

EARN RBM

Mission Report

[REPORT FOR THE EARN JOINT MISSION TO KENYA]



ECC Members present

[25th March 2009]

Table of Contents

Description	Page Number
Table of Contents.....	1
Section 1: Executive Summary Brief:	
Mission dates, Country, Team composition, Objectives, Methodology, Tasks findings and recommendations.....	2
Section 2:Details on the methodology and tasks	
I. Meeting With: DoMC Staff On 23 rd March 2009.....	4
II. Meeting With MOH Senior Staff On 23 rd March 2009.....	5
III. Meeting With JICA On 23 rd March 2009.....	5
IV. Meeting With In Country Partners On 24 th March 2009.....	5
V. Findings.....	5
VI. Way Forward.....	5
VII. Next Steps.....	5
VIII. EARN Coordination Committee Meeting On 25 th March 2009	6
Appendix 1.....	7
Appendix 2.....	8
Section 3: Specific Programme review details	
Appendix 3.....	9
Areas under programme review were;	
a. Programme management	
b. Vector control	
c. Parasite control; treatment, diagnostics and MIP	
d. M&E and research	
e. Epidemiology	
f. Surveillance	
g. PSM	
h. BCC and advocacy	

SECTION 1 Executive summary

MISSION DATES: From 21st March to 26th March 2009

COUNTRY: Republic of Kenya

Organized by: EARN (Roll Back Malaria).

TEAM MEMBERS: Dr. James Banda (RBM Secretariat); Peter Mbabazi (EARN Focal Point); Barnabas Bwambok (Vestergaard), Gerald Mwangi and Athuman Chiguzo (Keenam), Dr Angus Spiers, and Dr. Joaquim Dasilva (WHO Harare), Dr. Elizabeth Juma (PM Kenya), Dr Tewolde Ghebremeskel (PM Eritrea), Dr Agonafer (CAME Ethiopia), Dr. Corine Karema (PM Rwanda).

OBJECTIVES OF THE MISSION: To review mission to Kenya and EARN planning meeting

METHODOLOGY:

Meetings, workshops and teleconferences.

TASKS

- ❑ Review the draft report of the midterm program review
- ❑ Identify bottle necks on Round 4 phase 2
- ❑ Review the country progress on Abuja targets
- ❑ Meet the in-country partnership and regional partners
- ❑ Draw EARN workplan and Budget for 2009

FINDINGS

With support from EARN, Kenya had progressed well on the programme review, with the recruitment of 2 consultants and wide consultations already made. There was country ownership in the process and the DoMC intervention. Focal Points were in charge of their sections and articulated the issues very well.

There is need to document the experiences so that it becomes a reference point for them Division as well as the other countries that intend to undertake it.

NEXT STEPS

- Draft Strategic Plan Narrative
- Stakeholders meeting to validate draft Strategic Plan
- Costing of draft strategic plan
- Develop M&E Plan
- Finalize MPR: Phase 2
- Finalize strategic plan
- Finalize M&E framework and plan
- Launch strategic plan implementation
 - Development of 2009/2010 business plans
 - Districts
 - Other IPs
 - National
 - Resource mobilization and disbursements
 - Performance monitoring meetings

WAY FORWARD

- The DoMC Programme manager to participate and brief the EARN coordination Committee meeting on 25th March at Holiday Inn in Nairobi sharing experiences in the planning support for countries.
- RBM Secretariat to follow up with the Global fund Secretariat on the signing of round 4 phase 2.
- Documentation of the programme review process
- It was agreed that Kenya should be offered an opportunity to share their experiences on Malaria Information and Acquisition system (MIAS), at a workshop hosted by EARN.
- There is a compelling need for Kenya to succeed in Global Fund round 9 otherwise, there will be a crisis.
- There is a planned Mass net distribution in 2010, and alternative plans should be put in place in case round 9 is unsuccessful.

Kenya to participate in EARN monthly teleconference organised by the EARN coordinator

SECTION 2

I. MEETING WITH: DOMC STAFF ON 23RD MARCH 2009

□ Venue: DOMC Board Room

Attendants: The meeting was chaired by the Programme manager Dr Elizabeth Juma and there were presentations from the heads sections on the programme review processes. *See attached attendance list on appendix 1*

Issues discussed

The programme review and strategic plan update will tally with the MTEF and will be used for resource mobilisation Programme review process

ICC endorsed it in November 2008 and by June 09 to have a new strategic plan in place.

- Phase 1 was to guide round 4 phase 2 renewal and round 9 application
- Phase 2 was the validation stage by April 09
- Phase 3 finalise the strategic plan by June 2009

Areas under programme review were;

- a) Programme management
- b) Vector control
- c) Parasite control; treatment, diagnostics and MIP
- d) M&E and research
- e) Epidemiology
- f) Surveillance
- g) PSM
- h) BCC and advocacy

See attached detailed presentations in Section 3 appendix 3.

II. MEETING WITH MOH SENIOR STAFF ON 23RD MARCH 2009

Venue : MOH Head quarters

Attendants: Dr. Shafik (Director Public Health services MOH), Dr. Willis Akhwale (Director of Disease prevention and sanitation), Dr Elizabeth Juma (Programme Manager DOMC), Dr. James Banda (Partnership Facilitation Coordinator RBM), Peter Mbabazi (Focal Point, EARN /RBM).

Issues Discussed:

- On the Round 4 phase 2 signing delays and the impact the RBM Secretariat was given a task to follow up with the Global fund Secretariat on the signing of round 4 phase 2.
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 - The AMFM application in light of local manufacturers

III. MEETING WITH JICA ON 23RD MARCH 2009

Venue : JICA Africa Regional Headquarter Nairobi

Attendants: Mr Kurashina Yoshiro (Chief Representative Regional Support office for Africa JICA), Dr James Banda (RBM Secretariat), Peter Mbabazi (EARN RBM)

Issues Discussed:

- JICA operates bilaterally, there is no regional budget.
- JICA would participate in EARN regional malaria activities through Dr Takazawa (health desk officer)

IV. MEETING WITH IN COUNTRY PARTNERS ON 24TH MARCH 2009

Venue : DOMC Board Room

Attendants: The meeting was chaired by the programme managers Dr. Elizabeth Juma, present were partners from: MSH, PSI, WHO, UNICEF, KENAAM and DOMC, (*See attached attendance list on appendix 2*).

There were presentations from the Programme review detailed processes see attached Power Point presentation, there was also a demonstration of the MIAS.

Discussions.

- It was discussed that the DoMC Programme manager should engage EARN so that there can be mutual benefit for the programme and on that note it was suggested that she participates and brief the EARN coordination Committee meeting on 25th March at Holiday Inn in Nairobi sharing experiences in the planning support for countries.
- On the issue of MMB tool after the demonstration, It was agreed that Kenya should be offered an opportunity to share their experiences on its own Malaria Information and Acquisition system (MIAS), at a workshop hosted by EARN.
- Given the run out of the current grants later in the year it was seen as a compelling need for Kenya to succeed in Global Fund round 9 otherwise, lest will be a crisis.
- It was noted that for Kenya to achieve the universal coverage, there was a planned Mass net distribution in 2010, and alternative plans should be put in place in case round 9 is unsuccessful.
- On the programme review process, it was noted that the country needs a documentation of the programme review processes, so as to share with other countries that intend to carry it out.
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- It was noted that for Kenya to rip the best from EARN it should participate in EARN monthly teleconference organised by the EARN coordinator.

V. FINDINGS

With support from EARN, Kenya had progressed well on the programme review, with the recruitment of 2 consultants and wide consultations already made. There was country ownership in the process and the DoMC intervention Focal Points were in charge of their sections and articulated the issues very well.

There is need to document the experiences so that it becomes a reference point for them Division as well as the other countries that intend to undertake it.

VI. NEXT STEPS

- Draft Strategic Plan Narrative
- Stakeholders meeting to validate draft Strategic Plan
- Costing of draft strategic plan
- Develop M&E Plan
- Finalize MPR: Phase 2
- Finalize strategic plan
- Finalize M&E framework and plan
- Launch strategic plan implementation
 - Development of 2009/2010 business plans
 - Districts
 - Other IPs
 - National
 - Resource mobilization and disbursements
 - Performance monitoring meetings

VII. WAY FORWARD

- The DoMC Programme manager to participate and brief the EARN coordination Committee meeting on 25th March at Holiday Inn in Nairobi sharing experiences in the planning support for countries.
- RBM Secretariat to follow up with the Global fund Secretariat on the signing of round 4 phase 2.
- Documentation of the programme review process
- It was agreed that Kenya should be offered an opportunity to share their experiences on Malaria Information and Acquisition system (MIAS), at a workshop hosted by EARN.
- There is a compelling need for Kenya to succeed in Global Fund round 9 otherwise, there will be a crisis.
- There is a planned Mass net distribution in 2010, and alternative plans should be put in place in case round 9 is unsuccessful.
- Kenya to participate in EARN monthly teleconference organised by the EARN coordinator.

VIII. EARN COORDINATION COMMITTEE MEETING ON 25TH MARCH 2009

Venue : Holiday Inn Nairobi

Attendants: See attached minutes of the ECC meeting.

Distribution:

MOH Kenya, DOMC Kenya, WHO/ Kenya; RBM EARN; WHO Harare; ECC members

Appendix 1:

ATTENDANCE LIST FOR THE MEETING ON 23RD MARCH 2009 AT DOMC BOARDROOM

No	Name	Organisation	Contact Phone	E mail
1	Dr James Banda	RBM Secretariat	+41227912847	Bandaj@who.int
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17	Ms.Caroline Maina	DOMC	072810165	shikumaina@domckkenya.or.ke
18	Ms.Dorothy Memusi	DOMC	0733428281	dnaisiac@domckkenya.or.ke
19	Dr.Docas Alusala	DOMC	0733261675	dnaisiac@domckkenya.or.ke

Appendix 2:

ATTENDANCE LIST FOR THE STAKEHOLDERS MEETING ON 24TH MARCH 2009 AT DOMC BOARDROOM

No	Name	Organisation	Contact Phone	E mail
1	Dr.Angus Spiers	UNICEF-ESARO	+254724010727	aspiers@unicef.org
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3	Dr.Kalu Akpaka	WHO	073500017	kalua@ke.afro.who.int
4	Dr.Augustine Ngindu	WHO	0735600015	ngidua@ke.afro.who.int
5	Dr.Bwambok Barnabas	Vestergaard-ECC	+254733400087	bkb@zerofly.com
	Mildred Sheskia	MSH-SPS		mshieshia@msh-kenya.org
6	Mr.Athuman Chiguzo	KENAAM	0722756962	athuman@yahoo.com
7	Dr.Elizabeth Juma	DOMC	0722796494	ejuma@domckenya.or.ke
8	Ms.Christine W Mbuli	DOMC	072334411	cmbuli@domckenya.or.ke
9	Dr.Andrew Nyandigiri	DOMC	0722311905	anyadigisi@domckenya.or.ke
10	Mr.Mbogo Bunyi	PSI/K	072279878	mbogo@psikenya.org
11	Dr.James Banda	RBM Secretariat	+41227912847	Bandaj@who.int
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SECTION 2

Appendix 3: Specific Programme review details are as follows:

a) PROGRAMME MANAGEMENT

SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> • The DOMC has well trained staff • Each intervention has its Focal point. • The existence of an MICC and TWGs with very relevant Terms of Reference and willingness of partners to provide the necessary technical support. • The DOMC is strategically placed within the MOPHS and malaria control is recognized by the government to be of great health, social and economic importance in the country. • The existence of an Annual Business Plan for all malaria activities undertaken in country • The program has a number of steady and long term partners who provide funding for its activities. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • DOMC is not recognised by the GOK on its structure • Relying on Staff secondment • Whereas guidelines and training manuals exist, there is a lack of clearly documented policies to guide implementation of the various interventions. • Some functional gaps were identified in the organogram which need to be addressed for greater achievement of the program. • Coordination of donors and their malaria related activities was found to be weak. • Lack of a comprehensive M&E strategy and framework, as well as non-adherence to supervision schedules leads to poor overall program reporting. • The business planning process is not in harmony with the MOPHS planning and reporting cycle • Failure to have Focal Point persons at District and Provincial levels makes coordination of the program activities in the field difficult.
<p>Opportunities</p> <ul style="list-style-type: none"> • 	<p>Threats</p> <ul style="list-style-type: none"> • <i>Quasi</i>-dependence on donor funding which means that with the global economic crisis the funding level could become uncertain. • The splitting of MOH into MOPHS and MOM could have a negative impact on the smooth implementation of the program's activities. • Length procurement procedures make supply chain management unpredictable while the high cost of commodities threaten sustainability.

Based on all the issues that emerged from the review it is recommended that:

- Lack of a comprehensive M&E strategy and framework, as well as non-adherence to supervision schedules leads to poor overall program reporting.
- There should be regular reviews of the program, at least once every 3 years.
- Policies should be articulated for each intervention and the new NMS should have section for a policy to guide the overall program.
- The functional gaps in DOMC need be addressed to incorporate 1) a Training Officer 2) Partnerships Coordinator 3) Procurements and SCM officer and 4) Planning coordinator.
- Membership to the MICC and the various TWGs should be reviewed vis-à-vis attendance, technical contributions and ability to commit partner organization to agreed upon action plans. The last review was undertaken during the development of the current NMS (2001).
- DOMC's planning cycle should be harmonized with that of the Ministry to ensure that the Annual Malaria Business Plan is completed early enough and with involvement of the districts and provinces.
- DOMC should support the development of annual malaria business plans at Provincial and District level.
- There should be Focal Point persons at Districts and Provincial level with clear TORs.
- There should be better coordination of donors and their activities, with round-table meetings held at least quarterly involving all the relevant stakeholders.
- Each intervention should produce an annual report all of which will then be consolidated into an annual malaria report.

In conclusion, it is hoped that the program will take the opportunity presented by this program review exercise to implement a new organogram including previously non-existent but important positions; to develop and implement a new M&E strategy and framework; as well as ensure full engagement and expansion of the program stakeholder's base. If all issues addressed in this and the other reviews are implemented, the program will be able to efficiently deliver its mandate to the benefit of all Kenyans.

b) VECTOR CONTROL

SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> • The existence of a wealth of vector control experts mainly in research institutions (tap their expertise for capacity building) • Existence of research projects addressing some key issues in vector management (information generated can be used by DoMC for decision making) 	<p>Weaknesses</p> <ul style="list-style-type: none"> •
<p>Opportunities</p> <ul style="list-style-type: none"> • The existence of a Global Malaria Action Plan (realign ourselves to the Global effort) • Strong political will and collaboration for advocacy 	<p>Threats</p> <ul style="list-style-type: none"> • The benefits of Scaling Up For Impact (SUF) will only be maintained if vector control interventions are sustained. • Development of vector resistance to

<ul style="list-style-type: none"> • Implementation the community strategy (vector control interventions can ride on this for ownership and sustainability) 	<p>insecticides</p> <ul style="list-style-type: none"> • Donor dependency for vector control interventions do not ensure sustainability
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Recommendations

- A clear R&D strategy for developing new tools is necessary, together with an action plan that will allow for fast policy changes and other actions to slow the onset and spread of insecticide resistance
- Develop a plan and define the appropriate mix of vector control interventions
- M&E systems: coverage, utilization and impact of vector control interventions
- Conduct top priority operational research needs to support scaling up in order to reach maximal impact in SUFI and to prepare for sustainability

c) PARASITE CONTROL, TREATMENT, DIAGNOSIS AND MIP

SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • DPTWG that guides direction of malaria diagnosis, treatment and cure • Updated policies and guidelines for diagnosis treatment and cure • IMCI guidelines available • National case management training curriculum and tools developed • Lab users and training manual already developed and dissemination is planned • Training of health worker on case management in public and mission facilities • Defined treatment and diagnosis indicators • Clear transitional plan for ACT policy implementation • National guidelines for laboratory diagnostics in place • Some well-qualified staff available • Some well equipped laboratories • Basic organizational structure in place • Laboratory sub-committee has been established under drug policy technical group • Pilot malaria External Quality Assurance (EQA) scheme operational 	<ul style="list-style-type: none"> • Indicators for case management are not defined by time i.e. short, mid and long term • QC system for case management not in place • Frequent AL stock outs compromise adherence to treatment policies • Private sector providers are not targeted for training or provision of subsidised anti malarials • Previous AL communication by PSI achieved low <i>noting</i> & recall levels • Lack of clarity on community strategy for use AL • Little evaluation of communication campaign impact • Lack of nationally representative data on drug resistance/ therapeutic efficacy • Lack of KAP data on diagnosis and treatment • Little co-ordination between research findings and programmatic decision making • Lack of QA/QC for laboratory diagnostics • Outdated laboratory diagnostic guidelines • Inadequate dissemination of laboratory diagnostic guidelines • Inadequate utilization of laboratory results by clinicians • Lack of malaria laboratory diagnostic policy • Little effective supervision (including on-site training) taking place (for both clinicians and laboratory staff) • Lack of a central malaria reference laboratory • Inadequate government funding for running laboratories • Role of national public health laboratory service in malaria

	<p>control not clearly defined</p> <ul style="list-style-type: none"> • Lack of laboratory services (microscopy) in some health centres and many dispensaries • No list of standardized essential laboratory supplies • Irregular supplies of laboratory consumables to laboratories • Inadequate numbers of well-qualified laboratory staff • Skewed deployment of the available laboratory staff • Absent laboratory unit within DOMC to assist in coordination and planning • Inadequate staffing of laboratory personnel at all levels • Inadequate skills among laboratory personnel • Lack of sustainable maintenance plan for microscopes and other equipment • Lack of standardized training curriculum and tools for laboratory staff • Lack of appropriate job-aides and reference materials for malaria diagnostics • Inefficient lab-based data flow system • Weak regulatory authority (KMLTTB) in controlling laboratory services and training in the country • Lack of RDTs • Lack of domesticated QA/QC guidelines for RDTs. • Lack of training guidelines of RDTs. • Inadequate trained staff on RDTs
<p>Opportunities</p> <ul style="list-style-type: none"> • HMIS systems for reporting • National Pharmacovigilance system developed by PPB • DCH training of health workers on IMCI which covers malaria treatment • Multi-sectored approach to malaria diagnosis and treatment • Rich research data pool in Kenya • Community strategy in place • Strong partners in malaria diagnostics • Available funding from international donors • Global warming • Pilot malaria External Quality Assurance (EQA) scheme operational 	<p>Threats</p> <ul style="list-style-type: none"> • Prescription Only Medicine (POM) status of first line treatment with AL. • Weak pharmaceutical inspectorate arm • Weak registration and regulatory system for drugs and pharmaceuticals • Weak post marketing surveillance system • Declining impetus for therapeutic efficacy studies • Global economic downturn • Donor dependency • Global warming • Poor partner coordination

Recommendations prioritisation

Activity	Shor	Medi	Lo	Responsible
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	t	um	ng	
Define indicators for case management by time i.e. short, mid and long term	X			M/E DOMC
Establish QC system for case management	X			Case mgt DOMC
Ensure adequate supply of AL stock	X			Case mgt DOMC
Target private sector providers for training and provision of subsidised anti malarials	X			Case mgt DOMC
Adapt clear communication strategy for AL treatment	X			BCC- DOMC
Evaluate communication campaign impact	X			BCC- DOMC
Establish a nationally representative data base on drug resistance/ therapeutic efficacy		X		OP---DOMC
Conduct KAP surveys on diagnosis and treatment		X		Case mgt DOMC
Enhance utilization of research findings for programmatic decision making	X			HEAD- DOMC
Establish QA/QC system for laboratory diagnostics	X			I/C LAB DOMC
Disseminate laboratory diagnostic guidelines	X			LAB I/C DOMC
Institute periodic review of laboratory diagnostic guidelines			X	LAB COMMITTEE- DOMC
Enhance utilization of laboratory results by clinicians	X			Case mgt DOMC
Develop malaria laboratory diagnostic policy		X		I/C LAB- DOMC
Enhance effective supervision and on-site training for both clinicians and laboratory staff	X			I/C LAB- DOMC
Establish a central malaria reference laboratory	X			I/C LAB-DOMC
Improved GoK budget allocation for malaria diagnostics			X	HEAD DOMC
Clearly define the role of national public health laboratory service in malaria control	X			HEAD, NPHLS
Provide adequate diagnostic services in all health centres and dispensaries	X			HEAD, NPHLS
Establish a standardized list of essential laboratory supplies for malaria diagnostics for all levels		X		I/C LAB- DOMC
Ensure regular and adequate supplies of laboratory consumables to laboratories			X	HEAD, NPHLS
Train and deploy adequate numbers of well-skilled laboratory staff			X	I/C LAB- DOMC
Ensure equitable deployment of the available laboratory staff			X	HEAD, NPHLS
Establish laboratory unit within DOMC to assist in coordination and planning	X			HEAD,DOMC
Establish sustainable maintenance plan for microscopes and other equipment		X		I/C LAB-DOMC
Develop standardized training curriculum and tools for laboratory staff		X		I/C LAB-DOMC
Develop and distribute appropriate job-aides and		X		I/C LAB- DOMC

reference materials for malaria diagnostics				
Establish an efficient lab-based data flow system	X			HEAD, NPHLS
Strengthen regulatory authority (KMLTTB) in controlling laboratory services and training in the country	X			I/C LAB-DOMC
Procure and distribute appropriate RDTs		X		I/C LAB-DOMC
Adapt and adopt QA/QC guidelines for RDTs.	X			I/C LAB DOMC
Develop training guidelines of RDTs.	X			Case mgt-DOMC
Train staff on RDTs	X			I/C LAB-DOMC
Revise community strategy to include AL	X			Case mgt DOMC

d) MONITORING & EVALUATION AND RESEARCH

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> Partnerships with research institutions and universities Availability of donor funding for OR in DOMC e.g. PMI Use of research findings in guiding policy 	<p>Weaknesses</p> <ul style="list-style-type: none"> Inadequate allocation of financial resources for OR Lack of a policy and oversight body to plan and coordinate OR activities Lack of regular dissemination of OR findings to stakeholders, community and DOMC Disconnected research efforts by varied partners and collaborators and DOMC Non-functional malaria research Working Group Lack of coordinated response to research information needs Lack of comprehensive research implementation plan Lack of a web-based database of all published and unpublished research as indicated in the NMS
<p>Opportunities</p> <ul style="list-style-type: none"> Trained and available expertise in the research institutions can be utilized Consensus building for a national malaria research and training working group Creation of opportunities for the regular dissemination of research findings Integrate malaria OR into existing structures e.g. NASCOP(HIV) and NLTP(TB) program 	<p>Threats</p> <ul style="list-style-type: none"> Recent split of MOH into MOPH&S and MOMS leading to tug-of-war

Recommendations

- Enhancement of partnerships with research institutions and universities
- Utilization of donor funds to establish a strong functional OR unit
- Invite policy makers for research dissemination sessions
- Involve policy makers in translating research findings to policy
- GOK/ DOMC to allocate more funds for OR
- Establishment of a policy to plan and coordinate OR activities
- Setting up of an annual malaria meeting/ conference to disseminate OR findings to
- Setting up regular feedback sessions/ barazas for the community
- Identify national operations research agenda
- Develop a comprehensive national research plan that includes dissemination and utilization plan
- Reinvigorate the Operations Research Technical Working Group under the guidance of the DOMC to act as the coordinating body and clearinghouse for operations research nation-wide
- Establish consistent collaboration between partners conducting OR in all strategic areas

e) EPIDEMIOLOGY

SWOT ANALYSIS

<p>Strengths</p> <ul style="list-style-type: none"> • The partnerships with research institutions and other health sector and non health sector departments is a strength in generation of epidemiological and meteorological data • Capacity to undertake epidemiologic studies • Capacity for resource mobilization e.g. the Malaria Business Plan • Delivery of integrated services by existing government divisions e.g. DCH, HMIS, DOMU, KNBS, etc • The NM Strategy which identifies strategic approaches 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Weak data acquisition and management systems • Limited laboratory diagnostic services • Inadequate skills mix in data management • Lack of a policy and oversight body to plan and coordinate epidemiological studies • Limited local dissemination of surveys findings • Many research findings not relevant in advising policy • Recent split of MOH into MOPH&S and MOMS
<p>Opportunities</p> <ul style="list-style-type: none"> • Elaborate HMIS infrastructure • Existence of institutions with capacity to conduct 	<p>Threats</p> <ul style="list-style-type: none"> • Donor driven shifting priorities in health research • Pre-packaged data collection, storage and retrieval

<p>epidemiological research</p> <ul style="list-style-type: none"> ● Established Technical Working Groups with membership drawn from partners and stakeholders ● Regular conferences and seminars by the research institutions, professional bodies and associations for dissemination of health information ● Well established sentinel sites for epidemiological studies ● Existence of operational M&E systems in other divisions e.g. NASCOP(HIV) and NLTP(TB) program 	<p>systems by partners</p> <ul style="list-style-type: none"> ● Porous borders in malaria elimination ● Epidemic threats due to an increase in susceptible populations ● The establishment of malaria in areas previously considered malaria free ● Political and social strife leading to mass movement of susceptible populations to malaria endemic areas
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Conclusion and Recommendations

- The country has capacity to generate data for monitoring malaria epidemiological changes / patterns
- Weak data acquisition and data management systems in the public sector and impeding the availability of adequate data for planning and policy formulation
- The split of MOH into MOMS and MOPH&S has weakened service delivery
- Existence of networks for collaborations, research, information sharing and service delivery
- Changing of the malaria epidemiology due to the impact of the malaria control interventions

RECOMMENDATIONS

Immediate (1st year)

- Broaden the partnership base
- Develop and review relevant policies and guidelines
- Strengthen institutional capacity for data management
- Use of health message dissemination channels targeting community level

Medium term (2nd to 5th year)

- Periodic updating of the epidemiological patterns
- Strengthen collaborations and networks with mutual benefits
- Coordinate and monitor partnership activities for data ownership

- Establish parasitological diagnosis for fever cases in all health facilities
- Training of M&E staff in data management skills

Long-term (6th to 8th year)

- Malaria elimination in low transmission intensity areas

Specify each recommendation to near activity level and define who is responsible

f) SURVEILLANCE

SWOT ANALYSIS

SWOT analysis on malaria surveillance, information, surveys and operational research

Strengths	Weaknesses
<ul style="list-style-type: none"> • GOK supports by seconding staff and services with goodwill • The partnerships with research institutions and other health sector and non health sector departments is a strength in service delivery at a government • Availability of donor funding for all departments in DOMC • Existing government structures HMIS,EPI, • Malaria Business Plan (90%) and NM Strategy in place 	<ul style="list-style-type: none"> • Cross cutting low capacity in data collection, laboratory and clinical care in health care related departments <ul style="list-style-type: none"> i) Inadequate staff in health facilities ii) Poor remuneration among health personnel iii) Lack of and poor quality of laboratory equipment iv) Poor clinical acumen leading to frequent misdiagnosis v) Presumptive 'clinical malaria ' diagnosis • Verticalisation of services • Weaker diagnostic services resulting in underestimation of malaria morbidity and mortality for M&E • Data insecurity due lack of backup systems and obsolete databases • Donor driven data collection and storage systems which HMIS has no control e.g. Clarion with limited utilities • Inadequate allocation of financial resources for the health sector by the GOK • Lack of a policy and oversight body to plan and coordinate M&E activities and OR • No regular local dissemination of surveys • Disconnected research effort by varied partners and

	<p>collaborators</p> <ul style="list-style-type: none"> • Crosscutting Inconsistent malaria data validation • Agenda, activities and outputs NGOs involved in malaria prevention and control • Stock outs due to erratic drug supply management due to the predominantly 'push' system • Poor patient adherence to antimalarial • Poor prescription habits among health providers • Poor access to treatment and delay in diagnosis • Ignorance by community on appropriate treatment seeking behaviour and poor drug adherence
<p>Opportunities</p> <ul style="list-style-type: none"> • HMIS has an elaborate infrastructure which can integrate its services with other departments to facilitate rapid turnover of results. • Trained and available expertise in the research institutions can be utilized • Consensus building for a national malaria research and training working group • Creation of opportunities for the regular dissemination of research findings • More sentinel surveillance is required especially in the epidemic prone areas. • Integrate malaria M&E and OR into existing structures e.g. 	<p>Threats</p> <ul style="list-style-type: none"> • Porous borders • Climatic changes favouring malaria vector transmission • Recent split of MOH into MOPH&S and MOMS • Insecticide resistance • Drug resistance

NASCOP(HIV) and NLTP(TB) program	
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Conclusion and Recommendations

- Mainly from SWOT analysis
- Prioritize each recommendation;
 - Immediate (1st year)
 - Medium term (2nd to 5th year)
 - Long-term (6th to 8th year)
- Specify each recommendation to near activity level and define who is responsible

g) PROCUREMENT AND SUPPLY MANAGEMENT (PSM) SWOT Analysis

Strengths <ul style="list-style-type: none"> • Policy, Procurement and Quality assurance guidelines are available. • Existing technical staff for PSM 	Weaknesses <ul style="list-style-type: none"> • Inadequate infrastructure for storage and security of medical commodities along the supply chain • Inadequate inventory control management and reporting systems • Inadequate funding for procurement, warehousing and distribution of malaria commodities • Weak Performance standards for enforcement of Procurement contracts • Therapeutic committees are not operational • Harmonizing implementation of the ACT policy with the supply system • Inadequate skilled health workers in PSM • Poor documentation systems for the PSM process
Opportunities <ul style="list-style-type: none"> • Development partners who are willing to provide TA and financial support to PSM of malaria commodities • Affordable Medicines For Malaria Forum • Civil society groups lobbying for reduced/affordable pricing of antimalarial. • Established local manufacturing industry • Pre and post service training of health care workers on PSM 	Threats <ul style="list-style-type: none"> • Down turn in global economy • Increasing transportation costs • Donor dependence for PSM funds • Political instability • Change of policy • Unpredictable supplier constraints

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Duration	<u>RECOMMENDATIONS</u>	<u>Responsible</u>
Immediate	<ul style="list-style-type: none"> • Develop specifications of products for publication in a catalogue of essential product list for malaria commodities • Update the EDL to include ACTs in accordance with the existing malaria policy • Develop a modus operandi to guide quantification of IVM material • Allocate a budget line for malaria commodities • Ensure annual procurement plans have storage and distribution costs factored in the budget. • Frame work contracts should be considered for essential medicines. • Inventory Management tools to be availed at all levels of health care • Health care providers should be trained on PSM 	IVM TWG DOP-PPB IVM TWG MOF-GOK DOMC/Dev. Partners MOMS-MOF DOMC DOMC
Medium	<ul style="list-style-type: none"> • Computerization of IM tools at District level • Collection of Logistics Management Information for malaria commodities should be harmonized with HMIS • Procurement plans should be all inclusive and synchronized to facilitate basket funding • A policy on RDTs should be developed • Guidelines for waste management of malaria commodities should be developed 	MOMS/MOPHS/MOF DOMC/MOMS MOMS/MOPHS/MOF/ Dev. P DOMC DOMC/NEMA/PCPB/KEBS/NP HL
Long Term	<ul style="list-style-type: none"> • Computerization of IM tools for Facility Level 	MOMS/MOPHS/MOF/District Health Management Teams

Conclusion

In reviewing the Procurement and Supply Chain Management system (PSM) for malaria commodities currently in existence, the situational analysis identifies gaps, strengths, weaknesses and opportunities. The thematic group has provided short, medium and long term recommendations for the improvement of PSM for malaria commodities. It is recommended that the National Malaria Strategic Plan 2009 - 2017 includes the thematic area on PSM with Standard Operating Procedures (SOPs) for capacity building of health workers, integration of PSM for malaria into existing health sector procurement systems and conducting of periodic PSM audits.

h) BCC, ADVOCACY AND SOCIAL MOBILISATION(ACSM) SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • A working document in place: the MCS 	<ul style="list-style-type: none"> • ACSM has not yet rolled out its National

<ul style="list-style-type: none"> • IEC TWG • That DoMCs mandate is understood and owned by its stakeholders. • DoMC is well respected by peer divisions in the MoH. • DOMC has a committed and knowledgeable staff. 	<p>Monitoring and Evaluation framework hence decisions made are not evidence based.</p> <ul style="list-style-type: none"> • The ACSM staff at the district levels specifically the DHEO, is underutilized, undervalued and deployed inappropriately
<p>Opportunities</p> <ul style="list-style-type: none"> • DoMC's participation in this literature review provides an opportunity to open up ways to participate in and influence the budget planning debate. The review and forward planning will yield a plan for the next one year and the next strategic plan. • Identification and involvement of new malaria champions for innovative advocacy, including the mobile telecommunication companies. • The enforcement of regional charters and agreements. • Integration of ACSM with communication messages in other sectors. E.g MoE(schools), religious leaders, etc. • Changing global and national priorities and programs compete for resources with ACSM. 	<p>Threats</p> <ul style="list-style-type: none"> • The diversity in Kenyan ethnic communities which may cause them to perceive BCC materials as insensitive to their local culture and language. • The organizational and structural weaknesses at DoMC are due to the evolving GOK infrastructure.

Recommendations

In the immediate future,

- Transform IEC to Advocacy, BCC and Social Mobilization (ACSM).
- Develop and adopt ACSM policy.
- Develop implementation guidelines for ACSM.
- Develop ACSM implementation plan.
 - i) The media must be leveraged beyond providing coverage to be a strategic partner.
 - ii) Advocacy activities among decision makers should be user friendly, participatory in design, bold and innovative.
 - iii) BCC should be characterized as 'massive', focused, sustained and well understood messages.
- ACSM Monitoring and Evaluation framework should be rolled out and implemented across the country focusing on:
 - i) Quantitative studies from sentinel sites, surveillance, exit interviews, focus groups, and surveys.
- A proposal that a budget line item that will provide for key Malaria interventions should be included as an advocacy activity with the Ministry of Finance for the next fiscal year is critical.

- Training of community-based service providers for effective ACSM as they easily bond with the program beneficiaries and are the first point of contact with the care seekers and will be the precursor of the community strategy.
- Strengthen the Provincial & District IEC (ACSM) TWG to promote coordination of malaria ACSM activities.
- Accelerate use of ICT for ACSM activities: Documentation, supportive supervision, communication via mobile phones etc.

In the Medium term:

- Review, develop, design and implement standards, guidelines and training materials for use at pre-service training as well as NGOs, FBOs and private sector to develop the capacity of the health workers/service providers.
- Enhance inter-sectoral partnerships at all levels, particularly at the district, for better supervision, supply, monitoring and evaluation of ACSM activities. (with MoE, religious leaders,
- Document and disseminate best practices, bridging the knowledge-practice gap and learning from the experiences of other programs especially from HIV/AIDS control, from EPI and from the private sector.
- Develop a proposal for a budget line item that will provide for key Malaria interventions as an advocacy activity with the MOPHS, Ministry of Finance, Parliament and relevant partners for the next fiscal year.
- The program should transition from malaria control targets, to focus, on malaria elimination objectives.

In the Long term:

- Planning, coordination and management of the program should be improved in line with overall new role of DoMC as coordinator.
- Achieve a "malaria free Kenya" by achieving malaria free districts/zones.

Conclusion

The literature is clear that addressing these ACSM concerns will reduce the burden of disease and improve the health and productivity of the population. By providing technical guidance and coordinating the various actors involved in the program, as opposed to directly implementing the interventions, the DoMC will position itself strategically, in a new role in the next plan period. Addressing these issues is central the mandate of the partners and stakeholders, who need to feel that they have a significant role to play, and that they are genuine co-owners of the successes and lessons learned. Lastly, involving national and regional research and professional networks in addressing these concerns will enhance regional and international collaboration in sharing best practice and in bridging the knowledge to practice gap in Malaria control.