



# **USAID Global Health Supply Chain - Technical Assistance Francophone Task Order Quarterly Report**

Reporting Period: January 1, 2019 – March 31, 2019

Contract No. AID-OAA-I-15-00030/AID-OAA-TO-17-00006

## **Contents**

Acronyms	3
Executive Summary	7
Project Goal and Objectives	9
Objective 1. Strengthen In-country Supply Chain Systems	10
Benin	10
DRC	18
Haiti	26
Senegal	31
Objective 2. Strengthen Supply Chain Security Through Collaboration and Regional Organizations	39
West Africa Regional Office Program	39
Family Planning and Reproductive Health (FP/RH) Core Program	44
Objective 3. Support Global Health Security and Emergency Preparedness Strategies	45
Management Update	45
ANNEX I: Benin Indicator Dashboard	46
ANNEX II: DRC Indicator Dashboard	48
ANNEX III: Haiti Indicator Dashboard	51
ANNEX IV: Senegal Indicator Dashboard	52
ANNEX V: WARO Indicator Dashboard	54
ANNEX VI: Additional Indicators	56
ANNEX VII: Benin Success Story	58

## Acronyms

ABEF	<i>Association de Bien-Etre Familial (DRC)</i>
ACT	artemisinin-based combination therapy
ADEMAS	<i>Agence pour le Développement du Marketing Social (Senegal)</i>
ANTS	<i>Agence Nationale pour la Transfusion Sanguine (Benin)</i>
ARC	Africa Resource Center
ART	antiretroviral therapy
ARV	antiretroviral
ASF	<i>Association de Santé Familiale</i>
BOM	<i>Bureau d'Organisation et Méthodes (Senegal)</i>
BSC	biological safety cabinet
CAC	<i>Cellules d'Animation Communautaire (DRC)</i>
CAME	<i>Centrale d'Achat des Médicaments Essentiels (Benin)</i>
CAMEG	<i>Centrale d'Achat des Médicaments Essentiels Génériques (Burkina Faso)</i>
CDR	<i>Centrale de Distribution Régionale (CDR)</i>
CHAI	Clinton Health Access Initiative
CMMS	computerized maintenance management system
CNLS-TP	<i>Conseil national de lutte contre le VIH/SIDA, la tuberculose, le paludisme, les hépatites, les infections sexuellement transmissibles et les épidémies (Benin)</i>
CORDAID	Catholic Organization for Relief and Development Aid
CSC	Contraceptive Security Committee
DAB	<i>Direction d'Administration et Budget (Haiti)</i>
DHIS2	District Health Information System 2
DLM	<i>Direction de la lutte contre les Maladies (Senegal)</i>
DOSS	<i>Direction de l'Organisation des Services de Santé (Haiti)</i>
DPM	<i>Direction de la Pharmacie et du Médicament (Senegal)</i>
DPMED	<i>Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques (Benin)</i>
DPM/MT	<i>Direction de la Pharmacie, des Médicaments et de la Médecine Traditionnelle (Haiti)</i>
DPP	<i>Direction de la Programmation et de la Prospective (Benin)</i>
DQA	Data Quality Assessment
DRA	Drug Regulatory Authority (DRC)
DRAS	<i>Direction Régionale de l'Action Sanitaire (Mauritania)</i>

DRC	Democratic Republic of the Congo
DRH	Directorate of Human Resources (Senegal)
DSF	<i>Direction de la Santé de la Famille (Burkina Faso)</i>
DSME	<i>Direction de la Santé de la Mère et de l'Enfant (Benin)</i>
EUV	end use verification
EWS	early warning system
FEDECAME	<i>Fédération des Centrales d'Achats en Médicaments Essentiels (DRC)</i>
FP	family planning
FP/RH	family planning and reproductive health
FP2020	Family Planning 2020
FY	fiscal year
GAS	<i>Gestion des Achats et des Stocks</i>
GDF	Global Drug Facility
GHSA	Global Health Security Agenda
GHSC	Global Health Supply Chain
GMAO	Gestion de la Maintenance Assistée par Ordinateur
HIV/AIDS	human immunodeficiency virus and acquired immune deficiency syndrome
HGR	<i>hôpital général de référence</i>
IA	import autorisation
ICAP	International Center for AIDS Care and Treatment Program
IHAP	Integrated HIV/AIDS project
IHP	Integrated Health Project
IR	intermediate result
IUD	intrauterine device
LLIN	long-lasting insecticidal net
LMIS	logistics management information system
LNCM	<i>Laboratoire National de Contrôle du Médicament (Senegal)</i>
LNSP	<i>Laboratoire National de Santé Publique (Haiti)</i>
M&E	monitoring and evaluation
MCH	maternal and child health
MDR	multidrug-resistant
MEP	monitoring and evaluation plan
MNCH	maternal, newborn and child health
MoH	Ministry of Health

MoU	memorandum of understanding
MOS	months of stock
MSPP	<i>Ministère de la Santé Publique et de la Population (Haiti)</i>
NFO	non-field office
NMCP	National Malaria Control Program (Senegal)
NQC	National Quantification Committee
OPCU	Ouagadougou Partnership Coordination Unit
PCS	Pipette Calibration System
PDSS	<i>Programme De Développement des Services de Santé (DRC)</i>
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	U.S. President's Malaria Initiative
PNA	<i>Pharmacie Nationale d'Approvisionnement (Senegal)</i>
PNAM	<i>Programme National d'Approvisionnement en Médicaments Essentiels (DRC)</i>
PNLP	<i>Programme National de Lutte contre le Paludisme (Benin, DRC)</i>
PNLS	<i>Programme National de Lutte contre le SIDA (DRC)</i>
PNLT	<i>Programme National de Lutte contre Tuberculose (Benin, DRC)</i>
PNSR	<i>Programme National de Santé de la Reproduction (DRC)</i>
POD	proof of delivery
PPMR	procurement planning and monitoring report
PPMRm	procurement planning and monitoring report for malaria
PROMACO	<i>Programme de Marketing Social et de Communication pour la Santé (Burkina Faso)</i>
PSHPA	Private Sector Health Partnership Activity
PSLS	<i>Programme Santé de Lutte contre le SIDA (Benin)</i>
PSM	Procurement and Supply Management
PSSP	<i>Plateforme du Secteur Sanitaire Privé de la Santé (Benin)</i>
RDT	rapid diagnostic test
RFP	request for proposals
RH	reproductive health
RHSC	Reproductive Health Supplies Coalition
RSCO	regional supply chain officer
RTK	rapid test kit (HIV)
SDP	service delivery point
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SNADI	<i>Système National d'Approvisionnement et de Distribution en Intrants (Haiti)</i>

SNAME	<i>Systeme National pour l'Approvisionnement des Médicaments Essentiels (DRC)</i>
SOP	standard operating procedure
SP	sulfadoxine/ pyrimethamine
SSQH	<i>Services de Santé de Qualité pour Haïti (Haïti)</i>
TA	technical assistance
TB	tuberculosis
TBMS	<i>Tableau de Bord du Ministère de la Santé (Benin)</i>
TLD	tenofovir/lamivudine/dolutegravir
TLE	tenofovir/lamivudine/efavirenz
TO	task order
ToR	terms of reference
TWG	technical working group
UEP	<i>L'Unité d'Etude et de Programmation (Haïti)</i>
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
U.S.	United States
USAID	United States Agency for International Development
USG	United States Government
VL	viral load
WAHO	West African Health Organization
WARO	West Africa Regional Office
WHO	World Health Organization
XDR	extensively drug-resistant
YLPP	Young Logisticians Professional Program (Benin)
YPL	young professional logisticians (Benin)

## Executive Summary

During the second quarter of fiscal year (FY) 2019, the Global Health Supply Chain – Technical Assistance (GHSC-TA) Francophone Task Order (Francophone TO) continued implementation of its planned activities toward strengthening supply chain systems in Francophone countries of Africa and Haiti to ensure timely access to quality essential health products and services, and to improve in-country and regional collaboration and coordination. In this quarter, the project continued its contributions to the realization of key global health initiatives' targets, guided by the priorities of the different country programs and their respective United States Agency for International Development (USAID) missions.

**In support of the goal of Family Planning 2020 (FP2020)** aimed at expanding access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world's poorest countries by 2020, the GHSC-TA Francophone TO team in **Benin** monitored the stock status of family planning/reproductive health (FP/RH) commodities at the central level through the procurement planning and monitoring report (PPMR) for contraceptive data. The project staff, in collaboration with the Ministry of Health (MoH), assisted in analyzing stock status data in the health zone warehouses (*Dépôt Répartiteur de Zone* – DRZs) that allowed the transfer of products between DRZs to prevent stock-outs of family planning products. In **the Democratic Republic of the Congo (DRC)**, the project continued to distribute FP/RH commodities in USAID-supported provinces. In addition, the project supported the FP/RH program (*Programme National de Santé de la Reproduction (DRC) - PNSR*) in compiling, analyzing, and submitting the PPMR for contraceptives into the PPMR database. This allowed the country to monitor stock data and to take appropriate decisions for improving the availability of contraceptive commodities. The project also submitted import authorization requests, all of which were approved, for all incoming health products including FP/RH commodities, to secure timely delivery to the *Centrale de Distribution Régionale (CDR)* warehouses. In **Senegal**, the project continued to facilitate the importation of GHSC-PSM procured FP/RH commodities and to monitor such commodities at the central level. Quantification exercises to estimate the needs for FP Products were also conducted by the project team in support to the FP/RH Program.

**In support of the U.S. President's Malaria Initiative (PMI)** goal to reduce malaria deaths and substantially decrease malaria morbidity, the project's team in **Benin** conducted an annual quantification and demand planning exercise for all anti-malaria commodities to ensure timely availability and a more accurate procurement of these products. The project, in collaboration with the *Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques (DPMED)*, the *Direction de la Programmation et de la Prospective (DPP)* and the *Programme National de Lutte contre le Paludisme (PNLP)*, also finalized the end use verification (EUV) survey drafted in Q1, revealing an artemisinin-based combination therapy (ACT) stockout rate of 21 percent on the day of visit at health facilities and a significant increase in demand for ACTs at *Centrale d'Achat des Médicaments Essentiels (CAME)*. Finally, the project contributed to the PPMR for malaria (PPMRm), providing data on the central-level stock availability of critical malaria commodities to help prevent overstocking and expirations at the central level. In **Senegal**, the project collaborated with GHSC-PSM to ensure adequate procurement and importation of 2.5 million long-lasting insecticidal nets (LLINs) for the National Malaria Control Program (NMCP) through PMI funding. Since FY18, the project has supported coordination efforts between national stakeholders and partners including PNA, National Health Programs (e.g. NMCP, DSRSE), ADEMAs, freight forwarders, and GHSC-PSM to improve the reception process of health commodities. This has been achieved by organizing coordination meetings between national stakeholders and partners to review health commodity pipelines as well as by obtaining special authorizations for USG-procured products from the *Direction de la Pharmacie et du Médicament (DPM)* and the Laboratory Directorate for RDTs. This quarter the average lead time for the delivery of malaria commodities from port of entry to the PNA was 4 days, which is 16 days below the target of 20 days. The project also presented results of the EUV survey conducted in Q1 to the NMCP to provide recommendations on inventory management and

information system management, all aimed at improving malaria commodity availability. In the **DRC**, in addition to the routine facilitation of the distribution of LLINs and training workshops to build local capacity and supply planning, the project delivered 1,759,027 LLINs in 10 urban areas and 859,915 LLINs in rural areas of the Kasai Oriental as part of a large LLIN community distribution campaign.

**In support of the President's Emergency Plan for AIDS Relief (PEPFAR)** efforts to fight the global human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) crisis, the GHSC-TA Francophone TO **DRC** project team engaged Global Health and Supply Chain Program-Procurement and Supply Management (GHSC-PSM) consultants to conduct a training workshop on the use of PipeLine® and ForLAB® to strengthen the participants' capacity in the quantification of HIV/AIDS laboratory commodities. As a result, all training participants can now assist the essential medicine supply program (PNAM) in forecasting and supply planning for HIV/AIDS commodities. The project also supported the HIV program *Programme National de Lutte contre le SIDA* (PNLS) in developing a distribution plan to ensure last-mile distribution of HIV/AIDS commodities in Kinshasa, Haut-Katanga, and Lualaba provinces to ensure the continuous availability of HIV commodities in 560 health facilities. In **Senegal**, the project supported the National AIDS Control Committee in the quantification of HIV/AIDS commodities, allowing for the forecast of commodities and development of the tenofovir/lamivudine/dolutegravir (TLD) transition plan.

In addition to contributing to the above-mentioned United States Government (USG) initiatives, the GHSC-TA Francophone TO continued to address other critical areas of the supply chain. In **Haiti**, the project worked on improving the availability of effective laboratory and medical equipment maintenance by decontaminating obsolete equipment and performing preventive maintenance. The project also increased the capacity of Haitian biomedical technicians by implementing training activities and designing 14 Standard Operating Procedures (SOPs) on the maintenance of biomedical equipment. In **Benin**, the project provided strategic guidance to the *Conseil national de lutte contre le VIH/SIDA, la tuberculose, le paludisme, les hépatites, les infections sexuellement transmissibles et les épidémies* (CNLS-TP) in the development of the National Integrated Strategic Plan that targets the eradication of HIV/AIDS as well as the control of other priority diseases. The project continued to combat counterfeit medications through advocacy for a counterfeit surveillance system and an integrated, cross-functional supply chain model for health products. Both propositions were incorporated into the national strategic plan. In continuing to support the Beninese Ministry of Health (MoH)'s capacity-building efforts, the project organized and placed Young Logisticians Professionals (YLPs) in 15 districts across the country to strengthen the management and monitoring of health products in the Beninese health supply chain.



## Project Goal and Objectives

This report outlines GHSC-TA Francophone TO project progress toward achieving its goal to “Strengthen Supply Chain Systems in Francophone Countries of Africa and Haiti to Ensure Timely Access to Quality Essential Health Products and Services, Improve In-Country and Regional Collaboration and Coordination, and Support the Global Health Security Agenda.” This goal is supported by the following three objectives:

**Objective 1. Strengthen In-Country Supply Chain Systems:** governance, coordination, strategic planning, quantification and forecasting, procurement, logistics and warehousing, LMIS and data visibility and monitoring, and capacity building are the overarching areas that are being addressed. This applies to all levels of the countries’ supply chain, including last mile when required. Biomedical and medical equipment maintenance and pharmaceutical waste management are also supported in selected countries.

**Objective 2. Strengthen Collaboration and Capacity of Regional Organizations to Improve Commodity Security:** focuses on building on the accomplishments of other USG supported programs, such as the USAID | DELIVER project and Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, to empower regional actors to strengthen health systems, and foster collaboration and coordination among all relevant regional (e.g. the Ouagadougou Partnership) and global (e.g. 90/90/90) initiatives. Strengthening the supply chain for family planning and reproductive health commodities has been identified as the priority area. The project works on supporting technical activities such as in-country logistics, quantification, and supply chain optimization. Enhancing data sharing and visibility will also be supported through the implementation of regional dashboard(s).

**Objective 3. Support the Global Health Security Agenda (GHSA) and Supply Chain Emergency Preparedness Strategies:** includes the development of an essential competencies’ framework for supply chain management to respond to public health emergencies efficiently, as well as the testing of this framework and its customization at the country level. Stakeholder engagement and coordination are key to ensure that adequate resources are available, and responsibilities are clearly defined to ensure that country supply chains are fully equipped to respond in the most efficient fashion to public health emergencies.

## Objective 1. Strengthen In-country Supply Chain Systems

### Benin

During the second quarter of FY19, the GHSC-TA Francophone TO Benin team focused on the implementation of supply chain strengthening activities, ranging from identifying optimal solutions for health commodities distribution for the private sector to developing operational planning documents and standard operating procedures for order fulfillment and tracking. The project also provided technical assistance to the National Malaria Control Program (*Programme National de Lutte contre le Paludisme*, or PNL) in a quantification and demand planning exercise for all malaria commodities. Finally, the project coordinated with the Ministry of Health and the Private Sector Platform for Health (*Plateforme du Secteur Sanitaire Privé de la Santé*, or PSSP) in the placement of young professional logisticians (YPLs) in 15 districts across the country.

#### IR 1.1: Improved policy, governance, strategy, coordination

##### Activity 1.1.2. Provide technical assistance to DPMED to strengthen the overall management and monitoring of the health products supply chain

In continuation of its support to the Young Logisticians Professional Program (YLPP), the project's team – including regional supply chain manager (RSCM) and officers (RSCO) and the project country director – in collaboration with the DPMED, other MoH programs (DSME, DNSP, DPP), USAID, and the PSSP, organized the recruitment and placement of YPLs to select districts in Benin.

During the introductory field visit, the team presented the objectives of the YLPP, as well as the roles and responsibilities of the YPLs in the prefectural, local, and health authorities of the target areas. The launch of the program received significant attention nationally, with the presentation held at the department of Mono (a region of Benin) featured on national television.

## Benin Highlights

The project **supported PMI** in assisting PNL with the review, analysis, and data submission of PPMR for Q2 FY19, conducting an annual quantification and demand planning exercise for all anti-malarial commodities, and finalizing the EUV report drafted in Q1.

- The project **contributed to the FP2020 goals**, assisting the Mother and Child Health Directorate with the review, analysis, and data submission of PPMR for contraceptives data for Q1 FY19.
- The project supported **MOH capacity-building efforts**, assisting PSSP in the placement of Young Logisticians Professional Program fellows in 15 districts and launching baseline data collection efforts for this program. Additionally, in collaboration with the MoH Planning and Forecasting Directorate, the project organized a training workshop for the health zone warehouse managers with focus on capturing and analyzing DHIS 2 logistics data.
- The project provided **strategic guidance to the CNLS-TP** for the development of the strategic plan to control priority diseases and the selection of a national logistics information management system.



*Exchanges on the YLPP with local authorities in the department of Mono.*



*Presentation of the YLPP to the prefectural authorities of Allada.*

The team advocated to authorities to allocate working space for the program fellows. Fifteen program participants were assigned and relocated to 15 communes throughout the country. All key stakeholders were debriefed at the end of these field visits. In March 2019, the regional supply chain officers, in collaboration with USAID, organized a site visit in order to assess the immersion of the YPLs within communes as well as the initial activities implemented. The successful launch of the YLPP is a promising step toward strengthening Benin's supply chain capacity.

### **Activity 1.1.3. Support health supply chain integration, resource mobilization and stakeholder coordination**

In January 2019, the project forecasting specialist and pharmaceutical services advisor assisted the CNLS-TP in the development of the 2019-2023 National Integrated Strategic Plan<sup>1</sup>, which targets the eradication of HIV/AIDS, tuberculosis, malaria, hepatitis, STIs, and epidemics. The plan includes actions necessary to secure the availability of essential health products to support the management of these priority diseases. During a workshop organized in January 2019, project staff advocated for the establishment of a counterfeit medicines surveillance system and an integrated, cross-functional supply chain model for all health products. This proposition was accepted and included in the national strategic plan.

In January 2019, the regional supply chain officer (RSCO) based in Natitingou shared the objectives and proposed activities included in the GHSC-TA Francophone TO FY19 workplan with the regional staff of the USAID Integrated Health Services Activities (IHSA) project and the heads of the departmental health services. This allowed the identification of potential synergies between these key stakeholders. During the same month, the RSCO met with the IHSA project and the managers of the departmental office of the PNL to analyze the strategies to be put in place to ensure the availability of products as part of the implementation of chemoprophylaxis for seasonal malaria.

### **IR 1.2: Optimized forecasting and procurement processes are implemented**

#### **Activity 1.2.1 Strengthen national quantification, supply planning and procurement sourcing of priority health products**

---

<sup>1</sup> Indicator 4.1.1: Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support.

In the first month of quarter 2, the project's pharmaceutical service advisor, M&E manager and the RSCOs, in collaboration with UNICEF, the USAID Private Sector Health Partnership Activity (PSHPA), and Catholic Relief Services (CRS), assisted the PNLP with the quantification of anti-malarial commodities. This was an opportunity for key supply chain stakeholders to evaluate stock status for anti-malarial commodities and to develop the 2019 anti-malarial commodities supply plan<sup>2</sup> to ensure the timely availability of these products in Benin. The results of the quantification and supply planning exercises were submitted to the PNLP for approval.

Overall, the quantification exercise revealed a funding gap, which could lead to an interrupted supply of anti-malarial commodities in Benin. To mitigate risks of understocking or stock outs, the country director will help the NMCP to advocate for the mobilization of additional financial resources from other partners. Moreover, these supply plans will be updated quarterly during regular meetings of the Malaria Technical Working Group, which will allow for a more accurate procurement of anti-malaria commodities.

In March 2019, the project pharmaceutical services advisor developed a SOP for placing and tracking PMI orders<sup>3</sup> to ensure that orders are placed and received in a timely manner and through the proper channels. The SOP has been submitted to the Mission for validation. During the same period, the regional supply chain manager and officers assisted the PNLP in the development of a supply chain management plan to facilitate the implementation of seasonal malaria chemoprophylaxis in the Malanville-Karimama and Tanguieta-Materi-Cobly health zones located in the northern part of the country. The regional supply chain officer based in Parakou also met with the head of the association of private clinics for the commune of Parakou to ensure that the association is aware of the supply chain network norms and procedures.

### **IR 1.3: Best practices for distribution, warehousing, logistics implemented**

#### **Activity 1.3.1 Optimize CAME warehousing and distribution functions**

In February 2019, the forecasting specialist and M&E manager developed a data collection tool to conduct an analysis of current commodities distribution practices as part of an effort to explore opportunities to implement a 3PL distribution system. The collection and analysis of this data will be used to develop the terms of reference (ToR) in order to implement a pilot 3PL distribution system project. The use of a 3PL is proposed as an option to improve the delivery of medicines directly to health facilities from the health zone warehouses.

In March 2019, the pharmaceutical services advisor and the regional supply chain manager, in collaboration with the USAID Benin PSHPA, participated in the review of innovative models to improve delivery of health services through the private health sector in Benin. Five potential models were identified, including group practice, funds for health institutions, public-private partnership, the Informed Push Model (IPM), and health financing through universal health coverage. The selection of the model most appropriate for Benin is underway. Currently 17 percent of health services in Benin are delivered through approximately 224 private sector facilities. During the same month, the pharmaceutical services advisor supported the PSHPA in conducting analysis of the supply chain landscape for reproductive maternal, newborn and child health (RMNCH) products in the private sector. The purpose of this exercise was to review prices, stock availability, flows, and logistics of RMNCH products, including assessing the capacity of the private sector to test these products. The project discussed opportunities

---

<sup>2</sup> Indicator 1.2.4: Number of reviewed and/or updated supply plans during the quarter.

<sup>3</sup> Indicator 4.1.1: Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support.

for synergies between public and private sectors with PSHPA, highlighting potential benefits of such collaboration for beneficiaries.

In February 2019, the regional supply chain officers organized on-site coaching at selected health facilities in the municipalities of Natitingou and Parakou. This supportive supervision led to the improvement of the skills and knowledge of 16 health facility managers in the areas of storage and stock management. Such improvement was demonstrated each month when health care facilities reported their stock status to health zones. In turn, health zones entered data into DHIS2. With access to DHIS2, the project was able to evaluate storage and stock management skills by examining stock levels (e.g. stocked according to plan, stock out rate) at the health care facility level.

In addition, through the “Supervision 100%” New Generation Strategy/mechanism, the project visits to health zones to improve data completeness, quality, and analysis and encourage data use for timely decision-making. This activity acts as another way to check for improved skills.

#### **IR 1.4: Data Visibility and Stock Monitoring Enhanced**

##### **Activity 1.4.1 Assist MoH in data collection and supply chain analytics for all health commodities with a focus on PPMRm / PPMR (Procurement Planning and Monitoring for malaria / contraceptives products)**

This quarter, the logistics management information system (LMIS) specialist collaborated with the PNL and the DSME in the collection, analysis, and submission of logistics data related to the stock status of malaria and family planning/reproductive health products at the central level for the first quarter of FY19 utilizing the PPMR/PPMRm system.

At the central level, only 17 percent of tracer malaria products were stocked according to plan<sup>4</sup>. A further analysis of stock status findings for malaria products showed that AL 6x2, AL 6x3, AL 6x4, and SP were understocked, while AL 6x1 was overstocked. This situation resulted from the Global Fund primarily ordering AL 6x1, which differed from the pre-established procurement plan that proposed the order of varying blister pack sizes. As AL 6x1 can be used to replace other AL formulations, the project recommended that the NMCP encourage the use of AL 6x1 at the health facility level to help mitigate overstocking and expiries at the central level. To improve coordination, the project will continue to collaborate with the Global Fund coordinator in Benin who is responsible for updating the WAMBO tool for Global Fund-procured malaria products, and alongside other stakeholders, will compare procurement data from multiple data sources to make adjustments to the supply plan and to consolidate the information.

For tracer FP/RH commodities, 25 percent of products were stocked according to plan at the central level<sup>5</sup> (up 25 percent as compared to quarter 1, where commodities were primarily overstocked). Since quarter 1, the project has provided technical assistance to the DSME helping to monitor stock levels at the CAME as well as to revise and update supply plans. In December 2018, the project supported the DSME to review the FP/RH supply plan and found that Norethisterone Enanthate, Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75 mg, and Copper-IUDs were overstocked at the central level. To reduce overstock levels, the project recommended that the DSME delay orders for

---

<sup>4</sup> Indicator 1.3.1: Percentage of stock status observations in storage sites where commodities are stocked according to plan, by level in the supply system.

<sup>5</sup> Indicator 1.3.1: Percentage of stock status observations in storage sites where commodities are stocked according to plan, by level in the supply system.

overstocked products. Consequently, this has led to an improvement in stock status, with more products stocked according to plan in quarter 2.

During the first two weeks of January, project staff, in collaboration with the Ministry of Health, conducted a series of visits to the CAME central and regional warehouses and health zone warehouses (*Dépôt Répartiteur de Zone - DRZS*) to collect data on antimalarial and family planning products. This exercise was used to calculate the project's key performance indicators for the previous quarter (October, November, and December 2018). These visits were also an opportunity to advocate for improving completeness of logistic reports (Form A7), used by health facilities to report on consumption and stock data for all tracer products.

In March, the project data collection tool was modified to include additional data elements (such as stock status, designated min and max values for adequate storage conditions, etc.) to facilitate upload into the online platform DevResults. The data collected will be used in the second quarter of FY19 to calculate relevant key performance indicators for the project monitoring and evaluation plan. These visits will also be an opportunity to address DRZS managers and advocate for improvement in the submission and completeness of tracer health products (n=59) data included in Form A7 which is expected to be transmitted monthly by the health facilities they serve.

During this quarter, the project's regional supply chain officers organized bi-weekly stock status data collections for anti-malarial and family planning products from the DRZS in Atacora, Donga, Borgou and Alibori. The analysis of this data allowed the transfer of products between DRZS to prevent stock-outs of essential products and their use before expiration. A total of 58,718 doses of sulfadoxine-pyrimethamine were transferred from 13 DRZS to 16 other DRZS in need of commodities.



*Pre-test of the data collection tool in one of the health facilities*

In February 2019, the regional supply chain manager and the LMIS specialist organized a working session with the PNLP to agree on the procedures for decentralized quarterly validation of consumption data.

This activity is expected to improve the quality of logistics data at the community and health facilities levels and contribute to the accuracy of the annual quantification exercise.



*Baseline data collection training for the YLPP*

In March 2019, the M&E manager and the regional supply chain manager and officers, in collaboration with the PSSP, trained 15 YPLs in the use of tablets configured for the collection of baseline data for the YLPP<sup>6</sup>. This activity will provide data on product stock status for malaria, reproductive health, family planning, and immunization programs at the health facility level. The baseline data will be used to monitor stock status changes, and evaluate the short, medium, and long-term impacts of the YLPP.

In February 2019, the RSCO based in Parakou, assisted the National Malaria Control Program (NMCP) with the

<sup>6</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.



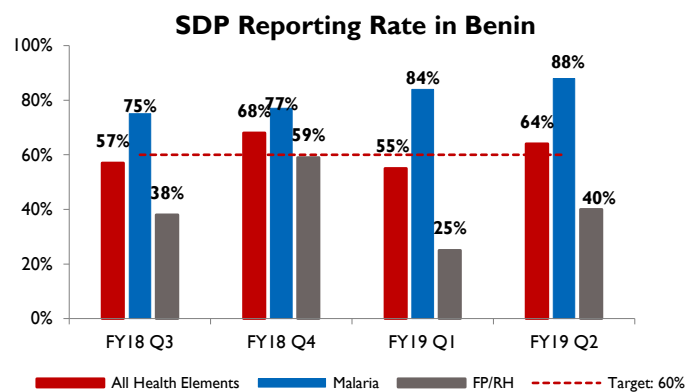
validation of consumption data of anti-malarial products. This data was used for the national quantification exercise and should ensure the continued availability of malaria products at all levels of the supply chain in this North east region of Benin, one of the most affected by malaria.

### Activity 1.4.2 Support e-LMIS implementation

In February 2019, the LMIS specialist assisted the CNLS-TP in the selection of a unique LMIS to be implemented in the country. CHANNEL, PHARMEG, and MEDISTOCK were identified as the legacy systems; however, only MEDISTOCK was selected as an interim solution since it is web-based and its functionalities are the closest to the agreed-upon user requirements. MEDISTOCK data will be transferred to the long-term LMIS once complete.

In March 2019, the LMIS specialist also engaged with the DPP to identify the strengths and weaknesses of the previous edition of the health statistics yearbook. The inclusion of logistics data in this yearbook was proposed and approved.

During the same period, in collaboration with the DPP, the LMIS specialist facilitated the training of all 34 DRZS managers<sup>7</sup> on capturing and analyzing logistic data through the DHIS2. Following this training, the DRZS managers conducted a data collection exercise, which led to an improvement in the reporting rate at SDP level. This quarter, the SDP reporting rate has increased to 64 percent (up 9 percent compared to quarter 1)<sup>8</sup>. For the malaria program, the SDP reporting rate increased to 88 percent (up 4 percent compared to quarter 1); whereas, the SDP reporting rate for the FP/RH program increased to 40 percent (up 15 percent compared to quarter 1). By building the capacity of DRZS managers through training exercises, the visibility of health facility logistics data is expected to improve for all A7 Form tracer products, through the DHIS2.



The project completed terms of reference (ToR) for developing and implementing a logistics data visualization and analysis tool, as well as the ToR for the implementation of an eLMIS. The project also published an international call for tenders to launch the procurement process.

### Activity 1.4.3 Verify commodity availability and rational use in an integrated manner (DPP, DP MED, PNLP, DSME, PSLs, PNLT, etc.)

In February 2019, the M&E manager finalized the November 2018 EUV report implemented in collaboration with DP MED, DPP, and PNLP. This report was shared with the USAID Mission and USAID

<sup>7</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.

<sup>8</sup> Indicator 1.4.1: Reporting rate to a logistics management information system (LMIS), by supply chain level.

Washington for comments and consequently approved. The presentation of the EUV results to stakeholders is planned for April 2019.

Data collected refer to on the day of the visit and 3 months prior to the visit (August, September and October 2018). Through the EUV, the project observed that 74 percent<sup>9</sup> (n=34) of health facilities had a stockout of ACTs for three or more consecutive days in the last three months, 43 percent of facilities had a stockout of sulfadoxine-pyrimethamine (SP), and 47 percent of facilities had a stockout of rapid diagnostic tests (RDTs). On the day of the visit, the stockout level was 21 percent for ACTs, 16 percent for SPs, and 14 percent for RDTs. The main attribute for stockouts at the facility level was the stockout of AL 6x1, AL 6x2, and AL 6x3 at the central medical store (*Centrale d'Achat des Médicaments Essentiels* or CAME).

With the government's directive to close all unregistered private health facilities, CAME saw a significant increase in demand for ACTs. The NMCP has recommended that health facilities review the average monthly consumption to ensure that the right quantities are ordered to maintain adequate stock levels.

### **Challenges and Mitigation Strategies**

**Challenge:** Since 2018, the Ministry of Health has been revisiting the status of the DPMED and the LNCQ, with the purpose to merge these bodies into one pharmaceutical agency. This change could delay the implementation of some project activities.

**Mitigation strategy:** The project will continue to work with the Ministry of Health and IHSA to accelerate this process and minimize possible impact on project activities.

**Challenge:** In June 2018, the Beninese government closed many private health facilities. As a result, demand for products in public health facilities has increased.

**Mitigation strategy:** The project continues to work with the Ministry of Health to monitor the impact of the closing of private facilities. Every quarter, consumption trends are monitored and analyzed, and supply plans adjusted accordingly.

### **Deliverables**

- Presentation and report on the installation of 15 YPLs in the communes
- Operational Plan for the Elimination of HIV/AIDS, Tuberculosis, Malaria and Epidemics
- Quantification report for anti-malaria products
- Supply and purchase plans for malaria products for FY19
- Supply and contingency plan for seasonal malaria chemoprophylaxis
- SOP for PMI Orders
- Transfer of products letters
- PPMR and PPMRm reports
- Q1FY19 performance report
- Activity report of Q1FY19
- YLPP baseline training report
- Training report for health zone warehouses managers on DHIS2 A7 form
- EUV report

---

<sup>9</sup> Indicator 4.1.5b Stock out rate for tracer commodities, by health element.



## Next Steps

- Presentation of EUV results to stakeholders
- Review of supply and procurement plans for malaria and FP products
- Organization of a meeting with the DPMED and the CAME for the development of the SOP related to the management of donations
- Quarterly data collection for the monitoring of project performance indicators (Indicators Reference: 1.3.1, 1.4.1, 1.4.2, 4.1.3, 4.1.4, 4.1.5)
- Finalization, analysis and reporting of the baseline data collection for the YLPP
- Finalization of the SOP for anti-malarial products
- Recruitment of a consultant for the implementation of a logistics data visualization tool and the implementation of an eLMIS.
- Development of Version 2 of the *Tableau de Bord du Ministère de la Santé* (TBMS)

## DRC

This quarter, the project contributed to improving health commodity security in the DRC through a variety of activities, including facilitating the importation processes of USG-funded commodities and their delivery to the health centers, and improvement of donor coordination in the country. The project started the distribution of LLINs in Kasai Oriental and made tangible progress in the development of the InfoMED DRC web portal in support to the visualization of logistics data.

### **IR I: USG-procured Essential Health Commodities Are Consistently Available in Supported Service Delivery Points**

#### **Activity I.1: Conduct Quantifications, Develop Supply Plans and Support the Ordering of USG-procured Products for HIV, Malaria, TB, FP/RH and Maternal, Newborn and Child Health (MNCH) Programs in a Timely Fashion, Foreseeing and Managing Possible Delays and Risks (IR 1.2)**

In February 2019, the project organized two two-week training workshops on forecasting and supply planning. The first workshop focused on building the capacity of the MoH laboratory and quantification teams as well as external partners to forecast the demand of laboratory commodities for a selected list of HIV and TB laboratory reagents, consumables, and tests using the ForLAB<sup>®</sup> tool. Twenty-two participants (6 women and 16 men) were trained<sup>10</sup> including 12 representatives from the MoH (i.e. PNLS, PNAME, PNT), two representatives from SANRU and CORDAID (implementing partners of the Global Fund), and eight staff from the project team.

One of the notable findings discussed during the training wrap-up was the need to have a well-organized data collection system in the country to be able to produce accurate forecasts for laboratory commodities. The DRC continues to face significant challenges in data collection and validation, so it is important for these exercises

## DRC Highlights

- **Supporting PMI goals**, the project started LLINs distribution in Kasai Oriental, delivering 1 759 027 LLINs in 10 urban health zones, and 859 915 in 9 rural health zones.
- Contributing to the **improvement of the availability of commodities in the country**, the project submitted 280 import authorization requests, receiving approval for all submissions.
- Helping to **improve local supply chain capacity**, the project trained 22 specialists in the use of ForLAB for the quantification of HIV and TB laboratory commodities, and 13 specialists in the use of PipeLine for supply planning.



*Training in the use of ForLAB for MOH and TA staff to forecast HIV and TB commodities.*

<sup>10</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.

to be conducted regularly to improve the quantification process in the future; and as such to be fully owned by the MoH with support from the external partners.

The second training focused on strengthening the MoH and project staff's knowledge and skills in using the tools (e.g. PipeLine®) and procedures of supply planning with the objective of enabling them to develop rational supply plans in a sustainable manner. Thirteen participants including, 4 MoH staff, 2 representatives from CORDAID and SANRU, and 7 project staff took part in the training<sup>11</sup>. Through this training, participants learned to develop and update supply plans for a selected list of health commodities. Following the training, the project supported the MoH in the review and update of their respective health program area PipeLine® databases. As a result, 6 supply plans were reviewed and/or updated<sup>12</sup> on time for their quarterly submission. These included supply plans for HIV/AIDS commodities (incl. ARV, RTKs, laboratory commodities), malaria commodities, FP/RH commodities, and condoms. This result is up by 4 plans compared with FY19 Q1.

All training participants are prepared now to assist the essential medicine supply program (PNAM) in the training of resource persons at the provincial and health zone levels in the use of those tools and in the forecast and supply planning of health commodities. Both trainings were facilitated by the GHSC-PSM staff.

Following the USAID DRC recommendation to reduce the number of pharmaceutical products used by the USAID's Integrated Health Project (IHP) in nine provinces supported by the agency, the project assisted the IHP project in deciding on the reduction of the number of these products from 120 to 20. From the end of February to the beginning of March 2019, the project, supported by IHP, assisted nine *Division Provinciale de la Santé* (DPS) (Sud Kivu, Kasai Central, Kasai Oriental, Lomami, Sankuru, Haut-Katanga, Haut Lomami, Lualaba, and Tanganyika) in forecasting the need for these 20 products for FY20 for 178 health zones. The procurement process for these 20 items was initiated, and the order is expected to be delivered by January 2020.

### **Activity 1.2: Ensure That Import Authorization, Exoneration and Customs Clearance are Conducted as Efficiently as Possible for All USG Shipments (IR 1.2)**

The GHSC-TA Francophone TO team continued providing in-country support and liaising between in-country actors (custom agencies, the USAID DRC mission, the U.S. embassy staff, and the DRC Ministry of Health), the GHSC-PSM procurement non-field office (NFO) unit based in D.C. , and the third party logistic agencies (3PLs) to facilitate clearance and authorization of all incoming health products procured with USG funds and to secure their timely delivery to the CDR warehouses.

During this reporting quarter, a total of 280 new orders with shipping documents were sent for in-country processing; 280 import authorizations (IAs) were submitted to DRA and 280 IAs (100 percent) were granted; 189 *notes verbales* request were submitted to USAID (68 percent); and a total of 157 proof of delivery documents (PODs) were received from CDR warehouses as summarized in the table below. The health commodities consisted of HIV/AIDS, Malaria, FP/RH, MNCH, and TB commodities.

---

<sup>11</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.

<sup>12</sup> Indicator 1.2.4: Number of reviewed and/or updated supply plans during the quarter.

The average lead time for the importation of all health commodities was 66 days this quarter<sup>13</sup>. On average, this is consistent with current performance for this process within the supply chain. A contributing factor to the particularly long lead time is the time it takes to obtain the note verbal from the Ministry of Foreign Affairs after the project submits the IAs, the exonerations (IE), and OAD to USAID. On average, the cycle time varies from 30 to 45 days. Reasons for this lag are currently unknown. To optimize the importation process of USG products in the DRC, the project and USAID/DRC began a series of advocacy actions at the executive branch level to create a waiver for the importation of drugs financed by the USG. This waiver consists of authorizing the delivery of products that are currently waiting for an exoneration letter or *note verbale*.

**Activity 1.3: Store and Ensure the Last-mile Delivery of HIV/AIDS Commodities to all PEPFAR-supported Sites in Kinshasa, Haut-Katanga, and Lualaba Provinces (IR 1.3)**

As a quarterly exercise, the project supported the HIV program (PNLS) in the development of a distribution plan in collaboration with the health zones supported by PEPFAR. Based on the developed distribution plan, the project conducted the last-mile distribution of HIV/AIDS commodities in Kinshasa, Haut-Katanga, and Lualaba provinces to ensure the continuous availability of the needed commodities for HIV treatment and care in 560 health facilities (229 in Kinshasa, 275 in Haut-Katanga, and 56 in Lualaba provinces). Health facilities were provided with a four-month supply of ARVs and related commodities, including test kits. The in-country cycle-time from product order from the provincial warehouses to delivery to SDPs for USG-procured HIV/AIDS products is maintained at 3 days this quarter<sup>14</sup>. While the on-time delivery rate from CDRs to SDP is 97 percent, which is 17 percent above target<sup>15</sup>.

Average lead time for the delivery HIV/AIDS commodities from provincial warehouses to SDPs	
Reporting Period	HIV/AIDS (days)
FY19 Target	4
FY18 Q2	4.4
FY18 Q3	3.8
FY18 Q4	2
FY19 Q1	3
FY19 Q2	3

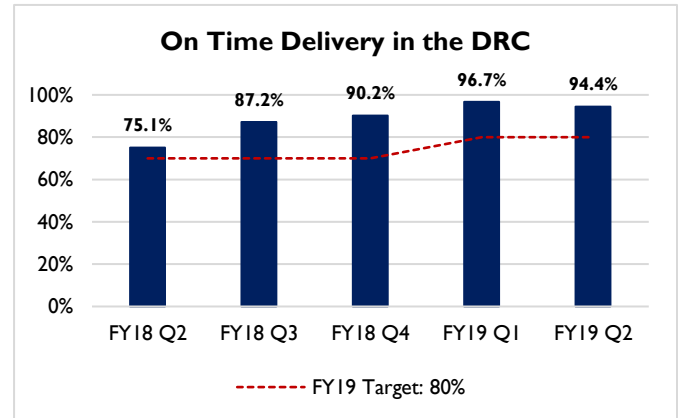
**Activity 1.4: Ensure the Warehousing of Malaria, FP, TB commodities, MCH Products, and Essential Medicines and Optimize Their Distribution to all USG-supported Health Zones Covered by the USAID IHP (IR 1.3)**

<sup>13</sup> Indicator 1.2.2: Average lead time for a segment within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations.

<sup>14</sup> Ibid.

<sup>15</sup> Indicator 1.3.3: On Time Delivery, where GHSC-TA Francophone TO supports distribution processes.

During this quarter, the project continued quarterly distribution of health commodities in USAID-supported provinces from CDRs to health zones. This included distribution of essential medicines, malaria medicines (ACTs) and malaria rapid diagnostic testing kits (RDTs), FP commodities, and anti-TB commodities to approximately 3,896 health facilities. The in-country cycle-time from product order to delivery to health zones for USG-procured malaria, FP/RH, TB, and MCH products is at 6 days this quarter<sup>16</sup>. While the on-time delivery rate from CDRs to health zones is 94.4 percent, which is 15 percent above target<sup>17</sup>.



Most deliveries to health zones were completed on time this quarter; however, some CDRs such as CADMETA, CAMELU-Kolwezi, and Brasserie Simba were delayed in their distribution plans. In CADMETA, poor road conditions caused a 3-day delay in supplying antimalarial drugs to KONGOLO and MANONO health zones. Similarly, in Brasserie Simba, 25 percent of deliveries (2 out of 8 health zones) for FP/RH and MNCH commodities were delayed due to poor road conditions to reach SONGA and KITENGE health zones. In CAMELU-Kolwezi, 79 percent of deliveries (11 out of 14 health zones) for TB commodities were not on time.

Additionally, the project conducted the CDR performance evaluation, a quarterly activity that allows a well-performing CDR to be granted a bonus of 2 percent EX Work 2 percent EX Work costs of stored products based on the score obtained from this evaluation. This exercise promotes Good Distribution and Storage Practices (GDPs) to ensure the quality of products and services at this level of the supply chain. The scores obtained by CDRs vary from 57 percent (the poorest performer) to 99 percent (the best performer).

### **Activity 1.5: Provide TA to the PNLs to Ensure a Smooth Transition from the Use of Tenofovir/lamivudine/efavirenz (TLE) Formulation to Tenofovir/lamivudine/dolutegravir (TLD) (IR 1.3)**

This quarter's distribution round included the delivery of the Dolutegravir-based regimen to support the TLD transition, which is scheduled to start in April 2019. All 560 ART sites were provided with TLD, and patients started being shifted from TLE to TLD. The transition from TLE to TLD is planned to last six to 12 months. The project will ensure that the TLD and all other regimens for adult/adolescent and infant are timely delivered to service delivery points to support the transition and improve patient outcomes.

During previous quarters, the project, in collaboration with other partners (WHO, CORDAID, IHAP, and ICAP), worked closely with the HIV program to lay the groundwork for the implementation of the TLD transition plan. During this reporting quarter, the project participated in the revision of the ART guidelines for adult/adolescent and pediatric patients to include a Dolutegravir-based regimen, developed a training curriculum for the introduction and use of TLD, and conducted training for central and subnational level (DPS and Health Zones)

<sup>16</sup> Indicator 1.2.2: Average lead time for a segment within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations.

<sup>17</sup> Indicator 1.3.3: On Time Delivery, where GHSC-TA Francophone TO supports distribution processes.

supply chain managers. Additionally, the project developed a communication plan to support and promote good communication between health workers and patients. The plan includes strategies to advocate for additional funding from other donors to support the TLD transition plan implementation, interprofessional communication, communication with political authorities, development of communication literacy tools, and procedures to obtain informed patient consent before initiating TLD regimen in women of child-bearing age. The project also developed a draft of patient and health workers' literacy tools. These materials will be finalized and disseminated during the next quarter.

### **Activity 1.6: Strengthen the Management of TB Commodities (IR 1.3)**

During this quarter, the project continued to support the national TB program (PNLT) in the stock-taking/inventory exercise of TB commodities in the three central-level warehouses (PNLT Kabinda Stores, HGR Mama Yemo Stores, and Bollore Stores) in Kinshasa province. This inventory exercise is conducted on a quarterly basis with the purpose of determining the stock level of each TB item, figuring out the usable and unusable TB items, and facilitating the collection process and reporting of TB commodities data.

### **Activity 1.7: Procurement and Installation of a Prefabricated Warehouse**

During this reporting quarter, the project and CORDAID teams continued to tailor technical and risk management specifications to source a subcontractor for the design and installation of the prefabricated warehouse. In addition, an engineering expert was identified from within the Chemonics workforce to support and provide regular STTA to the field office team for better coordination and supervision of this activity. The expert engineer is assisting the field office team in the selection process of the local supervision engineer, who will accompany and supervise all phases of the construction of the foundation and assembly of the prefabricated warehouse in partnership with CORDAID. Additionally, the activity timeline was revised and updated to accommodate changes. More details on the process will be provided in the next third quarter report.

### **Activity 1.8: Conduct the Distribution of LLINs through a Mass Campaign in Kasai-Oriental and through Schools in Kasai-Central (IR 1.3)**

Following the preparatory work (e.g., sensitization, campaign tools development and trainings) conducted in the previous quarter, the project started distributing the LLINs at the household level in Kasai Oriental. The project identified 5,066,196 inhabitants in 2,989,412 households in Kasai Oriental, with the average household size being 5.1 persons. Out of the required 3,005,714 LLINs, the project distributed 1,759,027 in 10 urban health zones and 859,915 in nine rural health zones. At the end of the reporting period, a total of 46,500 LLINs are available at the CDR CADMEKO.



*Launch of LLIN Mass Campaign in Kasai Oriental.*

The situational analysis and a stock-taking exercise of all schools in Kasai Central jointly conducted by the Ministry of Primary and Secondary Education and the MoH revealed that a total of 2,988 schools serving 469,642 pupils were recorded for

the upcoming school-based LLIN distribution in that province. The project organized a macroplanning workshop to determine the resources needed for this campaign, and it estimates that 511,492 LLINs are needed to cover all schools before the end of the school year (late May). At the end of the reporting period, the available stock in LLINs for the Kasai Central school campaign is 23,000, and future deliveries are awaited.

## **IR 2: A Unified National Essential Medicines Supply System (Système National pour l'Approvisionnement des Médicaments Essentiels or SNAME) Meets the Governance and Performance Criteria Established by the USG and Other Donors to Fully Integrate Products into That System (System Strengthening)**

### **Activity 2.1 Support the Government of the DRC in Planning, operationalizing, and Monitoring the Implementation of the National Supply Chain Strategic Plan, Including the Integration and Optimization of the Supply Chain for All Programs (IR 1.1)**

The project continues to support the DRC MoH in the implementation of the PNAM's strategic plan for 2016 to 2020. During this reporting quarter, the project, in collaboration with other partners (UNFPA, GF, World Bank) assisted PNAM in the development of a LMIS work plan and budget. This activity provided an opportunity to advocate for scaling up the implementation of the InfoMED RDC web portal across all provinces of the country. All partners are keen to support the future rollout of the InfoMED in their supported health zones.

### **Activity 2.2 Strengthen Key National and Provincial Institutions Responsible for Supply Chain Leadership, Including PNAM, FEDECAME, CDRs, and Others (IR 1.1)**

During this quarter, the project assisted the DPS to organize meetings of the Medicine Technical Working Group in the provinces of Sankuru, Sud Kivu, Tanganyika, Haut-Lomami, Kasai-Oriental, Lualaba, and Kasai-Central. These meetings offer an opportunity to address the supply situation and the management of medicines within these health zones. In addition, the project supported field supervision visits conducted to coach health-care workers involved in the management of health commodities at health zones and at the health facility level.

## **IR 3. Supply Chain Data Are Collected, Analyzed and Utilized for Health System Planning, Monitoring, Decision-making, and Problem Solving**

### **Activity 3.1 Support the Development and Implementation of Early Warning Data Visualization Tool for Decision-Making (IR 1.4)**

During this quarter, the project continued its support for the development of the InfoMED DRC web portal, which will enable the visualization, analysis, and monitoring of data for better decision-making at all levels of the national supply system of medicines in the DRC.

At the end of January 2019, the project organized a training session for health workers from 18 PEPFAR-supported health zones in Kinshasa on the use of the InfoMED DRC portal. During this training, the stock data for the last three months were captured in the newly customized commodity section of the DHIS2 to allow migration and visualization in InfoMED DRC. This training exercise also served as an opportunity for test-proofing the tool as it allowed the

identification of other areas of improvement. This training was attended by 18 pharmacists and 18 data managers from each of the PEPFAR-supported health zones in Kinshasa province<sup>18</sup>.

In addition, in order to finalize all the settings of the dashboard and to prepare for future trainings, the project hired a local consultant for the translation of all the web pages and the tutorial section of infoMED from English to French.

By finalizing the Informed dashboard, the project is able to access SDP LMIS reports through DHIS2. This quarter, 69 percent of SDP submitted LMIS reports (down 4 percent compared with FY19 Q1)<sup>19</sup>.

### **Activity 3.2: Compile and Submit PPMR for Contraceptives, PPMRm, and PPMR-HIV (IR 1.4)**

During this quarter, the project supported the family planning program (PNSR) in compiling, analyzing, and submitting the PPMR report through the PPMR database. This work was done in collaboration with UNFPA, ENGENDERHEALTH, PDSS/World Bank, CHAI, Tulane, ABEF, ASF/CONGO, DKT, and IMA. This quarter, 15.3 percent of FP/RH products were stocked according to plan (source: DISMED)<sup>20</sup>. The underlying reason for this performance is due to late 2018 orders from non-USG sources.

The PPMR-HIV continued to be implemented on a monthly basis. During this quarter, the Francophone TO implemented and submitted three PPMR-hiv that integrated data for both ARVs, Lab commodities and TPT (isoniazid).

At the beginning of this quarter, the project submitted the PPMR for malaria report for the last quarter of 2018. This report revealed stock shortages in artesunate/amodiaquine and Sulphadoxine pyrimethamine, and an urgent arrangement was made with PMI Cameroon to assist DRC with a three-month supply of these commodities while awaiting the next delivery from the contractual suppliers. This PPMRm report included data from provinces supported by PMI and the Global Fund. This quarter 37 percent of malaria products were stocked according to plan (source: DISMED)<sup>21</sup>. This is an increase in performance compared to quarter 1.

## **IR 4. Donor-funded Commodity and Supply Chain Assistance Are Well-coordinated and Efficient**

### **Activity 4.1 Establish and/or Support Active, Government-led GAS (Gestion des Achats et Stocks) Working Groups to Make and Implement Appropriate, Coordinated Supply Chain for All Health Programs That Are Supported by the USG (IR 1.1).**

The project continues to provide technical and financial support to the national and provincial divisions of health to strengthen the national and provincial medicine committees (CNM and CPM) and the related thematic working groups called “GAS” to ensure better coordination of the donors’ support with regard to medicine provision and distribution. During this quarter, the

---

<sup>18</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.

<sup>19</sup> Indicator 1.4.1: Reporting rate to LMIS, by supply chain level. [SDP]-%

<sup>20</sup> Indicator 1.3.1: Percentage of stock status observations in storage sites where commodities are stocked according to plan, by level in the supply system.

<sup>21</sup> Ibid.



project supported GAS meetings in all USAID-funded provinces except Haut Katanga due to the overlapping agenda. The meetings allowed the analysis of logistic data received from DHIS2, evaluation of the stock of medicines at health zones and CDRs, and sharing of information on the expected and received shipments at the CDR level.

## **Challenges and Mitigation Strategies**

**Challenge:** Poor road infrastructure and inaccessibility of several locations complicate delivery of commodities to the local level.

**Mitigation strategy:** The project continues to explore other means of commodity transportation to select inaccessible locations and identified situations where lacustrine, fluvial, or air transportation was the only available option. However, the use of alternative means of transportation increases the cost of delivery to remote locations.

## **Deliverables**

- Quantification reports
- Supply plan reports
- POD, IAs, *notes verbales*
- *Gestion des Achats et des Stocks (GAS)* or Procurement and Supply Management (PSM) TWG meeting notes
- Commodities distribution reports
- Revised ART guidelines, TLD training curriculum, communication plan, health worker and patient literacy tools
- TB commodities stock-taking report
- Signed multi-party Memorandum of Understanding between CHEMONICS, CORDAID, and PNAM
- Terms of reference of the Steering Committee for the establishment of the prefabricated warehouse
- Draft request for proposal for the Prefabricated warehouse activity
- LLIN distribution report
- Budgeted LMIS work plan
- Portal training report

## **Next Steps**

- Distribute LLINs in Kasai Oriental and Kasai Central in Q3

For Activity 3.1, the project shall hold the official launch of InfoMED DRC, print and disseminate paper-based data collection and reporting tools, train DPS and health zone staff in USAID-supported provinces, and finalize the patient data in the system for better visibility and decision-making.

## Haiti

In quarter 2, the demonstrations and protests demanding presidential resignation severely impacted the security situation in Haiti, affecting the progress of the GHSC-TA Francophone TO Haiti team, that led to office closures, staff evacuations in February and March, and, consequently, to delays and cancellations of planned activities. Nonetheless, the project was able to engage various directorates of the MoH in several strategic discussions described below and made tangible progress towards the disposal and repair of medical equipment.

### IR 1.1: Improved Policy, Governance, Strategy, Coordination

#### **Activity 1.1.1: Strengthen the Capacity of the *Ministère de la Santé Publique et de la Population (MSPP)*, the *Direction de l'Organisation des Services de Santé (DOSS)*, the *Direction de la Pharmacie, des Médicaments et de la Médecine Traditionnelle (DPM/MT)*, and the *Laboratoire National de Santé Publique (LNSP)* by Supporting their Programs**

The project team continued providing support to ten thematic working groups<sup>22</sup>, encouraging interagency collaboration and coordination needed to improve the use of medical and laboratory equipment, pharmaceutical waste management optimization at the national level of the health sector, and the implementation of the Computerized Maintenance Management System (CMMS), known in French as the *Gestion de la Maintenance Assistée par Ordinateur (GMAO)*.

In March 2019, the project held two meetings with the representatives of the *Système National d'Approvisionnement et de Distribution des Intrants (SNADI)*, to share progress on waste management activities and present the terms of reference (ToR) for a national pharmaceutical waste analysis and quantification exercise. These meetings were a prerequisite for announcing a request for proposals to identify a firm to conduct this activity, the results of which will be used to support the national strategic waste management plan.

The project participated in four thematic working group meetings on the maintenance of laboratory and medical equipment: one between DOSS and LNSP, one with DOSS, and one with *L'Unité d'Études et de Programmation (UEP)*, to discuss the implementation of the GMAO. The project also held a meeting with two biomedical technicians to also discuss the implementation of the GMAO. As a next step, the UEP will organize an internal meeting between DOSS and LNSP and the *Direction d'Administration et Budget (DAB)* to prioritize needs and coordinate the inclusion of all requirements for the CMMS/GMAO. In the next quarter, the project will coordinate a meeting with all directorates and a representative of FINCON Services International, LLC, the firm selected to implement the CMMS.

## Haiti Highlights

- **Supporting the efforts of the MoH to maintain adequate condition of laboratory and medical equipment**, the project decontaminated 199 items of obsolete medical and laboratory equipment, repaired 20 items, and provided preventative maintenance for another 20 items.
- **Helping to increase the capacity of biomedical technicians**, the project designed 14 SOPs on the maintenance of biomedical equipment to be used as reference material.

<sup>22</sup> Indicator 1.5.3: Number of coordination meetings (e.g. Thematic Working Groups) dedicated to improving the rational use of medical and laboratory equipment or to improving pharmaceutical waste management at national level of the health sector.

## **IR 1.4: Data Visibility and Stock Monitoring Enhanced**

### **Activity 1.4.1: Implementation of a CMMS to Manage Laboratory and Medical Equipment, and Monitor and Report on Their Status**

In January 2019, the project organized bilateral meetings with the DOSS, DAB, LNSP, and UEP to present and discuss the implementation of the Computerized Maintenance Management System (CMMS) for managing the maintenance of medical equipment, including equipment and spare parts, institutions/site management, staff management, profiles, users and roles, inventory management, equipment maintenance, alerts management, working orders management, reporting and statistics, dashboard with alerts, and maintenance orders. This was also an opportunity for MoH counterparts to share desired CMMS specifications. However, due to the disruptions caused by the political unrest that brought the country to a de facto shutdown, all required follow-up meetings scheduled for February 2019, were cancelled or postponed. A representative from FINCON will visit Haiti in May to meet with four directorates of the MoH (DOSS, DAB, LNSP, and UEP). In the meantime, the project provided ad hoc guidance to the MoH regarding the setup of the CMMS and started preparation for the training of trainers to be implemented during the next FINCON mission to Haiti.

## **IR 1.5: Improved Rational Use of Medical and Laboratory Equipment and Commodities, and Pharmaceutical Waste Management Done According to International Standards**

### **Activity 1.5.1: Development of a National Pharmaceutical Waste Management Strategic Master Plan to Support the Creation of a Pharmaceutical Waste Treatment Facility**

In March 2019, the project held two strategic meetings with the SNADI technical working group. This was the first opportunity to engage different stakeholders in the revision of all waste management-related documents. The project completed a draft of the narrative of the waste management strategic master plan and submitted it to the DPM/MT for review. The waste management technical working group will review the plan during its next session in Q3. The project also completed a set of 10 waste management SOPs and a draft of relevant training curriculum. The project finalized the terms of reference (ToR) for a national pharmaceutical waste analysis and quantification exercise, which is expected to provide accurate data to support the national strategic waste management plan. The request for proposals to identify a vendor for the realization of the national waste quantification exercise will occur in Q3.

The project continued working on the scoping statement for the environmental assessment, providing feedback to comments received from USAID.

### **Activity 1.5.2: Assist MSPP with Managing Maintenance and Repairs of Selected Medical Equipment from the Services de Santé de Qualité pour Haïti (SSQH) sites**

While no obsolete equipment was disposed of during this quarter<sup>23</sup>, the project decontaminated 199 items of obsolete medical and laboratory equipment. Of these items, 144 were listed in the original inventory while 55 were new equipment not identified previously. The team conducted visits to 25 out of 26 sites in the West department.<sup>24</sup> Visits to some of these sites (e.g., Maternité Isai Jeanty Hospital at Chancerelles, Choscal and Chapi at Cite Soleil) were interrupted by aggravated unrest, and project staff had to return once the situation improved.

---

<sup>23</sup> Indicator 1.5.2: Percentage of obsolete equipment disposed in compliance with Haitian regulations.

<sup>24</sup> The decontamination at the last remaining site in the West (HUEH) will be completed after the visits to other national departments due to the large number of equipment items identified at this site for disposal.

In addition to the decontamination and collection of obsolete equipment, the MOH biomedical technicians and project team were able to repair 20 items of equipment and perform preventive maintenance for 20 additional items. The project updated the activity calendar to reflect the delays caused by civil unrest, and scheduled visits to the remaining 18 sites for decontamination and collection of obsolete equipment. Prior to the actual disposal, the project will assist MoH biomedical technicians in salvaging spare parts from the decontaminated equipment. To equip the regional repair workshop, the project compiled a list of necessary tools to be procured through GHSC-PSM. This process is currently underway, and, once completed, will benefit the MoH biomedical technicians from Artibonite, Grande-Anse, South, North, and West. In April 2019, the project plans to publish a request for proposals to identify a service provider for the disposal of decontaminated equipment.

The completion of these activities will help the Haitian public health system improve the availability of operational laboratory and biomedical equipment.

### **Activity 1.5.3: Support the MSPP and the LNSP by Building Capacity to Maintain PEPFAR-funded Laboratory Equipment**

During Q2, no formal calls were received through the LNSP and DOSS hotlines<sup>25</sup>. However, GHSC-PSM received 15 service calls for Sysmex equipment. Since the establishment of the hotline at the LNSP and DOSS, the project has continuously promoted it to departmental directors and departmental technicians as a vehicle to assist with equipment failure and repair requests. The main advantage of the hotline is that it is designed to assist the MSPP with managing maintenance and repairs of laboratory and medical equipment. To reinforce the use of the hotline, the project has promoted it during CAGIL, GTEMEL, and GTMEM meetings where other implementing partners (e.g., JPHIEGO, FOSREF, UNDP, and GHSC-PSM) meet to discuss issues related to lab and medical supply chain programs.

Despite such efforts, cultural or behavioral barriers (e.g. changing habits) have slowed the use and adoption of the LNSP and DOSS specific hotlines for managing maintenance and repairs of laboratory and medical equipment. Similarly, few PEPFAR sites are using the “HT-Assistance” hotline managed by GHSC-PSM. Only Sysmex maintenance/repair requests are submitted through this system. It should be noted that it took PEPFAR sites two to three years to become comfortable using “HT-Assistance” for service calls on a regular basis. The project predicts that a similar adjustment period will be needed for PEPFAR sites to adopt the DOSS and LNSP hotlines.

The project will continue to monitor the number of calls through the “HT-Assistance” hotline through September 2019. In addition, the project will also begin transitioning activity 1.5.2 (“assist MSPP with managing maintenance and repairs of selected medical equipment from SSQH sites”), and activity 1.5.3 (“support the MSPP and the LNSP by building capacity to maintain PEPFAR-funded laboratory equipment”) to the GHSC-PSM program.

To help LNSP and DOSS address a significant shortage of skilled biomedical technicians to manage the maintenance and day to day repairs of equipment, the project implemented training activities in Q1, providing biomedical technicians with an opportunity to acquire the necessary skills at specialized training facilities in the United States. One of the challenges identified during the Biosafety Cabinet certification course at Eagleson Institute in Maine, USA, was the training participants’ insufficient knowledge of math, which prevented them from successful completion of part one of the three-part certification program. In Q2, the project hired a math tutor to help these training participants improve

---

<sup>25</sup> Indicator 1.5.1: Number of service calls received on the LNSP and DOSS hotlines from PEPFAR-supported sites to repair, upgrade, or dispose of USG funded laboratory and/or medical equipment.

their knowledge in the required areas to allow them to retake the course. The project reached an agreement with Eagleson Institute, and two biomedical technicians plan to retake the course in April 2019.

The project continued providing on-the-job training to the Haitian biomedical technicians, expanding subject areas from strictly specialized to more generic, including technical writing and calendar and workload management. In February 2019, the project organized a training session for 17<sup>26</sup> biomedical technicians (13 men and 4 women) on the roles and responsibilities of biomedical technicians. This was an opportunity to build on and reinforce the training that occurred during FY18 Q4 on the maintenance of medical equipment. It was also an opportunity to encourage more experienced biomedical technicians to coach the less experienced ones.

Finally, the members of the working group on the maintenance of medical equipment identified a list of 14 SOPs to be developed by the project, including maintenance of the infantile incubator, patient monitor, oxygen concentrator, anesthesia machine, electrocardiogram, defibrillator, radiography, electrocautery, suction pump, ultrasound, surgical lamp, light box, operation table, and delivery table. The project completed the first draft of these SOPs and submitted it to the working group for comments in March 2019. Additionally, the project compiled all SOPs on the maintenance of biomedical equipment into a manual, received the MoH's approval and will print and disseminate it to the end users in Q3.

All these activities contribute to the improved availability of qualified personnel capable in performing crucial equipment maintenance assignments, previously outsourced to foreign providers.

### **Challenges and Mitigation Strategies**

**Challenge:** Political and social unrest in February 2019 led to office closures and a mandatory evacuation of expat personnel. This situation caused delays in the implementation of project activities (e.g. the disposal of obsolete equipment was planned to be completed in Q2).

**Mitigation strategy:** The safety of project personnel is of primary concern to the project, and the country team initiated security protocols required for such situations and held daily security briefings with the regional security officer to ensure that all staff were accounted for and had sufficient water and food supply for the duration of the protests. The project initiated preparatory talks with GHSC-PSM to ensure continuity of activities after the GHSC-TA Francophone TO reaches the end of its implementation period in Haiti in September 2019.

**Challenge:** Coordination and scheduling of meetings between different directorates of the MoH is beyond the control of the project, and any delay in the organization of these meetings impacts the progress of project activities. For example, the biomedical repair workshop had to be rescheduled for the next quarter due to lack of response from relevant MoH agencies.

**Mitigation strategy:** The project will continue reaching out to the involved directorates via all available means and will keep the USAID Haiti Mission informed of progress and challenges.

**Challenge:** Despite the team's continuing efforts to promote the hotline created to receive requests for troubleshooting and maintenance of medical and laboratory equipment, this communication vehicle remains largely unutilized.

---

<sup>26</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.

**Mitigation strategy:** The project keeps monitoring the number of calls received through alternate mechanisms (e.g. GHSC-PSM regional staff) and plans to print posters promoting the use of the hotline for distribution to all sites that were included in the inventory and assessment of medical and laboratory equipment. To further promote its use, information about the hotline will be included in the CMMS once it is completed.

### **Deliverables**

- ToR for the environmental assessment
- 10 SOPs for pharmaceutical waste management
- Environmental assessment scoping statement
- Minutes of the technical working group meetings
- Draft of 14 SOPs for biomedical equipment

### **Next Steps**

- The project will arrange a Biosafety Cabinet course retake for the biomedical technicians who were not able to pass on the first attempt.
- The project will continue CMMS development and implementation currently scheduled for completion by Q3.
- The project will complete the decontamination of obsolete equipment to prepare all units for disposal.
- The project will engage a firm to dispose of the obsolete equipment. This activity is expected to be completed in Q3.

## Senegal

This quarter saw the presidential election campaign in Senegal, which engaged the majority of the MoH decision-makers and, consequently, impacted their ability to participate in the required approval processes for project activities. Nonetheless, the project's team continued its efforts to improve the availability of quality health commodities in Senegal, facilitating importation of USAID-funded FP and anti-malaria products and monitoring the availability of health commodities at the health center level. The project continued its support to the National AIDS Control Committee in the quantification of need and implementation of the TLD transition plan. The team also supported the FP program in a quantification exercise to estimate FP product need for the next three years. Finally, the project successfully trained 33 representatives of the main stakeholders of the Senegalese health supply in leadership, management, and governance, contributing to capacity building efforts for the MoH.

### CONTINUING ACTIVITIES FROM FY18

Due to several circumstances beyond the project's control, the implementation of select activities continues from FY18.

#### **FY18 Activity 1.1.2: Support PNA in the Assessment of its Strategic Plan**

In Q2 the project planned to share the results of the final PNA strategic plan assessment report with all Senegalese supply chain stakeholders, including the project's financial and technical partners, during a half-day meeting. Due to the elections and the related changes in leadership of all strategic agencies, this event was postponed to Q3. It is now expected to be organized with the 2019-2023 strategic plan launch that is to be attended by the Minister of Health.

#### **FY18 Activity 1.1.4. Improve leadership, management and governance skills among PNA, DPM, and NLMC leadership**

A lack of coordination and collaboration among the three key governmental institutions supporting the Senegalese public pharmaceutical supply chain (PNA, DPM, and LNCM) as well as among the different supply chain stakeholders has evolved into a significant challenge in addressing and managing supply chain issues within the health system. This situation can be attributed to the lack of leadership and governance skills required for coordination, adequate management, and implementation of reform plans.

To address this obstacle, the project organized a training session on leadership and management for the heads of these three institutions and for the members of the national medicines commission. The

## Senegal Highlights

- The project **supported FP2020** goals, facilitating importation of GHSC-PSM procured FP commodities.
- The project supported **PEPFAR** goals supporting quantification of Senegal's needs and helping to develop a transition plan to TLD.
- The project **supported PMI goals** facilitating importation of anti-malaria commodities, conducting an inventory of LLINs stocks procured by GHSC-PSM with PMI funds.
- The project **improved capacity of the Senegalese health supply chain authorities**, training 33 representatives of all major institutions supporting public pharmaceutical supply chain in Senegal in leadership, management, and governance.

objective of the session was to bring its participants to a shared vision of the supply chain and to improve their skills to allow them to perform their roles more effectively.

Thirty-three participants, inclusive of 14 women,<sup>27</sup> from DPM, PNA, LNCM, Direction du Contrôle des Maladies (DLM), Directorate of Human Resources (DRH), MoH health programs, *Bureau d'Organisation et Méthodes* (BOM), USAID, and UNFPA attended this three-day leadership training. The participants highly appreciated the training and noted that four critical ingredients contributed to the collaborative atmosphere of the event:

- ✓ Senior staff from key public pharmaceutical supply chain government agencies worked together for the first time to determine strategies for improving the supply chain down to the last mile.
- ✓ Full engagement of senior staff from key agencies was encouraging. As change agents, they showed humility and vulnerability in working to find solutions.
- ✓ The presence of representatives from the BOM, a governmental agency mandated to help governmental structures to become more effective.
- ✓ Commitment and participation from the DRH, USAID, and other partners such as the UNFPA throughout the training helped to foster optimism among participants and showed that progress was being made towards a common vision.

As a result of this event, its participants developed a draft integrated action plan delineating members' commitments and coordination to establish a common newsletter to be disseminated to staff of these institutions to promote knowledge sharing.



*Participants of the 3-day training on leadership, management, and governance.*

<sup>27</sup> Indicator 4.1.4 Number of people trained in a supply chain management functional area.



## **FY18 Activity 1.3.2: Contribute to the Establishment of a 4,500-m<sup>2</sup> Prefabricated Warehouse in Diamniadio to Increase PNA Storage Capacity**

In Q3 FY18, following PNA's modification of the scope of the warehouse renovation activity, the focus of renovation shifted to three specific regional warehouses in Saint-Louis, Diourbel, and Fatick. In Q1 FY19, the project selected a consulting architectural firm — DMT — for the renovation of these warehouses. The consulting firm completed an assessment of all three warehouses and produced a detailed report describing the nature and amount of work needed as well as an estimated timeline for the renovation of each warehouse by third-party firms. In Q2, DMT helped the project to develop a draft request for proposals (RFP) for the recruitment of a rehabilitation firm that will execute the actual renovations and install the necessary equipment. The RFP includes the recommendations of a pharmaceutical consultant related to warehousing standards. Ongoing discussions between the firm and the pharmaceutical consultant continue, to ensure that USAID renovation standards are met. The project expects to release the RFP in Q3.

## **FY19 ACTIVITIES**

### **IR 1.1: Improved Policy, Governance, Strategy, Coordination**

#### **Activity 1.1.1: Provide Support to the Revitalization Process of the National Medicines Committee of the Health System Strengthening Platform (Supply Chain Oversight Committee)**

In Q2, the General Directorate of Health validated the DPM/LNCM integrated strategic plan developed with the project's assistance. As a next step, the GHSC-TA Francophone TO will help to organize a national meeting to give an opportunity to the DPM and LNCM to share their integrated strategies and interventions to improve the availability of quality health commodities. This meeting will also be used as an opportunity to advocate for the financing and technical assistance needed. The project developed a draft of the terms of reference for this meeting.

### **IR 1.2: Optimized Forecasting and Procurement Process Implemented**

#### **Activity 1.2.1: Support the Adequate Management of Incoming PSM Procurements**

As in previous quarters, the project's procurement logistics advisors played a key role in coordinating product reception between the MOH, USAID, freight forwarders, customs clearing agents, and GHSC-PSM to ensure the timely delivery of products. To facilitate the reception of products, the project also helped DSME and PNLP to obtain special import authorizations for health products from the DPM and the Laboratory Directorate for RDTs.

During this reporting period, the project coordinated with GHSC-PSM and other partners on procurement, shipment, and reception processes for the following malaria health commodities funded by USAID:

- 11,200 Artesunate/Amodiaquine 100/270mg Box of 25
- 2,000 Artesunate/Amodiaquine 25/67.5mg Box of 25
- 2,400 Artesunate/Amodiaquine 50/135mg Box of 25

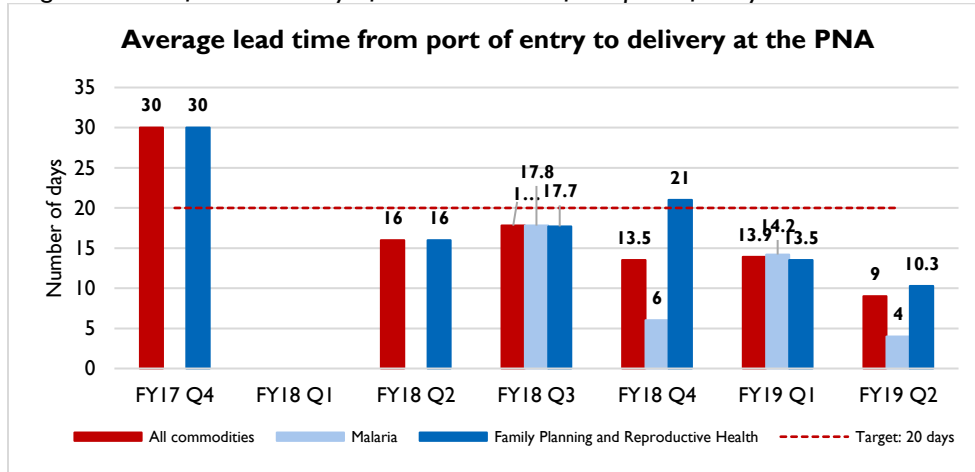
The following FP commodities were received in quarter 2:

- 62,000 Female condoms (Box of 1000)

- 14,400 Depo-Provera

There has been a steady decrease in the average lead time for the delivery of health commodities from port of entry to the PNA. During this quarter, the average lead time for the delivery of all commodities from port of entry to the PNA improved to 9 days. This is down 4.9 days when compared with FY19 Q1. For malaria commodities, the average lead time for delivery improved to a result of 4 days (down 10.2 days), while the average lead time for delivery FP/RH commodities improved to 10.3 days (down 3.2 days)<sup>28</sup>. These results remain below the 20-day target that was set for Senegal. This can be partly attributable to the low number of shipments and the low stock status in the country that lead to an accelerated process of reception.

*Average lead time for the delivery of all commodities from port of entry to the PNA in Senegal.*



As part of the national campaign and routine LLIN distributions in FY19, GHSC-PSM procured 2.5 million LLINs for the NMCP under PMI financing. Part of this stock was found in the marketplace and, because of this, the PMI team requested the GHSC-TA Francophone TO to support the NMCP to conduct an inventory of LLIN stocks procured by GHSC-PSM with PMI funds. The main challenges to conducting the inventory related to limited access to stocks since the warehouses did not have adequate storage space. In quarter 3, the project will collaborate with the NMCP and PMI to validate the data and results of the physical inventory exercise.



*LLINs inventory activity and delivery to districts.*



<sup>28</sup> Indicator 1.2.2: Average lead time between two segments within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations.

### **Activity 1.2.2: Support PNL, DSME, and DLSI in the development of their Respective Annual or Semi-Annual Quantification and Supply Plans; and in their Implementation and Revision as Needed**

In February 2019, the project collaborated with the DLSI, CHAI, and other implementing partners in the quantification of HIV/AIDS commodities. This exercise allowed for the forecast of ARVs and Lab commodities (forecast period: 2019-2021), as well as for the development of the TLD transition plan that will occur from July 2019 – Dec 2021. The main challenges identified were the use of morbidity data to forecast ARV and lab commodities given that consumption data was unavailable, and the poor logistics data accuracy. To improve quantification activities in the country, the project, the DLSI, CHAI, and other partners recommended the systematization of physical inventories prior to any quantification activity and advocated for support to the “Yeksi naa” to improve the of the quality its LMIS.

This quarter, the project also provided technical assistance to the DSME and the NCMP with the review and update of malaria, family planning, and reproductive health supply plans<sup>29</sup>.

### **IR 1.4: Data Visibility and Stock Monitoring Improved**

#### **Activity 1.4.1: Support Compilation and Submission of Procurement Planning and Monitoring Reports (PPMRm and PPMR for Contraceptives) and the Implementation of the EUV Survey**

In Q2, the project presented the results of the EUV survey conducted in Q1 in 74 health facilities of 13 health districts to the NMCP for validation. Seventy-five percent of facilities were understocked of Sulfadoxine Pyrimethamine 500/25 mg 3 tablets. Facilities stocked out on the day of the visit for ACTs for children under 5 was 42.3 percent for ASAQ 50/135 mg, 3 tablets, and 12.1 percent for AL 6x2 20/120 mg. In March 2019, the project was able to collaborate with the NMCP to validate the key findings and recommendations based on the data collected. Key recommendations included:

- ✓ Increase the quality of inventory management to increase access to malaria treatment for pregnant women, severe malaria cases, and children for all malaria health commodities.
- ✓ Provision of technical assistance to pharmacy attendants on inventory management and on logistics information system management. For this, the project will advocate for the inclusion of this recommendation in supportive supervision visits and on the job trainings.

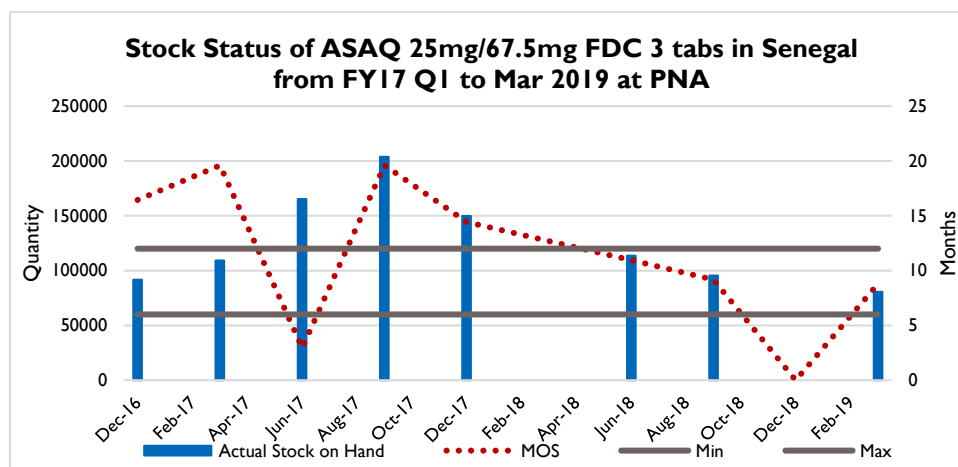
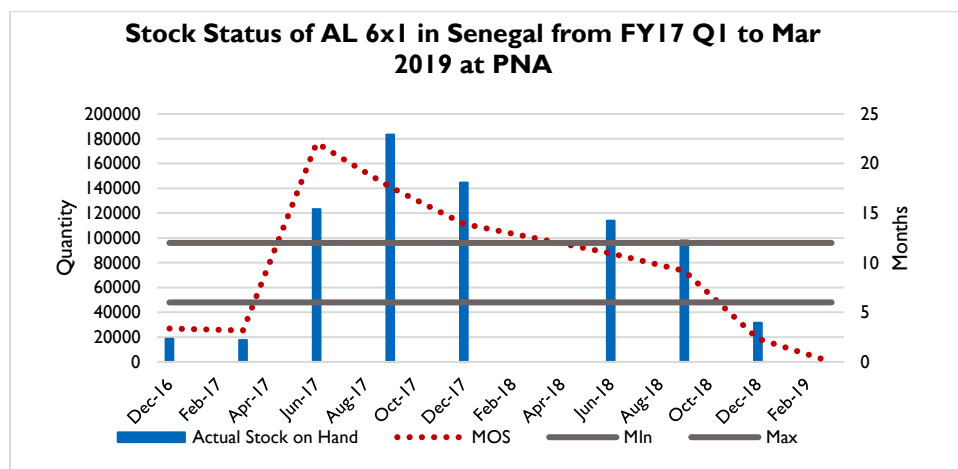
Although the NMCP did not participate in this survey, they recommended integrating the NMCP’s indicator definition within upcoming surveys (e.g. the country requires to collect stock out data for 7 consecutive days, while the EUV template currently collects this data for 3 days). The next surveys are planned for July and December 2019. It is expected that PMI staff will be involved in these surveys from the revision of the concept note to the field operations.

To support submission of procurement planning and monitoring reports, the project’s team provided support to the national family planning program, the NMCP, the PNA, Global Fund and the PMI team in compiling and analyzing PPMR data for contraceptives and malaria products. The GHSC-TA Francophone TO technical advisor attended a PPMRm meeting for malaria health commodities that brought together the PMI team and representatives of the NMCP and PNA.

---

<sup>29</sup> Indicator 1.2.4: Number of reviewed or updated supply plans during the quarter.

Review of stock status data at the central level showed that the AL formulations were stocked out at central level; however, the ASAQ were stocked according to plan<sup>30</sup>. It is important to note that both AL and ASAQ are used as first line ACTs in Senegal, and although AL was understocked, the central level warehouse was still able to distribute ASAQ formulations to regional warehouses and subsequently to lower supply chain levels. As depicted in the figures below, while AL 6x1 was stocked out in March 2019, ASAQ 25/67.5mg was stocked between minimum and maximum stock levels.



**Activity 1.4.2: Support PNA to further expand the implementation of CommCare at the last mile and to augment data visibility through an interface with existing national information systems (DHIS2 and ERP+)**

The reporting rate to an LMIS at the central and subnational levels remains 100 percent, while the SDP reporting rate declared by the PNA is 84 percent this quarter<sup>31</sup>. Findings from the EUV exercise completed in November 2018 also demonstrated an SDP reporting rate of 83.8 percent. At the central and subnational level, PNA oversees this reporting.

As there are only 11 *pharmacie regionale d’approvisionnement* (PRAs or regional warehouses) and one central level warehouse, logistics reports are easier to track and are readily available in the ERP+

<sup>30</sup> Indicator 1.3.1: Percentage of stock status observations in storage sites where commodities are stocked according to plan, by level in the supply system.

<sup>31</sup> Indicator 1.4.1: Reporting rate to a logistics management information system (LMIS), by supply chain level.

system. For SDPs, however, the situation is more challenging. In 2013, an Informed Push Model with third-party logistics providers (IPM-3PL) was implemented to strengthen contraceptive commodity availability, data availability, and financial transactions (through post-use payment for products, where health facilities pay for products after use) within the supply chain. Through this public-private partnership, the model uses private logistics operators at the district level with the prime responsibility of collecting LMIS data using tablets while simultaneously replenishing the stock of contraceptive products at the health facility level. The IPM-3PL model integrated CommCare, a mobile data collection platform, into the MIS to upload the collected facility level LMIS data. Despite SDP data being available, implementing partners have limited access to the raw data.

During quarter 1, the PNA developed an interface within the “Yeksi naa” LMIS, which is specifically for implementing partners to provide them with access to logistics data from health facilities. In quarter 2, the PNA held a series of orientation sessions on the use of the “Yeksi naa” LMIS for health program procurement supply managers and other stakeholders, such as technical staff from implementing partners. Through these orientations, managers and stakeholders will be able to extract the needed LMIS data.

### **Challenges and Mitigation Strategies**

**Challenge:** FY17 Activity 1.3.2: Develop a Communications Plan for Yeksi Naa has not been completed due to reasons beyond the project’s control. The publication of the communications plan for Yeksi Naa (“I have arrived”) – a combination of the Jegesi Naa<sup>32</sup> and the Informed Push Model with third-party logistics providers (IPM-3PL) finalized in FY 18 was further postponed due to a last-minute request from the PNA to revise the tables format. This delay followed the appointment of a new focal point for the review of the Yeksi Naa-related materials as well as the decision to adopt a new review methodology. The PNA remains the principal governmental body responsible for coordinating the review process of Yeksi Naa. In early Q1, the project identified a printing company to produce 100 copies of the communications plan. However, the PNA requested additional validation of the plan prior to its publication. The format was finalized, and the document was updated and prepared for printing in Q2. However, through the end of Q2, PNA has not been fully satisfied with the publication blueprint and the activity completion is still pending.

**Mitigation strategy:** The project is currently working with the printing company to work out a blueprint modality that best addresses the format concerns of the PNA while also preserving the integrity and quality of the publication. This and the 100 copies of print are all expected to be completed during Q3.

**Challenge:** The finalization of the RFP for warehouse renovation is pending the harmonization of the specifications from the pharmaceutical consultant and that from the architectural firm in a manner that would allow easy monitoring of the renovation operations and simultaneously respect all USAID renovation standards.

**Mitigation strategy:** In Q2, the project organized a meeting, bringing together all relevant stakeholders (DMT, the pharmaceutical consultant, and PNA). During the meeting, participants agreed on the needed specifications to produce an RFP for the renovation of the regional warehouse in Fatick that will serve later as a reference to develop the for the other two regional warehouses. This is likely to streamline the process and focus efforts on one warehouse at a time.

---

<sup>32</sup> Jegesi Naa is a PNA-led distribution model that uses the pull system to distribute commodities to districts. In addition, distribution is managed by MOH agents, data is collected on paper-based tools, and health facilities pay for products before receiving them.

**Challenge:** The PMI LLINs stocks inventory request was an additional activity to the FY19 work plan which required immediate attention. The activity was challenged by the inability of the warehouse staff to provide easy access to the commodities as it was at capacity.

**Mitigation strategy:** The project hired a consultant to conduct this activity and combined the inventory with the distribution of LLINs to address the access issue. The LLINs were inventoried as they were loaded to trucks for distribution to health districts.

### **Deliverables**

- EUV survey final report
- Updated and reformatted Yeksi Naa communications plan
- Draft of RFP for the warehouse's renovation
- PPMR and PPMRm reports
- FP and malaria updated supply plans for next 3 years
- Leadership, management, and governance training draft report
- LLINs stocks inventory draft report
- Draft of terms of reference for the meeting of the integrated strategic plan for DPM/LNCM.
- Draft of the terms of reference of the medicines commission
- Draft of the matrix of integrated actions of PNA/DPM/LNCM/partners

### **Next Steps**

- Organization of the strategic plan for DPM/LNCM meeting
- Organization of PNA strategic plan meeting
- Release of the RFP to select a renovation firm for the PRA of Fatick
- Finalization of the RFP to select the renovation firms for the PRA of Saint Louis and Diourbel
- Finalization of the PMI stock inventory
- Revision of the EUV concept note to prepare for the next EUV activities
- Finalization of the scope of work for 3 consultants to support PNA

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

### **West Africa Regional Office Program**

Under Objective 2, GHSC-TA Francophone TO activities contribute to strengthening relevant regional organizations and networks' supply chains to improve family planning and reproductive health commodities security in USAID/WARO priority countries — Burkina Faso, Niger, and Togo. By providing technical assistance to regional and country supply chain systems, the project aims to improve supply chain collaboration and harmonization within the region.

#### **IR 2.1: Build Regional Capacity (e.g., of WAHO) to Improve Logistics Management and Commodity Security**

##### **Activity 2.1.1: Establish a Community of Practice Platform for WAHO Resource Persons**

The knowledge platform, designed to help the establishment of the community of practice, went live in March 2019 and the project's home office team continues to add content to the platform since then. The team invited WARO regional advisors, select WAHO staff, and USAID Washington counterparts to test the platform and provide feedback. The senior regional supply chain advisor is regularly following-up with WAHO and USAID/WARO representatives to ensure that the memorandum of understanding (MOU), establishing WAHO as the key repository for the platform, is signed between the project and the recipient.

##### **Activity 2.1.3: Establish WAHO as a Resource for the GHSA Work in the Region**

In Q1, the newly appointed WARO Health Office Director submitted a meeting request to the new WAHO Director General to present the GHSC-TA Francophone TO project and its proposed technical assistance activities including the GHSA work. The project is currently waiting for a response from WAHO which is required in order to commence this activity. The activity is also incorporated within the same MOU alluded to above. We anticipate that the ongoing follow-up efforts to the signing of the MOU will also help in accelerating the implementation of this activity as well as that of the platform. In order to revitalize the discussion around this activity a GHSA presentation, addressed to the WAHO staff, is planned for Q3 in collaboration with home office GHSC-TA Francophone TO staff.

##### **Activity 2.1.4: Provide Technical Assistance to the Ministry of Health Division of Family Planning and Reproductive Health to Strengthen Coordination through Functioning Contraceptive Security Committees (CSC)<sup>33</sup>**

In January 2019, in collaboration with GHSC-PSM Burkina Faso, the project organized an annual inventory of FP/RH and malaria commodities. The objective of this annual inventory was to evaluate the available stock of commodities at the beginning of 2019 for the next quarterly review of the supply plan. The FP/RH and malaria central-level supply chain managers of the Ministry of Health participated in this activity. The inventory started with a one-day planning meeting followed by two weeks of field visits. The data collected was analyzed and shared with the Contraceptive Security Committee to use for

---

<sup>33</sup> Note: There are no functional contraceptive security committees in Niger and Togo. This activity is only supported in Burkina Faso.

decision-making. The exercise revealed that Burkina Faso had 39 months of stock of Microgynon (combined oral contraceptive pill product) expiring in 2020. This information was included in the February PPMR to allow for planning of overstock transfer to other countries, as needed. The analysis also showed that the central medical store (CAMEG) did not follow the “First to Expire, First Out” strategy of stock management, distributing Microgynon expiring in 2021 to health districts instead of the batch expiring in 2020. CAMEG leadership will ensure adherence to this strategy which is part of the guidelines going forward.

### **Activity 2.1.5 Support the MoH through National Quantification Committees to Conduct Long-Term Forecasts and Quarterly Revisions of Supply Plans for Family Planning Commodities**



*Quantification training introduction by the authorities and Partners (USAID Niger).*

In March 2019, the project organized a two-week quantification training workshop in Niamey, Niger. Four facilitators assisted in the preparation of the workshop during the first week of the activity, developing the agenda, PowerPoint presentations and training exercises. The project trained these facilitators in the Pipeline software, so they could support the training during its second week.

During the second week, 28 participants<sup>34</sup> (eight females and 20 males) from various departments of the MoH, Central Medical Store, Save the Children, and UNFPA attended the workshop. The primary objective of the workshop was to train the participants in quantification principles, processes, and methodology with the focus on the supply planning phase. The knowledge of these methodologies and processes is critical to better understand the rationale behind each forecasting and supply planning tool. The project presented QuantiMed and Reality Check tools to the participants and installed the Pipeline software on the participants’ laptops to allow them to practice using this software with the input of dummy data as well as data available from the DSME.



*Participants in the training room with the trainer.*

This training increased the capacity of Niger’s MoH on the use of quantification tools for supply planning. The training participants used the acquired competencies to themselves quantify the need for FP commodities for 2019, 2020, and 2021 using Excel and Pipeline.

### **Activity 2.1.6 Support the Ministry of Health of Focus Countries to Strengthen Their Last Mile Distribution for Family Planning Commodities**

On March 7, 2019, the project staff participated in a conference call with other Niger supply chain



stakeholders (MoH, GHSC-PSM, UNFPA, Central Medical Store, Global Fund, etc.) to discuss the Last Mile implementation in Niger. During this meeting, roles and responsibilities of each stakeholder were defined. The GHSC-TA Francophone TO was tasked with developing a contract model for the private sector for the distribution of health commodities to the service delivery point level.

In February 2019, the Central Medical Store of Togo requested the project's assistance to improve the nationwide in-country Last Mile distribution. In collaboration with WHO, the project conducted an integrated assessment of the Central Medical Store, assessed the existing CAMEG warehousing facilities (Central Store in Lomé, the Atakpamé and Kara region warehouses) to identify opportunities for improvement, estimated warehousing capacity requirements to provide optimized storage space to support current and future supply chain operations, assessed the option to implement a prefabricated warehouse and associated costs at a site identified by the MoH, and developed a proposal for implementation.

### **Activity 2.1.7 Support the MoH through National Quantification Committees (NQC) to conduct long term forecast and quarterly revision of supply planning of family planning commodities**

In response to a request from the NQC of Burkina Faso, and in collaboration with the GHSC-PSM, the project developed a manual on quantification for FP/RH, malaria, TB, HIV/AIDS, and nutrition programs. This manual will serve as a quantification reference book for the NQC during the next quantification exercises. The first draft of the manual was developed in January and February in close collaboration with the MoH supply chain department and all health program supply managers. After a discussion of the manual during a workshop held in collaboration with the MoH pharmacy department and all supply chain partners, the manual was finalized in March 2019. The manual is expected to be validated by all stakeholders before it is introduced as a reference material in the country.

#### *Conducting National Quantification Committees (NQC) capacity building in Niger - March 18 to 22, 2019*

In March 2019, the project's regional advisor and a quantification consultant worked closely with Niger's NQC on the development of a quantification training. The NQC staff were involved in the discussion of the workshop objectives, approaches and methodology to be used for the training. They finalized the agenda and assigned roles and responsibilities for facilitators, developed presentations and exercises and agreed upon the final arrangements for the quantification training.

## **IR 2.2: Strengthen National/Regional LMIS Platforms to Enhance Data Visibility and Support Exchange of Data**

### **Activity 2.2.1: Improve Use of Data for Decision Making**



*USAID DQA team during the Central warehouse visit in Togo.*

In February 2019, the USAID WARO mission organized an annual data quality assessment in Togo and Niger to assess the validity, reliability, precision and integrity of each indicator the program collects data on. The project supported these events by developing indicator data definition forms [the Performance Indicator Reference Sheets (PIRS)], data source materials (original sign-in sheets, activity reports), data tracking tables (including database reports), and MoU/letter of intent for the appropriate regional and/or national levels.

The Burkina Faso MoH developed an Integrated Logistics Monitoring and Information System (I-LMIS) manual to improve and harmonize the in-country supply chain data collection for decision making. After the development of the manual, the MoH trained central level supply chain stakeholders, and regional, health districts and health facilities drug managers. The MoH requested the project's assistance in training 600 managers of health facilities. 400 more will be trained by GHSC-PSM and 1,400 by the Global Fund.



*Integrated Logistics Monitoring and Information System training in the Pouytenga health district/Burkina Faso.*

In March 2019, the project organized a regional meeting to plan training dates in each health district and prepare the training with districts trainers. The first training took place in Pouytenga health district, followed by Tenkodogo, Ouargaye, Bittou, and Zabre. In Q2, the project trained 134 participants (118 male and 16 females)<sup>35</sup>.

Finally, in March 2019, the project staff analyzed Burkina Faso, Togo, and Niger FP commodities Procurement and Planning Monitoring Reports and provided feedback to each country for improvement.

### **IR 2.3. Foster Collaboration with the Public and Private Sectors to Improve Public Sector Commodity Security**

#### **Activity 2.3.1 Support Pre- and In-Service Training Programs to Foster Supply Chain Capacity Needed to Support Family Planning Programs within the Region**

No activities were implemented in this quarter.

#### **Deliverables**

- 27 documents, four embedded videos, and three courses all revolving around supply chain were added to the knowledge platform
- Annual inventory for FP/RH commodities for Burkina Faso
- Health program quantification manual for Burkina Faso
- Quantification training materials for Niger
- Assessment report of the CAMEG of Togo
- Evaluation report of the national and regional warehouses rehabilitation in Togo
- Materials for the Data Quality Assessment in Togo and Niger
- Training materials for the Integrated Logistics Monitoring and Information System for Burkina Faso

#### **Challenges and Mitigation Strategies**

**Challenge:** Part of the mandate of the WA regional portfolio, with its limited funding, is to provide select TA to select priority countries within the region. However, in-country stakeholders' expectations may go beyond the ability of the project and its funding.

---

<sup>35</sup> Indicator 4.1.4: Number of people trained in a supply chain management functional area.

**Mitigation strategy:** The project will continue to closely coordinate with the Activity Manager in Accra and with USAID representatives in these priority countries to ensure that the project is responsive to the needs of local stakeholders while staying within its mandate and budget.

### **Next Steps**

- Present the GHSA Emergency Supply Chain Framework to WAHO technical officers
- Complete the training on I- LMIS in the West, Haut Bassins and Cascades regions.
- Participants who attended the quantification training conducted with support from the GHSC-TA Francophone TO will now collect stock inventory and shipments status at the end of March 2019. They are expected to enter the new stock data and update the consumption data for Q1 of 2019 (from projected to actual); they will also update the procurement plan accordingly.
- The project's senior regional supply chain advisor will provide remote and on-site support during supply planning analysis and to support the quality of data and inventory management in Niger.
- The project will develop a contract model for the private sector for the distribution of health commodities at the health facilities level in Niger.
- Finalization of the recruitment of the Niger based Technical Assistant.

## Family Planning and Reproductive Health (FP/RH) Core Program

During this reporting period, the GHSC-TA Francophone TO received approval from USAID for the updated Project workplan for the FP/RH funding received in FY18 and planned for implementation in FY19. This core funding is targeted to the implementation of technical leadership activities that promote family planning commodity security through the application of supply chain innovative initiatives in the West Africa region. Thus, the activities of this portfolio contribute to both the results of the project's objective 2 activities and IRs as well as to the USAID's FP/RH global objectives. In this way, USAID works to improve regional collaboration between West and Central francophone countries. Partners within the Africa Francophone region value and continue to seek project staff technical expertise on innovative approaches to address family planning supply chain challenges in the field. For instance, project staff serves in leadership and coordination roles for the Francophone Reproductive Health Supplies Coalition (RHSC).

- **Technical support to regional coordinating bodies-** Following the recent RHSC annual membership meeting, the project began working closely with GHSC-PSM and the Coordinated Assistance for Reproductive health supplies (CARhs) group to streamline the PPMR review and feedback for the Francophone region, including project non-presence countries. Furthermore, the project is leading WAHO's Early Warning Systems workshop preparation planned in the next quarter and provided extensive technical inputs in coordination with other global partners such as GHSC-PSM, RHSC and FP2020. Similarly, the project provided technical guidance and support to the Ouagadougou Partnership's annual supply chain forum held in December 2018. During this quarter, the project worked with SOLVE initiative to summarize meeting findings and way forward for the Ougadougou Partnership Coordination Unit (OPCU).
- **Advancing thought leadership within the region-** The project expanded its presence at global health conferences and shared recent assessment findings and recommendations on supply chain integration within 11 Francophone countries with RHSC's system strengthening partners during the annual membership meeting in Kathmandu, Nepal. GHSC-TA Francophone TO took opportunity to foster collaboration and strengthen strategic partnerships with regional stakeholders and private sector institutions, with the aim of reducing duplication and building on current investments and provide an added value within the region. The project will use key recommendations from the meeting such as oxytocin storage and management requirements to mobilize ministries of health officials towards implementation.

## Objective 3. Support Global Health Security and Emergency Preparedness Strategies

The project has successfully completed all activities under Objective 3 in FY18, developing the GHSA Emergency Supply Chain Framework (known as “the ESC Playbook”) and its customized version for Cameroon. Since then, no additional funding was available to support this objective.

### Management Update

In February, the new GHSC-TA Francophone TO country director for **Benin** joined the project and was introduced to the USAID mission, MoH directorates, and technical and financial partners.

In March, the new Technical Director joined the project and started his orientation. Soon after, and along with the Technical Program Officer, they both attended the Reproductive Health and Supply Chain Coalition membership meeting held in Katmandu towards the end of the March.

**In Haiti** the project is recruiting an STTA to complete deliverables under the waste management activity.

**In Senegal**, the project recruited a new M&E manager in March. The project is also recruiting for a new senior technical advisor position.

For the **WARO** program, the project recruited an accountant and administrative assistant to be stationed in the Ouagadougou office. Recruitment for a technical assistant to be stationed in Niger is in the final stages and will be completed in Q3.

The Task Order Director visited the **DRC** in February to join the DRC team, USAID mission and DRC Ministry of Health representatives in the launch of the LLIN Mass Distribution Campaign for the East Kasai province. The Director also took the opportunity to work with the local team to prepare for the visit of Dr. Alma Golden, which took place the week following the launch.

In February, the project was advised that its **GHSA** abstract submitted to the International GHSA conference was accepted for a poster session. The project is expected to have one representative attending the conference to take place in Sydney in June to present the poster (which pertains to the emergency preparedness framework developed by the project) and participate in key conference sessions of relevance to the project.

## ANNEX I: Benin Indicator Dashboard

Indicator Name	FY19 Target	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
<b>1.1.1</b> Percentage of initially GHSC-TA supported supply chain functions carried out by national authorities without external technical assistance – %	11%	Annual			
<b>1.1.2</b> Existence of a functional logistics coordination mechanism in place – yes or no	No target	Annual			
IR 1.2: Optimized Forecasting and Procurement Process are Implemented					
<b>1.2.1a</b> Forecast accuracy for <b>Malaria</b> tracer health commodities – %	75%	Annual			
<b>1.2.1b</b> Forecast accuracy of <b>Family Planning</b> tracer health commodities – %	70%	Annual			
<b>1.2.3b</b> Percentage of total spent or budgeted on procurement of <b>Malaria</b> commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual			
<b>1.2.3c</b> Percentage of total spent or budgeted on procurement of <b>Family Planning</b> commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual			
<b>1.2.4</b> Number supply plans reviewed and updated during the quarter – #	8	N/A	N/A	0	1
<b>1.2.5</b> Percentage of MOH programs (e.g. PNL or DSME) supported by GHSC-TA Francophone TO that completed a quantification exercise.	100%	Annual			
IR 1.3: Best practices for Distribution, Warehousing, and Logistics Implemented					
<b>1.3.1b</b> <sup>36</sup> Percentage of stock status observations in storage sites where <b>Malaria</b> commodities are stocked according to plan, by level in the supply system – %	70%	Central: 57% Regional: 17% Health zone: 12%	Central: 83% Regional: 19% Health zone: 6%	Central: 50% Regional: 38.9% Health zone: 10.8%	Central: 17% Regional: 22% Health zone: 14%
<b>1.3.1c</b> <sup>37</sup> Percentage of stock status observations in storage sites where <b>Family Planning</b> commodities are stocked according to plan, by level in the supply system – %	30%	Central: 25% Regional: 3% Health zone: 9%	Central: 8% Regional: 22% Health zone: 6%	Central: 0% Regional: 12% Health zone: 15.5%	Central: 25% Regional: 8% Health zone: 7%
IR 1.4. Data visibility and stock monitoring enhanced.					
<b>1.4.1</b> SDP reporting rate to LMIS – %	60%	45%	57%	68%	64%

<sup>36</sup> At Health zone level, data have been collected in 14 health zones out of 34 in the country. These health zones are currently being directly supported by GHSC-TA Francophone TO Benin team.

<sup>37</sup> At Health zone level, data have been collected in 14 health zones out of 34 in the country. These health zones are currently being directly supported by GHSC-TA Francophone TO Benin team.

1.4.2 <sup>38</sup> Percentage of USG supported service delivery points and health zone warehouses with no stock-outs – %	TBD	N/A	N/A	N/A	N/A
Cross-cutting Indicators					
4.1.1 <sup>39</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	4	N/A	1
4.1.2 Number of endorsed the supply chain management policies, regulations, strategies, or SOPs and the required national government resources allocated for its implementation – #	No target	Annual			
4.1.3 <sup>40</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
4.1.4 Number of people trained in a supply chain management functional area – #	No target	M: 46 F: 25	0	M: 24 F: 8	M: 38 F: 11
4.1.5b Stock out rate for tracer <b>Malaria</b> commodities – %	5%	Central: 0% Regional: 22% Health zone: 20%	Central: 0% Regional: 6% Health zone: 30%	Central: 17% Regional: 17% Health zone: 32%	Central: 0% Regional: 6% Health zone: 6%
4.1.5c Stock out rate for tracer <b>Family Planning</b> commodities – %	10%	Central: 17% Regional: 20% Health zone: 19%	Central: 0% Regional: 8% Health zone: 21%	Central: 0% Regional: 4% Health zone: 21%	Central: 0% Regional: 6% Health zone: 14%

<sup>38</sup> Data collection for this activity is pending placement of Young Professional Logisticians (YLP) in select health zones.

<sup>39</sup> Please note that this is indicator has a semi-annual reporting frequency.

<sup>40</sup> Ibid.

## ANNEX II: DRC Indicator Dashboard

Indicator Name	FY19 Target	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
1.1.1 Percentage of initially GHSC-TA-supported supply chain functions carried out by national authorities without external technical assistance – %	11%				Annual
1.1.2 Existence of a functional logistics coordination mechanism in place – yes/no	No Target				Annual
IR 1.2: Optimized Forecasting and Procurement Process are Implemented					
1.2.1a Forecast accuracy for <b>HIV/AIDS</b> tracer health commodities – %	70%				Annual
1.2.1b Forecast accuracy for <b>Malaria</b> tracer health commodities – %	70%				Annual
1.2.1c Forecast accuracy for <b>Family Planning</b> tracer health commodities – %	70%				Annual
1.2.2i Average lead time between two segments ( <b>Importation</b> ) within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	66	68	67	66	66
1.2.2ii Average lead time between two segments ( <b>IA Approval Granted</b> ) within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	TBD				10.9
1.2.2iii Average lead time between two segments ( <b>IE Received</b> ) within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	TBD				33.9
1.2.2iv Average lead time between two segments ( <b>Submission of IA/IE/OAD for NV Preparation</b> ) within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	TBD				13.5
1.2.2v Average lead time between two segments ( <b>CDR to health zones</b> ) within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	6	7	6	4	6
1.2.2vi Average lead time between two segments ( <b>CDR to SDP</b> ) within the supply chain order fulfillment cycle, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	4	3.8	2	3	3
1.2.4a Number of <b>ARV</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ during the quarter – #	4	1	1	0	1
1.2.4a Number of <b>LAB</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ during the quarter – #	4	1	1	1	1



<b>1.2.4a</b> Number of <b>RTK</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ during the quarter – #	4	2	1	1	1
<b>1.2.4b</b> Number of <b>malaria</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ during the quarter – #	4	1	1	0	1
<b>1.2.4c</b> Number of <b>family planning</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ during the quarter – #	4	0	1	0	1
<b>1.2.4a/c</b> Number of <b>condom</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ during the quarter – #	4	1	1	0	1
<b>1.2.5</b> Number of supply plans submitted on time during the quarter – #	24	6	6	2	6
<b>IR 1.3: Best practices for Distribution, Warehousing, and Logistics Implemented</b>					
<b>1.3.1a</b> Percentage of stock status observations in storage sites where <b>HIV/AIDS</b> commodities are stocked according to plan, by level in the supply system – %	70%	88.2%	75%	53.6%	43%
<b>1.3.1b</b> Percentage of stock status observations in storage sites where <b>Malaria</b> commodities are stocked according to plan, by level in the supply system – %	70%	21%	15%	15%	37%
<b>1.3.1c</b> Percentage of stock status observations in storage sites where <b>Family Planning</b> commodities are stocked according to plan, by level in the supply system – %	70%	31%	17%	20%	18%
<b>1.3.1d</b> Percentage of stock status observations in storage sites where <b>MNCH</b> commodities are stocked according to plan, by level in the supply system – %	70%	50%	13.2%	10.5%	25%
<b>1.3.2a</b> Percentage of product lost due to expiry while under GHSC-TA Francophone TO control (Product Loss Percentage) – %	No Target	0%	0%	0,17%	1%
<b>1.3.2b</b> Percentage of product lost due to theft, damage, or other causes, while under GHSC-TA Francophone TO control (Product Loss Percentage) – %	No Target	0%	0%	0%	0%
<b>1.3.3</b> On time delivery rate, where GHSC-TA Francophone TO supports distribution processes – %	80%	87%	90%	97%	94.4%
<b>1.3.4</b> Average stock turnover, for GHSC-TA Francophone TO managed or contracted warehouses – ratio	1/2	Annual			
<b>1.3.5</b> Distribution cost per order transported, where GHSC-TA Francophone TO supports distribution processes – \$	6%	3%	2.6%	4%	4%
<b>1.3.6</b> Warehousing cost per total value of stock, for GHSC-TA Francophone TO managed or contracted warehouses – \$	6%	4%	5.4%	5%	3%
<b>1.3.7</b> Percentage of eligible patients that have been switched from TLE to TLD Regimen – %	90%				N/A
<b>1.3.8</b> Prefabricated warehouse has been completed – yes/no	Yes			No	N/A

IR 1.4: Data Visibility and Stock Monitoring Enhanced					
1.4.1 Reporting rate to LMIS, by supply chain level [Central] – %	80%	87%	100%	100%	100%
1.4.1 Reporting rate to LMIS, by supply chain level [Subnational] – %	80%	74%	80%	92%	78%
1.4.1 Reporting rate to LMIS, by supply chain level [SDP] – %	80%	75%	63%	73%	69%
Cross-cutting Indicators					
4.1.1 Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No Target	N/A	1	N/A	0
4.1.2 Number of endorsed supply chain management policies, regulations, strategies, or SOPs and allocated national government resources for its implementation – #	No Target	Annual			
4.1.3 Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No Target	N/A	1	N/A	0
4.1.4 Number of people trained in a supply chain management functional area – #	No Target	0	0	1213	71
4.1.5a Stock out rate for tracer <b>HIV/AIDS</b> commodities at SDP – %	0%	CDR : 17%	CDR : 0%	CDR : 0%	CDR: 38% SDP: 17%
4.1.5b Stock out rate for tracer <b>Malaria</b> commodities at SDP – %	5%	CDR : 60%	CDR : 38%	CDR : 47%	CDR: 18% SDP: 42%
4.1.5c Stock out rate for tracer <b>Family Planning</b> commodities at SDP – %	5%	CDR : 38%	CDR : 50%	CDR : 54%	CDR 48% SDP: 59%
4.1.5c Stock out rate for tracer <b>MNCH</b> commodities at SDP – %		CDR: 46.8% SDP: 33.6%		CDR: 52.6%	CDR 48% SDP: 34%

## ANNEX III: Haiti Indicator Dashboard

Indicator Name	FY19 Target	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
1.1.1 Percentage of initially GHSC-TA Francophone TO-supported supply chain functions carried out by national authorities without external technical assistance – %	20%	Annual			
IR 1.4. Data visibility and stock monitoring enhanced.					
Please refer to cross cutting indicator 4.1.3 and 4.1.4	No Target				
IR 1.5. Improved rational use of medical and laboratory equipment & commodities and pharmaceutical waste management done according to international standards.					
1.5.1 Number of service calls received on the LNSP and DOSS hotlines from PEPFAR-supported sites to repair, upgrade, or dispose of USG funded laboratory and/or medical equipment – #	10	N/A	4	2	0
1.5.2 Percentage of obsolete equipment disposed in compliance with Haitian regulations – %	80%	N/A	N/A	0%	0%
1.5.3 Number of coordination meetings (e.g. TWG) dedicated to improving the rational use of medical and laboratory equipment or to improving pharmaceutical waste management at national level of the health sector – #	12	N/A	3	18	10
Cross-cutting Indicators					
4.1.1 <sup>41</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	10	N/A	0
4.1.2 Number of GHSC-TA Francophone TO supported countries that have endorsed the supply chain management policies, regulations, strategies, or SOPs and allocated the required national government resources for its implementation – #	No target	Annual			
4.1.3 <sup>42</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
4.1.4 Number of people trained in a supply chain management functional area – #	No target	18	29	M: 3 F: 2	M: 13 F: 4

<sup>41</sup> Please note that this indicator has a semi-annual reporting frequency.

<sup>42</sup> Ibid.

## ANNEX IV: Senegal Indicator Dashboard

Indicator Name	FY19 Target	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
<b>1.1.1</b> Percentage of initially GHSC-TA-supported supply chain functions carried out by national authorities without external technical assistance – %	20%	Annual			
<b>1.1.2</b> Existence of a functional logistics coordination mechanism in place – yes/no	No target	Annual			
IR 1.2: Optimized Forecasting and Procurement Process are Implemented					
<b>1.2.1b</b> Forecast accuracy for <b>tracer malaria</b> health commodities – % malaria	80%	Annual			
<b>1.2.1c</b> Forecast accuracy for <b>tracer family planning</b> health commodities – %	80%	Annual			
<b>1.2.2</b> Average lead time from port of entry to delivery at the PNA for <b>all commodities</b> - # (days)	20	17.8	13.5	13.9	9
<b>1.2.2b</b> Average lead time from port of entry to delivery at the PNA for <b>malaria commodities</b> - # (days)	20	17.8	6	14.2	4
<b>1.2.2c</b> Average lead time from port of entry to delivery at the PNA for <b>family planning commodities</b> - # (days)	20	17.7	21	13.5	10.3
<b>1.2.3</b> Percentage of total spent or budgeted on procurement of tracer commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual			
<b>1.2.4</b> Number of reviewed or updated supply plans during the quarter – #	4	N/A	0	N/A	3
IR 1.3: Best practices for Distribution, Warehousing, and Logistics Implemented					
<b>1.3.1b</b> Percentage of stock status observations in storage sites where <b>tracer malaria</b> commodities are stocked according to plan, by level in the supply system – %	60 %	50%	44.4%	0%	40%
<b>1.3.1c</b> Percentage of stock status observations in storage sites where <b>tracer family planning</b> commodities are stocked according to plan, by level in the supply system – %	60 %	44.4 %	33.3%	42.2%	27.3%
IR 1.4: Data Visibility and Stock Monitoring Enhanced					
<b>1.4.1.a</b> Reporting rate to LMIS, by supply chain level [Central] – %	N/A	N/A	N/A	N/A	100%
<b>1.4.1b</b> Reporting rate to LMIS, by supply chain level [Subnational] – %	100%	100%	100%	100%	100%
<b>1.4.1c</b> Reporting rate to LMIS, by supply chain level [SDP] – %	N/A	N/A	N/A	N/A	83.8%
Cross-cutting Indicators					

4.1.1 Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	2	N/A	0
4.1.2 Number of endorsed supply chain management policies, regulations, strategies, or SOPs and allocated national government resources for its implementation – #	No target	Annual			
4.1.3 Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
4.1.4 Number of people trained in a supply chain management functional area – #	No target	0	0	0	M: 19 F: 14
4.1.5b Stock out rate for <b>tracer malaria</b> commodities – %	Central: 5% Subnat: 5%	Central: 0% Subnat: 33% SDP: NA	Central: 0% Subnat: 35% SDP: NA	Central: 11.1% Subnat: 22.3% SDP: NA	Central: 36.4% Subnat: 48% SDP: 29.2%
4.1.5c Stock out rate for <b>tracer family planning</b> commodities – %	Central: 5% Subnat: 5%	Central: 0% Subnat: 0% SDP: NA	Central: 0% Subnat: 0% SDP: NA	Central: 6.1% Subnat: 10% SDP: NA	Central: 22.2% Subnat: 17.8% SDP: NA

## ANNEX V: WARO Indicator Dashboard

Indicator Name	FY19 Target	FY18 Q2	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2
IR 2.1. Build regional capacity to effectively carry on different functions of logistics management.						
2.1.1 Number of focus countries receiving technical assistance on supply chain management. – #	4	Annual				
2.1.2 Number of formal agreements (MoU, policy, declaration, etc) that address commodity security and are signed at the regional level (related to the institutionalization of transfer mechanism and inclusion of logistics management curricula in local or regional institutions) – #	Step 4	Annual				
2.1.3 <sup>43</sup> Number of coordination meetings (e.g. Thematic Working Groups) dedicated to review and review PPMR data through CSCs – #	2	N/A	N/A	N/A	1	7
2.1.4 Number of action plans developed by the TA recipient based on the last mile distribution assessment recommendations – #	1	Annual				
1.1.2 Existence of a functional logistics coordination mechanism in place – yes/no	No target	Annual				
1.2.1c Forecast accuracy for tracer family planning commodities – %	30%	Annual				
1.2.3 Percentage of total spent or budgeted on procurement of <b>Family Planning</b> commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual				
1.2.4 Number of GHSC-TA Francophone TO supported countries with supply plans reviewed and updated during the quarter – #	2	N/A	N/A	N/A	1	2
4.1.1 <sup>44*</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	0	N/A	2	N/A	1
4.1.2* Number of endorsed the supply chain management policies, regulations, strategies, or SOPs and the required national government resources allocated for its implementation – #	No target	Annual				
4.1.3 <sup>45*</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	1	N/A	0	N/A	0
IR 2.2. Strengthen national and regional LMIS platforms to enhance data visibility and support exchange of data						
2.2.1 Number of countries stock outs of contraceptives for more than 3 months – #	2	0	0	3	0	0
4.1.5c* Stock out rate for tracer Family Planning commodities in <b>Burkina Faso</b> – %	0%	0%	0%	0%	0%	10%
4.1.5c* Stock out rate for tracer Family Planning commodities in <b>Niger</b> – %	5%	0%	0%	7.4%	0%	0%
4.1.5c* Stock out rate for tracer Family Planning commodities in <b>Togo</b> – %	10%	0%	0%	15.2%	0%	3%
IR 2.3: Foster collaboration with the private sector to improve public sector commodity security						

<sup>43</sup> Please note that this indicator has a semi-annual reporting frequency. Two CSC meetings in Burkina Faso; however, the WARO team will review 40 PPMR submissions in 4 countries.

<sup>44</sup> Please note that this indicator has a semi-annual reporting frequency.

<sup>45</sup> Ibid.

**4.1.4\*** Number of people trained in a supply chain management functional area – #

No target

0

0

34

22

M: 138  
F:24

\*These represent cross-cutting indicators from the project level MEP that will be reported on under WARO. They have been categorized under the appropriate intermediate results for WARO.

## ANNEX VI: Additional Indicators

Indicator 4.1.1 Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support.		
Country	Type of Document	Description of supply chain policy, regulation, strategy, or SOP developed or updated
Benin	<b>SOP for placing and tracking PMI orders</b>	<ul style="list-style-type: none"> <li>In March 2019, the pharmaceutical services advisor developed an SOP for placing and tracking PMI orders to ensure that orders are placed and received in a timely manner through the proper channels. The SOP has been submitted to USAID for validation. During the same period, the regional supply chain manager and officers assisted the PNLN in the development of a supply chain management plan to facilitate the implementation of seasonal malaria chemoprophylaxis in Malanville-Karimama and Tanguieta-Materi-Cobly health zones located in the northern part of the country. The regional supply chain officer based in Parakou also met with the head of the association of private clinics for the commune of Parakou to ensure that the association is aware of the supply chain network norms and procedures.</li> </ul>
	<b>National Integrated Strategic Plan</b>	<ul style="list-style-type: none"> <li>In January 2019, the forecasting specialist and the pharmaceutical services advisor of the project assisted the CNLS-TP in the development of the 2019-2023 National Integrated Strategic Plan that targets the eradication of HIV/AIDS, tuberculosis, malaria, hepatitis, STIs and epidemics. The plan includes actions necessary to secure the availability of essential health products to support the management of these priority diseases. During a workshop organized in January 2019, the project staff advocated for the establishment of a counterfeit medicines surveillance system and an integrated and cross-functional supply chain model for all health products. This proposition was accepted and included in the national strategic plan.</li> </ul>
WARO	<b>Integrated Logistics Monitoring and Information System (I-LMIS) manual</b>	<ul style="list-style-type: none"> <li>The Burkina Faso MoH developed an Integrated Logistics Monitoring and Information System (I-LMIS) manual to improve and harmonize the in-country supply chain data collection for decision making. After the development of the manual, the MoH trained central level supply chain stakeholders, and regional, health districts and health facilities drug managers. The MoH requested the project's assistance in training 600 managers of health facilities. 400 more will be trained by GHSC-PSM and 1,400 by the Global Fund.</li> </ul>

Indicator 4.1.4 Number of people trained in a supply chain management functional area.						
Technical Subcategory	FY19 Q2					
	Benin	DRC	Haiti	Senegal	Burkina Faso	Niger
Strategy and Planning						
Governance and Financing				33		
Forecasting and Supply Planning		35				28



Warehousing and Inventory Management						
MIS	34	36			134	
Monitoring and Evaluation	15					
Human Resources Capacity Development			17			
<b>Total</b>	<b>49</b>	<b>71</b>	<b>17</b>	<b>33</b>	<b>134</b>	<b>28</b>

## ANNEX VII: Benin Success Story

### A New Generation of Logisticians Getting Ready to Lead Supply Chain Management in Benin

Health systems play a crucial role in the improvement of life expectancy and health status for the world's population. The availability and retention of trained and qualified staff is a key ingredient, and oftentimes the most vulnerable element, of a well-functioning health system.

To help the Beninese Ministry of Health (MoH) address the problem of insufficient capacity in the area of health supply chain, particularly outside the capital area, the USAID Global Health Supply Chain – Technical Assistance Francophone Task Order, in close coordination with the MoH and Private Sector Platform for Health (Plateforme du Secteur Sanitaire Privé de la Santé, or PSSP), launched a fellowship program for young professional logisticians. The program's objective is to train and place logisticians in 15 districts throughout the country to assume health supply chain responsibilities in remote areas of Benin.



*Josee do-Rego (third from the left) with colleagues from the YLPP.*

Twenty-four-year-old Josée do-Rego is one of the first 15 recruits of the Young Logisticians Professional Program (YLPP), deployed after her training to the commune of Sèmè Kodji, where she provides services to 17 health facilities, including seven private health centers. Although she had no previous experience in health supply chain, her management skills and academic background allowed her to pass the required exams to join the program. The GHSC-TA Francophone TO provided intensive training in supply chain management to those selected for the program. Now Ms. do-Rego's responsibilities include providing support to the health facilities' staff to prevent stockouts, analyzing data, submitting reports to the central level, and ensuring proper storage of commodities at the health facilities. She also participates in communal health management committees, reporting on the findings of her visits to health facilities and proposing solutions for improvement. Ms. do-Rego said that it is important to like what you are doing and to put a lot of pride in your work to ensure that the work is done right. Besides benefits to her professional development, she sees her participation in the program as an opportunity to learn how to establish a balance between delegating tasks to people and micro-managing them.

The YLPP, launched in Benin with the support of USAID, offers a win-win solution to the problem of capacity building in low-resource settings. Ms. do-Rego enjoys applying her management skills and the knowledge she received during training to the health supply chain and aspires to have a career working in monitoring and evaluation. She has a chance to work in her own commune, directly contributing to the improvement of availability of health commodities for her fellow citizens. The program benefits from Ms. Do-Rego's presence and activities in the field, starting from data collection all the way to ensuring that the right commodities are available at the right place, in the right amounts, and at the right time.