

Afya Ugavi News

Strengthening Supply Chain for Improved Health Outcomes



Photo Credit: Egla Chepkorir



USAID
FROM THE AMERICAN PEOPLE



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



USAID
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative

A word from the editor,

Welcome to another edition of the Afya Ugavi Newsletter. In this issue, we recount the various activities in which the Activity has actively been involved in the second quarter of FY2021.

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, some of which have been highlighted in this edition.

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

Read how Kakamega County has developed its first-ever formulary, consisting of a list of all drugs used in prevention, treatment and rehabilitation of all health conditions prevailing in the county.

We have also brought you a story of how the Activity has supported the establishment and operationalization Health Products and Technologies Units (HPTUs) across the country, aimed at providing governance, oversight, and coordination of supply chain functions.

Besides, as many will attest, lockdown measures around the world have not stopped mosquitoes from spreading the disease, but amid the COVID-19 challenges, PMI/USAID supported procurement of about 3 million ITNs for mass distribution in 3 selected lake endemic counties in Western Kenya where malaria prevalence is about 27%. Read more of how Insecticide Treated Nets (ITNs) are a cost effective and sustainable intervention for protection against malaria.

We also featured a story of Seth Medical Clinic, a privately owned health facility located within Limuru town, Kiambu County that has benefited from an on-job training to build sustainable, and good storage practices of health commodities.

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.

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CHIEF OF PARTY, AFYA UGAVI

USAID invests in population and health programs that aim to improve the survival, well-being, and productivity of the Kenyan population – especially for poor, marginalized and underserved communities.

As the global pandemic continues, the need for strong health systems that are agile and adaptive to uncertain times is more important than ever before.

The transfer of health service delivery to County Governments has necessitated capacity building and technical support for county-level health leadership. USAID, through Afya Ugavi has made strategic and significant investments to strengthen the health supply chain management system in Kenya.

Through the Health Products and Technologies Unit, counties have the necessary leadership and governance structures and functions; they have institutionalized management and budgeting procedures and assumed the functions and responsibilities for the management of health products and technologies. These units will go a long way in ensuring that all the needs of the people are met.

This issue of the newsletter serves as a window into the activities that Afya Ugavi conducted over the last quarter to improve supply chain and commodity management by building the capacity of health workers and the county leadership to improve the health outcomes of the country.

I hope that you find our e-newsletter an interesting read. We also invite you to share with us what you would like us to feature in future, via email MKamau@ghsc-psm.org.



“James Riungu, Afya Ugavi Supply Chain Director, during a courtesy call with His Excellency Hon. Amos Kimwomi Nyaribo, Governor of Nyamira County at his office discussing the Health Products & Technologies Unit.

A Game Changer in the Management of Health Products and Technologies

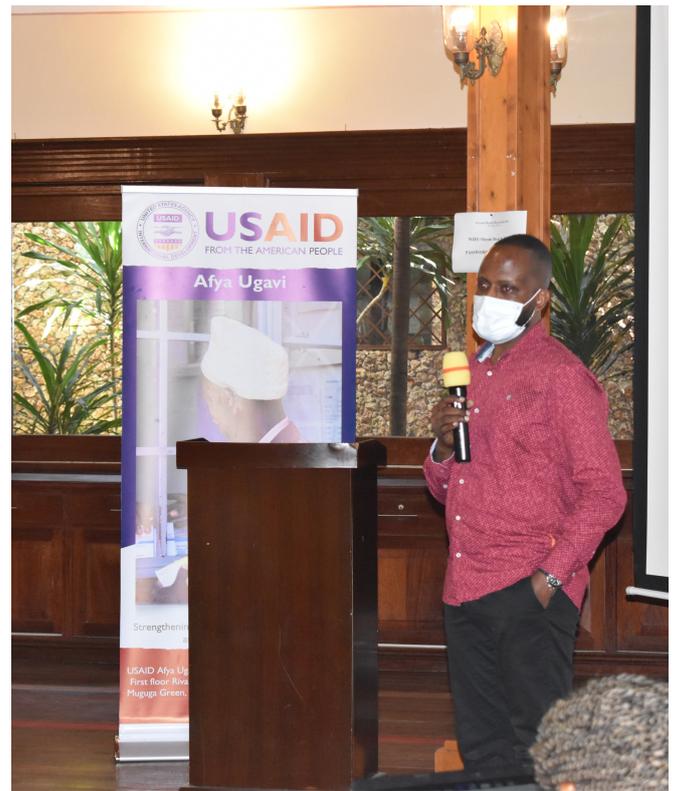
After successful establishment and operationalization of two pilot Health Products and Technologies Units (HPTU's) in Kakamega and Kitui counties, in February, Afya Ugavi rolled-out the programme across all 47 counties in Kenya.

The meetings grouped the counties in nine clusters - where each cluster ran a three-day sensitization and dissemination of HPT guidelines and tools, within a period of three weeks, from February 1st – 19th, 2021.

Leaders from various counties were brought together and sensitized on the steps towards the formation and operationalization of the HPTUs that will be game changers in the Management of Health Products and Technologies. The units aim at providing governance, oversight, and coordination of supply chain functions.

The sensitization and dissemination meetings prepared the counties to adopt and customize the Health Products and Technologies (HPT) Supply Chain Strategy 2020-2025 to suit their environment and are expected to form HPT units and engage citizens for oversight and accountability, as per the Health Act 2017.

Speaking at the workshop that convened the Coastal Counties of Mombasa, Kilifi, Lamu, Kwale, Tana River, Taita Taveta to engage in issues they have been grappling with, Charles Dadu, CEC Member, Health Services, Kilifi County had this to say:



Charles Dadu, CEC Member, Health Services, Kilifi County speaking during the Health Products and Technologies Unit sensitization meeting in Malindi.

“We are convinced that the HPT units will be game changers within our systems. Because we will be able to reserve and dedicate a team that will be looking at the whole area of HPT guided by the strategy. Since this team by composition based on our structures also touches on different units, it is also an opportunity for teamwork, and making sure that we approach things in an open-ended manner but we are very structured and thematic.”

He also reported that they had an opportunity to revisit different policy and organisational efforts at the County, starting with the Organogram at the Departmental level.

“We have been able to associate the HPT Strategy with our CHMT organogram and we have seen very clearly how the two will sync. We have also seen where the HPTU will be domiciled within that organogram and that gives us a confidence that all these matters we have discussed today are indeed the departmental priorities.”

He said the workshop came at an opportune time when the county is at an advanced stage of formulating the Health Services Bill. There's therefore an opportunity that HPT can be integrated including the Unit, and anchor it into the law, before it's presented to the County Assembly.

Since 2017, USAID's Afya Ugavi has been strengthening Kenya's supply chain management system to provide adequate, safe, affordable, and reliable supply of health commodities at the national and county levels. This was informed by the fact that a well-functioning health system ensures equitable access to affordable essential health products and technologies of assured quality, safety, and their sound use.

The HPT Supply Chain Strategy 2020-2025 was formulated to address key challenges in the supply chain and facilitate focused implementation of HPT policies by providing strategic direction for the sector in HPT supply chain, improve coordination, enhance decision-making at the various levels of the HPT supply chain and strengthen accountability for effective delivery of HPT to the citizens.

In Pictures: Cluster meetings from across the country



Health Products and Technologies Unit sensitization cluster meeting in Malindi for Mombasa, Kilifi, Lamu, Kwale, Tana River, and Taita Taveta counties.



Health Products and Technologies Unit sensitization cluster meeting in Nyeri for Murang'a, Kirinyaga, Embu, Isiolo, Laikipia, Marsabit counties.



Health Products and Technologies Unit sensitization cluster meeting in Embu for Wajir, Garissa, Mandera, Nyeri, Meru, Tharaka Nithi counties.



Health Products and Technologies Unit sensitization cluster meeting in Machakos for Nairobi, Kiambu, Kajiado, Kitui and Makueni counties.

County Develops First-Ever Drug Formulary

Kakamega County has developed its first-ever formulary, consisting of a list of all drugs used in prevention, treatment and rehabilitation of all health conditions prevailing in the county, thanks to Afya Ugavi Project.

The formulary offers key information on prescribing, dispensing, administration; as well as providing medicine information to patients, and was developed in response to the rising concerns of poor prescribing practices, poor product selection, undue influence from medical representatives, undue client demands and expectations.

Additionally, the Government of Kenya's roll out of the Universal Health Coverage (UHC) has necessitated further reforms and reviews in improving the standards of health care provision across the 47 counties.

The formulary contains all medicines including those required for management of specialized disease conditions; and is to be used alongside the standard treatment guidelines for all health facilities levels including dispensaries (level 2) and health centers (level 3), as well as sub-county (level 4), county (level 5) and referral hospitals (level 6). This formulary will provide prescribers, pharmacists, and other healthcare providers with objective, unbiased, up to date information about the use of medicines and to promote safe, effective, and rational use of the same.

"The county formulary is intended to promote safe, efficacious, rational, and cost-effective supply and use of pharmaceuticals," says Dr. Eric Anyira, Chairman of the formulary taskforce.

The new development comes after the end of a yearlong consultative process among stakeholders that relied on the use of evidence-based medicine research that indicated which drugs should be used when, which non-pharmacological treatment options should be tried in advance, and which drugs require additional evaluation before prescribing. This process, though lengthy and cumbersome was conducted in a transparent manner to ensure smooth implementation and will result in cost savings for the county.

Historically, African countries have relied on formularies borrowed from other countries, such as the British National Formulary, despite them not meeting the requirements of local health systems and their information needs.

In its broad commitment to strengthen Kenya's health system to improve the quality of, and increase access to health services for all Kenyans, the USAID through the Afya Ugavi supported the formulary taskforce and Kakamega County Teaching and Referral Hospital's Medicines and Therapeutics Committee, under the auspices of the County Department of Health, to develop the county formulary.

Kakamega county has five county hospitals and seven sub-county hospitals with the largest facility being the Kakamega County Teaching and Referral Hospital. Primary health services are being taken care under the 54 and 124 health centres and dispensaries, respectively. All these are under the county's ownership, and over sixty health facilities are owned by the private sector.

Mosquito ‘Lockdown’ in Busia County

Insecticide Treated Nets (ITNs) are promoted as a cost effective and sustainable intervention for protection against malaria which remains a major cause of illness and death in Kenya with children and pregnant women being the most vulnerable.

The COVID-19 pandemic threatens the delivery of malaria services including ITN campaigns that are conducted every three years. As many will attest, lockdown measures around the world have not stopped mosquitoes from spreading the disease, as they are flying freely biting people.

To control spread of the malaria, the World Health Organization encourages countries to move forward with vector control activities.

In line with this, PMI/USAID supported procurement of about 3 million ITNs for mass distribution in 3 selected lake endemic counties in Western Kenya where malaria prevalence is about 27%. Afya Ugavi, USAID/KEMSA Medical Commodities Program and Division of National Malaria Program collaborated to deliver about 609,000 ITNs to Busia County for distribution during the 2020/21 mass net campaign that was disrupted by the COVID-19 pandemic.

Assessment and verification of the 35 strategic drop off stores for their ITN capacity, safety and security, and general cleanliness was carried out and corrective measures were put in place appropriately. Global positioning system coordinates of each drop off store were taken for the purpose of enhancing commodity accountability.

The Busia county and sub-county management teams signed the relevant delivery documents and received the ITNs upon verification of the quantities and their condition.

The delivery information was relayed to the county executives who were already aware of the activity. The County Government officers led by the Deputy Governor officially took over custody of the ITNs awaiting preparatory activities and last mile distribution to the registered households.

After the preparatory activities that will include household registration and social mobilization, Busia County and sub-county health management teams will later engage the community in the actual distribution of the ITNs in the 348 strategic distribution points across the 7 sub counties.

Distribution of these PBO ITNs will ensure mosquitoes are locked down during this COVID-19 pandemic while ensuring that about 1.1 million people in Busia are protected from Malaria.



Deputy Governor Busia county, USAID/Afya Ugavi and KEMSA/ MCP staff during delivery of the PBO ITNs to the drop off stores.

Strengthening Commodity Management through Integrated HPT Support Supervision

For a long time, Murang'a County has inconsistently and in most cases been unable to implement supply chain system strengthening support.

This has been occasioned by insufficient support from the Government or Partners, which has seen inherent commodity management gaps evident through stock-outs of program and essential commodities and has affected data quality from the monthly commodity reports.

To address these challenges, Murang'a County undertook an integrated commodity focused support supervision as part of the Supply Chain system strengthening support from Afya Ugavi. The supervision covered aspects of commodity management, accountability as well establishment of Health Products and Technologies Units, which took place across two weeks between February and March 2021.

During the exercise, 41 facilities in the County were reached across the seven sub-counties. Previously, Afya Ugavi scope and mandate covered only ten Counties, but this was expanded in the current year to benefit all 47 Counties including Murang'a.



Daniel Menge, Technical Officer Afya Ugavi conducts an on the job training during the supportive supervision exercise.

Based on the findings, storage of health products was identified as their strongest point. This includes cleanliness of storage area, sufficient lighting, good arrangement and proper storage of drugs on shelves or pallets.

While inventory management and availability of guidelines and job aids were noted as their weakest links in supply chain performance, most facilities did not have commodity management job aids, which are expected to provide visual guidance and standard operating procedures for handling commodities. Inventory management entails data capture on stock control cards and using the same to make resupply and stocking decision.

“The integrated commodity support supervision checklist developed by Afya Ugavi has enabled us at County level to have an in depth understanding of supply chain issues affecting facilities. As a result, we have been able to respond by providing solutions for system strengthening,” said Dr Stephen Njenga, the County Pharmacist.

In terms of individual performance of facilities, the supervision teams developed action plans together with facility staff on supply chain gaps as well as on job training to build commodity management capacity of staff. These action plans are to be reviewed within the next three months and will be used to measure and determine improvement from identified gaps.

Overall, the County and Sub County teams got a holistic perspective of commodity management at facilities, which provided an indication of the general performance of respective facilities in all areas.

The County Health Management Team that was led by the County Pharmacist attributed performance to human resource capacity and inefficiencies in handling and management of Health Products and Technologies. Subsequently, immediately after the whole exercise, they instituted staff realignments that are expected to stimulate efficiency and improvement of supply chain indicators in the County .

Building Sustainable, Good Drug Storage Practices Through On Job Training, a Story of Seth Medical Clinic

Seth Medical Clinic, a privately owned health facility located within Limuru town, Kiambu County is a beneficiary of an on-job training to build sustainable, and good storage practices of health commodities.

Following a supportive supervision conducted by Afya Ugavi, which involved collection of data using a score tool, it was found out that the facility had no stock cards and registers were not updated. As a result, most of the health commodities records were missing, affecting the accountability and movement of commodities and quantification of buffer stocks.

To ensure the quality of life saving health commodities, maintaining proper storage conditions is vital. Product expiration dates are based on adequate storage conditions and ensuring these storage conditions helps to protect product quality and save resources.



Egla Chepkorir, County Coordinator Afya with the facility nurse and laboratory technician at Seth Medical Clinic

In line with AU mandate to strengthen the health supply chain systems by facilitating best practices in the management of health commodities, the audit team sensitized the facility management to adopt sustainable and best practices in storage through training and demonstration on how good record keeping can help them achieve accountability. The team advised on the use of stock cards, updating the activity registers, and designating a storage space for these commodities.

The score tool looks at parameters such as resolution of previous action points, storage of health products, inventory management, availability and use of commodity management information system tools, verification of commodity data, guidelines and job aids, and accountability for commodities to gauge the performance of facilities.

Seth Medical Clinic is located a few kilometers from the highway and due to its strategic location, the facility serves the local and mostly transiting patients. The clinic receives enormous support from the Government through KEMSA in provision of HIV commodities, which include HIV Screening kits, Anti-retroviral (ART) medicines and Family Planning commodities.

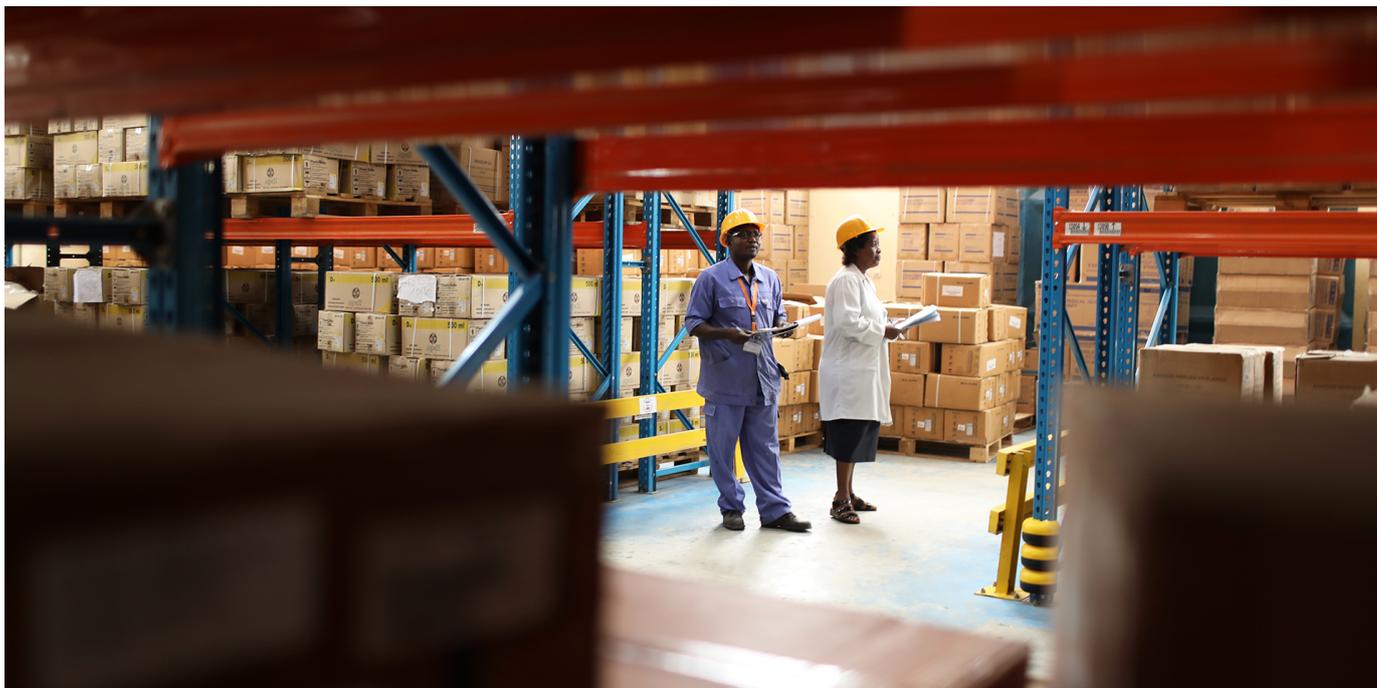
According to Jane Wanjiku, the facility in charge, ART patients numbers have increased due the current COVID-19 lockdown measures that the government has imposed hence testing, stocking the HIV regimens and minimizing stock outs is key to provide adequate and reliable supply of health commodities to this population.

Due to this unique feature, Seth Medical Centre needed to embrace good health commodities storage best practices in line with the Afya Ugavi mandate of strengthening health systems.

"We now know the importance of stock cards as it will help us to accurately quantify for HIV drugs, minimize expiries through FEFO rule and to know our product balances at a glance," said Isaac Ngetha, Nurse in charge.

After the SSV exercise that targeted facilities in the entire Kiambu County, Jane Wanjiku had this to say, "We thank you for this great initiative and the County support. We as Seth Medical Clinic have agreed to meet and clean up the mess. We now have stock cards and I am happy to say that all commodities are being accounted for. We shall also work on the registers and files this month."

Strides towards End-To-End Visibility of Health Commodities



A major gap towards achieving end-to-end visibility of health commodities lay with the lack of a data collection and reporting system for Essential Medicines and Medical Supplies (EMMS) in the country. Although great progress had been made in the data collection, reporting and analysis of program commodities, there was no mechanism in place to report and analyze data for EMMS.

Towards mitigating this, the Activity collaborated with Homa Bay County that were keen on a solution to aid in visibility and accountability of EMMS commodities, and developed a MS Excel based tool for monthly data collection and reporting, and a dashboard that ran on the PowerBI business analytics platform, for purposes of visualization and analysis of the data. The Activity then expanded the pilot to additional focus counties to conduct a proof of concept for the reporting of EMMS commodities.

The initiative involved several key tasks, which included among others, first creating the systems and structures necessary for the counties to report and make use of the data, the identification of a tracer list of commodities to be tracked, health facilities expected to report, data sources that would be used to obtain the required data from health facilities (Bin cards, DARs), and responsible users at the health facilities that would coordinate the data collection. The Activity also supported the training of facility health workers on data collection, and for the sub-county Pharmacists on the use of the MS Excel tool to key in and submit the data on monthly basis.

The Activity liaised with the Homa Bay County Health Management Team (CHMT) to obtain senior county management support from the County Director of Health, who would write a memo to all the facilities requiring them to report monthly on the EMMS commodities.

Between the period April 2018 and December 2019, the Activity built the capacity of these counties, which included Baringo, Homa Bay, Kakamega, Kitui, Migori, Samburu, Siaya, Turkana, Uasin Gishu counties to report for EMMS, realizing steady rise in reporting rates, and data quality. The counties were also able to make use of the data for decision making including redistribution from facilities that were overstocked to those understocked. Procurement of the EMMS commodities could now be informed by the actual gaps seen at health facilities, and not in an ad-hoc manner as was happening before due to lack of visibility on stock levels at the facilities.

At the National level, the Activity continually appraised the Department of Health Products and Technologies on progress of the initiative as the proof of concept successfully matured and obtained results that could inform best practice for adoption and scale up.

Following several buy-in meetings between the Activity, DHPT and other key stakeholders in the process, the DHPT initiated a process to provide a MoH tool that would be used to report for EMMS commodities and whose data would be reported and housed at the National Health Information System KHIS. A technical team was formed to design the reporting tool and identify suitable tracer Health Products and Technologies (HPTs) through appropriate consultation with other interested parties in the MoH including the Division of Family Health and the National Quality Control Lab (NQCL).

The DHPT liaised with the Division of Health Informatics M&E to assign an MOH (ministry of Health) number (MOH 647) to the tool and create the required dataset in the DHIS2 platform to officially recognize the HPT tool as a MoH reporting tool.

The Activity supported the printing and dissemination of the MOH 647 manual reporting tool to all the 47 counties, and trained county staff on how to use it for reporting.

As a result, Counties are now using the tool to report on the DHIS2 platform, successfully transitioning an initiative that was originally being managed and maintained by Afya Ugavi, to one that is now under the full custody of MOH for sustainability.

The transition of this EMMS reporting tool from Afya Ugavi led to one that is now being reported in DHIS2, where the Activity has accomplished a great milestone in the bid towards end-to-end visibility of HPTs.