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| Name: | | NAIROBI DPF’S – HCMP SENSITIZATION MEETING | |  | |
| Facilitated By: | | Dr. Eunice Gathitu | |
| Date Held: | | 18/3/2013 | |
| Location | | NASCOP BOARDROOM | |
| Attendees: | | Jacquelyne Kimani, Sheila Mutheu, Kelvin Mureithi, Jackson Kariuki, Nicodemus Maingi, John Muola, Joseph Warero, Charles Ouma, Faith Okello, Serah Gathu, Grace Komen, Ruth Kamau, Connie Orata, Robert Kariuki, Eunice Gathitu, Phyles Musembi, Ann Omari, Omar Farah, Rose Misati, Rosemary Kihoto, Gerald Macharia, Anthony Ngatia, Bernard Ronoh | | | |
| Apologies: | | Anthony Ng’ang’a, Gladys Kioko | | | |
|  | **Agenda**   * Overview & demo of HCMP * Experience from Makadara & Kamukunji districts with HCMP * Challenges as regards commodity management experienced by DPFs * Way forward in HCMP rollout to primary care health facilities in Nairobi county | | | | |
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| **1** | Meeting started with introductions of members present.  Main agenda was to introduce the Health Commodity Management Platform to the DPF's and obtain their feedback on its application, consolidate their requirements and develop plans for rollout of the tool in Nairobi.  The technical team did a demo of the system in an interactive process that brought out the following observations, issues, business rules requirements and recommendations. These issues form a framework for further review of the system, procedures, operations at the facilities and best practice habits designed to improve and make efficient the inventory management practice at the facility. | | | | |
| **2** | * Current gaps/areas to be firmed up   + Item pack sizes   + Create a n appropriate rationale for how item pack sizes are going to be managed in the system   + HCMP currently receiving items based on their pack size and issuing based on individual unit   + Unit of issue at the facility needs to be well defined   + Guidance in this area is critical to avoid mistakes in entry by users at the facility level   + Stock Management Operations   + Concern was raised that the system caters for receipt, issues and adjustments of stock at the store level only. This gives rise to the possibility that items may be out of stock at the store but present in the dispensing point. The recommended practice would be that the facility head obtains stock on hand information from all the service points to update the system when placing orders or submitting consumption reports. These would then be recaptured and edited in the system.   + However it was also recommended that the system be able to capture data at service points for facilities e.g. Bahati H/C which has a maternity section that issues to other service points   + Recommended practice and setup for the facilities would be to have the store separately managed and issuing to the service points e.g. pharmacy   + The health facility would need to ensure that quantities issued to service points do not exceed possible quantities to be consumed in a given period to avoid overstocking at the dispensing point.   + Expired commodities to be disposed off. HCMP to provide module to decommission such stock and generate a report. Need to include the unit cost and quantity of each item to be able to compute the total value of what has expired   + Items with short expiry to be redistributed/transferred to other facilities that may need it.   + HCMP to provide for capture and reflection of commodity losses, damages, expired and theft of drugs in the relevant column in the SORF   + Goods Receipt   + Goods receipt function is to include commodities received from KEMSA or any other sources (meant specifically for that facility)   + Goods received or issued from other indirect sources (not meant directly for that facility) are to be captured as adjustments   + Goods from any source are required to be received first at the store before being issued to pharmacy or other service delivery points   + Use of S-11 as an accountability document to be reinforced with option to have the system generate S-11 forms that can be printed   + Concern raised about how to handle goods received from other sources e.g. the City council facilities that are not part of the KEMSA SORF and/or KEML e.g. cough syrups, anti­ histamines etc. and would therefore not be in the system.   + Recommendation to donors ought to be to limit purchases to facilities to be from the Essential Medicines List   + System should provide for special commodities not in the list as there are facilities that may be running clinical services from donor supported funds e.g. for diabetes and epilepsy.   + There are plans to revise the KEML to update the list to include special drugs especially for the primary care facilities   + When capturing goods received from KEMSA, incorporate a means to display the quantity that was originally ordered by the facility   + HCMP Visual Display   + In the module for issuing commodities, the term "DISPENSING" to be changed to   "ISSUE", the term "DONATE" to change to "ADJUSTMENTS" & add a button of “LOSSES” to reflect expiries, damage & theft   * + Change the issue module to enable ordering till the quantity in stock is zero   + Ordering   + Some of the practices around ordering include the fact that most facilities order as   soon as they receive the goods   * + Challenges would arise when capturing the order in HCMP in those cases where   KEMSA may not have supplied a previous order   * + Reported that KEMSA processes orders by region/district and do not have a provision for emergency orders   + During ordering, adjustments to stock should only be made through the adjustment module and not by editing the value at that point.   + All fields should be blocked expected the quantity to order field   + System should generate order quantity but allow editing   + Recommended order quantity to be calculated by taking the Annual Monthly   Consumption (AMC computed over a 12 month period) X 4 months less Qty in stock i.e. **(AMC X 4)-Stock on Hand**   * + Order list from HCMP to be arranged chronologically in the order the KEMSA SORF is   + During ordering, an email copy of the order to be sent to the DPF's, Facility Head,   and DMOH for approval and forwarding. Mailing list to be sent and incorporated in the system  **District Reporting Requirements- Reports to incorporate in HCMP:-**  • Stock status at each facility  • Expiry reports to include cost per unit, quantity expired and total cost of expired stock  • Order fill rate Report  • By order commodity  • By order value  • By quarter for all the facilities   * + Accuracy Report – completeness of the order * Timeliness of forwarding the facility order to the district * Stock outs per facility * Items with <6 months to expiry * Workload to also be captured in the system as required by the Ministry as it is used   to determine drawing rights (total outpatient visits & revisits and in patient bed days)   * Provision to alert DPF when goods ordered are received at the facilities from Kemsa * Exception report for problematic deliveries   **Challenges Faced**  Respondents from the sites where the pilot study was done presented the following challenges experienced:   * Batch number problem-system was not picking the correct batch numbers * Lack of airtime/internet * Quick technical support when needed was lacking * Staffing issues-same person at store handling multiple tasks, nurses at store always rotated to work in other areas. * No dedicated staff to handle the system throughout * HCMP and KEMSA SORF not synchronized hence Kemsa rejected the soft copy orders for the piloted facilities * Some of facility users not tech-savvy and had difficulty operating the system * Lack of buy in from KEMSA to integrate HCMP functionality and obtain feedback * Parallel operation of system and bin cards presented extra workload with the current staff shortages * Internet connection was sometimes very slow   **Other issues raised by DPF's**   * How are DPF's to be empowered in this process?   + - Tablets are to be provided to them to enable them monitor activity at the facilities and approve orders before forwarding to KEMSA * Is there a plan to cater for CBO's and FBO's-   + - all facilities that receive drugs from KEMSA will be catered for * Staffing- there are limited or no pharmacists and pharm techs to work with. Nurses keep rotating * Current workload is heavy and made worse by the heavy staff shortage e.g. at Riruta & Waithaka health centres * Require health centers especially to have pharmacy staff * Buy in must be created with facility heads on how to manage use of the system to ensure continuity * For implementation, borrow from MSH models used to disseminate training on commodity   management. Empower different levels from top to bottom in the HCMP implementation   * Role of DHIS - link to DHIS may not be needed as commodity data is not to be mixed with service data * Turnaround time for support must be improved and number and capability of technical staff   catered for   * Technical support for the computers also to be considered in the implementation * Support structure is needed to ensure that data entry is maintained as current staff is already overloaded * Bin cards are still to be maintained * Security issues were of concern. Theft experienced in Mathare North, Baba Dogo, Lunga Lunga, Ngara. * Considerations for extra security such as grills to be thought of   **Implementation Approach**   * Identify officers within the MoH chain from top level to the facility to obtain ownership to   HCMP   * Identify priority areas of involvement * Perform site assessment of the pre-selected facilities with computers * Conduct TOT orientation with DPF's, facility heads and relevant staff per district * Obtain additional feedback * Engage facility heads and schedule HCMP implementation dates | | | | |
|  | **Key outcomes and next Steps** | | | | |
|  | **Item** | | **Responsibility** | | **Timeline** |
|  | Review and incorporation of requirements for operations for HCMP | | CHAI/STRATHMORE | |  |
|  | Share link to HCMP to allow DPF's to log in and familiarize themselves | | CHAI/STRATHMORE | |  |
|  | Additional HCMP testing | | DPF's, HCSM, MoH | |  |
|  | Completion of baseline Indicator set and site assessment checklist | | MoH, HCSM | |  |
|  | Migration and setup of server and test  database from CHAI offices to MoH | | CHAI | |  |
|  | Technical resource mobilization for implementation support | | CHAI/STRATHMORE | |  |
|  | Prepare relevant orientation job aids | | STRATHMORE | |  |
|  | Firm up rollout strategy and obtain approval  for field engagement | |  | |  |
|  | Conduct site assessment for preselected  initial sites with computers | | MOH/HCSM | |  |
|  | * **Embakasi**  1. Embakasi HC 2. Umoja HC 3. Soweto Kayole PHC 4. GSU HC 5. APTC HC | |  | |  |
|  | * **Langata**   1. Kibera DO HC  2. Langata HC  3. Uhuru Camp DISP  4. Kibera Amref HC  5. Karen HC  6. St. Odilias disp | |  | |  |
|  | * **Njiru**   1. Dandora II HC  2. Dandora I HC | |  | |  |
|  | * **Dagoretti**   1. Ngong Road HC  2. Riruta HC  3. Waithaka HC  4. St Joseph Ngando Catholic Disp  5. Nyina Wa Mumbi Catholic Disp | |  | |  |
|  | * **Westlands**   1. Kangemi HC  2. St Joseph's the Worker Catholic Disp  3. Westlands HC | |  | |  |
|  | * **Kamukunji**   1. St Teresa Parish disp  2. Biafra Supkem disp  3. Pumwani Majengo disp  4. Eastleigh HC  5. Bahati HC | |  | |  |
|  | * **Makadara**   1. MOW Dispensary  2. Nairobi Remand Prison HC  3. Jericho HC  4. Makadara HC | |  | |  |
|  | * **Kasarani**   1. Kariobangi North HC  2. Kasarani HC  3. Kahawa West HC  4. Mathare North HC  5. Kamiti Prison Hospital | |  | |  |
|  | * **Starehe**  1. Lagos Road Dispensary 2. Huruma Lions Dispensary 3. STC Casino Dispensary 4. Ngara HC 5. Ngaira Rhodes Dispensary | |  | |  |

* We shall conduct meetings at the district level in collaboration with CHAI & Strathmore Universityfrom the week of 8th April to comprise of the District Pharmaceutical Facilitator (DPF), health facility in-charges & 3 people from each facility who will be tasked with commodity management & HCMP operation.