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USAID AFYA UGAVI ACTIVITY

ANNUAL PERFORMANCE REPORT – FY18

OCTOBER 2018

This publication was produced for review by the United States Agency for International Development. It was prepared by Chemonics International Inc.

USAID AFYA UGAVI

FY 2018 ANNUAL PROGRESS REPORT

01 OCTOBER 2017 – 30 SEPTEMBER 2018

Award No: Contracted under Global Health Supply Chain - Procurement and Supply Management (GHSC-PSM) Contract No. AID-OAA-I-15-00004; Task Order Contract No. AID-615-TO-16-00011.

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ACRONYMS AND ABBREVIATIONS

ADR	adverse drug reaction
ARV	antiretroviral medicine
CEC	County Executive Committee [member]
CHAI	Clinton Health Access Initiative
CME	continuous medical education
CMFF	commodity management focal facility
COC	combined oral contraceptive tool
CoL	center of learning
CP	county pharmacist
CQI	continuous quality improvement
CS	commodity security
CSSM	commodity stock status monitoring
DFH	Department of Family
DHIS2	District Health Information System [version 2]
DMPA	Depot Medroxyprogesterone Acetate
DMS	Director of Medical Services
DQA	data quality audit
EMMS	essential medicines and medical supplies
ESC	emergency supply chain
FCDRR	facility consumption data report and request [form]
FP	family planning
FP/RMNCAH	family planning/reproductive, maternal, child and adolescent health
FY	fiscal year
GHSA	Global Health Security Agenda
GOK	Government of Kenya
HCW	health care worker
HF	health facility
HIV/AIDS	human immunodeficiency virus/acquired immune disease syndrome
HRIO	Health Records Information Officer
HSSP	health sector strategic plan
IHR	International Health Regulations
JEE	joint external evaluation
KEMSA	Kenya Medical Supplies Authority
KES	Kenya Shillings
KMS	Kenya Malaria
MCM	medical countermeasures
MEL	monitoring, evaluation and learning
MICC	Malaria Interagency Coordinating Committee
MoALFI	Ministry of Agriculture Livestock Fisheries and Irrigation
MoH	Ministry of Health
MoU	memorandum of understanding

MPR	Malaria Program Review
NAPHS	National Action Plan for Public Health Systems
NCAHU	Newborn, Child and Adolescent Health Unit
OI	opportunistic infection
OJT	on job training
PHEIUE	Public Health Event of Initially Unknown Etiology
PMI	President's Malaria Initiative
PMTCT	prevention of mother to child transmission
PPB	Pharmacy Poisons Board
PPMR	procurement planning and monitoring report
PSK	Population Services Kenya
PV	pharmacovigilance
RHMSU	Reproductive and Maternal Health Services Management Unit
S/CHMT	sub/county health management team
SCP	sub-county pharmacist
SDP	service delivery point
TWG	technical working group
USAID	United States Agency for International Development
USAID	United States Agency for International Development
USD	United States dollar
WHO	World Health Organisation

AFYA UGAVI ACTIVITY EXECUTIVE SUMMARY

Afya Ugavi is a five-year implementation Activity that collaborates with the Government of Kenya's (GoK) Ministry of Health (MoH) counties and other stakeholders to influence a new level of health commodities supply chain performance. The Activity achieves this through supportive activities aimed at strengthening pharmaceutical supply chain systems for HIV/AIDS, malaria, Family Planning/ Reproductive Health, Maternal, Newborn, Child and Adolescent Health (FP/RMNCAH) at the national level and in 14 high burden, under-resourced and underserved counties. The Activity goal is to ensure there is a well-functioning, high performing supply chain system that provides communities with adequate, safe, affordable, and reliable supply of health commodities, when and where needed.

Afya Ugavi's activities on HIV/AIDS support four counties – Homa Bay, Uasin Gishu, Isiolo and Mombasa – to strengthen their current interventions in HIV commodity management and enhanced service delivery to the facilities. In addition, Afya Ugavi provides supply chain management technical assistance to the National Malaria Control Program (NMCP) and supports eight malaria lake endemic counties that receive about 70% of the President's Malaria Initiative (PMI) procured health commodities. These include Busia, Homa Bay, Kisumu, Migori, Siaya, Bungoma, Kakamega and Vihiga. FP/RMNCAH activities target three northern frontier counties – Baringo, Samburu and Turkana – with the Activity providing technical assistance to the Department of Family Health's (DFH) Reproductive Health Services Management Unit (RHSMU) and the Newborn Child and Adolescent Health Unit (NCAHU) at national level. In line with the Global Health Security Agenda (GHSA), the Activity plans to improve Kenya's capacity to help create safe and secure environment from infectious disease threats and elevate global health security as a national and global priority. This will be done using a customizable emergency supply chain playbook and simulation exercises to develop, strengthen and test supply chain systems for responding to emergency health outbreaks.

The Activity has concluded its second implementation year and this report details the implementation outputs, outcomes, and impact for the period up to September 2018. Under the HIV/AIDS Program, key achievements included support towards strengthening of stewardship and governance for HIV commodities among the four HIV focus counties through establishment and/or revival commodity security technical working groups (TWGs). The program also provided logistical and technical support for the development of Health Sector Strategic Plan (HSSP) for Homa Bay County and annual work plan for Uasin Gishu and Isiolo Counties. The Activity also lent support at the national annual HIV quantification workshop through technical support in target setting and forecasting for HIV testing services and antiretroviral treatment for both adults and children as well as forecast analysis for antiretroviral medicines. In addition, the Activity assisted the counties on pipeline monitoring and data visibility for HIV commodities through training county staff on DHIS2 reporting on ARV and opportunistic infections medicine data, commodity data review meetings and an end user verification exercise in 78 health facilities across the four counties. The only facility level intervention under HIV/AIDS that Afya Ugavi implemented which included establishment and support to four focal facilities (previously called centers of learning) on commodity management, one in each focus county.

Under malaria, Afya Ugavi participated in the Malaria Program Review (MPR) in which the Activity, and together with a procurement and supplies management (PSM) consultant engaged by Afya Ugavi for this activity, led the review of performance for the PSM section of the 2009-2018 Kenya Malaria Strategy. The Activity also gave support to the Malaria Inter Agency Coordinating Committee (MICC) and Case Management Technical Working Group (TWG) meetings and provided technical guidance. The Activity also supported the establishment of 63 sub-county commodity security technical working

groups (CSTWGs) by assisting sub-counties to develop terms of reference and providing logistical support for CSTWGs to meet every quarter to review, commodity stock status, reporting rates, among other things. Afya Ugavi also provided technical assistance to NMCP to conduct a review of the 2018 commodity forecasts, to conduct pipeline monitoring to generate the monthly malaria commodities stock status reports and quarterly procurement planning and monitoring reports. The Activity also undertook capacity building through which 2,949 county staff were reached during the CMEs conducted in FY 2018.

Under the FP/RMNCAH program, Afya Ugavi supported county and sub-county health management teams (S/CHMTs), in the three focus counties of Turkana, Samburu and Baringo, to convene both county and sub-county CSTWGs. Eight CSTWG meetings were held at county level and 29 at sub-county level. The Activity also gave logistical and technical support to county and sub-county CSTWGs in the three counties to undertake commodity data reviews. Ten data review meetings were held in the year during which commodity managers had opportunity to generate reports from the District Health Information System (DHIS2) using the family planning (FP) dashboard and interrogate the outputs for decision making. In the same period, the essential medicines and medical supplies (EMMS) database, which serves as a data capture tool for the entry of user-defined and non-program tracer commodities, was introduced to Baringo and Samburu counties after successful piloting in Turkana county the previous year. The database which enables users to analyze the uploaded data through a data visualization dashboard was received positively and contributed to improving county reporting rates to as high as 78%. The Activity also supported the convening of commodity stakeholders' forum and a best practices forum to continue catalyzing the same issues by sharing experiences and challenges. In addition, mentorship on various aspects of commodity management was provided to health care workers in nine commodity management focal facilities (CMFFs) and some infrastructural improvements were made at these focal facilities.

For the Global Health Security Agenda (GHSA) program whose aim is to build countries' capacity towards a world safe and secure from infectious disease threats, the Activity completed the situation assessment of the emergency supply chain to determine Kenya's landscape on general disaster preparedness and response, with specific focus on the emergency supply chain, and deployment of medical countermeasures (MCM). The findings were used to inform the development of an Emergency Supply Chain Framework for Kenya. Afya Ugavi reached out to two lead ministries the Ministry of Health (MoH) and the Ministry of Agriculture, Livestock, Fisheries, and Irrigation (MoALFI) to provide a team of officers to form and lead the Emergency Supply Chain (ESC). The Ministry of Health's Director of Medical Services (DMS) appointed a team of 10 core team members to the ESC. The ESC inaugural meeting took place in September 2018 during which the situational assessment report was presented to inform the participants of the current ESC situation in Kenya, the proposed framework was presented, and the findings of the desk review report were shared.

Challenges encountered during year include the continued suspension of USAID assistance to national level MoH that disrupted some planned activities and adversely affected coordination at national level, especially with the coordinating programs. In some instances, especially for malaria and FP programs, competing priorities for service delivery partners and counties impeded collaborative implementation of activities initially intended to be carried out jointly. *Useful lessons* learned during the year included noting that importance of engaging county leadership to obtain buy-in for implementing activities. Another lesson learned was that conducting activities collaboratively with other USAID partners (such as Afya Halisi, Timiza, Tupime Kaunti) during their forums was a cost-effective way of interacting with county staff.

II. KEY ACHIEVEMENTS (Qualitative Impact)

HIV Program

1.1 Strengthened technical leadership and coordination for commodity management

Support to commodity management TWGs: One of the strategic objectives for Afya Ugavi is to support strengthening of stewardship and governance for HIV commodities. Among the four HIV/AIDS focus counties, commodity security TWGs were operational in Homa Bay and Mombasa counties but found to be inactive in Isiolo and Uasin Gishu counties. The Activity supported revival of the dormant TWGs during the in the year. TWGs have been key structures to promote and foster county and sub-county commitment to prioritize commodity security, as well as access and availability; and to monitor performance of relevant commodity indicators, identify gaps and address them. The Isiolo and Uasin Gishu TWGs were involved in planning and executing the end use verification (EUV) assessment carried out in August 2018. In Homa Bay and Mombasa counties where TWGs were already established and active, Afya Ugavi participated in the TWG meetings and advocated for the HIV commodities security.

Support to Implementing Partner meetings: In the HIV/AIDS baseline assessment, Afya Ugavi had noted that three counties – Uasin Gishu, Mombasa and Isiolo – lacked mechanisms for partner coordination. In Uasin Gishu, this gap was taken seriously by the leadership who then convened the county's first stakeholders meeting that brought together donor supported implementing partners in health, county assembly health committee and the county and sub-county CHMTs. Key meeting outputs included: having the stakeholders meeting held routinely on quarterly basis; understanding each partner's scope of support in terms of resources and geographical coverage; County assembly health committee was able to get insight to the health needs and gaps including needs to advance HIV prevention, care and treatment agenda in the county, the County Executive Committee (CEC) office committed to develop a health stakeholders matrix and ensure available resources are optimally used. On Commodity Management Focal Facilities (CMFF), previously known as Centers of Learning (CoL), the CEC office declared Uasin Gishu county's desire to have the CMFF operational within one year as well as attain ISO certification.

Support towards development of annual work and strategic plans: Supply chain related activities and proper budgeting for health commodities is poorly or inadequately captured in the county's strategic plans and annual work plans. Afya Ugavi provided logistical and technical support for the development of Health Sector Strategic Plan (HSSP) for Homa Bay County and annual work plan for Uasin Gishu and Isiolo Counties. Support for Homa Bay strategic plan revealed that planning for pharmaceuticals through quantification was done but was not done for other health products, equipment and other supplies. It was also noted that planning for activities that support commodity security in the county such as commodity focused supportive supervision, data reviews, sub-county meetings among others was not done. Afya Ugavi advocated for inclusion of this activities and assisted in development of budgets for the same.

1.2 Improved Supply Chain logistics and commodity management

Annual quantification for HIV commodities: Afya Ugavi participated in the national annual HIV quantification workshop and provided technical support in target setting and forecasting for HIV testing services and antiretroviral treatment for both adults and children. The Afya Ugavi team also

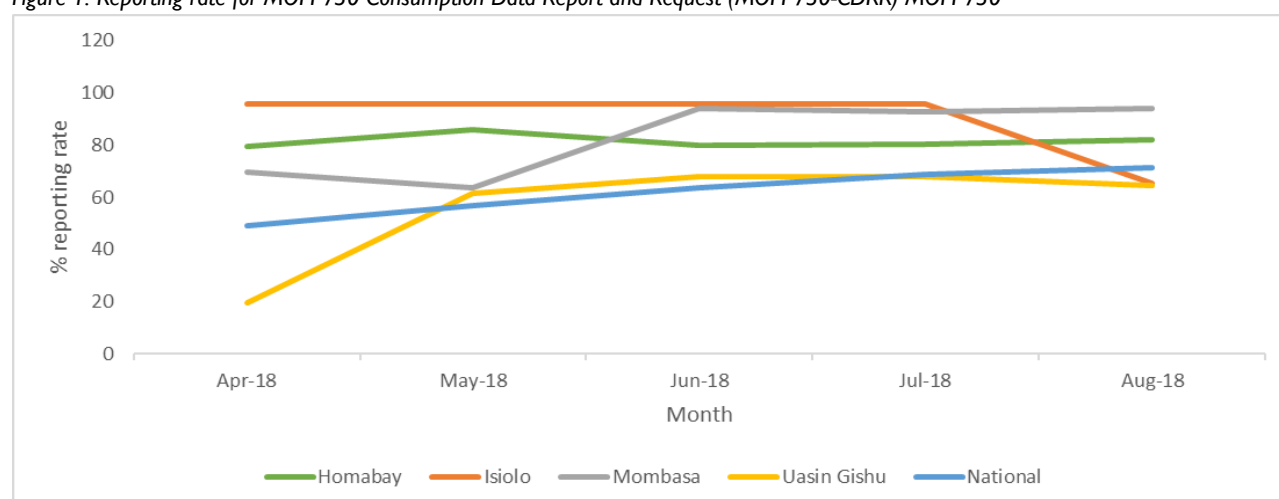
carried out forecast analysis for antiretroviral medicines which was presented during the meeting and informed the approaches to be adopted during the forecasting.

Afya Ugavi supported Isiolo County to carry out quantification for health products for the first-time post devolution. The C/SCHMT were taken through practical quantification process where capacity building and the county requirements for the year 2018/19 were established.

Pipeline monitoring: To boost pipeline monitoring and data visibility for HIV commodities, Afya Ugavi supported three key activities:

- i. **Training of health care workers on DHIS2 reporting:** Antiretroviral (ARV) and opportunistic infection (OI) medicines data has been previously only visible to the national program and KEMSA. In a new shift, reporting for these commodities has now been integrated into DHIS2. To support this development, Afya Ugavi gave technical and logistical input towards training the four HIV focus counties staff (Isiolo, Mombasa and Uasin Gishu). Key output from the training included facilitating provision of DHIS2 access credentials for ARVs and OI data set to the facility pharmacy staff and subcounty pharmacists to averting disruption for reporting and ultimately distribution. Reporting rates especially for Uasin Gishu County have significantly increased compared to the national average as shown below:

Figure 1: Reporting rate for MOH 730 Consumption Data Report and Request (MOH 730-CDRR) MOH 730



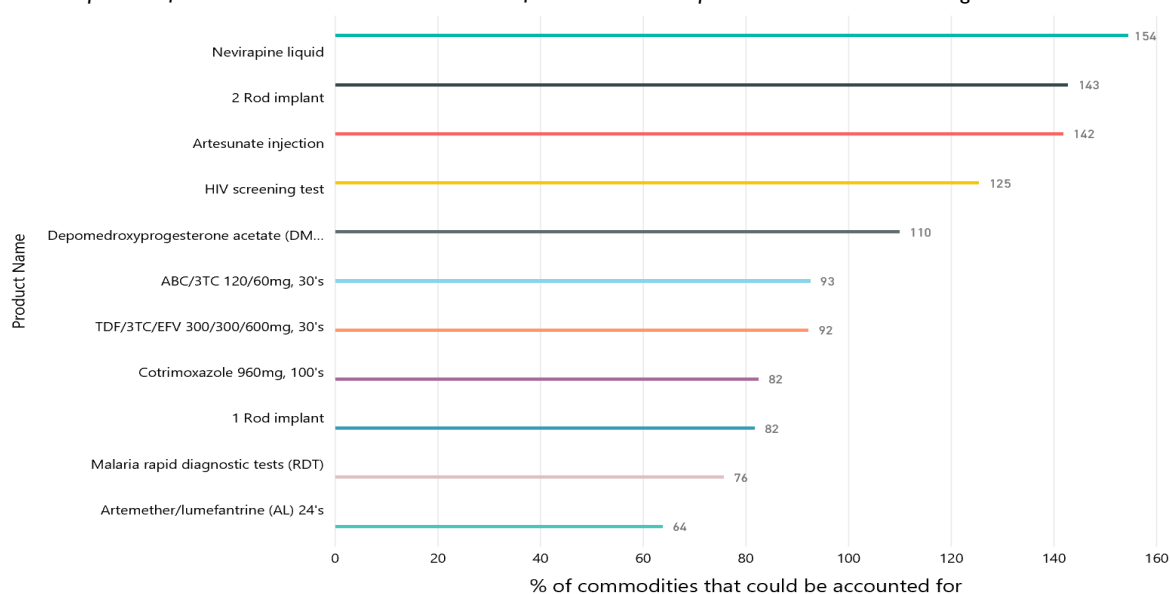
- ii. **Commodity data review:** Afya Ugavi has scaled up the use of the dashboard to HIV commodities. The dashboard has been used successfully for malaria, family planning reproductive, maternal, newborn, child and adolescent health (RMNCAH) products by the country and sub-county teams to monitor key commodity management indicators.

Using the dashboard, counties were able to realize data quality issues in DHIS2 as well as gaps in reporting. Reporting rates for both MOH 729 (Monthly ART Patients Summary) and MOH 730 (Consumption Data report and Request) changed across the counties and remarkable changes were observed.

- iii. **End use verification for HIV commodities:** To establish accountability for HIV products, an end use verification was conducted in the four focus counties to evaluate basic inventory management practices for HIV commodities and compare with other program commodities; establish level of accountability for HIV commodities; document prevailing gaps and provide recommendations on how to address gaps & challenges identified. Data

was collected in 78 health facilities and tracer products included were ABC/3TC 120/60mg (pediatric ARV); nevirapine liquid (PMTCT ARV); TDF/3TC/EFV 300/300/600mg (adults ARV); cotrimoxazole 960mg (opportunistic infection medicine) and HIV screening test. Accountability for TDF/3TC/EFV 600/300/300mg, ABC/3TC 120/60mg and cotrimoxazole 960mg was 92%, 93% and 82%, respectively while Nevirapine and HIV screening test had accountability rates above 100% attributed to non-documentation of product receipts in the stock card and missing delivery notes due to poor filing practices as shown below.

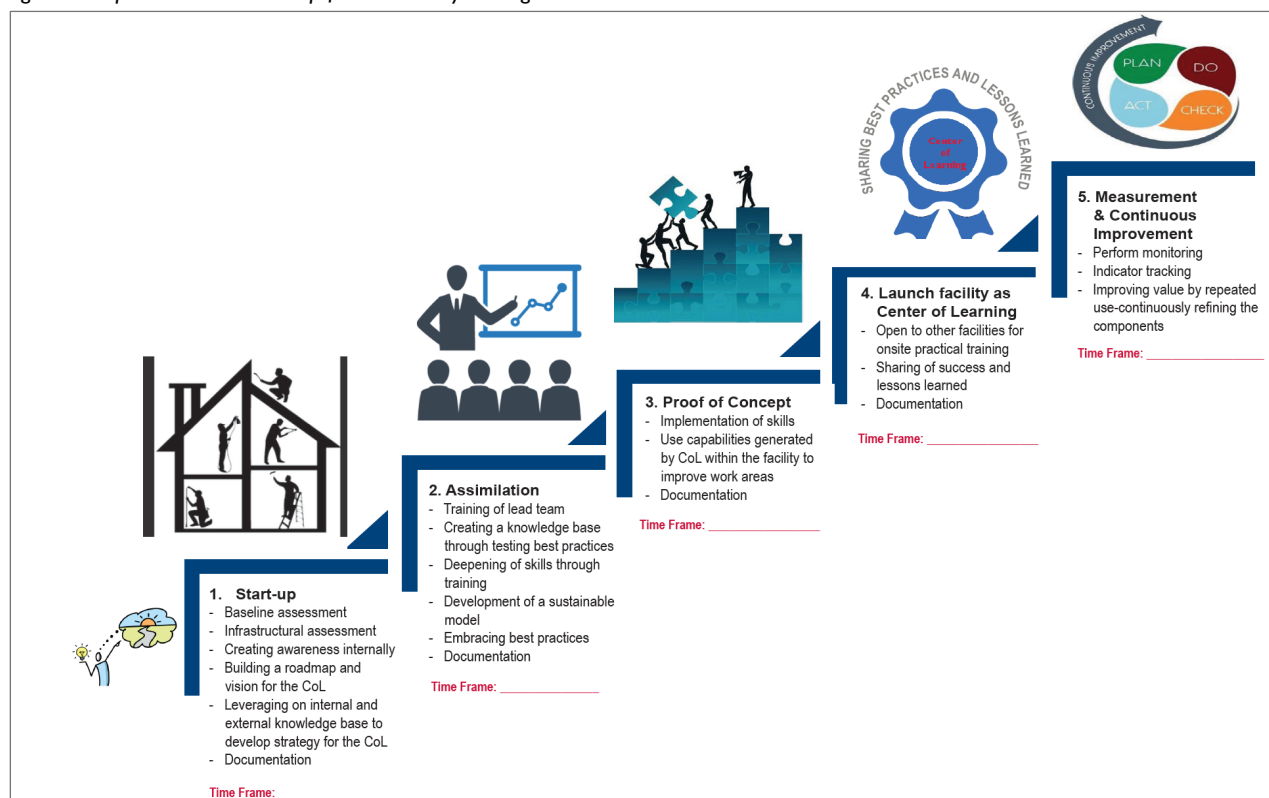
Figure 2: Proportion of commodities that could be accounted for over the review period October 2017 and August 2018



In addition, a concurrence rate of 58.7% between physical stock count and stock card balance across all product categories on the day of the visit was observed. The concurrence rate between physical stock count and stock card balance on day of visit for HIV products was at 51.9%.

Commodity management focal facilities: This was the only facility level intervention under HIV/AIDS that Afya Ugavi implemented which includes establishment and support to 4 focal facilities (previously called centers of learning) on commodity management, one in each focus county. It is envisioned that these facilities will embrace best practices in facility level commodity management and serve as preceptors for on-site practical training. Selection of these facilities was done by the CHMT and an assessment was done which culminated into development of the roadmap shown below.

Figure 3: Implementation roadmap for Commodity Management Focal Facilities



Afya Ugavi interventions have led to:

- Formation of quality improvement teams and work improvement teams; collaboration with other partners - with Afya Pwani in Mombasa, a multisectoral team in Uasin Gishu that includes AMPATH, county pharmacist and county director of health.
- Through the hospital management teams, Tudor and Burnt Forest hospitals have mapped service and redesigned the patient flow. The hospitals are awaiting county level guidance.

The CMFFs are in *assimilation* stage and working towards proof of concept. Afya Ugavi promoting use of the continuous quality improvement approaches to achieve the objective. In Uasin Gishu, the county is committed towards ISO certification of the CMFF.

Malaria Program

Output 1.I Strengthened technical leadership and coordination for commodity management

During the year under review, Afya Ugavi made significant progress towards this output at both national and county level.

At national level, Afya Ugavi participated in the Malaria Program Review (MPR) in which the Activity, and together with a Procurement and Supplies Management (PSM) consultant engaged by Afya Ugavi for this activity, led the review of performance for the PSM section of the 2009 – 2018 Kenya Malaria Strategy. The output of the MPR was a report summarizing performance by thematic area (Case Management; Vector Control; Advocacy Communication and Social Mobilization; Epidemic Prevention and Control; Malaria in Pregnancy, PSM and Program Management). The MPR culminated in the Kenya

National Malaria Forum bringing together stakeholders involved in malaria research, prevention and control. Afya Ugavi presented on *Challenges and Opportunities in Commodity Management at County Level*. The MPR report included recommendations to inform the next Kenya Malaria Strategy (KMS) for the period 2019 to 2023. Afya Ugavi will participate and support in the KMS development process that will happen in Q1 of FY 2019

In addition to the MPR, Afya Ugavi actively participated in Malaria Inter Agency Coordinating Committee (MICC) and Case Management Technical Working Group (TWG) meetings and provided technical guidance and input particularly on, but not limited to, PSM-related issues.

At county level, Afya Ugavi continued supporting the county commodity security technical working groups (CSTWGs) both technically and logistically. In a major move to have greater oversight and leadership for commodity management, Afya Ugavi supported the establishment of 63 sub-county CSTWGs through development of their terms of reference and logistical support for them to meet quarterly to review, among other things, commodity stock status, reporting rates, fill rates and commodity data quality in DHIS2. Afya Ugavi also supported the sub-county CSTWGs during their meetings with health facility in charges to ensure that commodity management issues were brought to the fore and appropriate interventions agreed upon to address identified gaps. The impact of these TWGs is outlined under the quantitative impact section of this report.

Output 1.2 Improved supply chain logistics and commodity management

Annual Quantification and Quantification Review for Malaria Commodities: During the year, Afya Ugavi provided technical assistance to NMCP to conduct a review of the 2018 commodity forecasts. The review identified relatively high forecast errors for the period July 2017 to January 2018: 65% for ACTs, 150% for RDTs and 55% for SP tabs as shown in the table below. This necessitated updating of the procurement and supply plans to reduce potential overstocking and wastage due to expiry. The forecast error for injectable artesunate was low at 8%.

Table 1: Forecast Error % for Jul 2017 to Jan 2018

$$\% \text{ forecast error} = \frac{\text{forecast} - \text{actual}}{\text{actual}} \times 100\%$$

Description	Consumption		% FE
	Forecast	Actual	
AL6s	1,289,164	792,794	63%
AL12s	1,152,044	678,839	70%
AL18s	849,261	487,215	74%
AL24s	1,936,556	1,203,290	61%
AL All	5,227,025	3,162,139	65%
RDT	5,732,908	2,290,827	150%
Artesunate injection	459,972	426,616	8%
SP	1,989,008	1,281,798	55%

The planned annual quantification process was not done in July/ August due to the MPR process that required all the malaria program officials' involvement. The exercise will be undertaken in mid-October 2018.

Technical assistance to pipeline monitoring for malaria commodities: Afya Ugavi continued to provide technical assistance to NMCP to conduct regular pipeline monitoring and generate the monthly malaria commodities stock status reports and quarterly procurement planning and monitoring report (PPMR). This exercise, together with the stock status review meetings at county level, helped to identify overstocked and understocked counties and informed subsequent redistribution of malaria commodities worth over KES 30 million during the financial year under review thus averting their expiry.

Output 2.1: Increased human and institutional capacity for supply chain development

Capacity Building: MoH staff who underwent a training of trainers in health commodity management in FY 2017 continued providing Continuing Medical Education (CME) sessions targeting health facility staff. The CMEs focused on strengthening areas of weakness identified during supportive supervision and the trainers also touched on case-management topics to ensure appropriate testing and treatment. Issues around community case management and treatment of severe malaria were also covered where necessary. 2,949 county staff were reached during the CMEs conducted in FY 2018 as shown in the table below.

Capacity building was also attained through on-the-job training conducted during supportive supervision visits. The areas covered included receiving and recording commodities, use of stock cards for inventory management and commodity data management and reporting.

Table 1: Number of health workers reached through CME in FY 2018

County CME Attendance	Sex		Total
	M	F	
1. Homa Bay	266	275	529
2. Bungoma	216	253	468
3. Kakamega	191	268	458
4. Migori	242	210	450
5. Siaya	213	162	373
6. Kisumu	144	142	285
7. Busia	111	140	250
8. Vihiga	61	76	137
Grand Total	1,444	1,525	2,949

FP/RMNCAH Program

1.1 Strengthened technical leadership and coordination for commodity management

Strengthening oversight, leadership and coordination: During this implementation year, Afya Ugavi supported the CHMTs and SCHMTs in the 3 focus counties of Turkana, Samburu and Baringo to convene both county and sub-county Commodity Security TWG meetings. 8 TWG meetings were held at county level and 29 at sub county level were held in all the three counties against a target of 12 and 36 respectively.

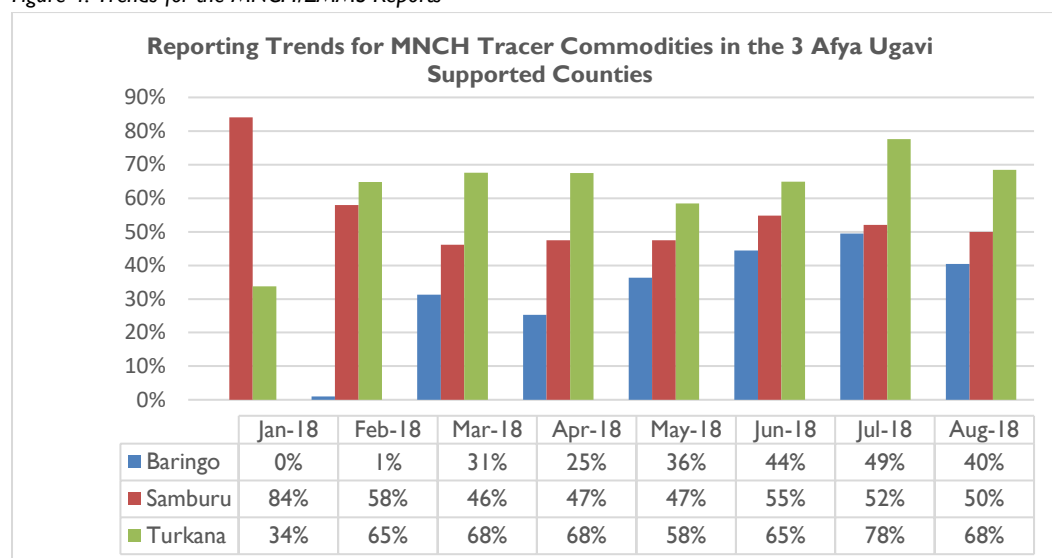
Samburu and Baringo County TWG meetings were held on the last day of the County Data Review exercise to address commodity issues at the sub county level and generate informed discussions. Samburu CSTWG allows subcounty representatives (usually the sub-county pharmacist and the Sub-County Medical Officer of Health) to participate in their meeting while the Baringo and Turkana County teams prefer to meet on their own. Turkana County CSTWG is not yet quite grounded, due to frequent changes of concerned office bearers which impacted negatively on performance. An outbreak of cholera in Turkana county also affected the frequency and attendance. The County and sub county CSTWGs are now able to coordinate and oversee all aspects of health commodity management, with the ultimate goal of ensuring consistent availability and avoiding wastage of health commodities. Afya Ugavi will continue to mentor the few dedicated champions to run with this cause post transition.

Commodity Data Reviews: Afya Ugavi provided both logistics and technical support to the County and sub county CSTWGs in Baringo, Samburu and Turkana counties to undertake commodity data reviews. 10 such meetings were held in the year. In these meetings, commodity managers got an opportunity to practice how to generate their county's FP dashboard and interrogate its outputs for decision making. The managers also discussed reporting rates of other programs like Malaria, TB and ARVs. In addition, sub county managers shared with their colleagues the findings of the most recent FP/RMNCAH commodity support supervision exercise and exchanged ideas on recommended interventions to address identified gaps.

The idea of sub county data reviews was mooted during Q2, and Afya Ugavi supported facility leaders' meetings in all the 9 sub counties in collaboration with Afya Timiza. The purpose was to provide a forum for sub county-commodity managers to meet with facility managers and discuss various commodity related program updates as well as equip them with the right knowledge, skills and attitude to effectively undertake their tasks. In these meetings, results from the DQA exercise conducted in facilities by the Afya Ugavi M&E team which were shared showed a significant improvement in the indicators being tracked, compared to baseline results.

The implementation status of the MNCAH/EMMS commodity FCDRR has been on the data review agenda since its introduction earlier in the year. The EMMS database, which is intended to serve as a data capture tool to allow for the entry of user-defined tracer commodities, was introduced to Baringo and Samburu County and sub county managers and provides ability to analyze the uploaded data through a Data Visualization dashboard. The figure below shows the reporting trend in the three Afya Ugavi supported counties, with Turkana consistently achieving reporting rates above 65%.

Figure 4: Trends for the MNCH/EMMS Reports



Support to commodity stakeholder forums: Afya Ugavi provided both logistics and technical support to the three CHMTs to convene health stakeholder forums. The forums for Baringo and Samburu had a common theme on “Commodity accountability and responsibility” and were attended by key health stakeholders from the county, including partners. In these meetings, key supply chain challenges (especially on facility level commodity management practices) were discussed and appropriate recommendations on priority remedial interventions proposed. The theme for the Turkana health stakeholder forum was “Responsibility for better health commodity availability”. In these meetings, coordination aspects were discussed and recommendations for county level follow-up were made which the counties and stakeholders agreed to support.

Moving towards sustainability, Afya Ugavi plans work with the County managers and other partners to explore how to integrate this stakeholders’ forum with the already scheduled quarterly Commodity Data Review meeting. The project will also support the Pharmacy department’s efforts to include key supply chain activities in the AWP as well as continue supporting their implementation even as they consider issues of institutionalization and sustainability. The EMMS database discussed above will go a long way in helping the County and sub county managers to have better visibility and stock status of any EMMS they select.

Regional FP/RMNCAH Best Practices Forum: Afya Ugavi supported commodity managers from all 3 counties and 9 sub counties to convene; with the aim of learning from one another by sharing both best practices as well as challenges on FP/RMNCAH commodity management; based on the work what they had done so far with support from the Activity. In the forum, best performers from the focus counties were recognized using a set criterion to determine best performance. All the three County CSTWGs were also appreciated for supporting an enabling environment for implementation of supply chain interventions.

Participants identified activities for institutionalization which included CSTWG meetings, supportive supervision and commodity data reviews and each County team prepared a transition plan for supply chain activities. The plans outlined which activities MoH would support on its own and those that would require Afya Ugavi support during the transition year. The participants also requested for Afya Ugavi’s assistance to advocate for funding from their own County governments and other partners for

the post transition period and further technical support with the FP dashboard and with analysis and presentation of support supervision data.

1.2 Improved Supply Chain logistics and commodity management

Support to annual quantification and mid-term quantification review: With other partners, Afya Ugavi participated and provided technical assistance to Department of Family Health to review the country's family planning commodity requirements and develop a supply plan for the same. The meeting's specific objectives were:

- To review the FP commodity requirements to be procured for year 2018- 2020 for national level.
- To identify FP commodity funding gaps based on the requirements.
- To generate a national supply plan to guide procurement in the period under consideration.

Among the key discussions was the review of the quantification assumptions, specifically, adoption of the MoH mCPR targets (58.0 for 2020) and a review of the split of the national FP commodity requirements in favor of the public sector compared to non-public sector especially for implants and injectables. This was informed by dwindling donor support for the social marketing that formed a substantial portion of the non-public sector. The report has since been finalized and disseminated.

Support to Turkana RMNCAH & Essential medicines Quantification: Afya Ugavi supported Turkana County to undertake quantification for essential medicines among them, FP/RMNCAH commodities. The county appreciated the support provided in building their capacity in quantification and admitted that for the first time they had objectively estimated requirements per facility and rationalized the final requirements against the available funds. The quantification results would enable them advocate for allocation of resources for essential medicines in line with requirements. To address lack of data on essential medicines, the county team resolved to fully roll out the essential medicines tracking tool within the county.

Pipeline monitoring and commodity management: Afya Ugavi continued to support RMHSU with pipeline monitoring working in close collaboration with KEMSA, CHAI and UNFPA. The project received and analyzed the KEMSA (central level) and PSK stock reports on monthly basis and reviewed service delivery point (SDP) stock levels as reported in DHIS2. Using this information, Afya Ugavi generated and disseminated to key stakeholders the monthly Procurement, Planning and Monitoring Reports (PPMR) and two-pager stock summaries. This provided strategic information on the country's FP commodity security situation.

Facility supportive supervision visits: The Activity provided the CHMT/ SCHMTs across the three counties of Turkana, Samburu and Baringo with both logistics and technical support to conduct commodity supportive supervision. During the exercise, on job training on various aspects of commodity management to address gaps identified was provided to the health care workers.

Cumulatively in Yr2, Afya Ugavi has supported mentorship of 640 health care workers and 456 commodity support supervisory facility visits. The Activity also facilitated county and sub county teams to undertake Commodity Stock Status Monitoring (CSSM) facility visits during the first week of the month aimed at improving commodity availability through redistribution as well as assisting facility managers improve the quality of reports keyed into DHIS2, where 112 health workers were mentored in report preparation.

Commodities Redistribution: In the year under review, Afya Ugavi supported commodity redistribution in the 3 focus counties of excess FP/RMNCAH commodities worth over USD 17,000. This was done with Afya Uzazi partnership. Some of these commodities were redistributed outside the focus counties to Kajiado, Nairobi, Embu and Uasin Gishu counties. Afya Ugavi also facilitated additional inter-county redistribution of 4,000 short expiry DMPA injection by courier from Samburu to Kisumu and Homa Bay counties and 960 bottles of Chlorhexidine 7.1% from Turkana to Samburu County. Some of this breakdown is shown below.

Table 3: FP commodities re-distributed from Samburu County

Item	Units	Quantity	Value (USD)
Combined pills	Cycles	1,140	256
Progestin only pills	Cycles	9,598	3,100
DMPA	Vials	3,555	3,697
Implanon (1 rod)	Sets	150	1,275
Jadelle (2 rod)	Sets	940	7,990
Total			16,318

Support to pharmacovigilance: Afya Ugavi supported the orientation of 274 staff on basic concepts of Pharmacovigilance (PV) and the need for reporting Adverse Drug Reactions and poor-quality pharmaceuticals; as part of the Commodity Management, Pharmacovigilance (PV) and Continuous Quality Improvement (CQI) curriculum. Afya Ugavi also provided Technical Assistance in orientation of an additional 106 facility staff and 26 Afya Timiza project staff on Pharmacovigilance; while logistical support was provided by Afya Timiza. There is expected improvement in patient care and safety in relation to the use of pharmaceuticals and non-pharmaceuticals following this training.

2.1: Increased human and institutional capacity for supply chain development

Support to MoH staff for capacity development in supply chain: Afya Ugavi provided both technical and logistical support in the orientation of 274 health-care workers (HCWs) from across all 3 supported counties on basic concepts of Commodity Management, Pharmacovigilance (PV) and Continuous Quality Improvement (CQI). Through collaboration between Afya Ugavi and Afya Timiza in Samburu and Turkana; and working with the County and sub county commodity management champions; the two projects trained an additional 106 health-care workers on basic concepts of commodity management, PV and CQI. Afya Ugavi similarly trained 26 Afya Timiza project staff (14 – Turkana and 12-Samburu). In this category involving Afya Timiza collaboration, Ugavi provided technical assistance

Support to establish commodity management focal facilities including minor renovations: Afya Ugavi and the SCHMTs continued to provide mentorship to facility health care workers in nine commodity management focal facilities (CMFFs) on various aspects of commodity management. Regular visits to all CMFFs have continued, with administration of the commodity supervision checklist done once a quarter. The first phase of infrastructural improvements was also complete for Baringo County facilities. Work on the Turkana CMFFs is ongoing while in Samburu, the contracting process was restarted due to the initial contractor pulling out.

2.2. Improved Commodity Security Environment

Track and Trace Situational Review and roadmap development: Afya Ugavi supported the first stakeholders' sensitization conference whose aim was to introduce GSI standards to key stakeholders

in Kenya and begin a conversation to support country uptake of these standards. Participants included the Pharmacy and Poisons Board (PPB) - the Government's regulatory body, Ministry of Health, Supply Chain Agencies, Manufacturers, Wholesalers, distributors and other relevant actors in the supply chain.

In the meeting, consensus was reached on the need for adoption of a Global Standard for the implementation of track and trace for health commodities in Kenya and formation of a Technical Working Group to spearhead the process was proposed.

D. GHSA Program

Global Health Security Agenda (GHSA) is a partnership of international organizations and non-governmental stakeholders. The activity overall goal is to build countries' capacity towards a world safe and secure from infectious disease threats. The GHSA activity aims at strengthening both global and individual nations' capacity to prevent, detect, and respond to health threats

Kenya subscribes to GHSA goal of a secure world and in response has developed the Kenya GHSA Year Roadmap 2015 – 2020 and established an IHR national Focal Point. One of the weaknesses revealed in response by the Joint External Evaluation (JEE) of IHR Core Capacities is in deployment of medical countermeasures (MCMs) and medical personnel during public health emergencies. Kenya scored a low 1 and JEE recommends prioritization to improve efficiencies in response.

The GHSA-Kenya roadmap entails to responding rapidly and effectively to improve global access to medical and non-medical countermeasures (MCMs) during health emergencies

Output 2.3. Provision of technical and logistical support for startup of GHSA Kenya supply chain activity

Desk research and stakeholder analysis: Afya Ugavi completed the situation assessment of the emergency supply chain to determine Kenya's landscape on general disaster preparedness and response, with specific focus on the emergency supply chain, in addition establish current practices on deployment of medical countermeasures (MCM). The findings were used to inform the development of an Emergency Supply Chain Framework for Kenya. Based on these findings, Kenya needs to adopt a one emergency framework with well-defined lines of authority, focusing on the 'One Health' approach, for effective coordination, and development a national ESC framework is a priority. An assessment of donor resources and other financing mechanisms to elicit additional commitments for the ESC is therefore required, and a priority list of disease triggers and thresholds should be defined to make informed decisions on procurement, sourcing and stockpiling of commodities. In addition, there should be plans to contract or make Memorandums of Understanding (MoUs) on space sharing with relevant stakeholders to meet the required transport and warehousing capacity.

Collaboration with GoK and other implementing partners (IPs): Afya Ugavi gave technical support to the GHSA partners meetings and logistically supported one meeting in this period. This provided an opportunity for Afya Ugavi to meet new partners and understand their roles in GHSA. Participants discussed and shared work plans, best practice, and challenges for the various organizations, with other partners.

Afya Ugavi was also invited to give support to the development of the National Action Plan for Public Health Systems (NAPHS); prioritization and drafting workshop which provided an opportunity for Afya Ugavi to lead in drafting the NAPHS medical countermeasures matrix and narrative for the M&E framework. The exercise was followed by a NAPHS costing workshop where Afya Ugavi again took lead in costing of the medical countermeasures and workforce sections – using the WHO costing tool.

Afya Ugavi reached out to two lead ministries the Ministry of Health (MoH) and the Ministry of Agriculture, Livestock, Fisheries, and Irrigation (MoALFI) to provide a team of officers who would form part of and lead the Emergency Supply Chain (ESC) team in the five technical areas (Governance/Finance/Planning/Logistics & Distribution). The Ministry of Agriculture, Livestock, Fisheries, and Irrigation - Directorate of Veterinary Services (DVS) officially appointed Two Focal persons. The Ministry of Health - DMS appointed a team of 10 core team members for the ESC.

ESC framework Kickoff: The ESC Kick-off meeting took place in September where the framework scope was presented, the desk review report was shared for deliberations and concurrence. Best practice and challenges from Cameroon's experience (implementation and simulations) were shared and discussed. The situational assessment report was also presented to inform the participants of the current ESC situation in Kenya. Following the meeting the ESC team reconvened and agreed on the ESC Framework materials, assignment of member teams, selection of team leads, development of work plans and Cameroon ESC Framework customization workshop.

In the period under review, Afya Ugavi was also invited for the Public Health Event of Initially Unknown Etiology (PHEIUE) validation workshop; Afya Ugavi provided technical assistance during the review process for management and response structures.

Key Lessons Learned

HIV Program

- Engagement of the county leadership is important in obtaining buy-in for activity implementation and the CHMT should be given the opportunity to determine facilities to be improved as centers of excellence/learning.
- Quality improvement teams and Work improvement teams are useful in enhancing quality of work and performance improvement in health facilities.
- A quantification report is a useful tool for resource mobilization as it empowers the county health managers to articulate their financial needs to fund the commodities needed in the county.

Malaria Program

- Collaboration with other USAID partners (Afya Halisi, Tupime Kaunti) during their forums was found to be a cost-effective way of interacting with MoH staff without necessarily arranging for stand-alone forums.
- Through a collaborative approach, Afya Ugavi has been able to work with HealthIT to advance the use of technology in strengthening supply chain end to end visibility of health commodities.
- The Activity understands the significance of data to guide decision-making and have therefore strived to ensure data accuracy as a starting point towards improved commodity security management.

FP/RMNCAH Program

- Facility in charges' meetings are useful forums for County managers to engage with sub county managers; and for the sub county managers to engage with facility in charges and discuss important commodity security issues and concerns.

- Consistent mentorship and follow up during regular support supervisions and facility visits are needed to maintain and institutionalize good record keeping practices.
- Engagement and involvement of senior managers of the health department in the project activities goes a long way in ensuring activity ownership and implementation by MoH staff. The project experienced this in a positive way during the county stakeholder forums.

GHSA Program

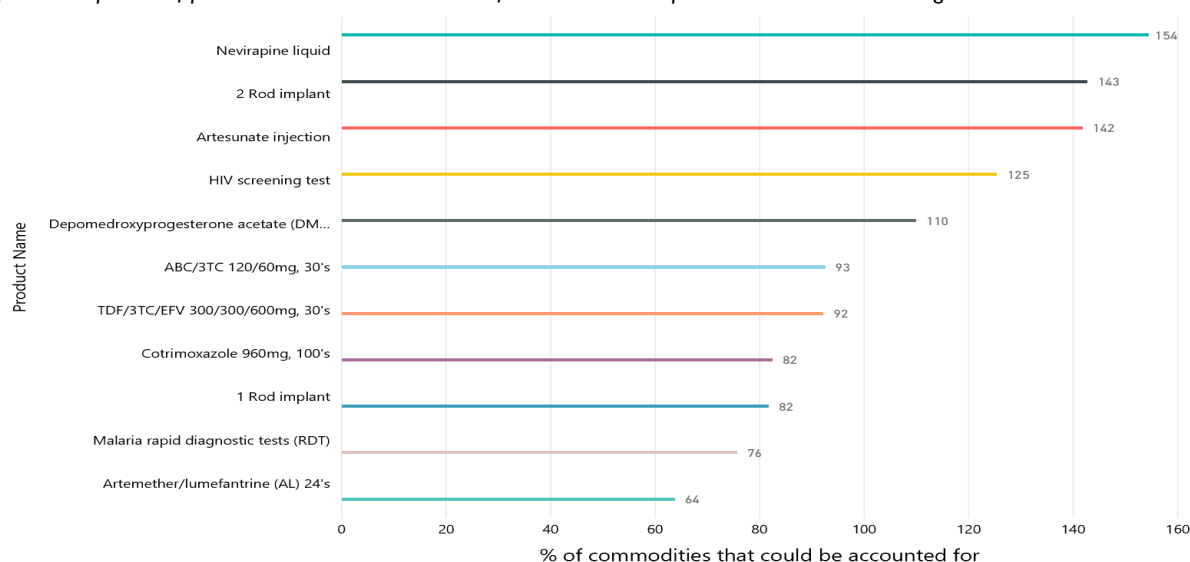
- All Stakeholders must be involved to ensure buy in for a one health approach (Human, Veterinary and Environmental partners). The Veterinary team expressed concerns that they are not involved in the ESC plans and that the composition of the core team needs to be balanced.

III. ACTIVITY PROGRESS (Quantitative Impact)

HIV/AIDS Program

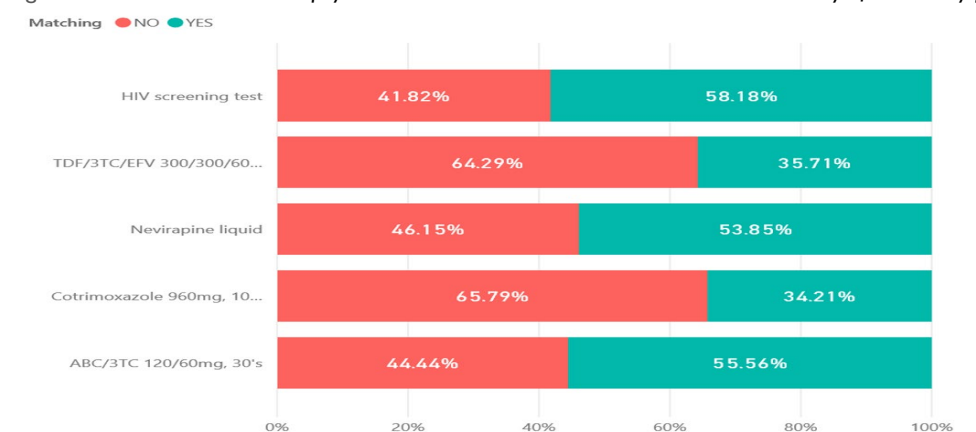
End Use Verification (EUV) assessment: To establish accountability for HIV products, an end use verification assessment was conducted in the four focus counties. The objectives of the assessment were to evaluate basic inventory management practices for HIV commodities and compare with other program commodities; establish level of accountability for HIV commodities; document prevailing gaps and provide recommendations on how to address gaps and challenges identified. Data was collected in 78 health facilities (Homa Bay 26, Uasin Gishu 22, Mombasa 20 and isiolo 10). Results from the assessment showed that accountability for TDF/3TC/EFV 600/300/300mg, ABC/3TC 120/60mg and cotrimoxazole 960mg was 92%, 93% and 82%, respectively. Nevirapine and HIV screening test recorded accountability rate above 100% attributed to non-documentation and poor filing practices.

Figure 5: Proportion of products that could be accounted for over the review period October 2017 and August 2018



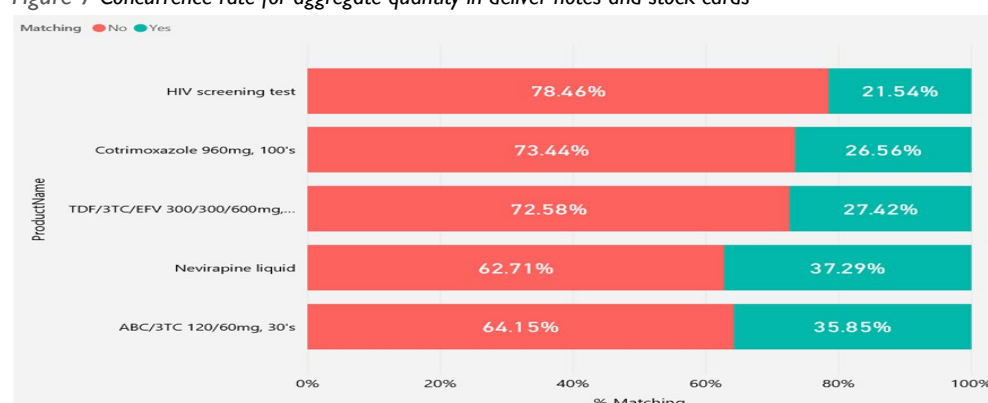
A concurrence rate of 58.7% between physical stock count and stock card balance across all product categories on the day of the visit was also observed with concurrence rate between physical stock count and stock card balance on day of visit for HIV products being 51.9% with TDF/3TC/EFV 600/300/300mg and cotrimoxazole 960mg recording concurrence rate below 50%.

Figure 6: Concurrence between physical stock count and the stock card balance on the day of the visit by product



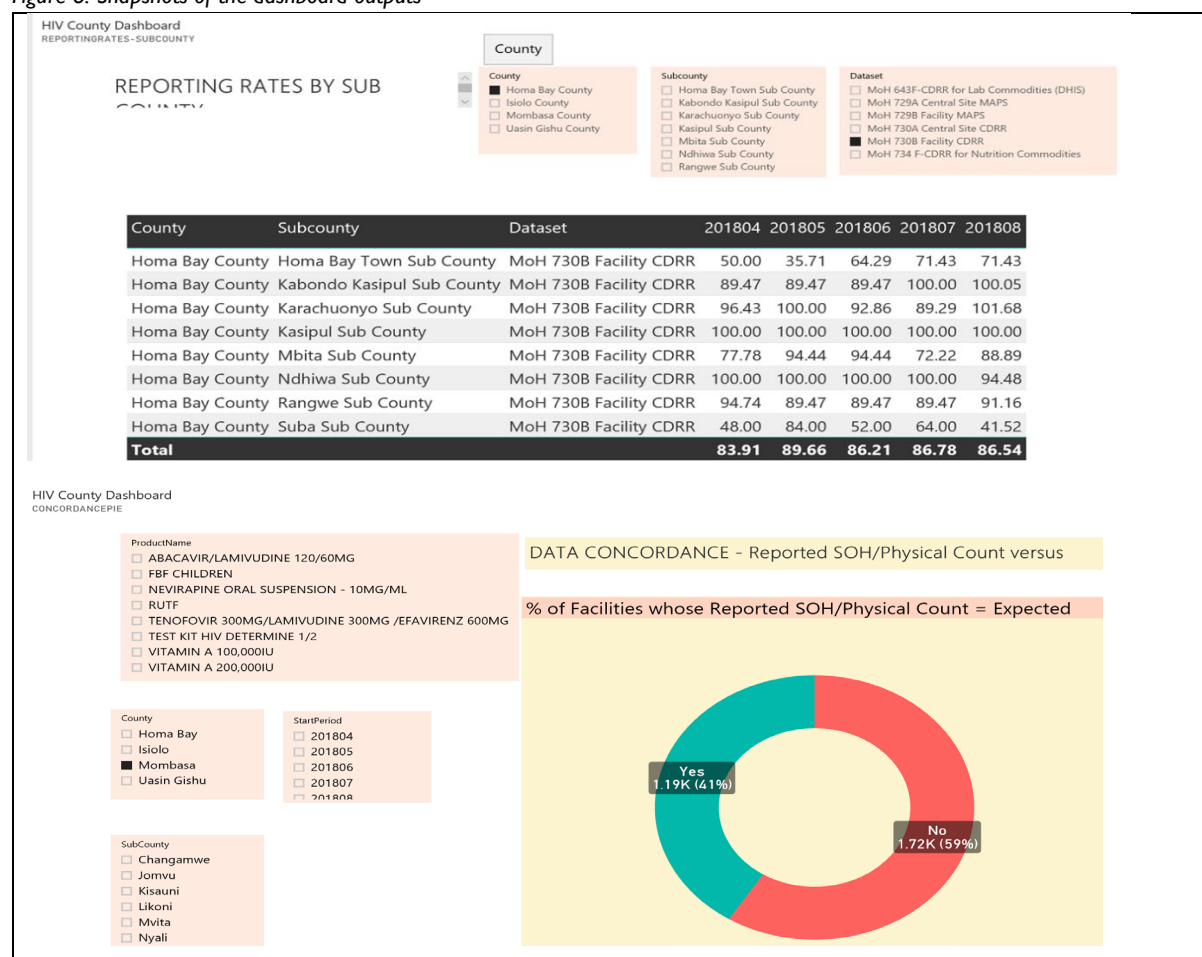
Concurrence between received quantities in delivery note and in stock card over the review period was ranging between 21.54% for HIV screening test and 37.29% for nevirapine liquid and the aggregate concurrence rate was 29.4% for the five HIV tracer products.

Figure 7 Concurrence rate for aggregate quantity in deliver notes and stock cards



Commodity data review: Afya Ugavi has scaled the use of the dashboard to HIV commodities and has been used successfully for malaria, family planning reproductive, maternal, newborn, child and adolescent health (RMNCAH) products by the country and sub-county teams to monitor key commodity management indicators. The dashboard is now in use for HIV prevention, care and treatment range of products.

Figure 8: Snapshots of the dashboard outputs

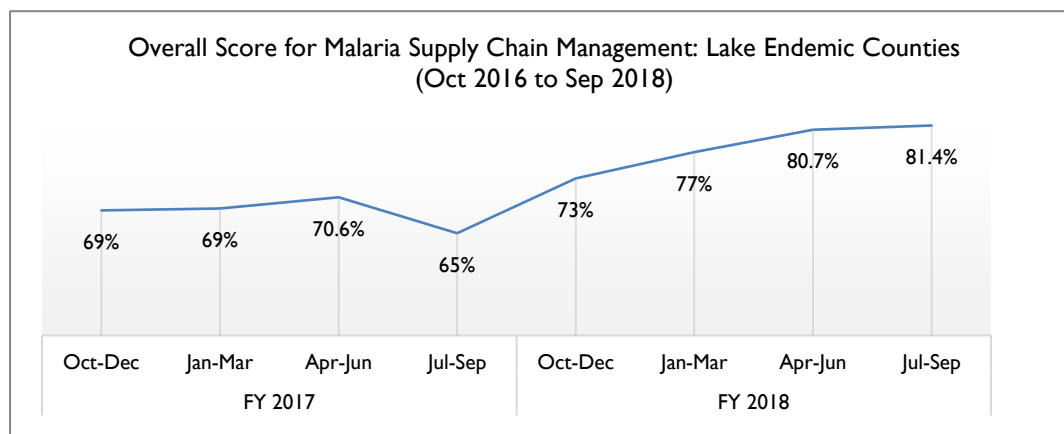


Malaria Program

Overall performance in supply chain management

Supply chain performance in the eight focus counties, as measured by six key indicators computed with DHIS2 data continued to improve during the year under review. Overall performance rose to 83% as shown in the chart and table below.

Figure 9: Overall supply chain performance over time in Afya Ugavi focus counties



Reporting rates, on time reporting and commodity data quality all improved markedly during the year. The proportion of health facilities stocked within the recommended stock levels for ACTs continued to be low as the country was grappling with the twin issues of short-expiry ACTs as a result of the lengthy health workers strikes of 2017 and delays in getting PMI shipments in country due to customs waivers issues.

Table 4: Supply chain performance for FY 2018 Q4 in Afya Ugavi focus counties

County	Reporting Rates (RR)	On Time Reporting	% HFs stocked within min-max	% of HFs with Wt Band Data	% HFs with Opening SOH = End SOH pm	% of HFs with data consistency	Average Score
Kakamega County	100.0%	100.0%	20%	99%	90%	91%	83.3%
Busia County	100.0%	100.0%	19%	98%	88%	88%	82.0%
Migori County	98.0%	98.0%	17%	95%	91%	91%	81.7%
Homa Bay County	98.9%	98.6%	15%	95%	90%	91%	81.7%
Kisumu County	97.8%	93.1%	21%	98%	88%	90%	81.4%
Vihiga County	100.0%	100.0%	26%	91%	86%	84%	81.0%
Siaya County	99.6%	96.9%	15%	95%	87%	87%	80.0%
Bungoma County	99.1%	97.8%	19%	95%	85%	83%	79.8%
Average	99.2%	98.0%	19%	96%	88%	88%	81.4%

Expiries averted through redistribution: During the drug management sub-committee meetings and the county stock status review meetings, counties and health facilities stock levels were reviewed and the findings were used to inform re-supply quantities as well as redistribution both within and to other counties. The table below summarizes the quantities and value of commodities redistributed. Most of them were short-dated and therefore their redistribution averted potential wastage through expiry.

Table 5: Quantities and Value of Malaria Commodities Redistributed (Oct 2017-Sep 2018)

Description	Unit	Qty redistributed		Value		Total Qty	Total Value
		Inter-County	Intra-County	Inter-County	Intra-County		
AL6	Dose	9,600	\$3,936	97,046	\$39,789	106,646	\$43,725
AL12	Dose	21,000	\$16,800	64,605	\$51,684	85,605	\$68,484
AL18	Dose	3,450	\$1,415	21,645	\$8,874	25,095	\$10,289
AL24	Dose	6,300	\$3,213	78,800	\$40,188	85,100	\$43,401
inj Artes	Vial	2,700	\$4,860	34,225	\$61,605	36,925	\$66,465
mRDTs	Test	182,015	\$34,128	281,795	\$52,837	463,810	\$86,964
SP tabs	Tab			116,000	\$3,364	116,000	\$3,364
Total			\$64,351		\$258,341		\$322,692

FP/RMNCAH Program

FP Reporting Rates: Nine Afya Ugavi supported sub counties collectively achieved average reporting rates of 96.98% in July and 95.92% August 2018 as shown below. These improved rates mean better availability of information for resupply decisions.

Table 6: Reporting rates for FP/RMNCAH focus sub counties

Month	Mogotio	Marigat	Baringo North	Samburu East	Samburu North	Samburu Central	Loima	Turkana South	Kibish
April-18	96.8%	100%	93.0%	95.8%	100%	92.9%	87.5%	96.7%	83.3%
May-18	100%	100%	97.7%	100%	100%	97.6%	87.5%	100%	83.3%
June-18	100%	100%	97.7%	100%	93.8%	92.9%	78.1%	100%	100%
July-18	100%	100%	97.7%	100%	94.1%	92.5%	96.9%	100%	91.7%
Aug-18	100%	100%	95.3%	100%	94.1%	100%	90.6%	100%	83.3%

Figure 10: Baringo County reporting trends for FP FCDRR, Nov 2016-Aug 2018

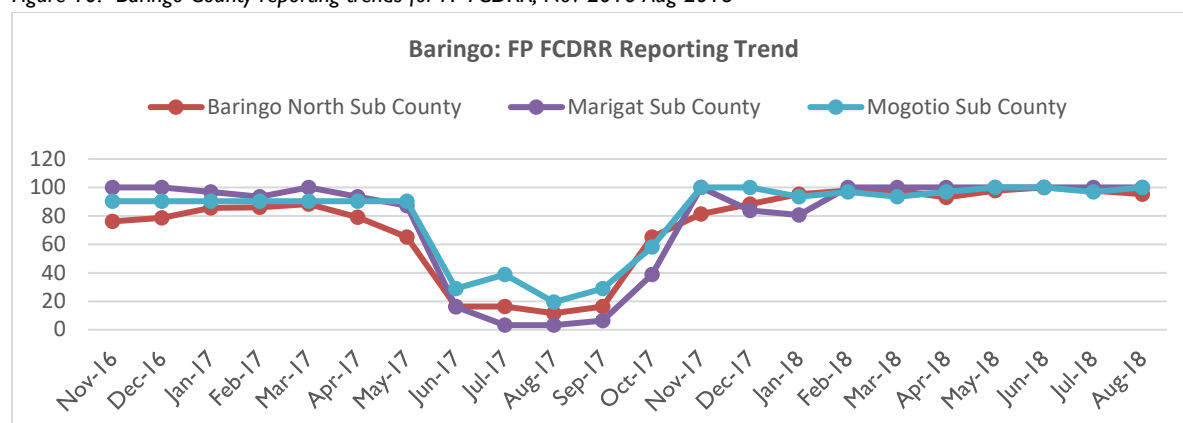


Figure 11: Turkana County reporting trends for FP FCDRR, Nov 2016-Aug 2018

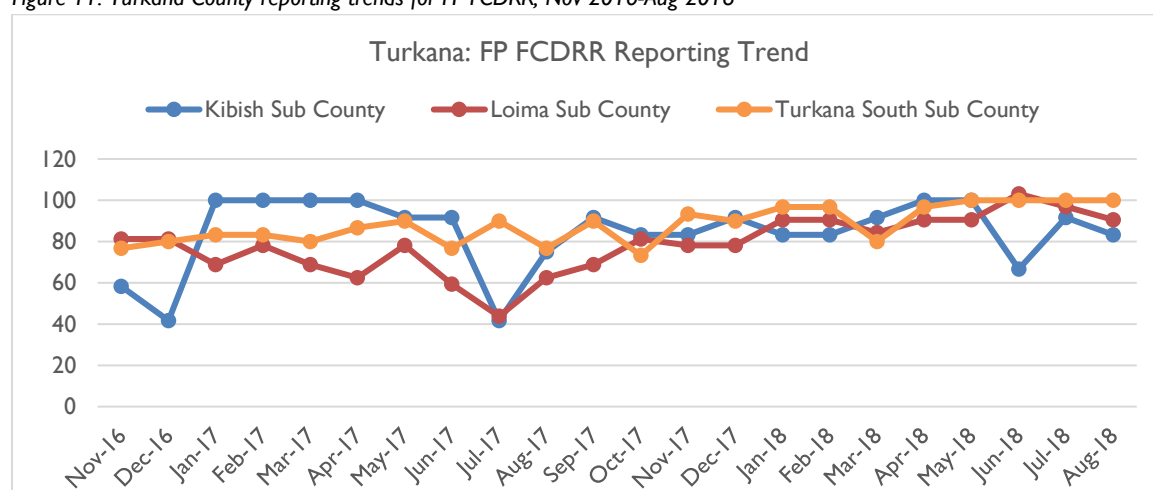
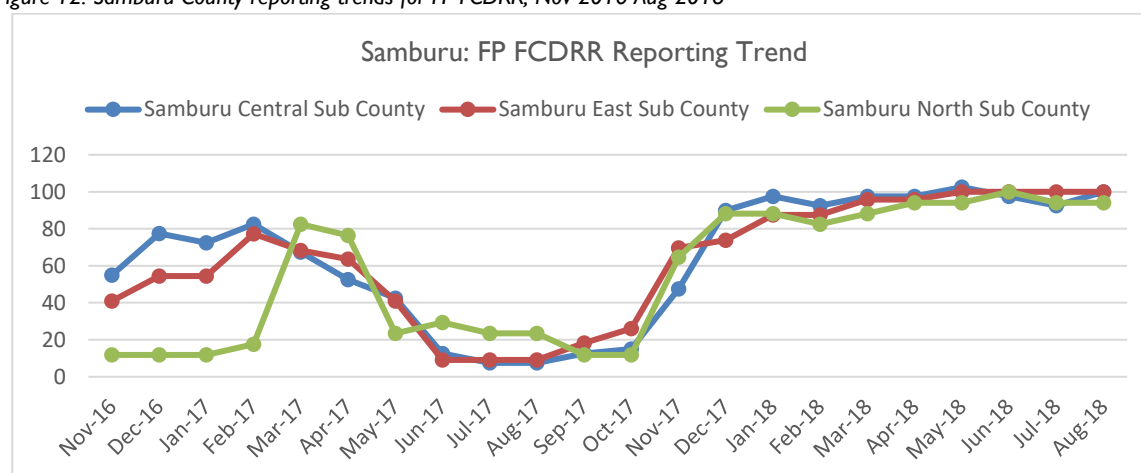


Figure 12: Samburu County reporting trends for FP FCDRR, Nov 2016-Aug 2018

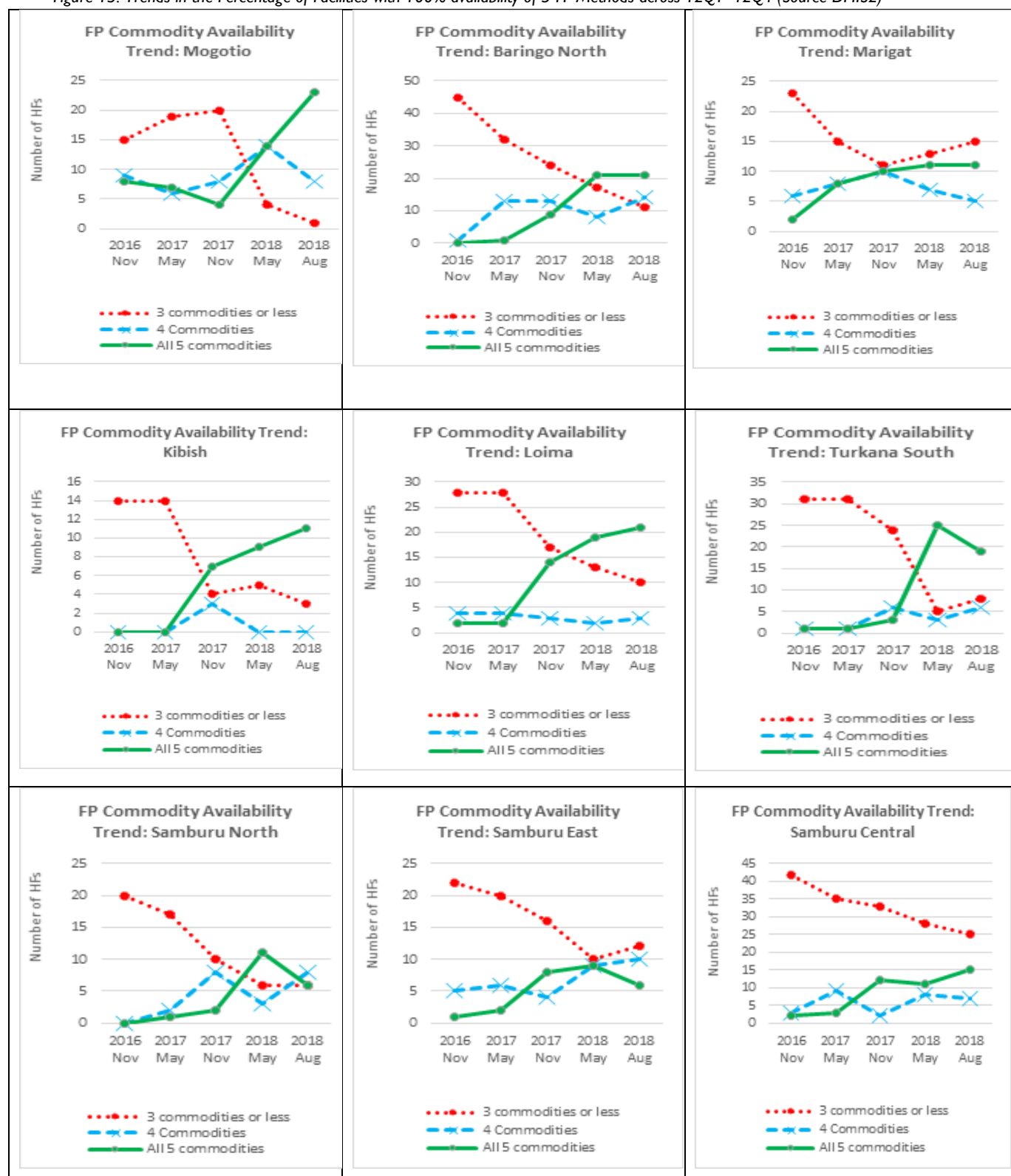


Afya Ugavi will continue working with HRIOs and pharmacists to maintain these levels above 90%. More importantly, however, the teams have now turned their focus on data quality, visiting targeted facilities at reporting time to confirm closing physical stock balances as well as quantities dispensed.

During data reviews facility managers are now interrogating their reports as keyed into DHIS2 and confirming or correcting them with the HRIOs.

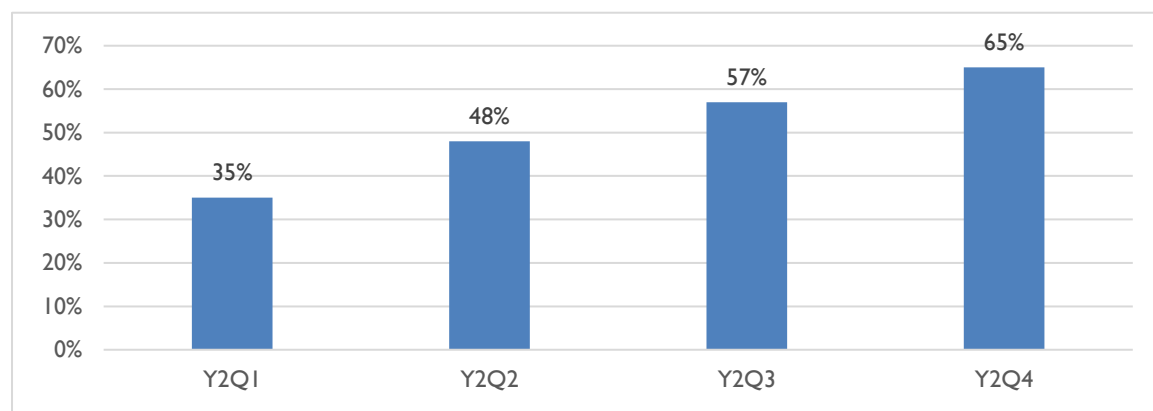
Availability of FP methods in Afya Ugavi Facilities: The figures below demonstrate how availability of the 5 FP methods at facility level in each of the Afya Ugavi 9 supported sub counties has improved over time, from baseline at November 2016 till end of Year 2.

Figure 13: Trends in the Percentage of Facilities with 100% availability of 5 FP Methods across Y2Q1- Y2Q4 (Source DHIS2)



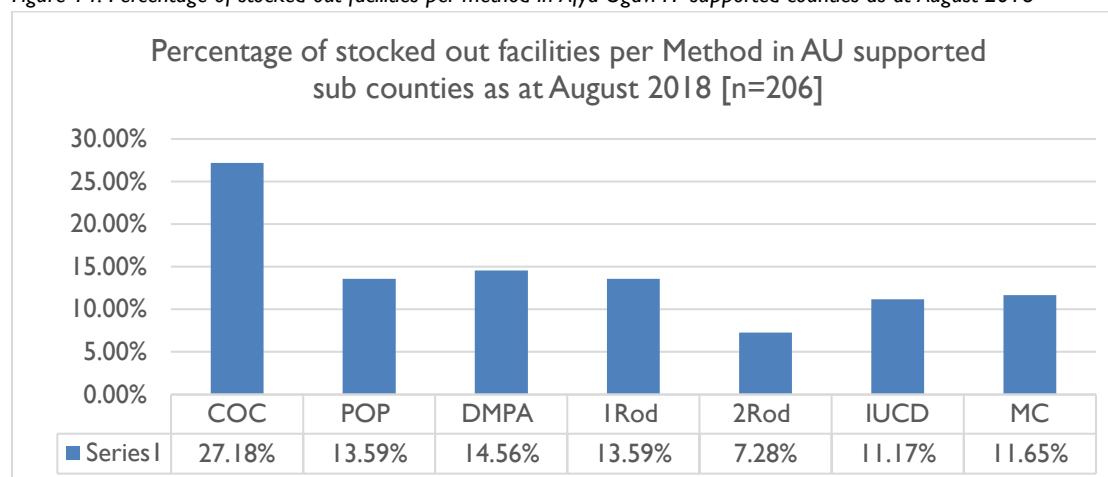
The number of facilities with all the five methods in stock has increased steadily towards the end of FY18, and >60% of facilities fall into this category. At the same time, the number of facilities with 3 methods or less has reduced significantly especially for Mogotio and Kibish; to 1 and 5 respectively. Samburu Central, Samburu East and Marigat are the three sub counties where 50% of facilities had three methods or less towards the end of the year.

Figure 13: Percentage of reporting facilities with 100% availability of 5 FP methods in Afya Ugavi FP focus sub counties



FP Stock out Rates: The figure below shows the stock out situation for each of seven FP methods in the nine Afya Ugavi supported sub counties for the 206 facilities that submitted a report as at August 2018.

Figure 14: Percentage of stocked out facilities per method in Afya Ugavi FP supported counties as at August 2018



Most of the COC pills in Samburu facilities expired at the end of July 2018 while most facilities in Mogotio sub county of Baringo had their DMPA expire at the end of August 2018. Both counties experienced some challenges getting replacement stock from KEMSA in good time. On the other hand, the stock outs of male condoms in all the sub counties are purely a result of poor reporting as has been proved by physical counts conducted during all supervisory visits. In the third year of transition, Afya Ugavi will continue to employ a three-pronged system strengthening approach to ensure all facilities always have the five methods stocked within acceptable minimum-maximum levels. These approaches include working with the County Pharmacists and the KEMSA Regional Officers to ensure that the orders for FP items are placed and supplied in good time, facilitating the sub county Pharmacists to undertake redistribution of FP items from facilities with excess to those that are

stocked out during facility visits; using DHIS2 data to make these decisions, and supporting the HRIOs and sub county pharmacists to mentor and provide OJT to facility staff to ensure correct reporting of all data sets into DHIS2.

IV. CONSTRAINTS AND OPPORTUNITIES

Suspension of USAID assistance to national level MoH continued to disrupt most of the planned activities and adversely affected coordination at national level, especially with the coordinating programs.

In some instances, especially for malaria and FP Programs, competing priorities for service delivery partners did not allow collaboration in implementing of all activities initially identified to be carried out jointly.

Despite getting the greenlight to ship in all PMI commodities that had been held up due to waiver issues, progress in getting the consignment in-country has been slow due to occasional missing documentation from the shippers. The PSM team stepped in to clarify the steps and documentation required towards delivery.

Short expiry stocks of ACTs and RDTs continued to pose a challenge as a lingering effect of the lengthy health workers' strikes experienced in 2016 and 2017. These stocks have necessitated a lot of redistribution as well as substitution of AL blisters sizes at facility level. The problem will persist through 2019 as the country waits for fresh commodities from overseas.

V. PERFORMANCE MONITORING

In this year, the FY 2019 Work Plan was prepared. The mission reviewed it and gave areas of corrections/improvements which the project implementation team incorporated and sent back. The work plan is still awaiting approval by the mission. The MEL plan was also reviewed by the mission, who gave areas of improvements, which were incorporated and subsequently the mission approved it. Quarterly reports for quarter 1 to 3 were prepared and submitted to the mission, who after reviewing them gave their feedback.

The M&E department continued to liaise with field teams to track various indicators, various data was prepared and entered into different systems including JPHES and Trainet. In addition, Data Quality Assessment was conducted in the year in all counties that examined the stock records against actual physical stock and the monthly stock status to establish concordance and data accuracy. This year's scope was wider, with more health facilities being assessed in each County. The analysis of the DQA data also entailed comparison of results with year one's. The findings showed a general significant improvement in terms of data Availability, accuracy, and timeliness across all the Afya Ugavi supported Counties.

In HIV/AIDS focus Counties, DQA was done only in Mombasa and Uasin Gishu Counties, at the Commodity Management Focus Facilities (formerly referred to as Centers of learning (COLs)). These are Tudor and Burnt forest sub county hospitals respectively. At Burnt forest Sub county hospital, there were no bin cards FP/RMNCAH commodities and only a few for HIV/AIDS tracer commodities' bin cards were available, signifying the need for improvement in commodity management.

VI. PROGRESS ON GENDER STRATEGY

Afya Ugavi continues to advocate on equitable gender representation in implemented activities that include attendance and membership to TWGs, support supervisions and capacity building.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

As its contribution towards environmental conservation, the Activity continuously advocates for safe disposal of expired and redundant medical commodities in line with the national MoH guidelines during supportive supervisions and on-site mentorship to health workers. At the Activity's offices, efforts are made to conserve power by ensuring more utilization of natural lighting, minimal printing and safe disposal of environmental waste through reputable firms.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

The Activity's **HIV/AIDS** supply chain program continued with collaboration with *Afya Pwani* towards implementation of Tudor Sub County hospital as a commodity management focal site. Under the malaria program, Afya Ugavi continued to collaborate with PMI IPs (Tupime Kaunti and PS Kenya) as well as other USG-funded IPs (Afya Halisi) in the implementation of activities. This approach was found to improve efficiency and optimize the availability of MoH officials.

Under **malaria**, Afya Ugavi invited sub-recipients of Amref Health Africa (implementing the Malaria GF grant) to participate in commodity stock status review meetings and address any challenges in access and accountability for ACTs and RDTs used in malaria community case management.

Afya Ugavi also collaborated with **FP/RMNCAH** service delivery implementing partners as follows:

- Afya Timiza – Supportive supervision (Samburu County); Samburu County data review
- Collaboration with Afya Timiza Samburu in Training of additional health care workers (sponsored by Afya Timiza) in commodity management.
- Collaboration through the County USAID funded Family Health implementing partners meeting in Baringo
- Collaboration with World Bank's Multi Donor Trust Fund in support of MNCH supply chain system design and county level quantification of RMNCAH commodities.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

Afya Ugavi staff continued to strengthen their linkages with the county authorities in the lake endemic counties through interactions in various forums convened by the counties as well as other implementing partners.

X. PROGRESS ON USAID FORWARD

Afya Ugavi worked with McKinsey & Co. in implementation of the emergency supply chain framework development under GHSA funding. It is expected that this and similar engagements will position such an organization towards USG funding regulations and requirements in the country. The Activity will also continue with its engagements with counties through their established mechanisms as a way of strengthening their capacity to manage health commodities as stipulated by USAID/FORWARD.

XI. SUSTAINABILITY AND EXIT STRATEGY

In the period under review, the activity has been working with the county and sub county TWGs in support supervisions and data verification to create sustainability in the methodology and to also institutionalize the support supervision tools as part of the TWGs mandate. Collaboration also continues with the Health IT project to develop an online DHIS2 linked dashboard for commodities that will ensure sustainable availability of supply chain data for decision-making.

Implementation of GHSA activities through the One Health TWG is also a positive step towards sustainability as this will ensure a steady momentum once the Activity comes to an end, as well as ownership by the ESC team.

XII. GLOBAL DEVELOPMENT ALLIANCE (if applicable)

USAID and the private sector are continuously working together to jointly identify, define, and solve key business and development challenges and build mutually beneficial partnerships. The Activity's linkage with McKinsey on implementation of the emergency supply chain playbook models this approach.

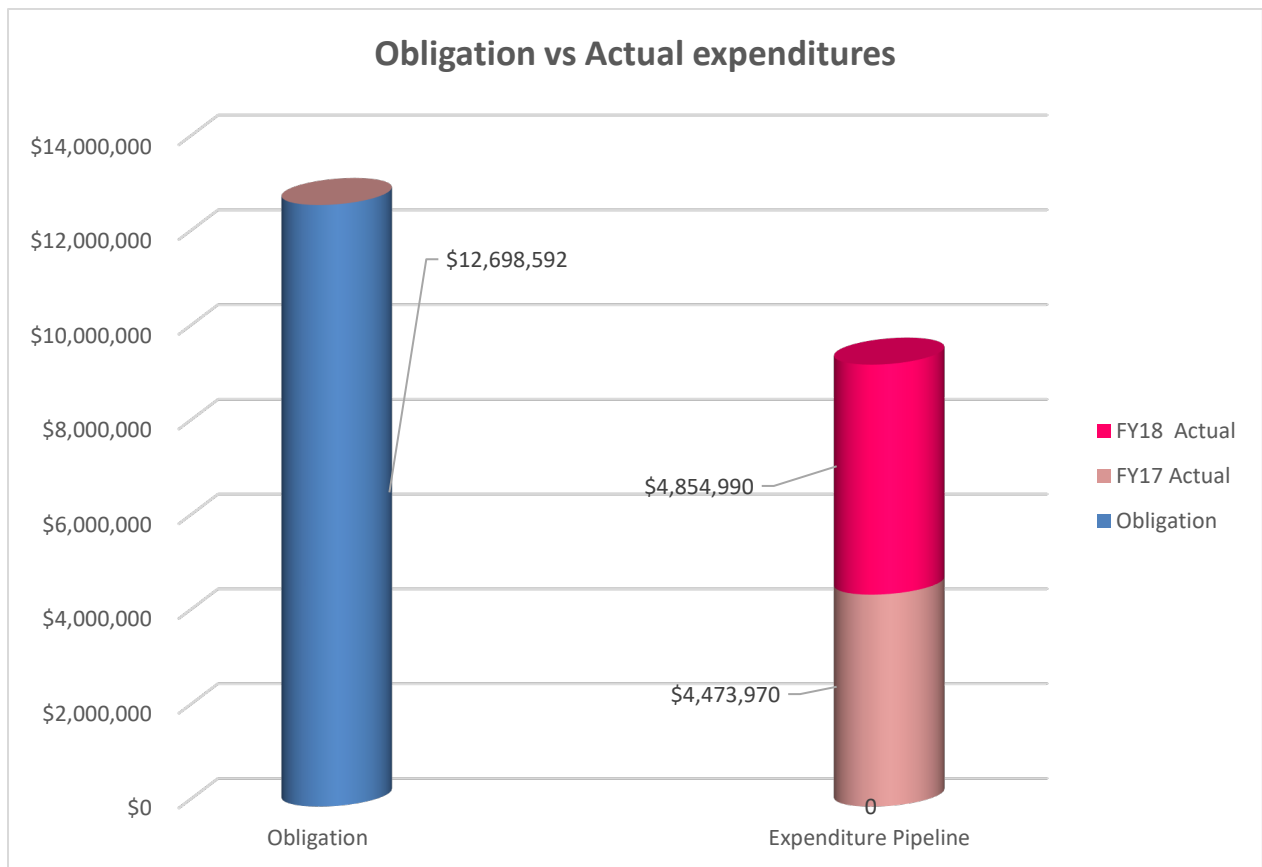
XIII. SUBSEQUENT QUARTER'S WORK PLAN

Planned Actions from Previous Quarter	Actual Status this Quarter	Explanations for Deviations
Quantification for malaria commodities	Postponed	Concurrent Malaria Program Review and Kenya Malaria Strategy development
Pipeline monitoring	Done	
Redistribution of malaria commodities	Done	
Health IT collaboration on end to end supply chain visibility	Delayed	Prototype web-based dashboard for testing ~1 month behind schedule.
County activities: Commodity security TWG meetings; commodity data review meetings; supportive supervision	Done	Some counties did not conduct planned meetings due to competing activities
Support quarterly supportive supervision	Done	
Support commodity management and pharmacovigilance orientation for health care workers	Done	
Support commodity management and pharmacovigilance orientation for additional health care workers sponsored by Afya Timiza in Samburu	Done	
Support County CSTWG meetings	Done in Samburu and Baringo	Not done in Turkana due to competing County priorities
Support County Data Review meetings	Done	
Support sub County Data Review meetings	Done in all but one Baringo sub county	Competing sub county priorities in Baringo North caused postponement of the activity beyond the quarter
Support sub-county CSTWG meetings	Done in Samburu and Baringo	Not done in Turkana due to competing County priorities
Support to Commodity management Focal Facilities	Done	
RMNCAH commodity tracking	Done	
Regional Best Practices Forum	Done	
Track and Trace Sensitization conference for key stakeholders	Done	

XIV. FINANCIAL INFORMATION

Chart I: obligations vs. Actual expenditures

The Activity utilized 73% of the obligated funds as at the end of the financial year amounting to \$9,328,959; \$4,473,970 in \$4,854,989 in FY1 and FY2 respectively as shown below.



Analysis by Task Order Funding Streams

Task Order Total Estimated Amount: 21,640,167

Obligated Amount: 12,698,592

Task Order Ceiling Balance: 941,575

Task Order Funding Streams	Obligation	FYR 17 Actuals	FYR 18 Actuals	Total Actuals	Pipeline	Burn Rate	Pipeline
	A	B	C	D	E=(A-D)	F=D/A	G=E/A%
	\$	\$	\$	\$	\$	%	%
HIV/AIDS A047 (PEPFAR)	3,746,121	2,172,589	894,938	3,067,527	678,594	82%	18%
Tuberculosis A048					-		
Malaria A049 (PMI)	4,452,471	1,638,427	2,368,399	4,006,827	445,645	90%	10%
Maternal and Child Health A052(MCH)	600,000	133,826	184,581	318,407	281,593	53%	47%
Family Planning and Reproductive Health A053 (POP)	3,100,000	529,128	1,279,517	1,808,645	1,291,355	58%	42%
GHSA	800,000		127,554	127,554	672,446	16%	84%
	12,698,592	4,473,970	4,854,989	9,328,960	3,369,633	73%	27%

Analysis by Task Order Budget Lines

Task Order Budget Lines	Task Order Budget	FY17 Budget	FY18 Budget	Cumulative Budgets	FYR 17 Actuals	FYR 18 Actuals	Total Actuals	Balance (Budgets-Actuals)
	A	B	C	D	E	F	G=E+F	H=D-G
	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and Wages	5,827,029	1,003,572	1,463,092	2,466,664	895,519	1,292,141	2,187,660	279,004
Fringe Benefits	2,581,257	384,821	575,083	959,904	295,001	505,566	800,567	159,337
Overhead	3,940,838	670,612	991,780	1,662,392	608,917	880,039	1,488,956	173,436
Allowances	233,916	-	-	-	-	-	-	-
Travel, Transportation and Per Diem	687,030	595,344	1,058,180	1,653,524	288,781	486,771	775,552	877,972
Equipment	265,210	192,581	1,084	193,665	139,406	84,746	224,152	(30,487)
Supplies/Materials	-	-		-	-	-	-	-
Participant Training	155,095	102,000	1,295,097	1,397,097	280,414	862,360	1,142,774	254,323
Other Direct Costs (ODC)	1,655,782	367,438	278,733	646,171	416,707	365,196	781,903	(135,732)
Subcontracts	4,604,840	2,383,412	430,000	2,813,412	1,200,000	-	1,200,000	1,613,412
TOTAL DIRECT COST	19,950,997	5,699,780	6,093,049	11,792,829	4,124,745	4,476,819	8,601,564	3,191,265
Indirect Costs	977,598	279,289	298,559	577,848	202,113	219,363	421,476	156,372
Proposed Fixed Fee	711,572	203,288	217,315	420,603	147,112	158,808	305,920	114,683
TOTAL	21,640,167	6,182,357	6,608,923	12,791,280	4,473,970	4,854,990	9,328,960	3,462,320

BUDGET NOTES

Salary, Fringe benefits and related Overheads	Salary and Fringe benefits have been consistent with the number of Staff on board. The Senior Accountant, and replacement of the Kisumu driver came on board in this quarter. Placement of FP/RMNCAH Baringo county coordinator will be filled in quarter 1 of FY3.
Travel, Transport, Per Diem	Travel expenses have been consistent with the increased number of technical workshops and trainings.
Equipment and Supplies	Procurement of IT equipment and office Furniture will be done on a need arise basis in the coming year, but it's anticipated the costs will significantly go down.
Subcontracts	
Allowances	Allowances are consistent per award conditions.
Participant Training	Participant training expenditures increased during the quarter due to increased participation from County governments. We anticipate this will steadily increase in line with the planned activities in the new financial year 3.
Construction	
Other Direct Costs	The level of expenditures is anticipated to remain steady as planned in FY3.
Overhead	Calculated per award conditions.
G&A	Calculated per award conditions.

XV. ACTIVITY ADMINISTRATION

During the FY2018, the Activity achieve stability in staffing needs as all positions having been filled. The few changes that took place are described below:

As FY2018 drew to a close, Afya Ugavi finalized the recruitment of the Technical Advisor for FP/RMNCAH, a vacancy that had arisen following the incumbent's separation from the Project in April 2018. The Activity also finalized recruitment for a FP/RMNCAH County Coordinator, and the successful candidate is expected to be onboarded during the first quarter of FY2019.

The Activity continued to implement the recommendation of the skills gap analysis that started in Q1 of FY18. Staff have enrolled for various courses through the Chemonics inhouse options and/or external options. Chemonics has partnered with Arizona State University (ASU) to offer a six months mini-masters' program in global supply chain management. The costs associated with the training will be borne by Chemonics.

In Q4 Afya Ugavi received disposed assets from the Evaluation Support and Program Services (ESPS) a USAID project implemented by International Business & Technical Consultant's Inc. (IBTCI), that wound up. These assets will be used for Afya Ugavi Administrative work. In addition, the Activity will apportion some of the assets to the 13commodity management focal facilities (CMFF) for their physical infrastructure improvements. The Activity also completed procurement of services to renovate the CMFFs. The work to renovate the facilities is ongoing and is expected to be completed in Q1 of FY19.

Contract, Award or Cooperative Agreement Modifications and Amendments

During the year there was one modification (Mod. # 7 of November 2018) which granted an increase in the obligated funding by \$1,250,000 from \$11,448,592 to \$12,698,152.

XVII. GPS INFORMATION

This is provided as a separate annex to the report.

ANNEXES & ATTACHMENTS (MAXIMUM 10 PAGES)

Annex I: Schedule of Future Events

DATE	LOCATION	ACTIVITY
11 th and 12 th October 2018	Uasin Gishu	Support to counties for DHIS2 data cleaning
17th and 18th October 2018	Homa Bay	Follow-up of centers of learning
17th October 2018	Isiolo	Dissemination of supply chain audit report
18 th October 2018	Isiolo	Isiolo county referral hospital web-ADT data cleaning and linkage with IQCare
7th and 8th Nov 2018	Homa Bay	Follow-up of centers of learning
12th November 2018	Uasin Gishu	Dissemination of supply chain audit report
13th November 2018	Uasin Gishu	Data review meeting
14th November 2018	Uasin Gishu	Quarterly county commodity security TWG meeting
15th November 2018	Uasin Gishu	Follow-up of centers of learning
20th November 2018	Isiolo	Quarterly county commodity security TWG meeting, Dissemination of the quantification report and supply chain strategic plan
21st and 22nd November 2018	Isiolo	Follow-up of centers of learning
28th and 29th Nov 2018	Mombasa	Data review meeting
27th November 2018	Homa Bay	Dissemination of supply chain audit report
28 th and 29 th Nov 2018	Homa Bay	Data review meeting
TBD	Mombasa	Support for supply chain strategic and investment plan
Oct 2018	Nairobi	Malaria commodities quantification
Oct 2018	All 14 counties	Rollout of integrated commodity supportive supervision checklist
Oct – Dec 2018	Kakamega and Kisumu	Initiate setup of Centers of Learning (COL)
Nov 2018	Lusaka, Zambia	Participation in the annual GHSC conference