

A Strong Health Supply Chain Management System is a Safety Net Today, and in Future



Research has shown that planning for and investing in emergency preparedness – and building resilient supply chains – reduces pressure on resource mobilization, and allows for a quick response to control, contain, and, hopefully, stop a disease before it spreads. As COVID-19 continues to spread across the world and within countries, the stakes have become particularly high for countries with no proper supply chain systems in place for potential disruptions.



PEPFAR

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



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FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative



Jayne Waweru
Chief of Party, Afya Ugavi

Cover photo: A health worker taking inventory in one of the Afya Ugavi supported health facility in western Kenya.

We are excited to share with you Issue 3 of the Afya Ugavi News, a publication that shares the USAID's contribution to strengthening health supply chain management system in Kenya. Today more than ever, the world requires a stronger and sustainable supply chain management for health service delivery.

Afya Ugavi Activity is a five-year health system strengthening activity funded by USAID under the Global Health Supply Chain – Procurement and Supply Management contract implemented by Chemonics International.

The Activity provides a comprehensive technical assistance to strengthen Kenya's supply chains for HIV/AIDS, malaria, family planning, and maternal and child health commodities at both the national and county levels of the health system. Counties currently supported are Kisumu, Kakamega, Uasin Gishu, Busia, Bungoma, Vihiga, Siaya, Kitui, Homa Bay, and Migori.

In the last three years of implementation, Afya Ugavi has achieved the following key results:

- **Commodity Security Technical Working Groups.** Afya Ugavi has helped establish 100 technical working groups (TWGs) in 14 counties. The working groups have helped to strengthen the management of health commodities by improving decision-making, monitoring stock availability at service delivery points, and mitigating the risk of stockout and overstocking.
- **Malaria Data Dashboard.** In collaboration with the USAID HealthIT program, Afya Ugavi has developed an online dashboard linked to Kenya Health Information System (KHIS) to filter and analyze malaria commodities data for decision making. The dashboard also incorporates procurement data from the Kenya Medical Supplies Authority – KEMSA - to generate a robust and dynamic snapshot of the malaria supply chain and allowing the various stakeholders to make forecasting, planning, and procurement decisions based on actual consumption and commodity procurement data.
- **Capacity Building of Local Stakeholders.** Afya Ugavi continues to facilitate capacity building activities on supply chain leadership skills for county health management teams; improve health workers' understanding of basic supply chain concepts such as commodity management, pharmacovigilance, and continuous quality improvement; and provide training on ordering, reporting, and inventory management at commodity focal facilities established to ensure adherence to commodity management best practices.
- **Supply Chain Maturity Assessment (SMAT) Tool as a Pathway for Journey to Self-Reliance (J2SR).** Afya Ugavi Activity is working to accelerate J2SR toward program sustainability beyond donor support. The Activity has developed the SMAT tool based on the six-health system strengthening (HSS) pillars to assess supply chain maturities of counties. The tool is administered by county supply chain managers to collect data against, which gaps are identified and addressed progressively toward maturity (score of 80% and above) in each HSS area. After attaining maturity, the county takes over the complete management of the system.
- **Global Health Security.** USAID has been a core partner for achieving the goals of the Global Health Security Agenda, a growing partnership of over 64 nations, international organizations, and non-governmental stakeholders to help build countries' capacity to help create a world safe and secure from infectious disease threats. In Kenya, USAID Afya Ugavi has worked with the Government of Kenya to develop an emergency supply chain framework that is responsive to the Kenyan context. Afya Ugavi has brought together partners from various ministries across the Kenyan government to create an inter-agency and cross-sectoral emergency response core team, and developed customized tools and guidelines for Kenya, delivered robust in-person trainings, and conducted a desk simulation to test resiliency of the emergency response system.

Online Health Commodities Dashboard for Efficiency in Supplies Management

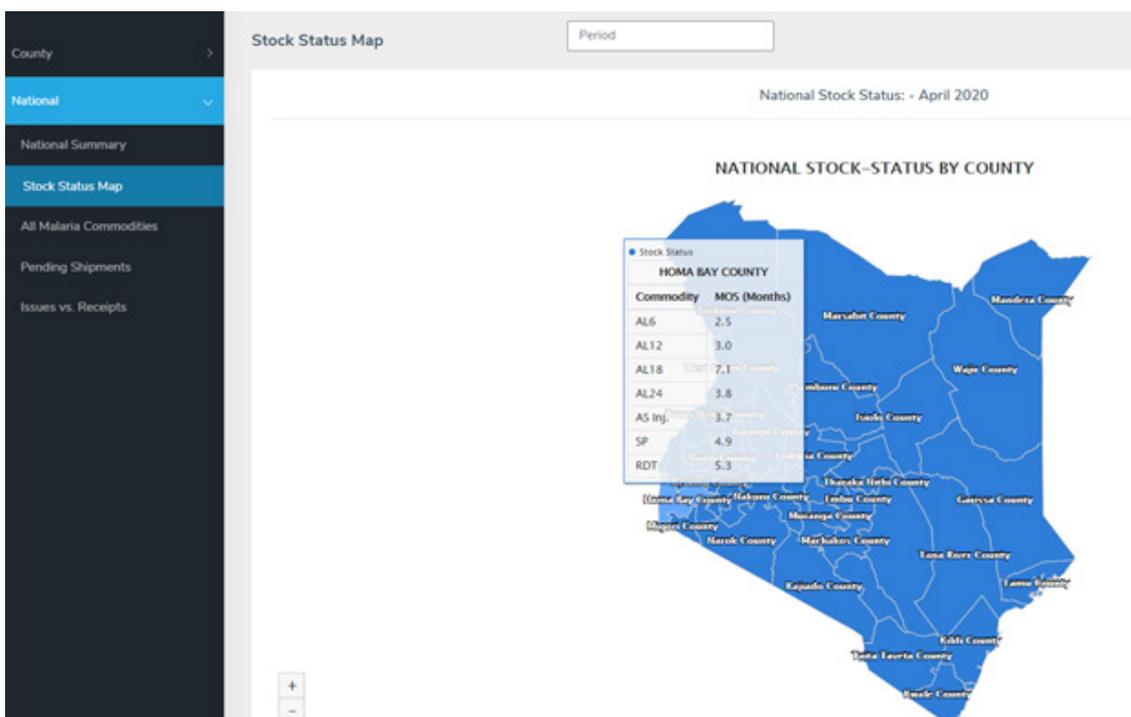
Afya Ugavi and partners including HealthIT, Kenya Medical Supply Authority (KEMSA) and Division of National Malaria Programme (DNMP) have finalized the core development process of the health commodities dashboard for malaria. The dashboard is to address existing gaps in the use of commodity data for decision-making, realize end to end visibility of health commodity data, and Institutionalize the best practices.

The Activity has sensitized key stakeholders on the dashboard, and participating counties are undertaking remote testing based on designed test scenarios.

Following the success of the commodity dashboard initiative in promoting malaria commodities data visibility for decision-making, initiatives are underway to achieve the same for other health commodities.

How the dashboard works

- Malaria dashboard is embedded within the Kenya Health Information System (KHIS) and is accessible through the Apps module in DHIS2.
- On monthly basis DHIS2's analytics processes the data and produces various commodity related outputs.
- The commodities dashboard is then automatically refreshed to display the data.
- Health workers at both county and national levels are able to view and analyze information and make appropriate decisions.
- Dashboard avails various commodity related outputs to support decision-making based on data.
- Dashboard is also linked to KEMSA LMIS via APIs used to exchange data between DHIS & the KEMSA LMIS.
- Incorporates a module in KEMSA LMIS for malaria orders rationalization.



The dashboard can generate a stock status map per county giving a quick view of the stock status of malaria commodities.

“The malaria commodities dashboard is a robust, simple and friendly tool. If I’m asked to make a county order using this tool, it will only take me about 30 minutes to complete the order for a county having about 200 health facilities. However, without this tool, I would have to look at the consumption data of each of the 200 facilities and use that to rationalize and come up with a good order for the county – that can take a very long time.”

- Robert Mwaura, Logistician at National Malaria Control Program

Homa Bay County - March 2020

Malaria Commodities Stock Status

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Items	adjusted AMC	Latest SOH	MOS
AL6	11,686	17,849	1.5
AL12	5,277	10,156	1.9
AL18	1,981	8,617	4.3
AL24	4,592	12,260	2.7
AL all			2.4
AS inj	3,571	11,449	3.2
SP tabs	15,892	78,405	4.9
RDTs	38,204	140,870	3.7

Showing 1 to 8 of 8 entries

The malaria commodities stock status for Homa Bay County as of March 2020.

Afya Ugavi will continue mentoring commodity managers on the use of the dashboard outputs to make intra-county redistribution decisions.

While DHIS2 facilitates decision-making through generation, analysis and dissemination of quality health information, the integration with commodity dashboard

will ensure interrelations between commodity supply and service delivery.

The activity has continued to use above 95 percent monthly reporting rates to address issues of stock availability and reduce stockout for sustained service delivery.

Sharing Strategic Information Pays Dividend for Sustained Family Planning Services

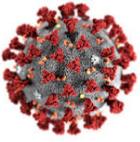
Afya Ugavi has sustained support to Division of Reproductive and Maternal Health's (DRMH) at the national level with pipeline monitoring, working in collaboration with KEMSA, Clinton Health Access Initiative, and United Nations Population Fund. Through generating and disseminating monthly procurement planning and monitoring report (PPMR) and stock status summaries, Kenya is able to communicate updated data and supply needs to both in-country and global-level stakeholders, such as donors of reproductive health commodities.

PPMR is an important tool for monitoring contraceptive stock status, improving data visibility, strengthening in-country coordination, and addressing critical contraceptive stock imbalances.

Following the PPMR and stock status reports, Government and key development partners funded procurement of family planning commodities as follows: Kshs. 245 million by GoK MOH, Kshs 540 million from GoK-UHC, GBP 2 million by DFID, and USD 3.2 million by USAID. The family planning commodity gap including for the financial year 2020/21 is valued at USD 22 million.

Afya Ugavi has advised on the supply plans for these funds.





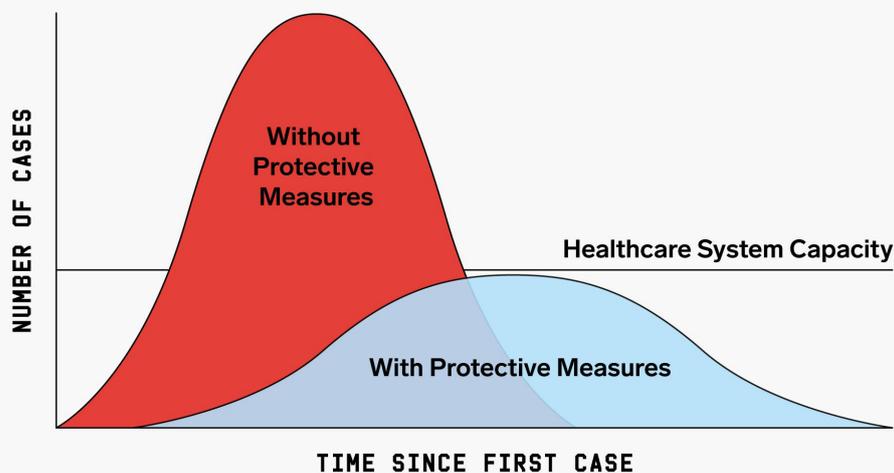
USAID Afya Ugavi Join Efforts in COVID-19 Response and Management

Since the first case was detected in Kenya on 13th March 2020, the government has remained on high alert, and collaborating with local and international partners in fighting the pandemic. The World Health Organization (WHO) has listed the disease as a pandemic which raises it to the highest level of threat assessment.

Kenya has put several measures in place such as the National Covid-19 Taskforce (NTF) constituted to work with the Emergency Operation Centre (EOC) and other partners for response. The country has developed COVID-19 treatment guidelines and protocols for use

in the management and containment of the pandemic, and these are frequently reviewed and updated as necessary. However, the country is still facing several challenges and system gaps that require additional support and interventions to flatten the curve and contain the deadly virus. With the continued spread through community transmission, the country is still at a very high risk. Public health professionals have provided guidelines like social distancing, hand washing, sanitizing limiting movements, among others, as necessary measures to help flatten the curve.

Flattening the COVID-19 Curve



The Counties have established Emergency Response Taskforce (ERT) to address Covid-19 threat. The ERT is a multi-sectoral team that works in collaboration with other key stakeholders in the counties.

Our support

USAID Afya Ugavi Activity is supporting Migori, Kakamega and Uasin Gishu counties which were identified and considered at high risk of COVID-19. Support focuses on strengthening leadership and coordination, end-to-end data visibility, and estimation of COVID-19 commodities requirements.

At the national level, the Activity will provide technical support to the COVID Task Force sub-committee on commodities/supplies and KEMSA on procurement and supply management, and support development of specific commodity management dashboards for monitoring COVID 19 supplies along the pipeline for accountability.

Afya Ugavi's support with protective measures quantification of PPEs (disinfectants, masks, soap, sanitizers etc.) to be used both at the isolation and quarantine facilities contributed to reduction of transmission and flattening the curve.

“Collectively, the support to the Government of Kenya, Ministry of Health, will ensure availability of commodities, supplies management, and commodity security, in prevention, response, and management interventions for COVID-19.”

- Jayne Waweru, Chief of Party, Afya Ugavi

At the inter-governmental level, USAID's Afya Ugavi will strengthen communication and coordination of commodity related standards across counties and support the dissemination of Covid-19 guidelines.

Afya Ugavi will among others, support development and incorporation of pertinent COVID-19 online learning content including job aids, standard operating procedures and instruction manuals uploaded onto Ministry of Health's online learning portal. This will expand scope, access, and health worker readiness for service delivery.

Building County Health Supply Chain Systems toward self-reliance



James Riungu, the Supply Chain Director (Afya Ugavi) hands over computers to Dr Josphat Mbuva in support of Division of Health Products and Technologies. (Pic. By P. B. Okaka)

Afya Ugavi Activity is working to accelerate the Journey to Self-Reliance (J2SR) and ensure that the supported activities continue in the focus counties after the program exits. The Activity is strengthening the Division of Health Products and Technologies (DHPMT) at the national level, and establishing Health Products and Technologies Units (HPTUs) at the counties to spearhead supply chain management in line with the Health Policy, 2017.

The strengthened units will have both technical and financial capacity to take up the functions of organizing, monitoring, and supporting all activities within the supply chain system in addition to gaining commitment and capacity to work across the political and social dimensions of the economic development cycles.

Strengthening Capacity

Afya Ugavi is working to build a pool of adequate and well-trained health workforce to encourage commodity management. The Activity piloted an integrated supply chain management model in Kisumu and Kakamega Counties with a health system strengthening (HSS) model to supply chain management. Eighty-seven (87) Commodity Security Technical Working Groups (CS TWGs) at county and sub-county levels have been trained as a cadre of supply chain leaders with technical knowledge and management skills to drive supply

chain improvements at the county and sub-county levels. These teams apply evidence-based supply chain decisions through use of health commodities dashboards.

Supply chain accountability and oversight mechanisms are getting stronger with counties taking ownership of any discrepancies identified. Towards Universal Health Coverage (UHC) implementation, Afya Ugavi has provided technical and financial assistance to two national level programs, and 15 counties to conduct quantification for their health commodities requirements. The quantification outputs continue to inform the health commodities procurement and resource mobilization.

“We are in the process of adopting a paradigm shift from transactional relationships to transformational partnerships through co-creation, co-planning, co-management and mutual accountability.”

- Jayne Waweru, Chief of Party, Afya Ugavi.

Looking ahead

Self-reliance is driven by country's commitment and capacity to plan, finance and implement solutions to solve its own development challenges. Afya Ugavi is committed to building partnerships with the

government, private sector, and communities as a key pillar of journey to self-reliance.

The Afya Ugavi Activity has successfully advocated for increased Government of Kenya (GoK) contribution in the Financial Year 2020/21 Annual Work Plans, provided support to the national level and counties to conduct commodity forecasting and supply planning to ensure optimization in expenditure, especially for universal health coverage (UHC). For FY2020/21 Uasin Gishu County for example, required a total budget of KES 1.24 Billion for health products. The county will fund KES 817 Million directly, and obtain KES 422 Million through the national level programs.

By embracing social accountability in supply chain management, greater involvement of community will promote commodity accountability including in drug surveillance.

Data for decision-making

Institutionalizing a commodity-type management dashboard for supply chain that utilizes data to make informed decisions on rational order management, redistributions, and expiry management is critical. Currently, the malaria commodities dashboard has been linked with, and institutionalized in KHIS for access by all counties to manage commodities. Other commodity dashboards are under development and institutionalization.

Supply chain maturity model (SMAT)

Afya Ugavi will use SMAT model to monitor the national DHPT unit and counties' readiness for transition. Aggregated maturity ranking will determine eligibility for transitioning in line with the J2SR strategy.

Our Voices



“Something has happened at the hospital, I guess it is the steady supply of medicines for use by mothers, children, and men in need. Because patients are taking drugs, they also need to eat as required to respond to the medicines. I have enjoyed my work.”

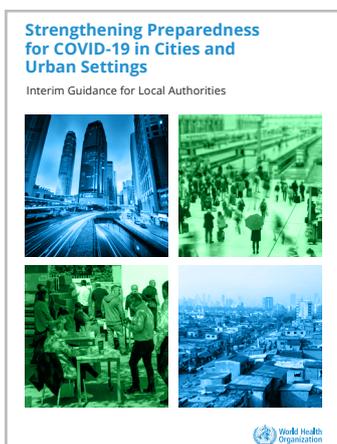
- Vivian Adhiambo, Nutritionist - Kabondo sub-County Hospital.



“I am Afya Ugavi trained. I have learned to keep the supply chain system working for the hospital and the patients. I love my work.”

- Paul Otieno, Pharmaceutical Technologist, Kabondo sub-County Hospital.

How can Cities and Urban Settings Strengthen their Preparedness for Covid-19?



World Health Organization (WHO) has published a document to support local authorities, leaders and policy-makers in cities and other urban settlements in identifying effective approaches and implementing recommended actions that enhance the prevention, preparedness and readiness for COVID-19 in urban settings, to ensure a robust response and eventual recovery.

The document “strengthening Preparedness for Covid-19 in Cities and Urban Settings,” covers factors unique to cities and urban settings, considerations in urban preparedness, key areas of focus and preparing for future emergencies.

Find more insights at: <https://www.who.int/publications-detail/strengthening-preparedness-for-covid-19-in-cities-and-urban-settings>.