

## **MOH/JICA Best Practices Validation Visit in Embu County**

### **MOH/JICA Visiting Team Members**

1. Mr. John Wanyungu – MoH/DHSC&IGA
2. Ms. Bennadette Ajwang – MoH/M&E Unit
3. Mr. Simon Ndemo – MoH/JICA Project

### **County Team Interviewed**

1. Mr. Francis Ndwiga Benson – Chief Officer of Health
2. Dr. Stephen Kaniaru – Ag County Director of Health
3. Dr. Mburu Njenga – Representing County Health Pharmacist/Head PPP

### **Introduction**

Briefing of the genesis and functioning of the best practice on introduction and use of group WhatsApp to share information on medical commodities was done by Mr. Ndwiga, the county Chief Officer of Health. The initiative was born after realization of shortage of medical supplies countywide through an audit report which revealed stock outs and over stock of essential medical commodities in some health facilities. The report showed that in some cases, medicines that would never be used in some facilities were found for example, theatre medicines were found in some facilities that did not have a theater.

The initiative was meant to help facility in-charges raise alarm when they are faced with stock out or have over stock of medical commodities. The county health management would then provide transport to re-distribute the commodities.

Apart from managing stock outs, the management would use the information in managing expiries, redistribution and being accountable.

### **Achievement or attributable outcomes**

Since the initiation of the E- platform in 2014 the following has been realized;

- The problem of stock outs and over stock has to a large extent been controlled.
- All the 87 health facilities are connected to the group WhatsApp. Overall, there are 103 members connected to the group WhatsApp
- The initiative has been able to decongest level five facility
- Issuing of drugs haphazardly has been discouraged
- Improved communication
- Led to quick and quality procurement from KEMSA procurement
- Quicker quarterly plan for the procurement
- Funding for the procurement is 33% of the CDOH budget and finances are given immediately without delay
- Community are assured of quality services since they are not first encouraged to buy any essential drug the county is able to provide.
- Optimal use of the transport from the nearby facility where the drugs are found.

### **Ethical Measure**

To avoid staff being labelled as thieves when found transporting government medicine, an S11 is used to legitimize the process.

### **Other Innovations**

1. Express laboratory model- for Afya mashinani where specialist move from level 5 hospital to the rural and offer services. The purpose is to decongest the level 5. Services offered during this visits;
  - Surgical are done there.
  - Chest clinic
  - Beyond Zero
  - OPD services

The specimen is taken to the nearest laboratory and the docket of PPP- targeting partners for provision of emergency ambulances.

2. Oxygen production within Embu County

### **Sustainability**

- Building capacity on management on senior management courses.
- Meeting after every quarter
- Budget allocation sustainable
- Sharing of ideas in an open platform
- Putting in place policies that leave open window in seeing governor
- Capacity building of the staff – data base on short term courses.
- Openness of the budget and sharing with staff
- Making decision at the lower levels.
- They intend to buy two motor bikes and 1 vehicle to assist in the transport
- Employment of two riders
- Purchase of 15 computers and
- Network orange phones

### **Partnership**

No partnership as yet because they need to build sustainability within themselves but also targeting partners in future e.g. Gertrude, Karen hospital, Agha khan etc.

### **Site Visit**

Three health facilities were visited to verify use of the county commodity group WhatsApp to share information on medical commodities. Elizabeth, head of NCD and Dr. Mburu, head of PPP accompanied the team to the sites.

#### **1. Kibugu H/C**

The team met Stephen Juma, Facility in-charge who has been at the facility for the past two years but has never used the County Commodity WhatsApp.

The Pharm. Tech was a member of the County Group WhatsApp but he hardly opened it to get the latest information or post his facility information on commodities because has never been sensitized on the usage of the system, so in case of stock out calls the sub county pharmacist for assistance. For example, the facility did not have Amoxils and Analgesics yet they had not posted this information on the group WhatsApp as at the time of the visit.

When the facility Pharm Tech posted a message on stock out of amoxils and analgesics, he got instant response from the county Pharmacist.

## **2. Kairuri H/C**

The team met Christine Karimi, RCO in-charge. Christine does not visit County Commodity WhatsApp all the time. She lastly opened it two days ago.

The facility had stock out of Amoxils, Cotrimoxazole and analgesics for the past two weeks but had not reported this on the county commodity WhatsApp.

According to Christine, sometimes people who report their stock outs on the county commodity WhatsApp are never assisted so she prefers contacting sub county pharmacist any time she has stock out.

She is also not aware that the county could organize for transport incase she has to borrow medicines from another facility.

## **3. Runyenjes Sub County Hospital**

In Runyenjes, team met the Medical Superintendent, Nursing officer, health administrative officer and the sub county pharmacist in charge. The Med. Supt in-charge of the hospital was not a member of the county commodity WhatsApp. DR. Robertson Mureithi, Embu East Sub County Pharmacist who also doubled as the facility pharmacist was a member of county commodity WhatsApp.

According to Dr. Mureithi, not all facility in-charges in are active on the county commodity WhatsApp. Out of 24 facilities in the sub county, only 10 were active. He attributed this low use of the platform to the type of phones used and the fact that most people don't know how to use WhatsApp, some don't have WhatsApp enabled phones

He uses SMS in most cases when he has to communicate to facility in-charges.

Water for injection, x-pen injection and diclofenac injection were out of stock at the time of the visit yet the pharmacists had not reported this on the county commodity WhatsApp.

The pharmacist said that he was not on phone all the time so he prefers calling when in need. The other challenge was that of lack of support for internet to keep WhatsApp on all the time. People were expected to use their own airtime to keep WhatsApp on which was a challenge to most people.

### **Feedback to CEC**

After site visit, the team gave feedback to Ms. Pauline Njagi, CEC for Health on the usage of the platform, achievements and challenges . She said she aware that sanitization was not done and a strong monitoring mechanism will be put in place to track progress. She will also initiate the purchase of web enabled phones to all facility in charges.

### **Challenges observed**

- Launch not properly done to all the supposed implementers
- Not all members actively use the system instead use SMSs for communication
- Need for Data Bundles to manage the system.
- Transportation of drugs from one facility to the other.
- Phone breakages and replenishing of phones
- Provision of WhatsApp enabled phones

- **Conclusion**

This is a very useful initiative that can help the county keep a close watch on the situation status of medical commodities at all times. However, the initiative still needs more support to make it fulfil the purpose for which it was established.

**Key recommendations**

1. The county to appoint one CHMT members to manage the commodity group WhatsApp.
2. The county to officially launch this initiative with clear instructions on how to use the platform
3. The county to consider buying a smart phone for each facility which will be used by anyone in the office to report any stock outs and respond to calls for assistance
4. The county to consider providing internet bundles on monthly basis to help keep WhatsApp on throughout the month.
5. Re- sensitization of the system to the members (both pharmacists and facility in charges
6. The County to purchase 15 computers to ease information sharing
7. Purchase of Orange smart phones to facilities
8. Motivational support to expand innovation
9. Involvement of National level and partners for support
10. Put a functional monitoring and evaluation unit in place

[Annex](#)

[Contacts of the Chief Officer, CEC, acting director and pharmacist](#)