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AFYA UGAVI NEWS

Strengthening Supply Chain for Improved Health Outcomes

Continued fight against malaria

Malaria is still a major public health and socio-economic issue in Kenya. 75% of Kenyan population is at risk of this disease. According to the Kenya Malaria indicator survey conducted in 2014, malaria prevalence is at 8% with the lake region reporting about 27%. This calls for investment in malaria prevention interventions more so in the eight lake endemic counties living at an especially high risk of malaria. In support of the fight against malaria, the U.S President's Malaria Initiative (PMI) in partnership with the Ministry of Health (MOH) through the Division of National Malaria Program (DNMP), has procured 3 million Piperonyl Butoxide (PBO) nets for distribution in Bungoma, Busia and Kakamega Counties.

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PEPFAR
U.S. President's Emergency Plan for AIDS Relief



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FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative

A word from the editor,

Welcome to Afya Ugavi Activity's quarterly newsletter providing key highlights of our technical support and collaborative activities undertaken across the 47 counties. In this issue, we recount the various activities in which the Activity has actively been involved in the third quarter of Financial Year 2021.

The Activity's focus is contributing towards Health Systems Strengthening through the provision of critical resources, and technical expertise, a commitment of the USAID across the globe to strengthen health systems and ensure quality, affordable health services for people everywhere. Towards this, we are happy to report that notable milestones have been achieved.

In this issue, you will find a mix of news, stories, and features on a wide range of health related – supply chain topics.

Read about the national quantification exercise conducted by Department of Health Products and Technologies to inform proper budgeting and resource mobilization, to ensure the availability of essential medicines and medical supplies for the provision of quality preventive, promotive and curative services to the lowest level of care in facilities across the country.

Find out more about the recently launched informational e-learning courses providing an opportunity for healthcare workers to access information, gain the necessary knowledge, and skills for the management of health products and technologies.

Take a journey to Bungoma County where we stepped up the fight against malaria by distributing 1.1million insecticide treated nets (ITNs) to households; a proven and cost effective mechanism to protect over 1.8million residents of Bungoma county against malaria.

We also feature the story of Kisiru Dispensary in Vihiga County that has benefited from continuous supportive supervision generating sustained performance improvement, motivation of health workers and quality service delivery.

We have many more interesting stories, and we hope you will enjoy the read.

A huge thank you to all those who contributed to writing the wonderful and inspiring articles, without which there would not have been this edition of the newsletter.

Contributors

James Mwangi

Mercy Amadi

Miriam Okara

Richard Gatukui



JAYNE WAWERU
CHIEF OF PARTY, AFYA UGAVI

To develop long-term sustainable solutions for the availability of commodities at the last mile, we prioritize support to the Ministry of Health, and focus on strengthening health system structures. If health systems are to be strengthened effectively and permanently, it is crucial that transparency and accountability in supply chain management processes be placed at the forefront.

In the last quarter (April-June 2021), we have worked with various departments and divisions within the Ministry of Health to improve the existing processes to ensure that best practices are employed to improve governance in the supply chain and eliminate opportunities for mismanagement or loss of commodities. Through elaborate quantification of essential medicines and medical supplies (EMMS), we can ensure that the health needs of the country are met.

In this issue, we highlight the achievements made through the technical assistance provided by the activity in building the capacity of our health workers to fully implement the best practices in the supply chain management value chain.

I hope that you find our e-newsletter an interesting read and invite you to share your news with us in future issues of the newsletter as well!



Dr. Anthony Walela, County Executive Member - Health Bungoma County, receiving AU branded items at his office during a courtesy call accorded to him by the mass net activities County and Afya Ugavi implementing teams.

Strengthening Health Service Delivery through Quantification

To realize the achievement of The Government of Kenya's (GoK) Universal Health Coverage (UHC) agenda, the Ministry of Health is keen to ensure provision of quality preventive, promotive and curative services to the lowest level of care. This requires strong, efficient, and effective health care systems that ensure adequate availability of quality, safe and efficacious Health Products and Technologies (HPT) including essential medicines and medical supplies (EMMS).

Availability of quality essential medicines and medical supplies however requires accurate quantification for effective procurement, efficient stock management, and rational medicine use. In response to this, Afya Ugavi partnered with the Department of Health Products and Technologies (DHPT) to build capacity of county healthcare workers to quantify for for EMMS. The Activity worked with the County Health Management Teams (CHMT) and representatives from sub county health management teams (SCHMT) led by the pharmacy departments to undertake the quantification process. All 47 counties prepared forecasts which will later be aggregated by the DHPT to provide an estimate of HPT requirements, both in terms of quantities and monetary value for the whole country.

“Quantification is the process of estimating quantities and costs of HPTs required for a specific period and determining when shipments of the products should be delivered to ensure an optimal and uninterrupted supply.”



Data collection in a health facility in Embu County

Quantification entails forecasting to estimate the quantities and costs of products required to meet demand during a particular time frame and supply planning to determine which health products should be procured, the amount to be procured, the time at which they should be delivered, and the financial costs to be incurred. The supply planning component of the process requires data on forecasted quantities, stock on hand, stock on order, lead times, expiry dates, freight, handling and warehousing costs, unit costs, and minimum and maximum stock levels to estimate the requirements to be procured.

Through training, mentoring and supportive supervision, Afya Ugavi supported the counties to ensure effective forecasting. The sub county public health nurse for Narok North Sub County, Kipsang Ruto, reported several challenges in obtaining data from the selected health facilities due to poor inventory management practices and disorganisation of medical supplies.

This proved a challenge during their quantification exercise due to a lack of reliable data. As a result, the team conducted an on-the-job training (OJT) on importance of good inventory management practices. “I am happy that we received this training that has served as an an eye opener for us to advocate for holistic inventory management practices for all HPTs,” he added.

Data from this quantification will be used by DHPT and other stakeholders to determine funding gaps and align resources for meeting procurement costs of medicines and other health products and for strengthening logistics management information systems (LMIS). A strong, functional LMIS provides relevant logistics data which is critical in ensuring continuous improvement in the quantification process as well as for subsequent management of HPTs at the two levels of government.

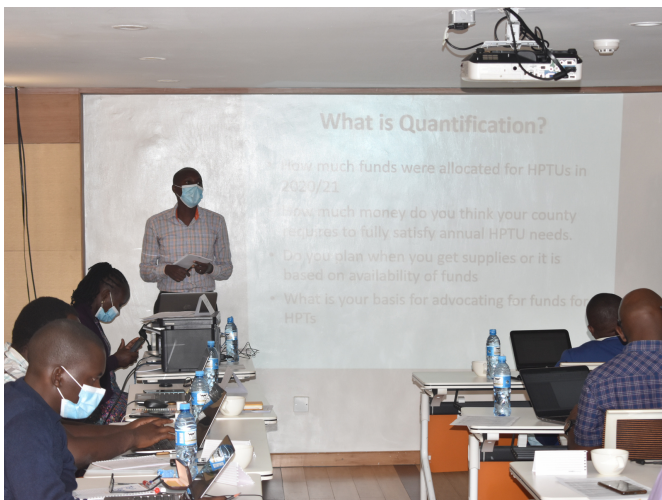
In Pictures: Quantification exercise conducted across the country



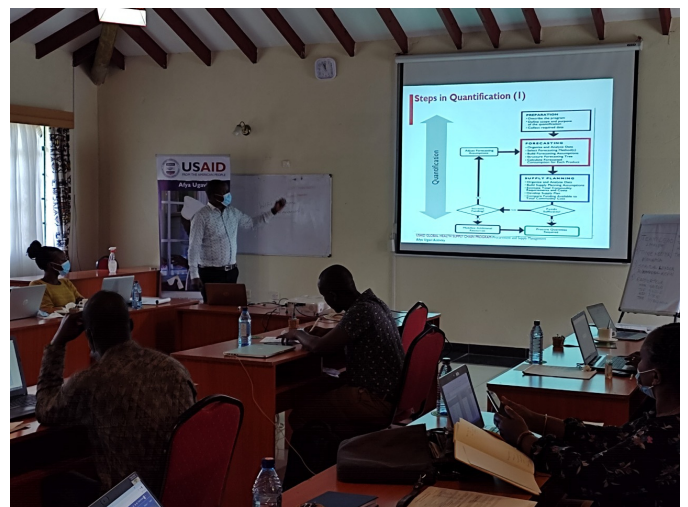
Edwin Cheloti, AU County Coordinator and Andrew Kipsang County Pharmacist receiving technical guidance from Joseph Mburu, AU Technical Officer during the quantification workshop.



Participants during quantification data collection in Machakos County



Ezekiel Chepkuiyeng, County Coordinator Afya Ugavi giving a presentation on quantification, in the cluster meeting for North and South Rift counties.



Dan Menge, Technical Officer, Afya Ugavi giving a presentation on quantification, for the Eastern and Central Kenya counties cluster.

Reflecting on the National Quantification Exercise for EMMS



Dr. Lubayo Jackson, Pharmacist Bomet County

Dr. Jackson Lubayo is the Pharmacist in Bomet County and a member of the County Health Management Team (CHMT) involved in the day-to-day management of commodities for all facilities. Afya Ugavi News caught up with him to find out more about his experience during the national quantification of health products and technologies.

As the County pharmacist tell me (and the readers) how your typical day at the office looks like.

"On a day-to-day basis we check the stock levels in facilities, do redistribution of commodities (to address excesses and inadequacies) - in the various facilities. On a monthly basis we also do the reports of program commodities, allocation and ordering from KEMSA for all commodities in all subcounty facilities."

Is this your first time conducting a quantification and how was it?

When preparing our annual workplans, we usually conduct basic quantification. This time round however, the exercise was very detailed and extensive.

What was the biggest challenge that you have faced?

Data collection on ground was quite a challenge. In many facilities, we saw that the facility staff do not record their consumption data accurately using stock control cards, so getting accurate data was not easy. Also, given that the process was so rigorous, going through the tool to completion took quite some time.

Any interesting discoveries that you are made during the data clean up?

What we witnessed during the data cleanup was that many of the healthcare workers were not accurate when entering data, and in some cases you would find that they just input figures for commodities that they did not even consume. However, the validation process has been quite instrumental in identifying these gaps and maintaining only the things that are needed in each level of care.

How is this data going to help you?

This data which is now accurate gives us an opportunity to lobby for more funds from the county and national government to be channeled towards acquiring health products and technologies to meet the health needs of the county as well as aid us in supply planning for the next financial year.

What's your parting shot to Afya Ugavi?

We thank Afya Ugavi for the support that we have gotten so far and we urge Afya Ugavi to continue supporting us to build our capacity in data collection and reporting so that we can fully address issues regarding to stock outs and expiries within our facilities.

DHPT Releases Online Reference Guidelines on Health Products and Technologies Management.

By Richard Gatukui - DHPT

Over 16,000 healthcare workers across the country have access to the e-learning virtual academy developed by the Ministry of Health (MOH) in collaboration with development partners to provide an opportunity for learners to access information, gain knowledge, and skills to strengthen health systems and implement Universal Health Coverage (UHC).

The Department of Health Products and Technologies (DHPT) launched online reference guidelines on HPT management tools on the MOH Virtual Academy, domiciled at KHIS whose utilization and implementation at County and facility levels will go a long way in ensuring more appropriate and effective use of HPTs and subsequently enhance the quality of health care delivery.

“The online reference guidelines contain practical examples to improve, and standardize the quality of our service delivery capabilities, and are tailored to the needs of health care workers concerned with the management of HPTs” said Mary Njeri, DHPT a member of the team responsible for the development of the courses.

USAID, through Afya Ugavi has been supporting DHPT to build its capacity to provide oversight for supply chain functions for HPTs in Kenya. This support has included the development and review of various Health Products and Technologies (HPT) management tools geared to provide

health care workers with information and tools required to ensure regular and reliable supply of HPTs, their appropriate storage, control and issuing.



The modules include:

- Guidelines on Management of Health Products and Technologies in Kenya which is designed to provide guidance to the National, County and health facility teams, on the main procedures involved in HPT management and the key aspects of HPT management to improve availability and provide better quality healthcare services.
- Guidelines for Medicines and Therapeutics Committees (MTC) (2020). The establishment and operationalization of Medicines and Therapeutics Committees will ensure that patients and other consumers receive the best possible quality of care, through deciding what essential HPT will be available, at what cost, and how they will be used. The committee will be evaluating the clinical use of medicines, formulate policies for managing medicines and other HPT use, administration, pharmacovigilance and safety aspects.

- Quantification Handbook for Health Products and Technologies is designed to educate and ease the quantification process critical to ensuring reliable access to adequate HPT supplies in our health facilities.
- Supportive Supervision manual provides basic guidance and tools for supervision of health facility staff and on-the-job-training for health products and technologies management activities at the health facility level.
- The Health Products and Technologies Supply Chain Strategy (2020-2025). The strategy envisions a sustainable and resilient supply chain system that provides quality, affordable and accessible essential HPTs for all Kenyans.

“The e-learning modules are free for users. Utilization and implementation of these guidelines at the county and institutional levels will go a long way in ensuring more appropriate and cost-effective use of medicines and subsequently enhance the quality of health care delivery especially as we fully implement Universal Health Coverage in Kenya.” said Dr. Josphat Mbuva, Head DHPT.

DHPT encourages all health care workers to register on MOH Virtual Academy to access these materials online.

Comments and recommendations can be forwarded to email: pharmacyhpt@health.go.ke

The image displays a collection of e-learning course thumbnails from the MOH Virtual Academy. Each thumbnail features the Kenyan coat of arms and the text 'REPUBLIC OF KENYA MINISTRY OF HEALTH'. The courses include:

- Supportive Supervision Manual For Health Products And Technologies** (with a play button icon)
- GUIDELINES FOR THE ESTABLISHMENT AND OPERATIONALIZATION OF MEDICINES AND THERAPEUTICS COMMITTEES** (with a play button icon and a 'START' button)
- HEALTH PRODUCTS AND TECHNOLOGIES SUPPLY CHAIN STRATEGY, 2020-2025** (with a play button icon and a 'START' button)
- GUIDELINES ON MANAGEMENT OF HEALTH PRODUCTS AND TECHNOLOGIES IN KENYA** (with a play button icon and a 'START' button)
- Session 2 Quantification Planning and Preparation** (with a play button icon)

A table of contents for Session 2 is provided below:

1	Importance of Quantification	[1 min read]
2	Quantification Process	[2 min read]
3	Compose Quantification Team	[2 min read]
4	Determine Quantification Scope	[5 min read]
5	Develop Quantification List	[2 min read]
6	Define Purpose of Quantification	[1 min read]
7	Determine Quantification Method	[1 min read]
8	Sampling	[2 min read]
9	Making Quantification Plan	[2 min Read]

A snapshot of the e-learning courses on the MOH Virtual Academy on health products and technologies.

A User Friendly Platform to Gain Essential Knowledge and Skills

Dr. Esther Kamau County Pharmacist, Kiambu, had the privilege of reviewing the online HPT e-learning courses prior to the official launch. She shares her thoughts on the Online Reference Guidelines on Health Products and Technologies Management.

In today's world where effective communication largely relies on information technology to relay information in a timely manner to as many recipients as possible, MOH's virtual academy is a great and much welcome innovation. The virtual academy offers a platform where healthcare workers (HCW's) including newly recruited and those in training are able to easily access current Health Product's & Technology (HPT) strategy and guidelines, Medicines and Therapeutics Committee (MTC) guidelines, supportive supervision guidelines among other crucial commodity management training content.



Dr. Esther Kamau, County Pharmacist Kiambu

The academy is a very user friendly platform which learners will easily interact with and quickly grasp important aspects of HPT management with content available in both audio and text. The platform will benefit all healthcare workers who are involved in HPT management, and is an important guide especially for commodity managers. From experience, newly recruited healthcare workers lack forums where they can be inducted on HPT management and often find themselves having to piece together information from various sources or have to figure a lot out on their own. This results into a lot of information gaps which can have a negative impact on performance leading to a lot of inefficiencies.

Availability of HPT management guidelines at the click of a button is a cost-effective venture that will save the government a lot of money in printing and dissemination of booklets which in practice don't always reach all the target audience. HPT managers will be able to promptly update themselves with the current guidelines and this will in turn translate to more effective and efficient service delivery. The content is examinable and learners together with their supervisors will have an opportunity to appraise themselves based on knowledge gained and earn CPD points. I encourage all healthcare workers involved in management of HPT's to visit the virtual academy and update their knowledge and skills today!



Dr Esther Kamau giving her feedback to the e-learning instructional designers Joyce Ogutu and Dennis Mutegi during the e-learning review and validation workshop with Prof. Robert Ooko from HealthIT onlooking.

A Notch Higher in Malaria Prevention

After 6 months of planning and implementation, Bungoma county in collaboration with DNMP and support from PMI/USAID through Afya Ugavi distributed about 1.1 PBO nets to over 400,000 households protecting about 1.8 million residents from malaria.

In line with the Kenya Malaria strategy (2019-2023) whose main objective is to reduce the burden of malaria, vector control remains one of the major interventions. Kenya adopted the distribution of long lasting insecticidal nets (LLINs) which is usually done continuously through the public health facilities and mass distribution campaigns that are conducted every 3 years in the malaria prone counties.

To enhance access to LLINs and improve on universal coverage, the Division of National Malaria program had planned mass net distribution in 2020. This was however delayed due to the Covid19 pandemic that disrupted the global supply chain. The 2020/21 mass net campaign was planned for distribution of 15.7 million LLLINs across 27 malaria prone counties. In support of the fight against Malaria in Kenya PMI/USAID procured about 3 million Piperonyl Butoxide (PBO) pyrethroid nets for mass distribution in Bungoma, Busia and Kakamega Counties where cases of mosquito resistance to pyrethroid have been reported. The deployment of PBO pyrethroids nets is the first in the country and will help inform malaria prevention interventions especially in the lake region counties that report high malaria incidences.

Since LLIN distribution targeted households, Bungoma county engaged a pool of over 8,000 community health volunteers (CHVs) and village elders who moved door-to-door across the 4,200 villages to register the households and educate the family members on proper use and maintenance of the LLINs. In addition to these malaria messages, residents were issued with vouchers which contained the name of the distribution post where they would collect their net and the page number where the household appears thereby averting confusion and crowding; one of the many measures of preventing the spread of Covid19. Household heads redeemed their LLINs in over 800 strategic distribution sites.



Bales for PBO nets distributed to beneficiaries

IN PICTURES

Preparatory Activities for the Bungoma Mass Net Distribution



Dr. Johnstone Akatu, County Director of Health Bungoma County delivering the opening remarks during the stakeholders meeting.



Dr. Charles Chege, from DNMP Ministry of Health delivering his remarks during the stakeholders meeting



James Mwangi, Technical Officer Afyu Ugavi inspects a storage facility where the nets were stored.



Documenting the household registration process by community health volunteers.



Participants during the healthcare workers training sessions in Mt. Elgon and Cheptais sub counties



Household registration process across the various counties

Kisiru Dispensary's Journey of Transformation.

Continuous implementation of supportive supervision generates sustained performance improvement, motivation of health workers and quality service delivery.



Kisiru Dispensary in Vihiga sub - county

March 2020 marked Kisiru dispensary's first ever supportive supervision (SSV) scoring an average of 17% in all areas of assessment including storage of health products, inventory management, availability and use of commodity management systems, verification of commodity data, availability of job aids and guidelines, and accountability of commodities.

In collaboration with Vihiga county Ministry of Health (MOH) officials, and USAID Afya Ugavi the supportive supervision team uses a robust scored checklist which incorporates self-assessment, and peer assessment, to advance quality improvement in a non-authoritative manner by strengthening communication, problem-solving, and teamwork. This equips health workers to monitor and improve their performance.

By reviewing the data available, and inspecting the store, the SSV team captured commodity stock levels at the facility identifying problems, documenting observations, and relevant follow up on recommendations and action points.

“Our store did not have any shelves, pallets needed for storage, temperature charts, or job aids. We also did not have commodities and the bin cards were not up to date,” said Sister Mercy, facility in-charge Kisuru Dispensary.

Through mentorship, on job training and change of management, the facility's performance improved from 69% to 88% by the third supportive supervision visit.

“Supportive supervision is not a witch hunt; it is designed to help facilities build on their weak areas and help address issues such as of stock outs immediately,” said Dr. Jerusha Oluhano, County pharmacist Vihiga. “I am glad that Kisiru dispensary has fully embraced this practice, and continue to challenge themselves to do better,” she added.

“I can now confidently say that our inventory, storage, and record keeping practices have greatly improved. Now, the community around us know that they can come here and receive the services they need.” Sister Mercy added.



The new and improved store at the dispensary.



Salome with her son Favor sitting under their old and torn net that they hope to change
Photo By: Nakuti Collins for USAID



Salome with her son Favor sleeping under a net that they received during the mass net activity.
Photo By: Nakuti Collins for USAID