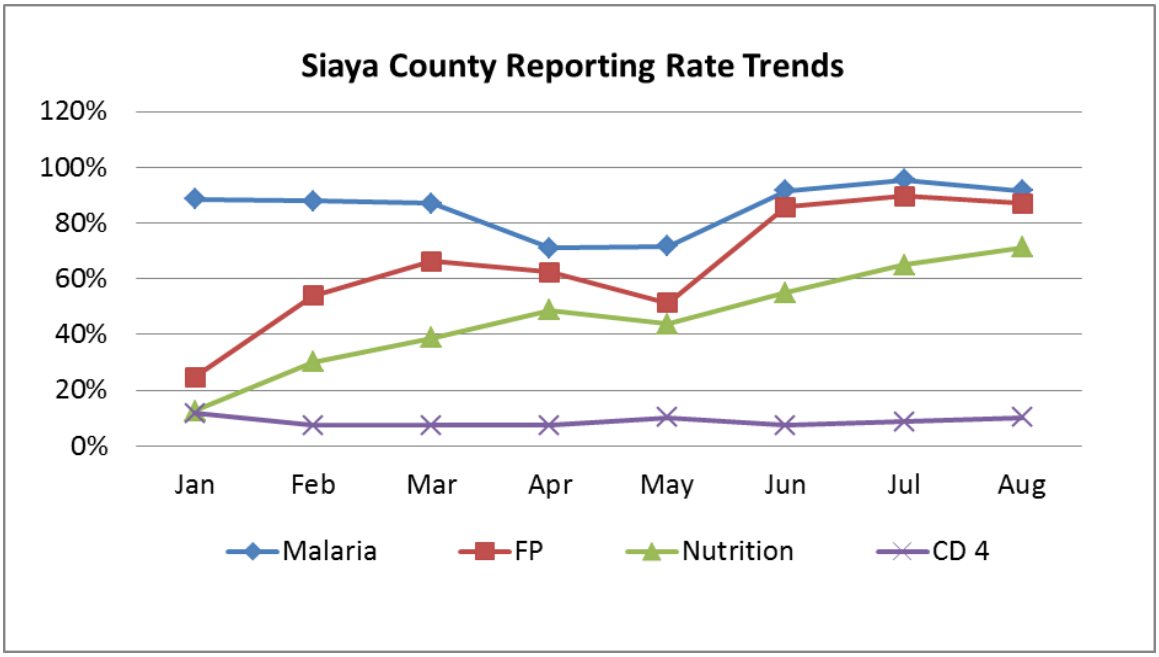


Figure 2.5 Siaya county reporting rate
Source: DHIS 2

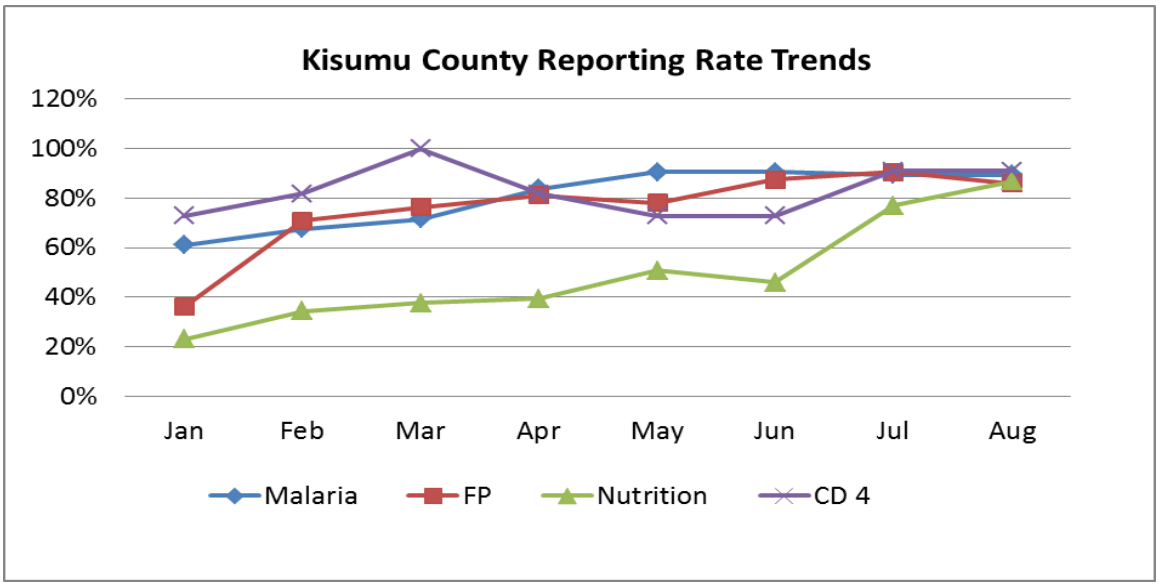


Figure 2.6 Kisumu county reporting rate
Source: DHIS 2

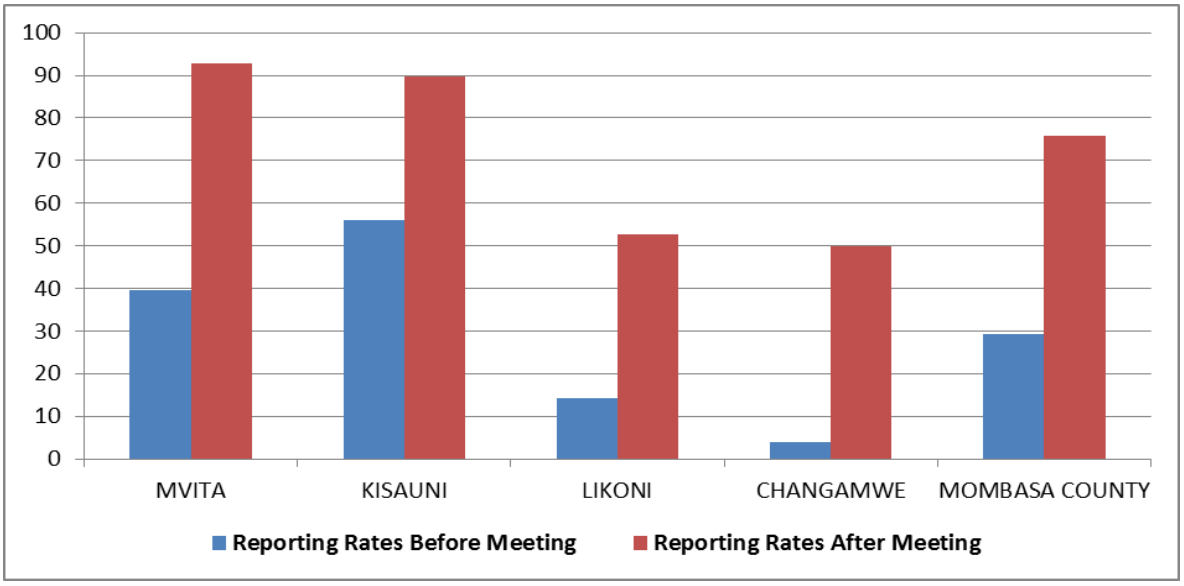


Figure 2.7 Mombasa County FP Reporting Rates before and after data review meeting and uploading reports.
Source: DHIS 2

e. Capacity building & support for the ADT

The project continued to support facilities in the application and use of the ADT for patient and commodity management. During this period the project built capacity of ADT users in troubleshooting and maintenance of the tool in 15 facilities in 7 counties. In addition, 18 champions were orientated on ADT in Bungoma & Busia Counties and three additional installations done in sites in these areas with support from partners who provided the hardware. Moreover, to enhance support for ADT use, resource materials including the ADT support package (on CD) were disseminated to MoH staff and partners (AMPATH Plus, APHIA Plus and ICAP). In addition, the projects MIS team continued to provide

remote support to facilities using the Team Viewer application and telephone communication with the affected facilities.

f. Support for laboratory commodity management

This was done alongside the support provided for the other commodities (see above & refer to result area 3 specifically 2.3.2). However, specific interventions to improve laboratory commodity management were implemented as required. For instance, county and sub-county lab coordinators were supported in various lab commodity management activities in all the 13 counties. Illustrative activities included data review and lab commodity reporting rate monitoring, provision of assorted lab tools, OJT and mentorship for lab staff as well as support supervision. For instance lab commodity support supervision was conducted in 64 facilities in 7 counties. A total of 38 lab staff at facility level received OJT on commodity management.

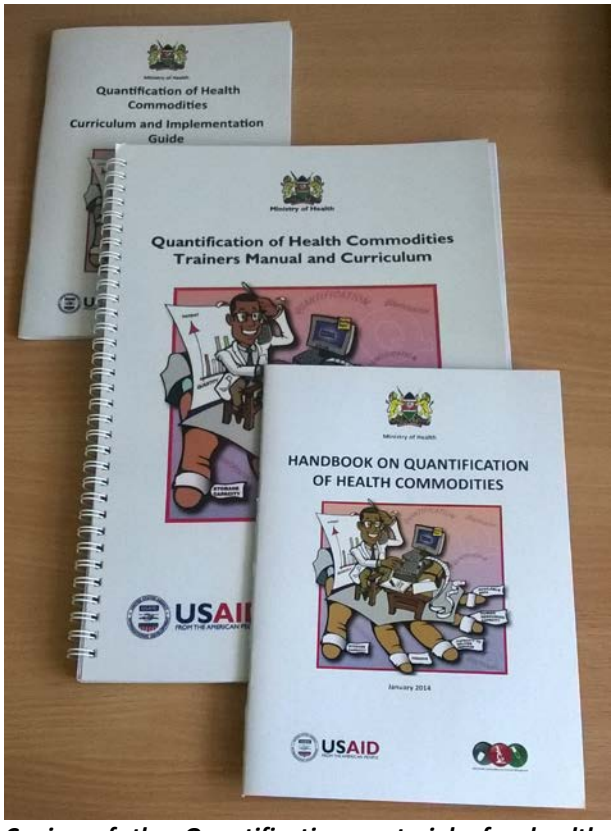
2.2 Result Area 2: Strengthened Pharmaceutical Policy and Service Delivery

This technical area focuses on interventions aimed at strengthening governance and improving service delivery in the pharmaceutical sector to promote access to quality, efficacious and safe medicines and health commodities in the public, private and faith-based sectors across all tiers of care. Under this area, the HCSM program works with the Pharmaceutical Services Unit, the regulatory body – Pharmacy and Poisons Board (PPB), professional organizations, training institutions, public health programs, the county health system and other stakeholders.

In the last quarter, HCSM continued to use a health systems strengthening approach to strengthen pharmaceutical policy implementation and service delivery at the national and county levels with the goal of:

1. Strengthening pharmaceutical sub-sector governance
2. Improving the delivery of pharmaceutical services
3. Strengthening medicines quality assurance and pharmacovigilance (PV)
4. Improving Pharmaceutical Information Acquisition and Management

Notable achievements during the quarter included the production of the National Quantification handbook, the accompanying quantification training package and dissemination of the Continuing Professional Development (CPD) guidelines developed with HCSM support. HCSM also continued to strengthen pre-service training in health commodity management by supporting the training of 316 final year pharmacy degree and diploma students at the University of Nairobi and the Kenya Medical Training College.



Copies of the Quantification materials for health commodities developed by MOH with HCSM support

2.2.1 HCSM support for pharmaceutical policy and service delivery at national level

The achievements realized at national level during the quarter are outlined in the following table.

Table2.8: Summary of national level achievements on pharmaceutical policy and service delivery

Objective	Achievement Type	Description & Outcome
Strengthened Pharmaceutical sub-sector governance	**Support to strengthened pharmaceutical sub-sector governance**	
	Materials	The HCSM program compiled comments on the session of regulation of health products and technologies as part of review of the health bill
Improved delivery of pharmaceutical services	**Improve medicines use practices at national and county level in select counties**	
	Materials developed	HCSM supported the NMTC secretariat to develop a data collection use to assess the availability and use of clinical guidelines at facility level *Information obtained from this tool will provide evidence to inform the forthcoming review & revision of clinical guidelines by the NMTC*
	Support MOH to review and disseminate National Treatment Guidelines and other reference documents	
	Materials reviewed and updated	HCSM supported MOH/ PSU to finalize and produce seed copies of the National Quantification Guidelines. *Dissemination of these guidelines will contribute to improved quantification for health commodities even in non-HCSM supported counties*
Capacity building for improved health commodity management and pharmaceutical care	**Support to pre-service training on health commodity management**	
	TA for in-service training on health commodity management training	HCSM supported 3-day in-service training on health commodity management for 247 pharmacy diploma students and 69 pharmacy degree students at KMTC and UoN respectively *Training at pre-service level is significantly more cost-effective and ensures that the outgoing students are equipped with the necessary skills and knowledge to ensure appropriate management and use of health commodities*
	Support to in-service capacity building	
	Dissemination of CDP guidelines	HCSM supported the dissemination of CPD guidelines and experiences with DHIS2 implementation at the Kenya Pharmaceutical Association (KPA) annual scientific symposium which was attended by more than 1,000 pharmaceutical technologists based in both the public and private sectors in the country *CPD is a statutory requirement and implementation of these guidelines will contribute to improved capacity for provision of pharmaceutical care and appropriate health commodity management*
Support for operational research including quality of care and medicine use	**Support to Malaria program operational research**	
	Malaria QoC Survey	Supported the malaria control unit (MCU) to disseminate findings on QOC 7 and undertake data collection on QOC round 8.
	Dissemination of	HCSM supported the dissemination of an abstract on DHIS2

surveys	operational research findings	(*Using Technology To Improve Malaria Case Management*) at the Kenya Pharmaceutical Association (KPA) annual scientific symposium which was attended by more than 1,000 pharmaceutical technologists based in both the public and private sectors in the country
	Support to HIV program (NASCOP)	
	Use of routine ART dispensing data for decision-making	Extracted and analyzed routine ART dispensing data from the ADT; the results from this analysis were used to inform the annual quantification exercise for HIV commodities
Strengthened medicines quality assurance and pharmacovigilance (PV)	**Support to PV data acquisition, management and use**	
	TA for data analysis and use for decision making	Supported PPB to compile the second edition of the pharmacovigilance 2 pager analyzing PV data submitted in 2014
	Capacity building of partners to improve PV at facility level	HCSM conducted an orientation of APHIA+ partners on various topics including PV and health commodity management. The partners compiled action plans that included interventions to improve PV reporting rates at facility level
	Support to strengthen PPB in its role of dissemination of and obtaining feedback on PV information	
	Dissemination of PV data feedback	HCSM supported the PPB to compile the periodic Medicines Information and Pharmacovigilance (MIPV) and a pharmacovigilance summary "2-Pager"report. Dissemination plans underway.

2.2.2 HCSM support for pharmaceutical policy and service delivery at national level

IR 2.2: Improved delivery of pharmaceutical services

In order to strengthen coordination for delivery of pharmaceutical services at peripheral level, guidelines on MTC establishment and operation were distributed to Pharmacists at Chulaimbo, Ambira and Ukwala SDHs as well as Siaya County & Referral hospital. The pharmacists are expected to use their guidelines to facilitate reactivation or strengthening of MTCs at their respective work places

IR 2.3: Strengthened medicines quality assurance and pharmacovigilance (PV)

The following activities aimed at improving PV reporting rates took place at county level:

- PV training for 28 participants from MoH, private sector facility staff, cross-border trade and custom officials in Busia County. The training was arranged by the Pharmacy and Poisons Board. HCSM officials provided support in facilitation of various sessions
- HCSM also coordinated the dissemination of assorted PV job aids and reporting tools to 20 facilities in Mbita and Nyamira North 10 facilities in Bungoma East and Butula sub-counties.

2.3 Result Area 3: Support to Laboratory Governance, Commodity Security and Service Delivery

Strengthening the laboratory commodity management is a key focus area for HCSM program and is aimed at improving commodity management and security both at the central and county level. During this reporting period and aligned to the program implementation approaches in the other two program objective areas, the program continued to collaborate with MOH national and county level mechanisms, implementing partners, and facilities in improving laboratory commodity management and security both at the central and county level. Results achieved in this objective area are highlighted below.

2.3.1 National Level support for laboratory commodity security

a. Pipeline monitoring of national stock status

On monthly basis, the program supported NASCOP to generate the national stock status report for HIV laboratory commodities. The stock status reports are useful tools for sharing strategic commodity information with key stakeholders to inform decision making on commodity security. On overall, reporting rate for HIV rapid test kits was 77% for HIV Rapid Test Kits and 50% for laboratory monitoring reagents. Attempts are in place to address the persistent low reporting of laboratory reporting including harmonizing the reporting channels.

b. National level laboratory commodity quantification

Continuing from data collection and other pre-requisite preparations for the national forecasting and quantification during the last quarter, HCSM participated in the exercise which resulted in the laboratory team generating the HIV laboratory commodity requirements for the year 2015-17. The team also generated the supply plan and a draft quantification report that will be finalized and disseminated within this quarter.

c. Support to rollout of the malaria RDTs

HCSM in collaboration with Malaria control unit (MCU) and other partners developed the QA/QC system implementation plan for malaria testing by both microscopy and RDTs. The system aims at improving the quality of testing for malaria in the country. In collaboration with Walter Reed, the HCSM supported training of Malaria diagnostics QA/QC in Kisumu County, where 30 laboratory staff ware trained as Malaria Diagnostics QA ToTs /Officers. The QA officers are expected to train the facility staff on quality Malaria microscopy and RDTs and also conduct support supervision in the county. Additional support was provided to MCU in Kwale County in mapping of Laboratories staff that will be trained as QA officers and ToTs. The project also continued to support gathering of consumption data for RDTs from facilities to the county and national levels to enhance accountability.

d. Building capacity of central level laboratory managers on commodity management and oversight

In efforts to improve laboratory commodity management at the central level, HCSM in collaboration with the Laboratory Diagnostic Unit and the Division of National Public Health Laboratories, supported the establishment of a National Laboratory Commodity TWG that will

provide oversight and guidance to the management of laboratory commodities both at the national and county level. The TORs for the TWG were finalized, a criteria for membership set, awaiting final appointment through the director of medical services (DMS).

The launch and dissemination of the Kenya Essential Medical Laboratory Commodities List (KEMCL) 2014, and other laboratory commodity management materials (Lab Commodity management curriculum, Standard Operating Procedures and dissemination of various job-aids) was accomplished in this reporting period to County laboratory coordinators. This will go a long way in supporting the laboratory sector in selection, procurement of laboratory commodities at central and county levels and inventory management of laboratory of lab commodities. Availability of the LCM training documents together with the laboratory commodity trainers of trainer (ToTS) developed with support from HCSM will facilitate the MOH central and county to cascade the trainings in the most effective and sustainable manner.

HCSM & MOH officials at the launch and dissemination of the KEMCL and other Laboratory Commodity Management materials to county laboratory coordinators on 24th September 2014

Table 2.9: Key achievements under HCSM support for Laboratory Supply Chain

Achievement Type	Description & Outcome
National level support for lab commodity coordination	• Activation of the national lab TWG awaiting official appointment • Development of national stock status reports • The Kenya Essential Medical Laboratories List (KEMCL) 2014, and lab commodity management curriculum developed with HCSM support, was officially launched on 24th September 2014 by the MOH
Materials developed, disseminated and distributed	• Lab commodity management (LCM) ToTs curriculum • Lab commodity management Trainers guide • Lab commodity management facilitators guide • Standard operating procedures on lab commodity management • Job aid on laboratory commodity quantification • Kenya essential medical laboratory commodity and tracer list (KEMLCL) • National HIV lab commodity F and Q report for 2014-2017 (draft report) • Job aid on laboratory commodity reporting • Job aid inventory management of laboratory commodities
Support to county level activities	• Data review meetings held in 10 counties to address reporting and data quality concerns

	• Improved lab commodity management due to targeted support to sites
Support to rollout of malaria diagnostics	• Draft national Malaria QA/QC implementation plan • Training of 30 TOTs on Malaria QA/QC in Kisumu county • Mapping report of lab staff to be trained as QA/QC officers (TOT) done in Kwale county

2.3.2 County Level support for laboratory commodity security

Support to lab commodity management was done in all the counties. This was done alongside the support provided for the other commodities (refer to section 2.1.2).

a. Data review and lab commodity reporting rate monitoring

To address the reporting rates and quality of laboratory commodity data, data review meetings were held in 10 HCSM supported counties. Despite the challenges with commodity data for lab, HCSM supported counties have maintained an average of over 80% reporting for HIV RTKs and improved to 64% for CD4 reagents (via DHIS2).

The review of the lab data was done as part of the integrated county commodity data review meetings that happened in the 10 counties over the quarter.

Reporting for CD4 reagents in some counties had been affected by the inclusion of facilities that do not offer the service resulting in a wrong denominator. This has since been addressed and the reporting rates are on a steady increase. In addition, laboratory managers were oriented on the use of the scored checklist for assessing performance of lab commodity management as well as conducting end user verification for HIV commodities. Positive results are beginning to come out though isolated, case in point being Kakamega County.

Informed by the introduction of the new commodity management algorithm, whose aim is to identify facilities that were still holding more than required stocks of RTKs for determine and redistribute to others. A Laboratory data review meeting was held in Kakamega County to support improvement in reporting rates and use of data- for decision making for laboratory commodities. As a result of this activity among other efforts, the team has been able to raise the reporting rates for CD4 and RTKs.

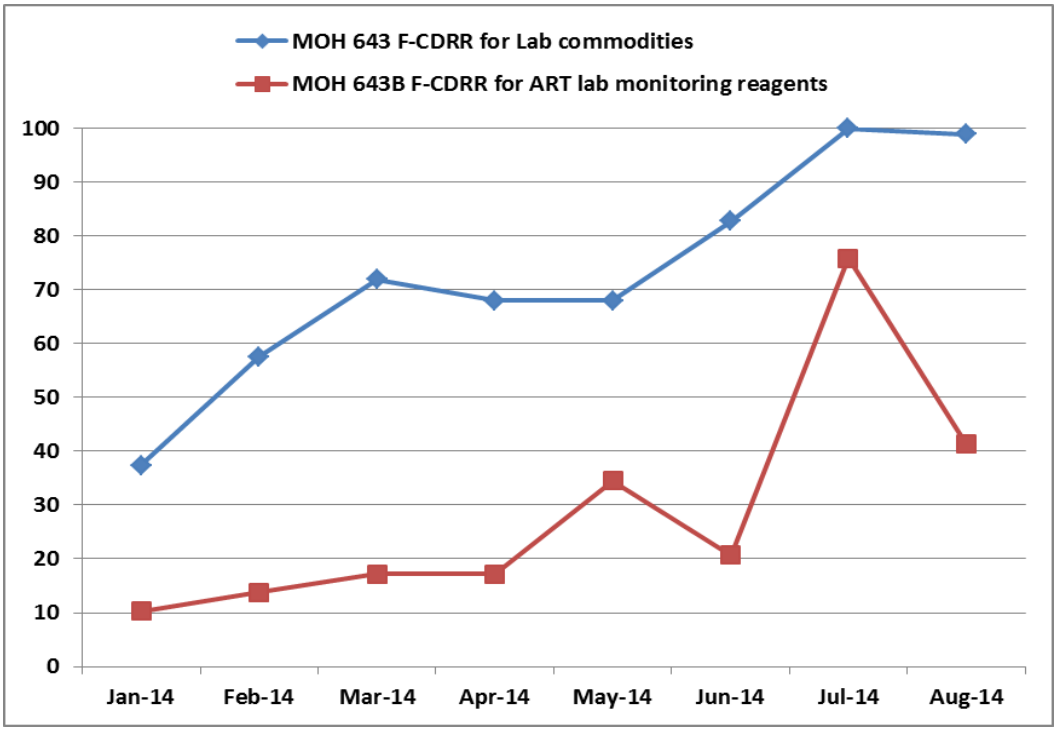


Figure 2.3 Reporting rates for lab commodities in Kakamega County

As seen in figure 2.4 and 2.5 the team was able to generate information to demonstrate the number of tests done versus the stock count at hand in the respective facilities. For instance in Kakamega Central and Butere Sub-county hospital there was a huge discrepancy between these two parameters.

Figure 2.4 HIV tests Kits screening and stock status in Kakamega County

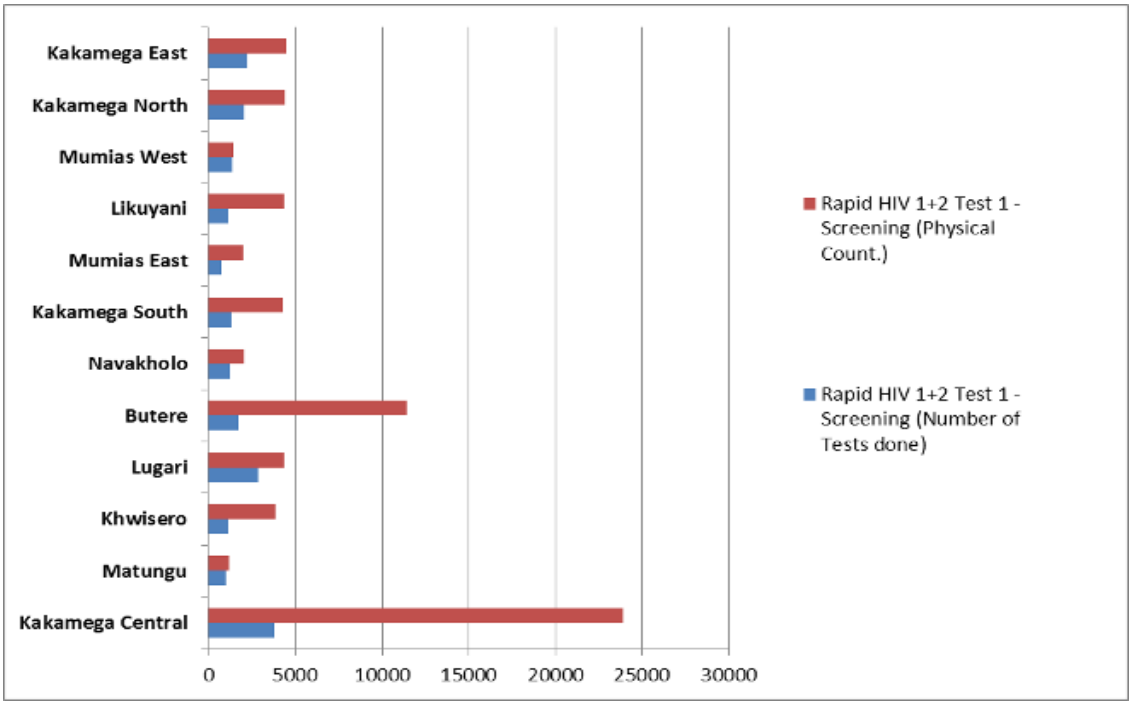
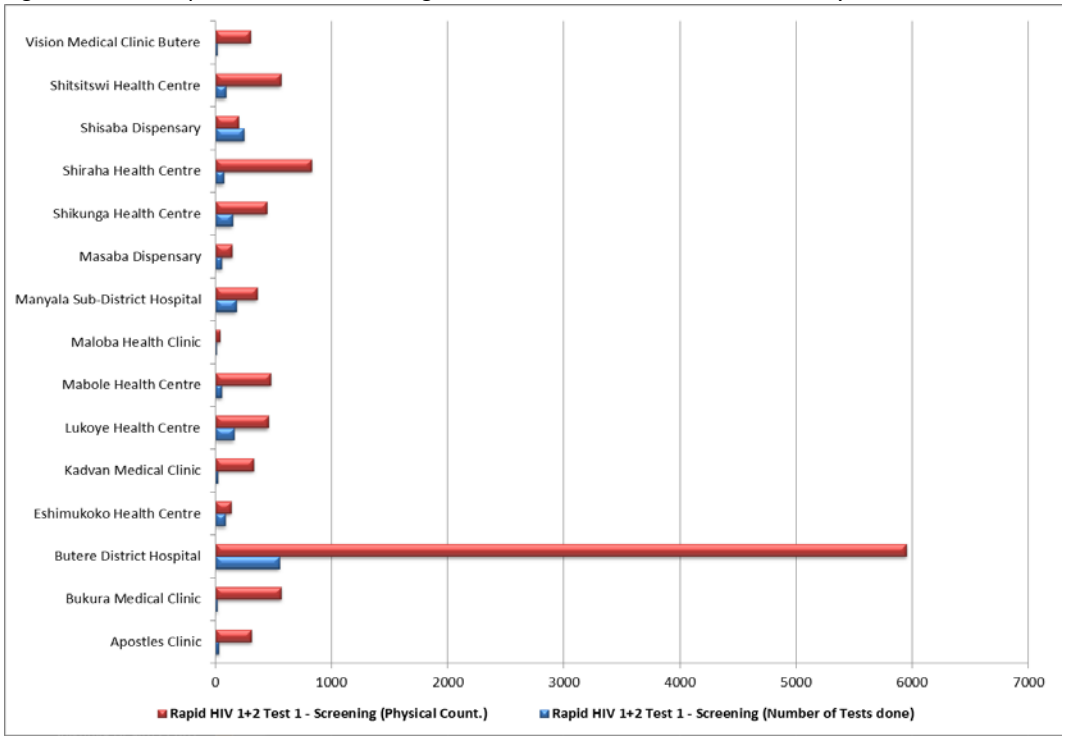


Figure 2.5 HIV Rapid tests Kits screening and stock status in Butere Sub-County



c. On Job Training (OJT)

On job training sessions were conducted in all the 13 HCSM supported counties for targeted health facilities in each of the counties. A total of 38 health facilities were reached with key facility champions oriented on various commodity management aspects, including provision of some commodity management tools and job aids. Among areas targeted included use of -both inventory management tools, and lab LMIS tools The tools included copies of laboratory top up forms, Lab DAR, MOH 643 and MOH 643B (soft copies). The facility OJT resulted in improved record keeping and improved skills on the use of reporting tools.

d. Dissemination of Commodity Management Documents

HCSM supported the-distribution of various laboratory commodity documents to all 47 counties in the country to address various laboratory commodity management gaps. The documents disseminated and distributed included the following:

- Lab commodity management (LCM) ToTs curriculum
- Lab commodity management Trainers guide
- Lab commodity management facilitators guide
- Standard operating procedures on lab commodity management
- Job aid on laboratory commodity quantification
- Kenya essential medical laboratory commodity and tracer list (KEMLCL)
- Job aid on lab commodity reporting
- Job aid on lab inventory management

3.0 CHALLENGES AND LESSONS LEARNT

The following challenges were noted and or experienced during the quarter:-

Challenges	Lessons learnt/comments
Devolved government: Devolution with resultant changes in organizational structures and mandates at MOH leaving uncertainties on engagement processes affected the finalization of the Kenya Health Policy 2013 – 2030 –(Cabinet Version is ready awaiting Cabinet approval); the Draft Health Bill (underwent "final" review in September). Delay in finalizing these crucial documents negatively impacts activity implementation at departmental level. There is incomplete establishment of governance and organizational structures at county level has impacted negatively on some planned activities	The program continues to work with the governance structures at the higher level so as to finalize the related policy and strategic guidance documents. HCSM is working towards strengthening the existing structures at county level in areas of need, for instance formation of commodity security committees to spearhead commodity management.
DHIS: Competing priorities at national level between the PHPs and the HIS unit staff in getting the program reporting tools updated and uploaded onto DHIS2. This is in part attributed to the PHP practice of allocating commodity related responsibilities to one person, who in most cases is overwhelmed by the workload and perceives the level of effort and change required to implement DHIS2 activities as too much.	There is need to ensure full engagement of the programs relevant officers in the process to speed up the process However, the county level has been more receptive to DHIS2 activities and most of the achievements realized are as a result of the goodwill and effort at this level by county teams and partners.
Staffing • Few staff and competing priorities for MOH staff, often taking precedence over planned commodity related activities resulting in delays in activity implementation, e.g. deployment of key NASCOP commodity management staff to support county level HIV activities has in effect put some HCSM supported activities on hold until the staff came back. • Staff rationalization and internal transfers within counties affected continuity in activity implementation • Staff biometric data capture kept many of the counterparts away from their work stations in September affecting a number of planned activities	Continue discussions with MOH to avail the necessary staffing levels for optimal results To prioritize the postponed activities in quarter one FY15
Tools: Sustaining availability of hard copy data collection and reporting tools.	HCSM to share print ready copies with MOH, PHPs,CHMTs and Partners to leverage printing costs.

4.0 QUANTITATIVE IMPACT

Broad Result area of focus during the reporting period	Indicators	Progress	Comment
MoH capacity for oversight and supervision of supply chain at central and peripheral levels strengthened	Functional priority programs (HIV, FP, Malaria and Lab) commodity security committees at national level	• TWGs meetings held for all PHPs (HIV, FP and Malaria). • Lab Commodity TWG formed and awaiting formal appointment/authorization from DMS.	PHP ownership and institutionalization of quantification process
Strengthened technical capacity of MOH and priority programs officers at central and regional level to identify and address gaps in health commodity management	Proportion of priority programs and key MoH departments [including NASCOP, MCU, RHMSU,, NPHLS] able to generate monthly commodity stock status reports	• The 3 PHPs and NPHLS provided with technical assistance in generating monthly stock status and F&Q reports	Findings used to revise quantification needs for PHPs Enhanced downstream supply chain visibility
	Percent difference between forecasted consumption and actual consumption for ARVs	Variance analysis to assess 2013 HIV commodity forecasts against actual consumption for FY 2013/14 and determine if the forecast models used were aligned to actual consumption.. • 33% of adult ART patients within the acceptable variance range • Adult first-line regimens (Options 3 and 6) exceeded the variance range by over 30%, • All the Pediatric ART 1st line regimens were outside the acceptable range	NASCOP needs to improve accuracy in future forecasting especially for the pediatric ART medicines and for the scaling-up adult options 3 and 6 (in line with adoption of the 2014 ART guidelines).
	Progress on a milestone scale in development of a functional harmonized national LMIS (or equivalent)	Supply chain portal ready for deployment to live DHIS2 database	Improved decision making – continued redistribution of overstocked Malaria commodities, a process that began in May 2014 Current clearance time for Malaria commodities reduced from 45 days to 2 days due to collaboration with Freight in Time.
Peripheral healthcare	Number of County level Commodity	County Commodity Technical Working Groups (TWGs) meetings	Identification of threats to commodity

facilities able to account for and manage commodities effectively	Security Governance structures in priority counties established	held 11 counties. Draft checklist for monitoring CS TWGs developed	security and execution of timely mitigation measures. Checklist to be finalized and pilot-tested in 3 counties
	Total number of health workers trained in commodity management through USG support	479 health professionals trained in commodities management including; • Orientation on DHIS2 for Health Commodity Reporting: (62) • ADT support and processes: (9) • Commodity quantification at county level : (29) • Effective Management of Medicines For Health Commodities (388)	Follow up through supportive supervision will be carried out to aid utilization of knowledge and skills gained to improve commodity management For sustainability, training of pre - service students in KMTC and UON is combined with infusion of training materials in the institutions' curriculum
	Proportion of priority counties that were able to determine the health commodities need for their county	Capacity building of 108 CHMT and sub county HMT members to assess commodity management practices using a scored support supervision checklist conducted	Objective determination of where facilities are is in terms of commodity management and actions required to address gaps. This has strengthened the support supervision process and its ability to continuously improve commodity management.
	Proportion of health in priority regions facilities reporting to have received integrated supportive supervision visits within the past 3 months disaggregated by sector(Public, Private(FBO))	• CHMTs and sub county HMTs supported to conduct integrated support supervision and provide mentorship and OJT at targeted facilities in 11 Counties. • 249 facilities visited, including both GoK and FBOs • Fifty five (55) health care workers attended sessions on OJT that were conducted in two sub-counties to address gaps in use of reporting tools. • Targeted support to the 24 facilities designated as model sites.	Distribution of reporting tools, inventory management tools, job aids, treatment guidelines and reference material done in line with facility requirements Assessment of inventory management practices was conducted during the support supervision in 11 counties,
Regional commodity management teams capacitated to implement manual and electronic MIS tools to support acquisition of commodity data for decision-making	Proportion of health facilities submitting commodity usage reports to the central level for priority program commodities [ART, Malaria, FP]	• Monitoring of reporting rate trends for all national program commodities in 13 priority counties done. • Data review meetings held in 10 counties (386 participants). • Sensitization for USAID implementing partners to enhance of DHIS2 • Facility commodity reporting rates for all PHPs maintained above 70%. • HCSM-supported regions achieved an overall average of 88.7% against a national rate of 75.3% - Nyanza (86.8%), Western	Resolution of reporting constraints and consistent improvement in commodity reporting practices and use of data at county level.

		(92.0%) and Coast (87.8%)	
Increased adherence to treatment guidelines	Percentage of Malaria cases treated according to recommended treatment guidelines.	Provided technical support to MCU in the execution and dissemination of the Malaria QOC round 7 Survey findings malaria Quality of Care (QoC) . In addition, data collection for QOC round 8 was completed.	Report finalized and findings disseminated. Results will inform key areas of priority in improving malaria commodity management at both national and county level.
		Supported NASCOP to extract and analyze routine ART dispensing data from the ADT	Findings used to inform the annual quantification exercise for HIV commodities
		Abstract on DHIS2 (Using Technology To Improve Malaria Case Management). Presented at the Kenya Pharmaceutical Association (KPA) annual scientific symposium to enhance DHIS2 awareness	This is a suitable forum for wider dissemination as the symposium was attended by more than 1,000 pharmaceutical technologists from both the public and private sectors in the country
Improved use of pharmacovigilance data for decision making	Number of regulatory actions taken during the reporting period consequent on pharmacovigilance activities	HCSM supported PPB to compile the MIPV newsletter as well as analysis for the 2nd pharmacovigilance strategic the PV 2-pager. Conducted an orientation of APHIA+ partners on various topics including PV and health commodity management.	The partners compiled action plans that included interventions to improve PV reporting rates at facility level
Support MCU in malaria Rapid Diagnostic Test (mRDT) roll out in facilities	Facilities able to conduct malaria testing (Microscopy and/or RDTs)	Draft Malaria QA Implementation Plan draft in place to guide malaria testing through both microscopy and RDTs 30 laboratory staff was trained as ToTs in Malaria diagnostics QA/QC in Kisumu County	The implementation plan is meant to improve adherence to RDT policy guidelines
Improve leadership, stewardship and coordination of laboratory commodity management activities at national and peripheral level	Existence of a functional Laboratory Commodity Security sub-committee of the Lab-ICC that coordinates lab commodity management	The Kenya Essential Medical Laboratory Commodities List (KEMCL) 2014 was officially launched by MOH on 24 September 2014 HCSM in collaboration with the Laboratory Diagnostic Unit and the Division of National Public Health Laboratories are in the process of establishing a National Laboratory Commodity TWG. The team held several meetings, drafted the TORs and the proposed membership	This mechanism will provide oversight and guidance to the management of laboratory commodities both at the national and county level.
Improve reporting of laboratory commodity	Proportion of health facilities submitting commodity usage reports to the central level for lab priority commodities [RTKs and CD4)	Laboratory managers oriented on the use of the scored checklist for assessing performance of lab commodity management as well as conducting end user verification for HIV commodities	

5.0 PERFORMANCE MONITORING

5.1 Revision/Update of the Program M&E Plan

The M&E plan was updated as part of the HCSM work plan 4 for October 2014 to September 2015. This was necessitated by; a) findings and recommendations from the data quality assessment commissioned by USAID through international business consultants international (IBTC) in April 2014; b) changes in the PEPFAR monitoring, evaluation and reporting guidelines, involving additional/ revised program performance indicators to enable PEPFAR to more accurately capture program reach and coverage, quality, capacity and systems strengthening & country ownership. The revised version will be submitted to USAID for review in October 2014.

5.2 Progress in Implementation of the Data Quality Improvement Plan

In response to the data quality assessment finding recommendations from IBTC, the consultancy firm commissioned by USAID to undertake a DQA on the program work in quarter 2 FY14, the program submitted a Data quality improvement plan to USAID in Quarter 3 FY14. So far and as detailed in section 4.1, the program critically reviewed the program PMP to ensure that the concerns raised by the DQA team were addressed. Remedial actions put in place are summarized in table 4.1 below.

Table 4.1: Remedial actions to address the DQA findings/recommendations

Data quality component	Concerns /recommendations	Remedial actions
Timeliness	Satisfactory for all indicators	To sustain the good scores obtained, the program continues to intensify efforts in enhancement of the supply chain portal and implementation of DHIS2 at facility/county levels.
Validity/Integrity	• Definition of stock-out period (>7 days) • Tracer list of commodities not available • Disaggregation of trainings not clear	• Definition of stock-out period (>7 days) as per the MOH/QOC protocol included in the PMP (Indicator definition) • A tracer list was defined and annexed in the revised plan • Compliance in loading training data in both the TraiNet and KePMS platforms as per the guidelines from PEPFAR/USAID
Reliability	Frequency of data collection (QOC) not clear.	Frequency of data collection defined in the indicator definition sheet within the updated PMP
Precision/integrity	Stock-out status may be incorrect since those with missing data excluded from analysis Sampling based on 2010 MFL (7,228 HF) (not representative as current MFL has 9,585 HF)	Sought clarifications on the aspect 'missing data'. The research protocol provides for statistical formula to address various anticipated errors arising from missing data (based on MOH experience). The QOC data bases data base shows that the missing information is minimal. The sampling frame is on point, since not all facilities in the MFL provide the services under survey
General	Amendment done on revised PMP (October 2013) not clear	Annexed a list of areas amended in the October 2013 version.

5.3 Support to Malaria's Round 7 and 8 Quality of Care (QOC) Survey

The quality of care survey round 7 was completed in the quarter 3 of FY14 and results shared with the stakeholders. During this quarter the report was finalized and signed by senior MOH officers following which the report will be printed and disseminated. Results from this survey have been used by MoH/MCU in planning and coordination of county level re-distribution of malaria commodities to counter the impact of a central level stock out caused by delayed shipments and over-supply to some counties. As part of the recommended course of action in the QOC round 7 reports, the program prioritized development of the Malaria QA/QC implementation plan and Malaria QA/QC training curriculum.

Through HCSM program support, QOC round 8 data collection exercise was also conducted in this reporting period. We envisage the report writing will be done in quarter 1, FY15 to further inform decision making to improve commodity management.

6.0 PROGRESS ON LINKS TO OTHER USAID PROGRAMS

Collaboration with other implementing partners at national and peripheral levels has been one of the major program strategies for HCSM. In the reporting period under review, the Program continued to work closely key USAID implementing partners including the APHIA Plus, AMPATH Plus, ICAP and Kenya Pharma in various activities such as roll out of ADT, data review meetings, support supervision and commodity management training. This will ensure that those HCSM approaches are cascaded and products are available in counties where HCSM was not present. These collaborations help in leveraging resources and also serve as HCSM's exit strategy.

7.0 PROGRESS ON LINKS WITH GOK AGENCIES

The HCSM program continues to collaborate with several other GOK agencies including the Ministry of Health including the, Malaria Control Unit, NASCOP, Reproductive and Maternal Health and Services Unit, and the Health Information Services. Others include the UON, KMTC, Pharmacy Poisons Board and the National Public Health Laboratory Services. Commodity security committees have been operationalized within the CHMTs in 13 priority Counties to lead the way in improving the commodity and pharmaceutical management at periphery level.

8.0 PROGRESS ON USAID FORWARD

The HCSM program has continued to focus on capacity building of local institutions aimed at enabling them to undertake commodity management system strengthening activities. The institutions include KMTC, UON for pre-service trainings and PPB for pharmacovigilance system strengthening and MEDS for in-service commodity management activities. At the county level, HCSM has focused on strengthening capacity of county HMTs for stewardship on commodity management activities. The program hopes to have built adequate and sustainable local capacity for these institutions to perform commodity management functions beyond the programs duration.

9.0 SUSTAINABILITY AND EXIT STRATEGY

In line with the PEPFAR guidelines on country-led and owned interventions in support of sustainability, HCSM continues to support MOH national level priority Health Programs (HIV, Malaria and RH/FP) through the responsible MOH divisions/units (NASCOP, MCU and RMHSU respectively). Furthermore, HCSM program is working with these structures in policy and governance issues. The program worked with the 13 priority counties to functionalize the commodity TWGs through routine quarterly Commodity TWG meetings as per ToRs. The program is focusing on strengthening peripheral level commodity data reporting and use of data for decision-making through follow up to county, sub-counties & facilities, data review meetings to address data quality issues and orientation on use of electronic platforms for reporting rates for all programmatic commodities (Malaria, HIV& AIDS, RH/FP). High levels of compliance in use of these reporting mechanisms by the MOH have been achieved, resulting in improved data quality for reports and utilization of commodity data at county level for decision-making.

At the national level, the HCSM program HCSM is working towards improved quantification for health commodities through working with MOH/ PSU and other relevant units to finalize and produce seed copies of the National Quantification Guidelines. The MoH will disseminate these guidelines across the country thus contributing to improved quantification for health commodities, including to non-HCSM supported counties. To supplement ongoing curriculum review to incorporate health commodity management training, pre-service training in health commodity management is ongoing, specifically in pharmacy degree and diploma students at the University of Nairobi and the Kenya Medical Training College.

The program is aware of the need to ensure all the various sectors are covered (i.e. including faith based and private sectors) and continues to deliberately engage various stakeholders in rolling out the interventions at the various levels of the health system.

10.0 SUBSQUENT QUARTER'S WORK PLAN

Strategic Objectives	Intermediate Results	Planned Activities for FY15 Quarter 1
Strengthened MoH commodity management	IR 1.1. Strong and Effective MoH stewardship and technical leadership in supply chain management / Commodity Security	**Family Planning** • Finalization of FP commodity quantification guidelines • Adoption of FP DHIS2 reporting tools and validation rules • Enhanced use of DHIS2 data for planning and decision making • Initiate commodity management support activities in two new counties – Uasin Gishu and Elgeyo Marakwet. **HIV/AIDS** • Finalization of Annual (2014) national HIV commodities quantification exercise with dissemination of quantification report • Continuing technical support to central level HIV Commodity security activities • Finalization of HIV commodity management package for Counties • NASCOP adaptation of Guideline for National HIV commodity quantification and related commodity management materials • Generation of monthly HIV commodity stock status report for the PEPFAR CMB • Finalization of revisions for other HIV commodity LMIS tools in line with on-going NASCOP M&E tools revision • TA to NASCOP and related stakeholders on rollout of DHIS2 for commodity data management, ADT support and FDT & Supply chain portal pilot testing **Malaria** • Generation of 2-pager reports and supply planning • Review of the F and Q 2014 - 2015 • Data review with County pharmacists and HIS • Printing and dissemination of QoC 7 and 8 reports • Data Entry, Data analysis and report writing for QoC 8 • Finalize joint QA/QC Implementation plan • Initiate activities aimed at supporting the uptake and consistent use of Long Lasting Insecticide Treated Nets.

Strategic Objectives	Intermediate Results	Planned Activities for FY15 Quarter 1
		Management Information Systems • Disseminate guidelines and related materials to be used for skills transfer and mentorship. • Sensitization and adoption of DHIS National level supply chain portal • Sensitization and adoption of the Facility Dispensing Tool (FDT) with relevant MoH departments, (MCU, NASCOP, PSU, RMHSU), USG, HIS & other networks • Build capacity of the PHPs on use of data for decision making • Conduct TOT orientations for USAID implementing partners • Support for deployment of FDT to selected test facilities followed by subsequent rollout • Support for county level data review meetings through setup of county specific dash-boards on DHIS for use of data for decision making
	IR 1.3. Peripheral health care facilities able to account for and manage their own commodities effectively & IR 1.4. Effective and efficient commodity management systems in the private sector (faith-based and private sector organizations)	• Technical and operational support for county commodity technical working groups • Capacity building or MoH and regional implementing partners in commodity management • Support to county and sub-county managers to undertake commodity support supervision with OJT and mentorship in their facilities • Support to model sites to foster application of best practices • Support for commodity reporting and application of data for decision-making • Support for the Commodity Data Review meetings Support for establishment and operation of county and institutional Medicines & Therapeutics Committees (MTCs) • Support for Pharmacovigilance activities- ADR and poor quality medicinal products reporting • Piloting and roll out of the facility dispensing tool (FDT) • Forecasting & Quantification review
Strengthened Pharmaceutical Services	IR 2.1. Strengthened pharmaceutical subsector governance	• Support PSU and other stakeholders to design physical infrastructure and layout guidelines for medical stores at county level & health facility pharmacies and medical stores for tiers 2, 3 and 4 • Support PSU to disseminate key national documents such as Supportive Supervision Guidelines for EHPT, Quantification Guidelines, Product Disposal Guidelines, Guidelines on Appropriate Medicine Use, Standards and Guidelines for County Medical Stores & Hospital Pharmacies • Support PSU to reactivate the PSU website and load final versions of key guidelines and policies for easy access by all stakeholders • Support NASCOP to finalize & Implement the County Orientation package for management of HIV commodities

Strategic Objectives	Intermediate Results	Planned Activities for FY15 Quarter 1
		• TA for analysis of PV data and compilation of PV 2-pager • TA to NASCOP & PPB for implementation of the Cohort Event Monitoring (CEM) for ARVs • Documentation of process of development and roll out of ePV RS
	IR 2.2. Improved delivery of pharmaceutical services	• Support development and implementation of training package on supply chain management for UoN post graduate students • Support MTCs in the private sector to adapt the national MTC guidelines and utilize them to promote appropriate use of medicines through their professional associations (e.g. the Hospital Pharmacists Association of Kenya [HOPAK]) • Strengthen the capacity of NMTC members and support the NMTC to review and disseminate National and County MTC Guidelines, the Kenya Essential Medicines List (KEML), the Kenya Clinical Guidelines and Appropriate Medicine Use guidelines, tools and training materials • Improve availability of STGs (for HIV, Malaria etc.) and other key documents using innovative methods (development of website and smartphone App)
	IR 2.3. Strengthened medicine quality assurance and pharmacovigilance	• TA for analysis of PV data and compilation of PV 2-pager • TA to NASCOP & PPB for implementation of the Cohort Event Monitoring (CEM) for ARVs • Documentation of process of development and roll out of ePV RS
	IR 2.4. Improved pharmaceutical information acquisition and management	• No activities planned
Support to laboratory governance, commodity security, and service delivery	IR 3.2. An efficient & effective laboratory supply chain	**National Level work** • Work with MOH to establish a national lab commodity coordinating mechanism • Disseminate the lab essential lists to target groups during the official launch of the documents. • Strengthen the MOH capacity to undertake national quantification, pipeline monitoring and distribution planning for priority lab commodities (HIV and Malaria) commodities) • Develop capacity building materials to strengthen HIV Lab supply chain management and coordination such as quantification, pipeline monitoring and redistribution • Updating the HTC list • Revise the FCDRR MOH 643 and 643B and have them Uploaded in to DHIS2 • Support to MOH to develop an LMIS framework for lab commodities • Finalize joint QA/QC Implementation plan

Strategic Objectives	Intermediate Results	Planned Activities for FY15 Quarter 1
		• Roll out of the formulated QA/QC for RDTs • Formulate QA/QC training curriculum
		County level work • Capacity building or MoH and regional implementing partners in laboratory commodity management • Support to county and sub-county managers to undertake laboratory commodity support supervision with OJT and mentorship in their facilities • Support to model sites to foster application of best practices in commodity management

11.0 FINANCIAL INFORMATION

Cash Flow Report and Financial Projections (Pipeline Burn-Rate)

Figure 10.1: Obligations vs. Current and Projected Expenditures

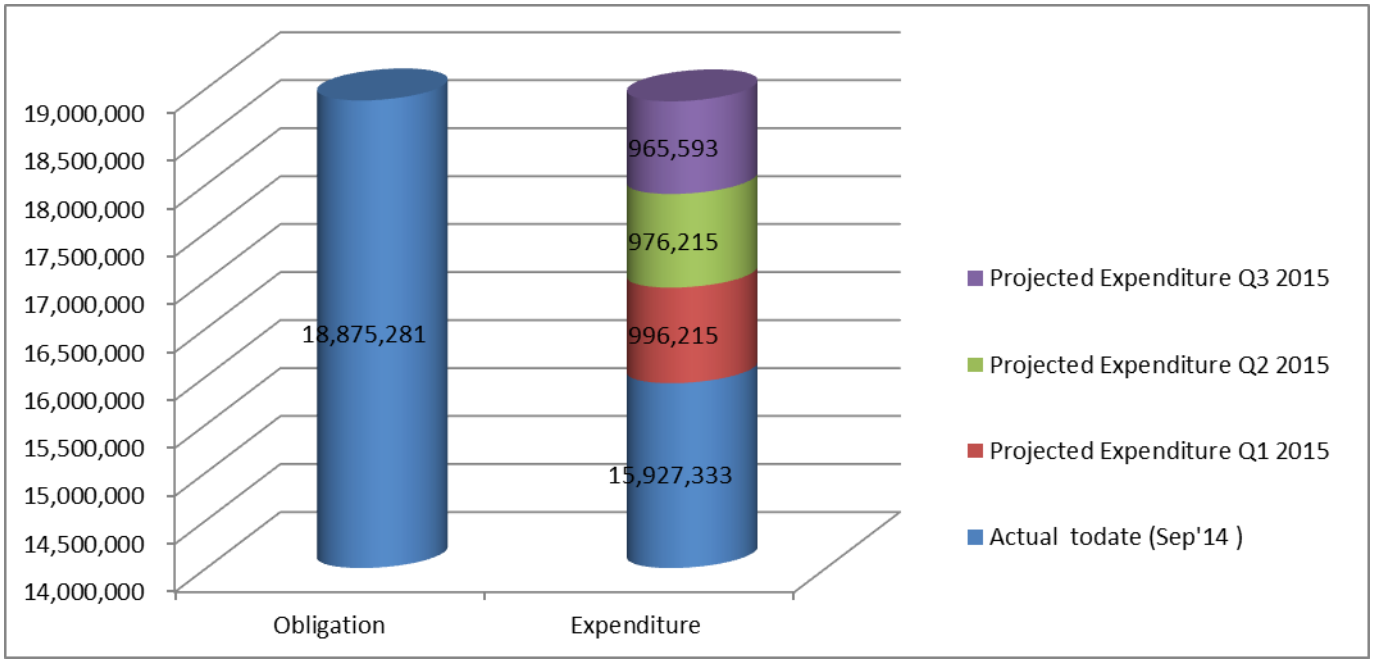


Table 10.2: Budget Details: (All figures in US Dollars)

Total Estimated Cost:		**24,996,901**			
Cum Obligation (Sep' 14):		18,875,281			
Cum Expenditure (Est-Sep'14):		15,927,333			
	Obligation	**Q1-4 Actual Expenditure Oct'14-Sep'14***	**1st Quarter (2014/15) Projected Expenditure: Oct-Dec**	**2nd Quarter (2014/15) Projected Expenditure: Jan-Mar**	**3rd Quarter (2014/15) Projected Expenditure Apr-Jun**
	18,875,281				
Personnel		2,074,663	560,159	560,159	504,143
Consultants		-	-	-	-
Overhead		721,604	196,056	196,056	181,450
Travel and Transportation		255,986	65,000	50,000	60,000
Activity Budget		459,724	100,000	100,000	150,000
Equipment		-	-	-	-
Other Direct Costs		312,013	75,000	70,000	70,000
TOTAL		**3,823,990**	**996,215**	**976,215**	**965,593**

* This is a provisional figure for the quarter, pending closure of books for September, 2014

Budget Notes:

(Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Salary and Wages	An annual merit increment of approx. 8% will increase line spending from Q1, 2015. It is assumed that staff numbers will remain at the current levels up to march, 2015.
Consultants	There is no expenditure foreseen under this category for the current year.
Travel & Transportation	The slight increase in projected costs for Q1 2015 is attributed to the QoC activity currently in progress.
Overhead	Calculated as per Award agreement
Equipment	The project has exhausted its equipment budget.
Activity budget	There will be no significant change from the current spending.
Other Direct Costs	There will be no significant change from the current spending.

12.0 PROJECT MANAGEMENT

The HCSM program leadership team has ensured that implementation of activities remains on track despite the many changes that are happening in the health sector both at national and county levels.

Personnel

Minimal staffing changes occurred in this quarter. However, at the end of the quarter, one staff (FP liaison) submitted a notification of transitioning out of the project. The staff departures are consistent with the program plan on downsizing as envisaged during the original award. The program continues to review and restructure its staffing element to optimize activity implementation.

Changes in the Program

There were no significant changes in the program. The program continues to strengthen the commodity security at both National and county levels in the 13 priority counties. With the two additional counties – Uasin Gishu and Elgeyo Marakwet – the program will restructure the support to ensure the desired results are attained. This support for the two new counties is expected start in last quarter of 2014.

USAID obligated new resources in two non- traditional areas of work in malaria and family planning.

Contract, Award or Cooperative Agreement Modifications and Amendments

This was the last quarter for the workplan. The workplan had been fully funded. However, there were new additional obligations made within the quarter i.e. FP $243,055 and malaria $441,230. The new obligations are for additional work over and above what has been implemented by HCSM.

13.0 SUCCESS STORIES

a) PPB nominated by NEPAD as an RCORE Lifesaver Report

May 2014 marked another huge milestone for Kenya the integrated Kenya pharmacovigilance system with Kenya Pharmacy and Poisons Board (PPB) being recognized by New Partnership for Africa's Development (NEPAD) Agency as a Regional Centre of Regulatory Excellence (RCORE) in Pharmacovigilance in Africa.

NEPAD is a new intervention, spearheaded by African leaders, to address critical challenges facing the continent: poverty, development and Africa's marginalization internationally. NEPAD provides unique opportunities for African countries to take full control of their development agenda, to work more closely together, and to cooperate more effectively with international partners.

Early in 2014, NEPAD sent out a call for applications from the National Regulatory Authorities and Universities from all over Africa to apply for consideration as Regional Centre's of Regulatory Excellence in Africa for Pharmacovigilance. The criteria would be based on the:-Training capacity, regulatory capability, partnerships and collaborations, Training programmes certified by national education accreditation body and/or other accreditation systems; governance & management systems and infrastructure would also be considered.

The Pharmacy and Poisons Board (PPB), National Medicines Regulatory Authority of the Republic of Kenya established in 1957 under the Pharmacy and Poisons Act, Chapter 244 of the Laws of Kenya responded to the NEPAD Call. The response was successful and PPB has now been appointed by NEPAD as an RCORE in Pharmacovigilance.

Dr Abwao of MoH/PPB during the launch of the PVERS

In the recent years, Kenya has experienced an increased access to essential medicines and medical supplies including those for HIV/AIDS, malaria, tuberculosis and other diseases. This increased access which is due to several public health initiatives has called for the need to strengthen systems for promoting medicine quality assurance and patient safety. The PPB has the mandate of medicine regulation including registration, ensuring the quality, safety and efficacy of human and veterinary medicines, and evaluating medical devices. The Directorate of Medicines Information (MIPV) and Pharmacovigilance are responsible for Pharmacovigilance, Post-market surveillance, Clinical Trials and Medicines Information activities.

The Management Sciences for Health/ Health Commodities and Services Management (MSH/HCSM) Program has been supporting the PPB to implement a National country-led Pharmacovigilance system.

To promote innovation, cost-effectiveness and sustainability, the Directorate of Medicines Information (MIPV) with support from USAID funded HCSM program, instituted the development and implementation of a Pharmacovigilance electronic reporting system (PVERS), the 1st vigiflow compatible e-reporting system in Africa.

The comprehensive Pharmacovigilance System Strengthening led by PPB with technical assistance from the HCSM Program and engagement of other stakeholders bore fruits resulting in:

- Institutionalization of one pharmacovigilance system for all medicines and medicinal products
- Roll-out of an integrated system that incorporates monitoring and reporting of suspected poor quality medicinal products and suspected adverse drug reactions (ADRs)
- A Functional Pharmacovigilance department with designated staff.
- Availability of Pharmacovigilance guidelines, standard operating procedures (SOPs), job-aids and reporting tools in public, private and faith-based health facilities.
- Mechanisms for stakeholder coordination and communication
- Training curricula for in-service providers
- A Post Marketing Surveillance strategy.
- Establishment of Antiretroviral ADR sentinel surveillance sites
- Pharmacovigilance training at pre-service level at the Kenya Medical Training College and the University of Nairobi.
- Post graduate Master's course in Pharmacoepidemiology and Pharmacovigilance at the University of Nairobi.
- Development and implementation of a premier pharmacovigilance electronic reporting system (PVERS)
- Establishment of a functional safety monitoring and reporting system which has resulted in:

…. increased reporting of suspected ADRs from 1,459 (Sept 2011) to over 7,800 (September 2014) and poor quality medicinal products from 175 (June 2011) to 579 (September 2014). Kenya is the 4th highest reporting country of ADRs in Africa and based on pharmacovigilance reports received by the PPB, several regulatory decisions have been undertaken e.g. review of ART treatment guidelines; and quarantine, re-call, withdrawal of suspected poor quality medicinal products….

The achievements listed above contributed to the selection of Kenya by NEPAD as Regional Centre of Regulatory Excellence (RCORES) in Africa for Pharmacovigilance where other African Countries will be coming to learn how we carry out Pharmacovigilance activities.

Recognition as a RCORE will spur on the staff at the PV Centre to continue to striving to improve the PV system in the country with the overall goal of improving patient safety and serving as a learning hub for good pharmacovigilance practices.

b. HCSM Supports Re-activation of the Kenya National Medicines and Therapeutics Committee

Committee Members holding deliberations at the NMTC retreat in June 2014

A core mandate of HCSM is to strengthen health commodity systems and implement interventions aimed at improving pharmaceutical services, pharmaceutical care; and appropriate use of medicines and health technologies. The National Medicines and Therapeutics committee (NMTC) is the highest level therapeutic decision-making body in a country being a key component of the National Medicines Policy. There have been two previous NMTCs in Kenya, appointed in 2000 and 2007 respectively. However these committees were not fully functional and mainly focused development or review of Clinical Management and Referral Guidelines, the Kenya Essential Medicines List and the National Guidelines for Cancer Management.

The third and current NMTC was appointed in April 2014. It is anchored in the Kenya National Pharmaceutical Policy (KNPP) of 2012 and the draft Kenya Health Sector Strategic Plan of 2012. To ensure functionality and sustainability of the NMTC, the HCSM program prided the following support:

- Technical assistance in the review and update of the NMTC Terms of Reference in March 2014
- Technical support towards a two day orientation workshop targeting all the NMTC members and core representatives from the Ministry of Health. The workshop took place on 10th and 11th June 2014
- Guidance on formation of NMTC expert committees and drafting of a calendar of activities

Some of the outputs already achieved by the revitalized NMTC include the following:

- Ratified TORs for the NMTC

- Draft TORs for County MTCs: these will form the basis of engagement with Counties to finalize the ToRs and improve functionality of MTCs and County and lower levels)
- Draft NMTC Calendar of Activities/ action plan
- Draft NMTC expert committees and their membership

A functional multidisciplinary body to coordinate policies on medicine use like the NMTC in Kenya is one of the key interventions advocated by the World Health Organization to promote appropriate use of essential health products and technologies. It is anticipated that the revitalized NMTC, by executing its mandate across the various areas under its scope, will have a big impact in improving use of medicines and other health products in the country and contributing to improving health outcomes among the whole population in a cost-effective way.

c. HCSM hosts partners Forum for Commodity Management

The Health Commodities and Services Management program recently held a partners' forum bringing together the key partners supporting various elements of service delivery in the Western Kenya region was therefore convened to build consensus on approaches and mechanisms for collaboration & partnership for support to commodity management systems as well as better understanding of the roles and responsibilities of different partners in commodity management support

During the forum, development partners from 22 organizations working in the area of health commodity management in Kisumu County made presentation of their activities, challenges and suggestions of how to better align their work.

Dr. Charles Mburu from DFID funded ESHE project implemented by Futures Group follows proceedings at the Health partners Meeting in Kisumu

The forum was necessary due to the recognition by various players that that despite the presence and intervention of various implementing partners to improve commodity management, fragmented and uncoordinated interventions with various levels of duplication could affect the gains made by partners and lead to a recurrence of pre-existing challenges.

Some of these challenges include inadequate supplies of health commodities caused by poor commodity management practices at facility level, lack of skills in quantifying requirements, ordering, storage and lack of proper use of commodities.

The forum was key as played the important role of mobilizing partners to take concrete steps in coordinating and harmonizing approaches to supporting the ministry of health – This was a welcome move as noted by Dr. Elizabeth Ogaja Kisumu County Health Secretary who made opening remarks at the Forum . In her remarked she lauded the partners for their efforts team "Partners forum and dialogue should be a regular activity."

Dr. Ogaja also challenged the partners to ensure that “Systems are strengthened to work for other commodities the way it has been for pharmaceuticals,”

Key outputs from the forum was the development of work plans that would address challenges in providing commodity related support to County Health Management Teams, providing commodity management support at facility and sub-county level as well as promoting partner collaboration for commodity management support.

*Some of the proposed activities for better coordination of partners activities include the establishment of a*n interactive platform to be established to share and discuss health commodity management ideas among partners, formation of Coordination/ stakeholders forums for counties chaired by County Directors of Health and bi-annual forum for all partners in Western Kenya together chaired by the County teams and partners acting as secretariat.

14.0 LIST OF DELIVERABLE PRODUCTS

The following products were generated during the quarter.

HIV/AIDS

i. Monthly National ARV stock status reports - June and July 2014
ii. HIV commodity security meetings – minutes for June and July 2014
iii. overall HIV commodity stock status report for PEPFAR CMB, September 2014
iv. Guideline for National HIV commodity quantification (Final Draft)
v. Report on ART data analysis from ADT sites
vi. Revised ARV LMIS tools (updated as per revised 2014 ART guidelines)
vii. 2014 HIV commodity Quantification report (Draft)

Family Planning

i. Monthly Procurement Planning and Monitoring Report (PPMR) e for July and September
ii. FP program DHIS2 reporting tools and validation rules
iii. FP program financial tracking action plan
iv. FP commodity quantification guidelines (draft)

Malaria

i. National Malaria commodity Forecasting and Quantification Report 2014 - 2015
ii. Malaria Quality of Care survey – Round 7 report
iii. Monthly 2 pager reports
iv. Malaria QA/QC implementation plan (Draft)
v. Malaria QA/QC training curriculum (Draft)

Cross-cutting: National

i. Kenya Essential Medical Laboratory Commodities List (KEMCL) 2014
ii. National Handbook on Quantification of health commodities
iii. DHIS2 Orientation Package
iv. ADT Support Package
v. Updated ADT user interface
vi. Facility Dispensing Tool (for pilot testing)
vii. DHIS2 based national supply chain portal (Ready for deployment to live DHIS2 database)
viii. Access based facility quantification tool (first prototype)
ix. Medicines Information and Pharmacovigilance (MIPV) newsletter (Lifesaver Magazine)
x. PPB Second edition of the PV 2 pager - 2014

Abstracts on health systems strengthening

xi. Capacity building: *Comprehensive Approach to Capacity Building to Improve Management of Health Commodities & Provision of Related Services in Kenya*
xii. ADT*: Use of Anti-Retroviral Dispensing Tool to Improve Health Outcomes for the Management of Patients living with HIV*
xiii. PV: *Strengthening the Kenya Pharmacovigilance System to Enhance Patient Safety, Foster AIDS-Free Generation and End Preventable Child and Maternal Deaths*
xiv. Quantification: *Enhancing Access essential Products and Technologies through Quantification*

Cross-cutting: County

i. Draft checklist for monitoring CS TWGs
ii. Data collection tool on availability and use of clinical guidelines at facility level
iii. Data Review meeting report
iv. HCSM Partner orientation report
v. Supportive supervision reports
vi. County Commodity Security TWG meetings minutes for 11 counties.