

Mission Report – Kenya

AMP Logistics Technical Assistance

Mission Dates:	July 10 - 31, 2014 (inclusive of travel time)
Locations:	Nairobi and Migori County, Kenya
Consultant:	Douglas Mole
Date of Report:	August 5 th , 2014
Reviewed by:	Marcy Erskine, AMP
Subject of Report:	Kenya Phase 1 LLIN Campaign – August/September 2014

References:

- A. AMP / PMI Kenya Terms of Reference (ToRs), no date; emailed June/July 2014
- B. Kenya MCU Meeting Minutes as of 25 June 2014
- C. AMP Logistics T.A. Sitrep July 10-20, 2014; dated July 20, 2014
- D. AMP Logistics T.A. Sitrep July 21-27, 2014; dated July 27, 2014

Background

In 2014 the Kenya Ministry of Health Malaria Control Unit (MCU) began planning for a LLIN mass distribution campaign with financing from the Global Fund (GF), the President’s Malaria Initiative (PMI) and World Vision International (WVI). The LLIN campaign will distribute 12.6 million LLINs to 23 malaria-endemic and epidemic-prone counties in 2014 and 2015 in three phases. Kenya’s LLIN policy is to achieve and maintain “universal coverage” defined as one LLIN for two people in malaria endemic and western highland epidemic prone counties.

Phase 1 of the campaign started in May 2014. This first phase of the campaign is taking place in Nyanza Region consisting of five counties, Migori, Homa Bay, Kisumu, Siaya, and Vihiga, where 3 million GF nets will be distributed. Phase 2 and Phase 3 (2015) will consist of 8.4 million LLINs in lots of 5.4 million GF, 3.8 million PMI, and 380,000 World Vision nets. Procurement of Phase 2 and Phase 3 LLINs has commenced by respective agencies. The counties for the Phase 2 and Phase 3 distributions will be determined based on the LLIN arrival timelines.

Objectives of Mission

The objectives were originally to provide technical assistance (as identified in Ref A) with logistics planning and tracking tools, etc for Phase 1. After discussions with PMI Kenya and MCU Vector Control Focal Person upon arrival, there was not agreement on the way forward and the form of technical assistance required. MCU stated that Phase 1 preparation was organized, and macro logistics-planning support was not a requirement since KEMSA had transported all LLINs to designated “drop-off” points.

With the need to develop clarity about the Logistics TA mission ToRs, discussions were held between PMI Kenya, MCU and AMP (through Dr Erskine from afar). After these consultations, it was provisionally agreed that technical support would be for a Process Evaluation for the Phase 1 portion of the LLIN campaign. i.e. a Process Evaluation for Nyanza Region with the goal of capturing lessons learned from Phase 1 that can be used to enhance planning for future country campaign phases scheduled for 2015 in the remaining 18 counties.

With this goal in mind, the remaining period of the TA mission was focused on two activities: looking at how a process evaluation might be addressed (such as elements to be included and a methodology for gathering relevant information to feed into the next phases of the mass campaign) and a short field trip to one county. An ACSM (Advocacy, Communication and Social Mobilization) TA was in country from July

18-24, 2014. During this period a joint field visit was conducted to Migori County, to gather background information on conduct of the ongoing micro planning process.

Contacts During Visit Period

- a. Dr. Wago D. Ejersa, Head of MCU Kenya
- b. Dr. Ahmeddin H. Omar, Vector Control Focal Person, MCU Kenya
- c. Peter Njagy, MCU Kenya
- d. Kiambo Njagy, MCU Kenya
- e. Dr. Rebecca Kiptui, Focal Person Surveillance, Monitoring & Evaluation, MCU Kenya
- f. Dr. Christie Hershey, Infectious Disease Monitoring & Evaluation Advisor, USAID/PMI Kenya
- g. Dr. Daniel Gatheru Wacira, Malaria Program Management Specialist, USAID Kenya
- h. Nancy Njoki, Malaria Marketing and Communication Coordinator, PS Kenya
- i. Jacob M. Kimani, Program Officer MCU Vector Control, MCU Kenya (Migori MCU Team)
- j. Margaret M. Munyi, Supply Chain Management Officer, MCU Kenya (Migori MCU Team)
- k. Dr. Micheal Gome, Sub-county Medical Officer I/C, Suna East Sub-county
- l. Catherine Amoyo, Sub-county Nurse Officer I/C, Suna East Sub-county
- m. Lucy Agandi, Sub-county Health Officer, Sub-county Hospital, Suna East Sub-county
- n. James Sang, ACSM Focal Person, MCU Support Team in Migori County
- o. Susan Ndugie, Programme Officer, MCU Support Team in Migori County
- p. Dr. Dennis Obuon, Sub-county Medical Officer I/C, Kuria West
- q. Benard Onyango, Sub-county Malaria Coordinator in Vviri, Migori County
- r. Mr. I. McLellan, BCC TA from Alliance for Malaria Prevention

Summary of Key Meetings

- 14 July - AMP Logistics T.A. met with MCU Kenya and PMI Kenya for introductions and discussions around the AMP TA mission.
- 15 July - AMP Logistics T.A. met with MCU Kenya Focal Person Dr. Omar to discuss the AMP T.A. work schedule.
- 16 July – Provided a Kenya update on the weekly AMP conference call
- 17 July - AMP Logistics T.A. met with PMI/USAID Dr. D. Wacira, Program Management Specialist with discussion on how to commence the AMP T.A. support.
- 18 July - AMP Logistics T.A. met with MCU Kenya Focal Person Dr Omar to establish a work schedule for support. In these discussions, MCU agreed to revise the present ToRs and provide to others for feedback and further discussions.
- 21 July - AMP Logistics and ACSM T.A. met with PMI Kenya for introductions and discussions around the AMP TA mission.
 - AMP Logistics and ACSM T.A. met with Head of MCU Kenya, PMI Team, and PS Kenya for discussions on campaign details.
- 22 July - Met with Migori MCU team in Migori County on a two-day field visit.
 - Met with Migori County health team and Sub-county Suna East health team with discussions focused around state of campaign planning in ACSM and Logistics activities.
- 23 July - Met with Sub-county Kuria West health team and visited one health centre in Nyamotambe location and Nyametaburo health centre.
 - Provided a Kenya update on the weekly AMP conference call.
- 24 July - Met with Sub-county Malaria Coordinator for discussions on the situation in Vviri Sub-county.

- 28 July - Met with PMI Kenya (Dr. Christie Hershey) to brief on details of field trip to Migori County by ACSM and Logistics T.A.s.

1. General Overview of Campaign Distribution Planning

MCU is supporting the county level planning with technical support staff from national level. These teams consist of 4 to 7 members dependent on county size. Each county activity is broken down into three phases. These county level phases consist of the following activities:

- Phase 1
 - a. Stakeholder training around the overall campaign plan and process
 - b. Training of health workers (HW)
 - c. Training of village elders and community health volunteers (CHV)
 - d. Social mobilization conducted by elders and health volunteers in all villages
(Financial reconciliation of Phase 1 costs by Nairobi prior to commencing Phase 2)
- Phase 2
 - a. Registration of households (HH) in all villages (approximately 5 days in duration)
(Financial reconciliation of Phase 2 costs by Nairobi prior to commencing Phase 3)
- Phase 3
 - a. LLIN movement to distribution points and campaign starts (5 days in duration)

During Phase 1 of the LLIN campaign, MCU technical support teams were out in each of the 5 counties. These teams were there to provide support to county and sub-county teams with planning, training, logistics, and social mobilization activities.

2. T.A. Visit to Migori County in Nyanza Region

During this short three-day visit, three sub-counties were visited and discussions were held with the Medical Officer I/C and staff. MCU support staff was available to provide information and background on the training process being conducted.

It was noted that all sub-counties we talked to were optimistic that the Phase 3 of county activities (distribution phase) would begin approximately mid August.

MCU technical support team provided access to observe training of village elders and community health volunteers at sub-county levels and we met sub-county health teams.

We were briefed on LLIN drop off points and logistics plan. 4 of 5 counties have their LLINs situated in their drop off points. Migori County LLIN delivery was due end of the week of July 26. All LLIN movement into drop-off points was conducted by KEMSA as part of the procurement contract with suppliers.

3. Process Evaluation Framework Development

ACSM and Logistics TAs commenced developing a draft document capturing ideas about a framework for the Process Evaluation anticipated for early/mid September 2014. This was provided to AMP (Marcy) on Aug 3, 2014. AMP will be coordinating with PMI Kenya on approach and actual period / timeline, with PMI Kenya discussing details and liaising with MCU in Kenya. (Marcy confirmed this follow-up approach).

The process evaluation is expected to look at the different component parts of the initial Phase 1 campaign including Coordination/Planning, Orientation/Training, Household Registration, Prepositioning, Distribution, Logistics Tracking, Home visits, Advocacy, Communication & Social Mobilization and Supervision, Monitoring and Reporting. Discussions will focus on relevant information, and results; findings may not have all issues resolved. Information will be gathered through review of key campaign planning documents such as (Campaign Plan of Action, Procurement documents, ACSM tools, logistics tracking tools, training resources, data collection materials, supervision and monitoring tools, etc.), semi-structured interviews, focus groups, and informal interviews.

On July 21, a meeting was held with MCU and PMI Kenya to discuss some general parameters of the proposed evaluation. The following are the suggested aspects:

Timing of the proposed evaluation; i.e. during the campaign or after it was completed. It was felt that during the campaign timeframe might be best as it would not require ethical clearance in order to visit homes where nets were in use (mentioned that ethical clearance process could take 1 month).

Timeframe: the last week of August or the first week of September considered the best time to conduct process evaluation, towards end of campaign when there would be campaign activities to observe.

Evaluation Sites: Migori, Siaya, and Vihigs were initial suggestions for possible evaluation sites. It was considered that three of the five counties would be sufficient.

4. T.A. Logistics Debrief with PMI Kenya

A debrief was conducted with PMI Kenya in country on July 28, 2014. Visit of TA to Migori County was discussed and overall county-training observations were reviewed. It was clarified that this county was utilizing schools, hospitals, and churches, health centres as distribution points as well as county health facilities. This differed from the national NMCP / MCU opinion stated on 23 July during a meeting, which mentioned county health facilities would be primary locations for distribution points.

Conclusion

Though the ToRs changed, and there was some uncertainty of roles at the beginning of this mission, overall by the end of the TA visit a general consensus was achieved. All parties reached agreement in principle, and it was agreed to go forward with a process evaluation with dates, team composition, etc to be determined by AMP, in collaboration with PMI Kenya, and partners. The brief field trip confirmed that the National Phase 1 was underway with County level Phase 1 activities ongoing. The field visit provided a valuable opportunity to observe one of the 5 target counties.

With the completion of this T.A. mission, I would like to extend my sincere thanks to staff at the MCU and the PMI Kenya team and partners for all their cooperation. The support provided by them during this AMP mission was much appreciated.

Proviso

In preparation of all documents, every effort has been made to represent the most current, correct, and clearly expressed information possible. Nevertheless, inadvertent errors in information may occur. The information and data included have been gathered from a variety of sources and through collaborative meetings, but are subject to change as Kenya NMCP / MCU, and PMI Kenya campaign decisions are made at various levels. This document represents a summary of the collaborative processes / discussions engaged in between July 11-30, 2014.