

BEST PRACTICE REPORT
EMBU COUNTY DEPARTMENT OF HEALTH

1. Title of Best Practices:

Formation of a county commodity security/ Exchange team on WhatsApp social platform.

2. Region of Operation in County:

Embu County-Health department.

3. Input/Process:

- Mobile Phone coverage
- Airtime/data bundles
- Communication skills
- Commodity Management knowledge.
- Smart Phones.

4. Output:

- Easy commodity data exchange.
- Simplified intra-county commodity redistribution.
- Enhanced communication between facility in charges and other commodity Managers.

5. Outcome:

- Zero or near zero commodity losses via expiry.
- Improved county Health commodity security.
- Improved communication links and lowering of costs.
- Heightened sense of responsibility on the roles of various managers in safeguarding commodities in their custody.
- Improved access to Health Products and technologies by the patients.

6. Description

Before devolution, there was no established system of communication between various facility in-charges in Embu. This meant that a health facility had little room if any to air their needs to the rest of the team and also receive such communication from them. As a result of this, little or no redistribution ever took place then. This led to the expiry of lots of health commodities which would otherwise have helped give health to several patients.

These commodities are still lying in the health facilities awaiting disposal.

[Processes]

Contact Database Preparation: This involves the compilation of the mobile phone numbers of all staff who handle commodities in the county. Also it's prudent to confirm that they are on the WhatsApp platform.

WhatsApp Group formation: In this stage, the county pharmacist formed a WhatsApp group named "county commodity committee". All the commodity Managers were made members.

Sensitization: Immediately afterwards, the agenda of the group was introduced and all the members unanimously agreed to support the initiative. Admin rights were also given to the DMOHs and sub county Pharmacists.

[Key Inputs]

- Mobile Phone coverage
- Airtime
- Communication skills
- Commodity Management knowledge.
- Smart Phones
- Human resources

[Outputs]

This commodity group has seen a lot of action since its inception. Sub county Pharmacists are always busy facilitating the collection of commodities and transferring them to needy sites.

It has become much easier to source commodities for sites that run out of essential items and Priority program commodities. This has seen us realize much better stocking of our facilities and helped us greatly reduce on commodity expiry since Early December 2015. We have also been able to save the county money by way of not procuring what we have in –plenty.

The platform is now 101 Member strong. We aim to hit the 200 Mark within the next three months so as to cover all the commodity users in our county

[Conditions]

Technology: The Members must possess a smart mobile phone/tablet with an updated WhatsApp application.

Infrastructure: The device must have access to the Mobile 3G/GPRS Network connection for data transmission.

Financial: A little airtime must be availed for communication to take place.

Good will: The Users must agree to exchange information and also buy into the idea to have any meaningful impact.

7. Effectiveness:

The innovation has been very successful. We have had several instances of essential commodity exchanges in the county. We were also able to gather and distribute short dated artesunate injection, male condoms and thiopental injection and send to other counties.

On a daily basis, someone in a far flung facility gets assisted by another through the same group.

This approach has been largely successful due to the excellent mobile phone coverage we are enjoying at the moment. Also the good smart phone penetration has led to excellent communication flow between facilities and the county Health department.

8. Efficiency:

Almost every Health worker in Embu County now owns an android phone. This in return translates to very good coverage of the WhatsApp application. In effect, there is little no investment associated with this innovation. Sending messages on the WhatsApp platform makes the officers incur negligible data charges. The Health department does not have to provide the infrastructure and the airtime. It is done as a team effort that works towards enhancing efficiency and addressing the issues of expiry and stock outs.

Looking at the results of this approach in comparison to the negligible investments, its clear that this is a venture that has borne fruit.

9. Relevance:

The World health organization recognizes the Health commodity pillar as one of the 6 components of the Health System that requires to be strengthened so as to achieve universal healthcare for all.

By sharing commodity data, we are able to ensure that we get good value for every shilling invested in the provision of health commodities in our county.

The Embu county strategic plan also identifies 9 priority investment areas of which Health commodities and technologies is one of them. By the application of this android platform, we are working towards the enhancement of commodity security in our county.

10. Sustainability:

The approach is easily sustainable since the mobile phone technology on which it rides keeps on getting better every day. Also the gap it addressed will continually exist and the users have found utility in being platform Members.

There are zero financial requirements required to run this platform. Its based on the commitment and self-dedication on the part of the Health workers who are enjoying the benefits of the platform directly..

11. Leadership :)

Our leaders have been instrumental in the formation and success of this platform. To start with, the Director, the CoH and the CEC are all members of this group and have continually reassured

the members of their support of the good work being done. This active participation has served as much-needed Moral support which has seen staff gain morale and provide useful feedback.

Explain how the leaders (CEC, CO, CDH and facility managers) have supported the Practice. Show concrete actions taken by the leaders as evidences.

12. Replicability: (Evidence the practice is able to be replicated elsewhere, in similar conditions)

A very simple to replicate model in most counties in Kenya, this is due to near-universal mobile phone and internet availability. There are minimal resource requirements and the only technical expertise required is the knowledge of mobile phone use. No donor funding or lengthy paperwork is required in this case too.

13. Ethical Soundness:

There are no ethical issues arising from the use of WhatsApp social media platform for Health commodity data exchange. None of the Ethical principles is infringed upon here.

14. Others (if applicable)

This practice utilizes social media to solve a health system challenge. The degree of efficiency is unprecedented with almost nil expiries being reported at the moment.

The best part about this is that no funding is required to establish such a group; this ensures future sustainability in the event of health financing gaps in the county.

It is a first in Embu County and has been very well received by the health team.

Compared to commodity redistribution through the supportive supervision model, this approach provides a more innovative, practical and targeted approach that will save the county a lot of money through zero expiries and enhanced commodity utilization across the board.

The only difficulty encountered during the rollout was that some staff did not have android smart phones, had not joined the social platform or had reservations about using their personal gadgets for official work; this was easily overcome by sensitization of these staff through having a Q&A session during Sub county monthly Meetings.