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Topic: Malnutrition treatment and prevention

Title: Effectiveness of integration of Essential Nutrition Commodities into one Supply Chain in Kenya

Presentation Type: Workshop

Introduction:

Annually, over 56,000 children living in Arid and Semi-Arid Counties of Kenya are severely malnourished and require treatment using lifesaving nutrition supplies. Historically the supply chain for nutrition commodities in Kenya has been complicated by numerous parallel supply chain systems by various partners resulting in duplication of efforts, expensive and inefficient processes, reported wastage and pilferage in counties due to lack of coordinated delivery mechanism. The pilot aimed to generate lessons on effectiveness of integration and actions needed for countrywide integration into one government led system.

Method:

The MoH[1], UNICEF and Kenya Medical Supplies Authority (KEMSA) collaborated to pilot the integration of essential nutrition supplies into the MOH supply chain through KEMSA for 10 weeks in two counties (Turkana and Laikipia). The pilot had three phases: assessment of parallel nutrition supply chain, integration design, and pilot. Counties were sensitized in February 2015 and first round of deliveries made in April 2015. A vibrant MoH led nutrition commodity steering committee was established to provide leadership and strategic oversight in the integration. Documentation was undertaken throughout the pilot period.

Results:

The integration was shown to be faster and effective with average order turn-around time of 6.5 days. Following the pilot, the MoH endorsed scaling up of integration of nutrition supplies in five additional counties.

Conclusion:

The pilot integration of nutrition supply chain into the MOH/KEMSA system was effective. While it is understood that joint delivery of commodities have savings on

overall cost, detailed cost analysis needs to be done to generate lessons on efficiency and plan for the long term and country wide scale up.

[1] Ministry of Health