Health & Humanitarian Logistics Conference

Innovative use of data and management best practices to improve public health supply chain in ten counties in Kenya

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inSupply
Who We Are

• A Bill & Melinda Gates Foundation funded project aimed at improving the efficiency and performance of health supply chains
• Transitioning towards a JSI-affiliated, East African regional supply chain consulting firm

Our Approach

• We develop bold solutions tailored for our clients and the local context ranging from developing supply chain maturity strategies to designing and implementing data-driven, optimized supply chain systems

Our Partners
## Leadership Network

Build dynamic leaders within a supply chain who are motivated and possess the competency required to fulfill essential supply chain functions, who are empowered to make decisions and act as change agents.

## IMPACT Teams

Provide a structured approach for using data, create a culture of team responsibility for problem solving and taking actions to improve performance, and motivate staff to make changes.
KENYA: DEVOLUTION & HEALTH SUPPLIES

Status of Public Health
Kenya has seen significant progress in its health indicators in recent decades, but challenges remain.

- **Child Mortality**
  - Under-five mortality rate of 51 per 1,000 live births (2014)

- **Infant Mortality**
  - Infant mortality rate of 37 per 1,000 live births (2014)

- **Maternal Mortality**
  - Maternal mortality rate of 362 per 100,000 live births (2014)

- **Infectious Diseases**
  - Continued high burden of infectious diseases and emerging non-communicable diseases (2014)
KENYA: DEVOLUTION & HEALTH SUPPLIES

Political Environment

• In 2013 authority, responsibility, funding for government services devolved to county level

• Local decision making and management of health system has been effective in addressing county-specific needs, but...

• It has also fragmented public health supply chains, with a resulting effect on availability of data and commodities, especially from and at the last mile.
Establish a Leadership Cohort and IMPACT Teams nationally, across 10 counties

- Common vision and goal across all counties, focused on product availability

Power these meetings with data

- Structured approaches introduced for using data for problem solving, joint identification of solutions, performance monitoring, and development of plans, with targets for improvement
- Recognition and peer-to-peer learning for motivation

Facilitate culture of continuous improvement based on local solutions
Launch and Leaders trained June 2016

July 2016
County IT Formed

August 2016
To date IT Meetings held

Feb 2017
Begin transition to counties

June 2017
IT activities led by counties

County IT composition
County Pharmacist, County Health Records Officer, County Reprod. Health Coord. County Imm. coordinator

Healthcare workers’ strike interrupted IT meetings, activities Dec-March 2017
Desired Target
Easy to assess gap between actual and target performance
Drill Down

Filtering by sub-county enables managers to identify which sub counties are driving the data and where to focus follow up action.
Color Coding

Color coding immediately identifies where challenges and opportunities for redistribution exist.
Monthly IMPACT Team meeting

- Analyze the performance monthly
- Select priority problem
- Conduct root cause analysis
- Identify practical actions
- Implement selected actions
The gap between Total reporting and on-Time reporting has narrowed post IMPACT team implementation.

Total reporting rate improved by 4% after IMPACT team implementation, but on-time reporting improved more - by 9%.
One county experienced significant improvements in reduction of average percentage difference between ending and beginning balances for three FP tracer commodities.

- **COCs**: 35% Pre-IMPACT, 53% Post-IMPACT
- **Injectables**: 6% Pre-IMPACT, 9% Post-IMPACT
- **1-Rod Implants**: 9% Pre-IMPACT, 53% Post-IMPACT

The improvement was noted post-impact team intervention.
Several counties have shown improvements in Injectables average MOS in the 5 months prior to and the 5 months after IMPACT team implementation.
Getting to no stock outs: An example from Nandi county

The county was able to reduce to three straight months of no stock outs from September 2016 through November 2016 for all FP products.
CHALLENGES & LESSONS LEARNED

• IMPACT Team approach enhances focus on supply chain as a priority
• High staff turnover at health facility and sub county levels
• Strong leadership skills needed for implementation and sustaining momentum
• IMPACT teams need mentorship to develop a culture of continuous quality improvement
• County leadership eager to learn and apply data analytics and visualization techniques to improve outcomes for other supply chains (e.g. HIV, Malaria, Essential Medicines etc)
For more information about JSI’s work in supply chain, data visibility, and data use, contact the JSI Center for Health Logistics

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