



# **Global Health Supply Chain Program Technical Assistance Project Francophone Task Order Quarterly Report**

Reporting Period: February 2017 – June 2017

July 28, 2017

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## Acronyms

ARV	antiretroviral
CAME	<i>Centrale d'Achat des Médicaments Essentiels</i>
CARh	Coordinated Assistance for Reproductive Health Supply
CDR	<i>Centrale de Distribution Régionale</i>
CNAPS	<i>Comité National des Approvisionnements en Produits de Santé</i>
COP	Country Operational Plan
COR	contracting officer's representative
CQI	continuous quality improvement
DPM	<i>Direction de la Pharmacie et du Médicament</i>
DPMED	<i>Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques</i>
DPS	<i>District Provincial de la Santé</i>
DRC	Democratic Republic of the Congo
DSRSE	<i>Direction de la Santé de la Reproduction et de la Survie de l'Enfant</i>
ECOWAS	Economic Community of West African States
EPCMD	Ending Preventable Child and Maternal Deaths
EUV	end user verification
FP	family planning
FP2020	Family Planning 2020
GHSA	Global Health Security Agenda
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Management
GHSC-TA	Global Health Supply Chain – Technical Assistance
HIV/AIDS	human immunodeficiency virus and acquired immune deficiency syndrome
LMIS	logistics management information system
LNCM	<i>Laboratoire National de Contrôle du Médicament</i>
M&E	monitoring and evaluation
MCH	maternal and child health
MEL	monitoring evaluation and learning
MEP	monitoring and evaluation plan
MMS	multiple monthly scripts
MNH	maternal and neonatal health
MOH	ministry of health

MOP	malaria operational plan
MOU	memorandum of understanding
NEML	national essential medicines list
NSCA	national supply chain assessment
PCR	polymerase chain reaction test
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PNA	National pharmacy for health commodities supply
PNAM	National Drug Supply Program
PNLS	<i>Programme National de Lutte Contre le SIDA</i>
PPMR	procurement planning and monitoring report
RH	reproductive health
SCMS	Supply Chain Management Systems
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SNAME	<i>Système Nationale d'Approvisionnement en Médicaments Essentiels</i>
SOP	standard operating procedure
SSQH	<i>Services de Santé de Qualité pour Haïti</i>
SWEDD	Sahel Women's Empowerment and Demographic Dividend
TWG	technical working group
URC	University Research Company
USAID	United States Agency for International Development
WAHO	West African Health Organization
WARO	West Africa Regional Office
WHO	World Health Organization

## Executive Summary

Global Health Supply Chain-Technical Assistance (GHSC-TA) Francophone Task Order (Francophone TO) country activities during the period from February 2017 through June 2017, focused on operational start-up, recruitment, and laying the groundwork for launching technical activities over the next several months. As a result of intensive recruitment efforts, over 60 percent of all field office staff were recruited and joined the project, with an additional 15 percent identified and pending USAID approval. Office lease negotiations were successfully concluded for Benin, Senegal, and the Democratic Republic of the Congo (DRC), with a temporary office identified for Haiti while a modular office is being procured per USAID's preference. The Francophone TO established initial contacts with key counterparts and presented the project and its objectives at several regional events. Transitional work plans have been submitted. These work plans were designed with a nuanced understanding of each country and include approaches tailored to each country context. All transitional work plans are expected to be approved by mission activity managers within the next reporting quarter.

Several technical activities have been initiated at the request of host governments. These include: pharmaceutical waste management assistance in Benin; distribution of antiretrovirals (ARVs) and other HIV/AIDS-related commodities to facilities of the 18 health zones of Kinshasa, DRC; revision of a supply plan for all PEPFAR-supported laboratory reagents and related commodities in the DRC.

At the regional level, the GHSC-TA Francophone TO project staff reached out to regional and global donor funded programs to establish initial communication and identify the opportunities for collaboration. Project staff presented to a regional audience of implementing partners and USAID officials at the West Africa Partners' Meeting on "Continuous Learning and Adapting" held in Accra, Ghana in May 2017. The project technical manager also met with the director of the West Africa Health Office (WAHO) in Burkina Faso to discuss potential collaboration with its technical advisors. A series of introductory meetings have been conducted with representatives from the Ministry of Health (MOH) in Niger and the ministry of finance in Mauritania to identify potential future project activities, and an Accra-based regional technical advisor has been identified and will join the project in August 2017.

Under the Global Health Security Agenda (GHSA) and emergency preparedness objective, the project's scope over the first year has focused on developing a global framework and testing it in a pilot country. Initially in this reporting period, USAID believed that following the development of the framework in the first year, the GHSC-TA Francophone TO would be asked to roll out the framework in up to five countries. However, interested countries have since indicated that they may prefer other mechanisms for rolling out the framework.

In the coming months, GHSC-TA Francophone TO staff will focus on the implementation of the FY17 transitional work plans, developing relationships with key stakeholders, and finalizing office start-up and recruitment. Country teams will review technical priorities, assess progress made in FY17 and will use that information to adjust the development of FY18 work plans. GHSC-TA Francophone TO staff have been invited to participate in three regional supply chain related events in West Africa in October – November 2017. No change to the original project timeline is anticipated.



## **Objective I. Strengthen In-Country Supply Systems**

Objective I encompasses governance, coordination, strategic plan development, quantification and forecasting, procurement, logistics and warehousing, LMIS, data visibility and monitoring, and capacity building at all levels of the supply chain system.

### **Accomplishments**

During this reporting period, the project made significant advancements in operational start-up, concluding office lease negotiations for Benin, Senegal, and the DRC. In Haiti, the project secured temporary office space while a modular office is being procured. The project is now fully registered in the DRC, Haiti and Senegal and registration in Benin is pending with the Ministry of the Interior in Benin.

As a result of intensive recruitment during this reporting period, 61.7 percent of anticipated field office staff have been hired and have begun work. Additionally, 15.6 percent have been identified and are either pending USAID approval or completing their notice periods with their current employers.

Country programs focused on laying the groundwork for launching the bulk of the technical activities over the next several months. The project held extensive meetings with the client and local stakeholders in anticipation of work planning.

During this quarter, the following technical activities were conducted:

- In Benin, the project began planning to provide urgent technical and financial support to the MOH for management and destruction of an estimated 118 tons of pharmaceutical waste.
- In the DRC, the project began gathering information from Centrale de Distribution Régionale (CDR) to negotiate subcontracts for commodity storage, management, and distribution of the medicines financed by USAID and currently managed by the Integrated Health Project Plus (IHP+), (IR 1.1, IR 1.4). The country team staff carried out a distribution plan for ARVs and other HIV/AIDS related commodities to facilities of the 18 Health Zones of Kinshasa. The field office staff in the DRC also started working on a revised supply plan for all PEPFAR supported laboratory reagents and related commodities to conduct chemistry, hematology and PCR tests (including viral load and early infant diagnostic tests).
- At headquarters, project staff met with counterparts from Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) to coordinate standard operating procedures for commodity deliveries to the DRC, including codifying the roles and responsibilities for securing customs clearance documents to eliminate redundancies and gaps as the projects coordinate activities (IR 1.3).

### **Challenges**

A significant reduction of funding in Senegal coupled with instructions from USAID/Senegal to postpone some hiring has limited planned activities through the current reporting period. While initially anticipating a staff of 11 and a budget of \$2,000,000 for the year, the mission instructed the project to reduce planned spending for the first twelve months to \$1,000,000 and to limit

staff engagement to three individuals (two technical staff and one support staff). The project will continue discussions with the mission on additional funding to ensure that the team is able to support prioritized activities. Also in Senegal, the MOH restricted the participation of its staff in seminars/workshops for a period of two months. The project will request the mission's assistance in securing the MOH's authorization for staff participation in any event scheduled before July 31, 2017.

In Haiti, per the mission's request, the project's office will be located on the MOH's premises. Until procurement of a prefabricated office is completed, the project staff will operate from a temporary facility.

### **Timeline**

No changes to the originally proposed timeline are anticipated.

### **Deliverables**

Initial transitional work plans for the remainder of fiscal year 2017 were submitted for the DRC, Senegal, Haiti, Benin and WARO. Senegal's work plan was approved in late June. Haiti's draft work plan is expected to be finalized in July 2017, after an in-country consultative planning workshop is conducted. The Performance Monitoring Plan (PMP) was submitted to USAID Washington in March 2017. The Monitoring and Evaluation (M&E) Manager presented the plan to USAID's monitoring and evaluation technical working group (TWG) in early July 2017 to finalize the list of applicable indicators from the approved global health supply chain program indicators.

### **Next steps**

In the next reporting period, country teams will focus on implementation of the transitional FY17 work plans, developing relationships with key stakeholders, and finalizing office set-up and recruitment. Country teams will review technical priorities, review progress made in FY17 and use that to inform the development of FY18 work plans. DRC's supply plan for all PEPFAR supported laboratory reagents and related commodities will be revised by the end of July 2017. It will be shared with GHSC-PSM to be included in their annual forecast and to initiate procurement. In Benin, the waste management activity will continue to take shape over the coming months as the project identifies a firm to conduct a feasibility assessment, develops a compliance plan, and fields the requisite short-term technical assistance to ensure successful implementation of this high priority and extremely sensitive activity (IR 1.5).

## **Objective 2. Strengthen Supply Chain Security through Collaboration and Regional Organizations**

Objective 2 encompasses activities to empower regional actors to strengthen health systems and foster the collaboration and coordination between all relevant regional and global initiatives. Specifically, these activities strengthen regional health organizations and partnerships focused on francophone countries and the USAID West Africa Regional Mission (WARO).

## **Accomplishments**

At the request of the USAID/WARO, the project's technical manager attended a West Africa Partners' Meeting on "Continuous Learning and Adapting" held in Accra, Ghana, in May 2017 (See Annex III). This was an opportunity to present the project to a regional audience of implementing partners and USAID officials, to identify potential technical assistance needs, and to share a preliminary draft work plan with the WARO activity manager.

The project technical manager met with the director of the WAHO in Burkina Faso to discuss potential collaboration with its technical advisors. This assignment also included a visit to the GHSC-PSM office in Ougadougou, the procurement unit of the Ministry of Health, and a meeting with the President's Malaria Initiative (PMI) Advisor for USAID Burkina Faso.

Representatives from both Niger and Mauritania have reached out to the project for support of their supply chain systems with the focus on reproductive health. Project staff met with representatives of the Government of Mauritania at the Chemonics International offices in Washington, D.C. to discuss potential collaboration. A conference call was held with representatives from the Niger Ministry of Health to discuss their support needs.

An Accra-based regional technical advisor has been identified.

## **Challenges**

The project did not encounter any unexpected challenges under this objective.

## **Timeline**

No changes to the originally proposed timeline are anticipated.

## **Deliverables**

GHSC-TA Francophone TO staff presented the project to a regional audience of implementing partners and USAID officials at the West Africa Partners' Meeting on "Continuous Learning and Adapting" held in Accra, Ghana, in May 2017.

## **Next steps**

The project anticipates on-boarding of the Accra-based regional technical advisor to take place in mid-August 2017. A revised work plan for the West Africa region will be submitted by the end of July 2017 and will cover the rest of this fiscal year and all of FY 2018.

USAID/WARO invited the project to participate at the following regional events:

- WAHO International workshop on commodity security to be held in October 2017, in Cotonou, Benin. Among other themes, the workshop will explore the feasibility of transferring antimalarial products from overstocked countries to the ones in need.
- The General Meeting of the Reproductive Health Supply Coalition (RHSC) to be held in October 2017 in Dakar, Senegal.
- II Africa Health Business Symposium "Transforming PPPs for Health in Africa" to be held in November 2017 in Dakar, Senegal.

## **Objective 3. Global Health Security and Emergency Preparedness Strategies Supported**

### **Accomplishments and Challenges**

Under Objective 3, the project will partner with McKinsey & Company (McKinsey) to develop an Essential Competencies Framework for Emergency Preparedness Logistics and Supply Chain Management to be used in a global setting. At the direction of USAID, activities under the Global Health Security Agenda (GHSA) will be rolled out in only one country (compared to five in the original scope). This shift away from what was originally envisioned at the proposal stage is the result of fewer country buy-ins than expected for this activity. The project developed draft scenarios for USAID on options for varying levels of technical assistance and draft cost estimates for the GHSA work. Discussions during this reporting period indicate that the project will pilot a competency framework only in Cameroon and then finalize the framework for use in a global setting.

To assist with the development of the GHSA scope of work, the field programs manager and a McKinsey representative attended the 7<sup>th</sup> Annual Pandemic Supply Chain Network Meeting in Washington, D.C. on June 26-27, 2017. This network focuses on strengthening supply chain preparedness for crises such as pandemics and improving the coordination and efficiency among the various organizations, government, and the private sector. The event offered an opportunity to explore tools, engagement strategies, and best practices for supply chain to form strategic partnerships with clinical, administrative, and financial teams in order to impact cost, quality, and outcomes (CQO), improve quality and patient safety, and achieve greater efficiency.

### **Timeline**

The scope of the activity has changed, but the timeline for piloting the framework in Cameroon and finalizing the framework will remain the same and be completed in FY18.

### **Next steps**

Chemonics and McKinsey continue to revise the scope of work and budget to respond to USAID's needs. This activity is expected to begin in the next quarter.

## **Cross-Cutting Components**

### **Knowledge Management**

The project hired the Collaboration and Knowledge Manager in May 2017.

To support the cohesiveness of the GHSC-TA Francophone TO, at this stage of project implementation it was decided to utilize currently existing dissemination channels to share relevant project information with host country audiences, international audiences and the general American public. GHSC-TA Francophone TO staff and partners will leverage opportunities to promote the program with the help of the following tools:

- Success stories and beneficiary testimonials
- Brochures at conferences and training events
- Content contributions disseminated through available appropriate electronic channels to add value to already existing relevant resources

To share relevant information about the project and to establish close collaboration with project counterparts, project staff participated in the West Africa Partners' Meeting on "Continuous Learning and Adapting" held in Accra, Ghana, in May 2017. Participation in similar events is planned for October – November 2017.

To define roles and to establish better coordination between GHSC-PSM and GHSC-TA Francophone TO, GHSC-TA Francophone TO project staff held numerous meetings with GHSC-PSM regarding coordination for GHSC-PSM procured commodities in DRC. Standard operating procedures for commodity deliveries to DRC, including codifying the roles and responsibilities for securing customs clearance documents to eliminate redundancies and gaps as the projects coordinate activities, were discussed.

A detailed Communications and Knowledge Management plan will be developed in the next quarter.

### **Global Leadership**

Throughout the reporting quarter, the GHSC-TA Francophone TO team sought opportunities to highlight the project at the regional and country level. In addition to the regional partners meeting in Accra mentioned above, the project staff was invited to present at upcoming conferences in the region: WAHO International workshop on commodity security to be held in October 2017, in Cotonou, Benin; at the General Meeting of the Reproductive Health Supply Coalition (RHSC) to be held in October 2017 in Dakar, Senegal, and at the II Africa Health Business Symposium "Transforming PPPs for Health in Africa" to be held in November 2017 in Dakar, Senegal.

### **Budget Summary**

From contract signing to the end of reporting period, the GHSC-TA Francophone TO was obligated \$13,971,004. Table I below shows obligation by funding source and by country/portfolio.

**Table I. Obligation by Country/Portfolio and by Funding Source**

<b>Total Estimated Costs</b>	<b>Portfolios</b>	<b>Funding Type</b>	<b>Cumulative Obligations (through 6/30/2017)</b>
	Benin	Malaria	\$540,000
		MCH	\$717,508
		FP/RH	\$615,795
	<b>Total Benin</b>		<b>\$1,873,303</b>
	DRC	TB	\$950,000
		Malaria	\$3,230,000
		MCH	\$300,000
		HIV/AIDS	\$500,000
		FP/RH	\$550,000
	<b>Total DRC</b>		<b>\$5,530,000</b>
	Haiti	MCH	\$800,000
		HIV/AIDS	\$3,567,701
	<b>Total Haiti</b>		<b>\$4,367,701</b>
	Senegal	Malaria	\$700,000
		MCH	\$100,000
		FP/RH	\$200,000
	<b>Total Senegal</b>		<b>\$1,000,000</b>
	Ghana/West Africa Regional	FP/RH	\$700,000
	<b>Total Ghana/West Africa Regional</b>		<b>\$700,000</b>
GHSA	Ebola	\$500,000	
		<b>Total GHSA</b>	<b>\$500,000</b>
<b>\$91,419,644</b>	<b>Grand Total</b>		<b>\$13,971,004</b>

During the reporting period, the program expended \$757,995 through May 31, 2017 (expense reporting beyond May 31 will be available by August 4, 2017). Of this, \$13,539 was GHSA funding, and \$744,456 field support. Through June 30, 2017, the level of effort (LOE) completed

was 690 days. Table 2 and 3 below show the expenditures by country/portfolio and by funding source; and the number of LOE completed respectively.

**Table 2. Expenditures by Country/Portfolio and by Funding Source**

<b>Portfolios</b>	<b>Funding Type</b>	<b>Cumulative Expenditures (through 5/31/2017)</b>
Benin	Malaria	\$51,704
	MCH	\$68,700
	FP/RH	\$58,961
<b>Total Benin</b>		<b>\$179,365</b>
DRC	TB	\$20,004
	Malaria	\$170,545
	MCH	\$15,840
	FP/RH	\$29,040
	HIV/AIDS	\$18,232
<b>Total DRC</b>		<b>\$253,662</b>
Haiti	MCH	\$34,876
	HIV/AIDS	\$155,533
<b>Total Haiti</b>		<b>\$190,408</b>
Senegal	Malaria	\$57,364
	MCH	\$8,195
	FP/RH	\$16,390
<b>Total Senegal</b>		<b>\$81,949</b>
Ghana/West Africa Regional	FP/RH	\$39,072
<b>Total Ghana/West Africa Regional</b>		<b>\$39,072</b>
GHSA	Ebola	\$13,539
<b>Total GHSA</b>		<b>\$13,539</b>
<b>Grand Total</b>		<b>\$757,995</b>

**Table 3. LOE report (in days)**

<b>Objective 1 &amp; 2/Country</b>	<b>LOE Planned</b>	<b>LOE this quarter/period (April - June) *</b>	<b>LOE contract to date*</b>
Benin	N/A	195.47	217.47
DRC	N/A	259.13	290.38
Haiti	N/A	71.40	115.40
Senegal	N/A	34.13	67.13
West Africa Regional	N/A	-	-
<b>Total Objective 1 and 2</b>	<b>107,700 days</b>	<b>560.13</b>	<b>690.38</b>

<b>GHSA/Objective 3</b>	<b>LOE Planned</b>	<b>LOE this quarter/period*</b>	<b>LOE contract to date*</b>
GHSA	650 days		

\* Estimated LOEs until all costs have been billed

## **Monitoring and Evaluation (M&E)**

### Home Office Management

During this reporting period, the project developed an initial draft of its Monitoring and Evaluation Plan (MEP) and submitted it to USAID/Washington’s Monitoring & Evaluation team for comment. The M&E team suggested indicators that track outputs, impact, processes, and outcomes. The MEP will be finalized upon the on-boarding of the project’s monitoring and evaluation manager (contingent on the U.S. visa provision).

In the meantime, the M&E manager candidate (hired in a short-term capacity) has engaged with USAID through biweekly management meetings and will begin coordinating directly with the USAID M&E team in the next reporting period to select indicators, identify data collection sources, and complete the indicator reference sheets.

### In-Country Management

M&E manager positions in DRC and Benin have been filled while recruitment for the M&E manager position for the Senegal office has been put on hold at the request of USAID/Senegal. In Haiti, the project anticipates that the M&E officer for GHSC-PSM will split time between GHSC-PSM and GHSC-TA Francophone TO, but is awaiting further guidance from USAID/Haiti. The HQ M&E manager will begin coordinating with the field office staff as the MEP is finalized and further guidance is received from USAID on the project’s M&E strategy, working with each country team to foster the sharing of data and results that other countries and the region as a whole could learn from under this global project.



## Country Missions

### Benin

#### Accomplishments

During this reporting period, the HQ staff conducted two visits to Benin to support operational and technical start-up. A home office start-up specialist conducted a 5-week operational visit in March-April 2017 to focus on recruitment, secure office space, establish office security, and resolve registration and banking issues. The project's technical manager travelled to Benin for a 10-day visit in April 2017 for project introduction and meetings with USAID/Benin and stakeholders to identify country priorities and develop a draft work plan. The visit was also an opportunity for this team to conduct follow-up interviews with candidates for technical positions. The country director in Benin started in his role in June 2017.

*Meetings with Key Stakeholders.* During his visit, the technical manager met with representatives of USAID/Benin (including the activity manager for the project), the Benin Ministry of Health, and other key partners to introduce the project and identify immediate needs and key priorities. In collaboration with URC, the technical manager conducted productive meetings with key supply chain players and stakeholders: USAID, MOH (particularly Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques (DPMED), and Centrale d'Achat des Médicaments Essentiels (CAME). These visits elicited useful information from local stakeholders to inform work plan priorities and urgent activities to be addressed. Since coming onboard in June, Benin's country director has been meeting regularly with the USAID activity manager and local stakeholders to refine the draft work plan.

*Operations & Recruitment.* The project has established its office in Cotonou. A bank account has been set up and Chemonics is processing registration at the Ministry of the Interior. The recruitment status of each of the 15 staff positions is below:

- Five positions (33 percent) have been filled: country director, operations manager, accountant, administrative assistant and capacity building coordinator.
- Candidates have been identified and the project is finalizing hiring decisions for four technical positions (26.6 percent): LMIS specialist, M&E manager, pharmaceutical advisor (1) and forecasting & quantification specialist.
- The recruitment for six positions is open: health systems strengthening director, and regional supply chain officers (3) under the URC subcontract, pharmaceutical advisor (a new position) (1) and warehouse & distribution specialist. The country director will continue discussions with the mission on priorities for FY18. The remaining positions may be revised to reflect technical priorities as needed (for example, adding a waste management advisor).

#### Benin Highlights

- Chemonics' registration in Benin is in process.
- The project established an office in Cotonou and opened a bank account.
- 33 percent of field office staff were hired and additional 26.6 percent have been identified.
- The project staff conducted meetings with key stakeholders (USAID, MOH, CAME) to help identify priorities and immediate needs.
- A revised work plan was submitted on June 30 and is pending approval.
- The project identified three activity priorities to be implemented by September 30, 2017.

## Deliverables

A draft work plan was submitted to the mission on April 24, 2017 based on the inputs from USAID/Benin and the MOH (primarily DMPED and CAME). As agreed with USAID/Benin, the project submitted a transitional work plan for the period from June 2017 through September 2017 to align urgent priorities and project activities to the USAID fiscal year cycle. A revised work plan was submitted on June 30, 2017 and is pending approval. The three USAID priorities that were discussed with the MOH as main activities to be implemented by September 30, 2017 are: 1) collaborative development of a national supply chain operational plan, with particular attention to DPMED and CAME; 2) assistance to DPMED in the development of an annual work plan (January 2018 to December 2018); and 3) assessment of the current pharmaceutical waste situation and development of recommendations for its management and removal.

The composition of the project's technical team and their hiring has been ongoing and much of the staff was already in place prior to the mission's request to focus on these three key activities for this work plan period. As such, the project will utilize technical team members as appropriate on these focus activities and will also have them continue to provide technical support in their respective areas of expertise. The activities completed under this work plan, as well as activities included in the original draft work plan (April 2017) will inform the annual work plan for FY18 (October 2017 to September 2018).

## Challenges & Mitigation Strategies

- *Recruitment.* The recruitment process can be lengthy in Benin as candidates must provide a mandatory a three-month notice period to their current employers under local labor law, resulting in a delay in staff on-boarding. To mitigate this, the project is requesting potential candidates negotiate a shorter notice period when feasible. In addition, the FY17 work plan focuses on waste management activities and allows for a phased approach to onboarding of other technical staff. In addition, the project's limit of a three percent salary increase puts it at a competitive disadvantage. The project has discussed this issue with the Contracting Officer, who has expressed flexibility to consider on a case-by-case basis greater than a three percent salary increase for potential candidates, with justification documentation. The project continues discussions and collaboration with URC to harmonize our compensation packages.
- *Waste management.* USAID/Benin and the MOH have asked the project to provide technical and financial support for management of 118 tons of pharmaceutical waste. Although the MOH conducted a solicitation for a firm to complete the work, past project experience has shown that taking over a solicitation from a government entity in this manner has caused significant problems with USAID's Office of Inspector General (OIG). As such, the project will conduct its own procurement process to identify a competent firm. While this process risks delaying the start of activities, the due diligence that would be required to assume the MOH's procurement and selection would likely take nearly as long to complete. Furthermore, given Chemonics' robust compliance team and the technical expertise provided by GHSC-PSM's waste management specialist, the project expects the competition of these services to progress smoothly and will be hiring a firm to begin consolidation and inventorying of the waste in the meantime.

- *Budget.* The current obligated amount \$1,873,303 is expected to cover the period 12 to 18 months (February 2017 through July 2018), however USAID/Benin is flexible and willing to review funding levels contingent upon current needs and emerging priorities. The fiscal year budget (FY17) including start-up costs totals \$ 970,281. The project will continue to work closely with the mission to meet their needs for waste management and ensure the critical staff positions to provide long-term technical assistance.

## Democratic Republic of Congo

### Accomplishments

The DRC project staff carried out a distribution plan for ARVs and other HIV/AIDS-related commodities to the treatment and care sites of the 18 Health Zones of Kinshasa. This distribution covers the needs of the Health Zones for the next three months.

The country team staff submitted the data on the consolidation of ARVs and STIs to update the quarterly supply plan.

The DRC project staff began to prepare a plan to collect stock and patient data to update the current pipeline for the next three months and the supply plans for malaria, HIV/AIDS and maternal and newborn health commodities to address the PEPFAR Country Operational Plan (COP) and the Malaria Operational Plan (MOP) 2017 targets. In June 2017, the staff became aware of the arrival of a stock of 10 million Malaria Rapid Test Kits to various CDRs, which expire in February 2018. Taking into account the average monthly use of this input, it was necessary to find a mechanism to use the current stock and start the re-supply process. As a result, 700,000 tests were transferred to Sanru for use in Health Zones with the Global Fund's support. All stock transferred to the Global Fund will be exchanged for a stock with a longer expiration date.

In June 2017, GHSC-TA Francophone Task Order DRC country director participated in and presented at a workshop in Lubumbashi organized by the National Program for Essential Drug Supply (PNAME) to develop a roadmap for strengthening LMIS in the DRC. This workshop resulted in the updating of the existing roadmap, revisions to the Ministry of Health's vision on LMIS, and the development of terms of reference for the establishment of an LMIS technical group.

*Meetings with Key Stakeholders.* In June 2017, a member of the GHSC-TA Francophone TO staff in DRC attended a Provincial Medicines Committee meeting at the Direction Provinciale de Santé (DPS) in Kinshasa. The purpose of the meeting was to assess the availability of second-line ARVs. The following partners took part in this meeting: Kinshasa Provincial Health Division, coordination Sanru ASBL the PIR/FM, Cordaid/FM, UCOP plus, IMA, FHI 360, PEPFAR and the Global Fund.

### DRC Highlights

- Office lease was signed with a move-in date in late August.
- 54.5 percent of field office staff were hired.
- The project staff conducted meetings with key stakeholders.
- The final work plan was developed and submitted to the mission on July 11, 2017.
- A distribution plan for ARVs and other HIV/AIDS commodities to care sites in the 18 Health Zones of Kinshasa was carried out by the country team staff.

Also in June 2017, a member of the GHSC-TA Francophone TO staff in DRC shared his experience as an end user verification (EUV) survey user which is required by PMI. The aim of the working session was to involve the Programme National de Lutte contre le Paludisme (PNLP) of SANRU Asbl (principal recipient for the Global Fund) in the next survey planned for August 2017. The scheduling of the next EUV survey takes into consideration a meeting with the national PNLN during the first week of July 2017, where a roadmap will be presented by Sanru and GHSC-TA to foster ownership by the PNLN.

- In June 2017, a working session was held with the National Reference Laboratory for the fight against AIDS for monitoring the stock of EID-VL inputs. Five laboratories that will play a role similar to that of the Centre de Distribution Regional (CDR), in the storage and distribution of laboratory inputs requiring a cold chain and temperature control have been identified. These laboratories, including three in Kinshasa and two in Lubumbashi, have been endorsed by the Programme National de Lutte Contre le SIDA (PNLS).
- In June 2017, a working session was held with IHP+ to study transition arrangements for certain activities, including the handover of CDR contracts and inventory, the recovery of deposits from Kinshasa and Kamina which have been under IHP+ management, and the delivery of medicines from CDRs to the Zones de Sante (ZS) for the next quarter from July 2017 to September 2017. To ensure the swift and seamless execution of this transition plan, a meeting with the USAID mission will be scheduled for July.

*Operations & Recruitment.* Ten out of 19 positions in the DRC offices have been filled. Regional coordinators are expected to be identified by the end of July 2017, for placement in the six provinces agreed upon with USAID/DRC.

## **Deliverables**

The final version of the work plan was submitted to USAID on July 11, 2017.

## **Challenges & Mitigation Strategies**

The challenges faced by the project in the DRC are mostly related to the transition between IHP+ and GHSC-TA Francophone TO, such as the development of SOPs and the clarification of GHSC-PSM and GHSC-TA Francophone TO roles. The project staff has conducted numerous meetings with GHSC-PSM to address these transitional challenges, reviewed and agreed upon roles and responsibilities, and are working jointly to help in-country freight forwarding service providers adjust to the new structure.

## Haiti

### Accomplishments

Following a start-up visit in March 2017 to kick off the recruitment process for the local hires, set up administrative, financial and operations system and identify potential office space, the technical project manager conducted the first technical visit to Haiti in March – April 2017.

Technical activities for the project started in June 2017 when the country director (CD) joined the staff in Port-au-Prince. The CD participated in a field monitoring visit programmed by USAID in the North and North West of the country. These visits provided an opportunity to assess the feasibility of the implementation of the Multiple Monthly Scripts (MMS) strategy and to introduce the new GHSC-TA Francophone TO project to the key actors of the departmental directorates and heads of institutions that the project is expected to support.

*Meetings with Key Stakeholders.* The CD and the environment and waste management specialist paid an introductory visit to USAID before formally joining the project. The project staff also met with the health department director in the North-West and the health department director in the North to introduce the project.

*Operations & Recruitment.* As of the end of this reporting period, the country director, an administrative assistant, a driver, and an accountant have been recruited and joined the project. The medical equipment management specialist has been identified and is also expected to start in July 2017, the capacity building and training coordinator will start in August 2017, and the environmental and waste management specialist and the laboratory coordinator will join the staff pending USAID approval. The recruitment process for the laboratory equipment management specialist and a technical advisor for waste management are ongoing. A second driver will join the staff at a later date, when the need arises. A cost-share policy with GHSC-PSM has been established for GHSC-PSM's M&E officer and procurement manager whose time will be split between GHSC-PSM and GHSC-TA Francophone TO.

### Deliverables

Based on the inputs provided by the USAID/Haiti and the MOH during the introductory visit at the end of March 2017, a draft work plan was sent to the mission on June 7, 2017. The final work plan will be prepared in July 2017 during a multi-stakeholder workshop in Port-au-Prince.

### Challenges & Mitigation Strategies

Unlike the other GHSC-TA Francophone TO countries, the technical assistance to be provided

### Haiti Highlights

- Temporary office was established until the prefab office procurement is completed. (The completion of the prefab office installation is estimated to take up to six months.)
- 50 percent of local staff were hired and additional 20 percent have been identified and are pending USAID approval.
- A draft work plan was submitted on June 7, 2017
- Initial meetings with key stakeholders were conducted (USAID, DOSS, North and North-West Health Departments).

to Haiti by the project is expected to be completed over a two-year period. While this time limit does not present a significant challenge, successful accomplishment of assistance in three identified technical areas (maintenance and repair of laboratory equipment, maintenance and repair of medical equipment inside SSQH network, and pharmaceutical waste management) requires particular efficiency.

Based on USAID guidance, some of GHSC-PSM administrative (procurement and finance manager) and technical (M&E and environment and waste management specialist) staff will split their time between GHSC-PSM and GHSC-TA Francophone TO. USAID also insisted that the technical staff be located on the MOH compound.

The approval process for a waiver to the TCN hiring requirements has delayed the recruitment of two technical staff members however, through the implementation of a short-term contract the project will have access to the required expertise to kick off the technical programming. The project is procuring a pre-fabricated modular office unit at the request of USAID/Haiti. Although this process is underway, it requires a complicated competition, followed by time for production and customization which is expected to take several months. In the meantime, the project has identified a temporary office space and will co-locate with the University of Maryland until the project office is ready.

The field trip to the remote areas of the country identified the dire conditions and limited availability of laboratory and the biomedical equipment. A comprehensive evaluation will be carried out in the next quarter to identify the extent of the needs and to develop recommendations compatible with the allocated budget and USAID strategy.

For pharmaceutical waste, health facilities use their own resources for the management of expired or obsolete commodities. This approach is detrimental to the health of the population and to the environment. Uncontrolled donations of medicines that are unused and eventually expire is another issue encountered by institutions. These are important elements that will need to be taken into account in the development of the final work plan for the GHSC-TA Francophone TO.

## Senegal

### Accomplishments

During this reporting period, the project sent an operational start-up team to Dakar from March to April 2017 to focus on recruiting and interviewing candidates, identifying office space, and reviewing registration and banking issues. The field programs manager travelled in March 2017 to Senegal to meet with USAID/Senegal and implementing partners to provide an overview of the project. The field programs manager also met with IntraHealth, one of Chemonics' partners for GHSC-TA Francophone TO. The purpose of this meeting was to meet IntraHealth colleagues and review the work that was envisioned in Senegal over the next four years. The country director for Senegal joined the project in June 2017 and has focused on

### Senegal Highlights

- The project office has been established.
- 66.67 percent of field office staff were hired and additional 33.33 percent have been identified and are pending USAID approval.
- A draft work plan was submitted on April 25, 2017; a revised 6 months plan covering April-September was submitted on June 23 and approved.

meetings with government and ministry counterparts and with the mission.

*Meetings with Key Stakeholders.* The CD has met with directors of the national supply chain system, namely the Directorate of Pharmacy and Medicines (DPM), the National Pharmacy for Health Commodities Supply (PNA) and the National Laboratory for the Control of Medicines (LNCM). Meetings have also been held with procurement and supply managers within health programs HIV, Malaria, TB, etc. The project has also met with USAID implementing partners such as Intrahealth's "NEEMA", Abt Associates/RSS+, Abt/GoTAP and also expects to meet with Abt/SHOPS+. These meetings confirm the findings in the documentation review related to Senegal's supply chain system strengths and challenges. Input from these stakeholders and from the mission informed the revised work plan.

*Operations & Recruitment.* In accordance with guidance from the mission, the project has recruited for three positions through September 2017: country director, logistics and procurement advisor (Intrahealth), and operations and finance manager. The recruitment of the operations and finance manager is being finalized and he will begin in early August. The logistics & procurement advisor begins mid-July. The project office has been established and a lease contract has been signed. The project has engaged a consultant to lead on office set up issues such as procurement of equipment and overseeing the make-ready of the office space, in close consultation with the country director and with the headquarters office.

## **Deliverables**

Since June 2017, the country director has established regular meetings with the activity manager to ensure a common understanding of priorities for the project's work based on input from key supply chain stakeholders. A draft work plan was submitted to the mission in April 2017. A revised 6-month work plan (April-September 2017) was submitted to the activity manager in June 2017 and has been formally approved. This work plan is built on the emergency supply chain plan that PNA and other partners developed to address urgent supply chain system issues. A half day validation meeting is planned with key stakeholders in the next quarter.

## **Challenges & Mitigation Strategies**

The project expects to spend \$446,629 USD through FY 2017 in support of the Senegal work plan. The year 1 budget for Senegal is \$1,000,000, covering the period February 2017-January 2018, and the technical assistance needs identified in the work plan are urgent as identified by supply chain stakeholders. With the mandate of the project to provide supply chain technical assistance, the project will continue discussions with the mission on additional funding to ensure that the project is able to hire additional technical team members to support prioritized activities.

The MOH issued an order dated May 30, 2017 restricting the participation of MOH staff at seminars/workshops for a period of two months. The project is mindful of this directive and that it could present a risk to the timing and implementation of project activities. For any meeting/workshop scheduled through July 31, 2017 where MOH participation is needed, the project will request the mission's assistance to obtain the necessary authorizations from the host country authorities.

## **West Africa Regional Office (WARO)**

### **Accomplishments**

At the request of the USAID West Africa Regional Organization (WARO), the project's technical manager attended a West Africa Partners' Meeting on "Continuous Learning and Adapting" held in Accra, Ghana, in May 2017. This was an opportunity to present the project to a regional audience of implementing partners and USAID officials, to identify potential TA needs, and to share a preliminary draft work plan with the WARO activity manager.

The project technical manager met with the director of the West Africa Health Office (WAHO) in Burkina Faso to discuss potential collaboration with its technical advisors. This assignment also included a visit to the PSM office in Ouagadougou, the procurement unit of the Ministry of Health, and a meeting with the PMI Advisor for USAID Burkina Faso.

Following a SWEDD Initiative meeting, the WARO activity manager introduced Task Order home office staff to representatives in Niger and Mauritania who had expressed interest in support for supply chain strengthening. HQ project staff met with representatives of the Government of Mauritania at the Chemonics Headquarters in Washington, DC to discuss potential collaboration. A conference call was held with representatives from the Niger Ministry of Health to discuss their support needs.

An Accra-based regional technical advisor has been identified. Pending his approval from USAID/Washington, the project anticipates his on-boarding by August. A revised work plan will be submitted at the end of July following a working session in Accra.

### **Deliverables**

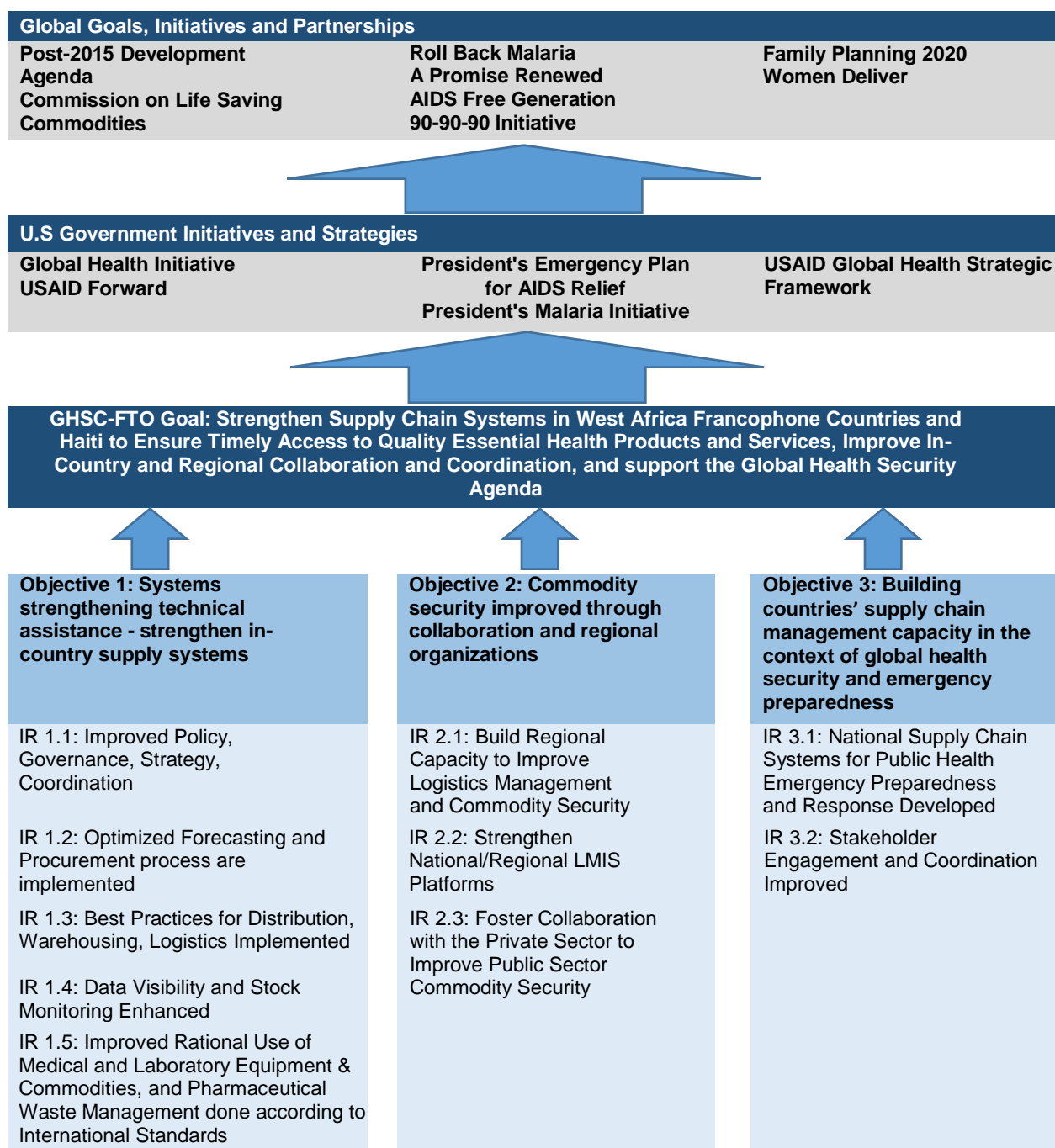
A draft work plan was submitted in June.

### **Challenges & Mitigation Strategies**

No unanticipated challenges were encountered at this project stage.



## Annex I



## Annex II

ANTICIPATED TECHNICAL AREAS TO BE SUPPORTED BY GHSC-TA				
Technical Areas	DRC	Senegal	Benin	Haiti
Coordination & Collaboration	X	X	X	X
Governance	X	X	X	X
Supply Chain Strategy	X	X	X	
Quantification & Forecasting	X	X	X	
Logistics	X	X	X	
Warehousing	X	X	X	
LMIS	X	X	X	
Availability & Trends Monitoring	X	X	X	
Capacity Building	X	X	X	X
Biomedical Laboratory	X			X
Medical Equipment				X
Waste Management			X	X

## Annex III

Mapping of West Africa Countries & Supporting Organization (Francophone TA Countries Presence are highlighted in Yellow)							
Countries	Lang.	PSM Presence	Ouagadougou Partnership	SWEDD	WAHO	SECONAF RHSC	Global Financing Facility
Benin	FR		X		X	X	
Burkina Faso	FR	X	X	X	X	X	
Cameroon	FR	X				X	X
Cape Verde	POR				X		
Chad	FR			X			
DRC	FR					X	X
Gambia	ENG				X		
Ghana	ENG	X			X	X	
Guinea	FR	X	X		X		X
Guinea Bissau	POR				X		
Ivory Coast	FR		X	X	X	X	
Liberia	ENG	X			X		X
Mali	FR		X	X	X	X	
Mauritania	FR		X	X		X	
Niger	FR		X	X	X	X	
Nigeria	ENG	X			X	X	X
Senegal	FR		X		X	X	X
Sierra Leone	ENG				X	X	X
Togo	FR		X		X	X	

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