



USAID Global Health Supply Chain - Technical Assistance Francophone Task Order Annual Report

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Cover photo: Clockwise, starting with upper left: Last mile distribution in DRC, shipment of orders to health zone in Sankuru province; reception of essential medicines at Kayamba Health Zone, Haut Lomami Province, DRC; launching the Inventory Management Assessment Tool in Niger; reproduction and dissemination of FP/RH management stock cards in Niger; the US Ambassador to Benin with two YLP on her visit to Natitingou; Nurses counting HIV/AIDS commodities during last mile distribution at Panda Hospital, DRC (Credit: Chemonics International)

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Acronyms

ABRP	Agence Béninoise de Régulation Pharmaceutique
ART	antiretroviral treatment
ARV	Antiretroviral
CAME	Centrale d'Achat des Médicaments Essentiels
CAMEG	Centrale d'Achat des Médicaments, Equipements et Consommables Médicaux
CDR	Centrale de Distribution Régionale
CORDAID	Catholic Organization for Relief and Development Aid
COVID-19	novel coronavirus SARS-CoV-2
CSC	Contraceptive Security Committees
DHIS2	District Health Information Software 2
DPM	Direction de la Pharmacie et du Médicament
DPMED	Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques
DPS	Division Provincial de la Santé
DQA	Data Quality Assessment/Audit
DRC	Democratic Republic of the Congo
DRZS	Dépôt Répartiteur de Zone Sanitaire
DSF	Direction de la Santé de la Famille
DSME	Direction de la Santé de la Mère et de l'Enfant
DTG	Dolutegravir
ECZ	Equipe Cadre de Zone de Santé
eLMIS	Electronic Logistics Management Information System
ERPX3	Enterprise Resource Planning X3 (SAGE software)
EUV	end use verification
FEDECAME	Fédération des Centrales d'Approvisionnement en Médicaments Essentiel
FP	Family planning
FP2020	Family Planning 2020
FY	Fiscal year
GFPVAN	Global Family Planning Visibility and Analytics Network
GHSA	Global Health Security Agenda
GHSC	Global Health Supply Chain
GHSC-PSM	Global Health Supply Chain Project - Procurement and Supply Management
HIV/AIDS	Human immunodeficiency virus and acquired immune deficiency syndrome
IHP	Integrated Health Project
IHSA	Integrated Health Services Activities
IMAT	Inventory Management Assessment Tool
KPI	Key performance indicators
LDVS	Logistics Data Visualization System
LLIN	Long lasting insecticidal net
LMIS	Logistics management information system
LNCM	Laboratoire National de Contrôle du Médicament
MMD	Multi-month dispensing

MNCH	maternal, newborn and child health
NMCP	National Malaria Control Program
ONPPC	Office National des Produits Pharmaceutiques et Chimiques
PEPFAR	US President's Emergency Plan for AIDS Relief
PMI	U.S. President's Malaria Initiative
PNA	Pharmacie Nationale d'Approvisionnement
PNAM	Programme National d'Approvisionnement en Médicaments Essentiels
PNLP	Programme National de Lutte contre le Paludisme
PNLS	Programme National de Lutte contre le SIDA
PPMR	Procurement Planning and Monitoring Report
PPMRm	Procurement Planning and Monitoring Report for Malaria
PPP	Public-Private Partnership
PSSP	Plateforme du Secteur Sanitaire Privé de la Santé
RH	reproductive health
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SNAME	national essential medicines supply system
SOP	standard operating procedure
TB	Tuberculosis
TLD	tenofovir/lamivudine/dolutegravir
TO	task order
TOR	terms of reference
TWG	technical working group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government
WARO	West Africa Regional Office
WHO	World Health Organization
YLPP	Young Logisticians Professional Program
3PL	Third-party logistics

Executive Summary

This report highlights key project achievements carried out during the period of October 1, 2019 to September 30, 2020.

This year of the project was marked by progress across key areas of the supply chain, including workforce, enabling environment, digital supply chain, and last mile distribution. But the COVID-19 pandemic also changed the nature of technical assistance and highlighted areas of health system resilience and the critical nature of supply chains in protecting health. The GHSC-TA Francophone TO strengthened supply chains across Benin, Burkina Faso, DRC, Niger, Senegal, and Togo, and improved in-country and regional coordination and collaboration. Highlights from the year fall across four key areas, described below.

Supply Chain Workforce. Efficient, sustainable supply chains depend on professional, well-trained supply chain workforces to ensure the right products get where they are needed at the right time. The project developed workforce capacity through supportive supervision, resulting in improved LMIS reporting and reduced stockouts. For example, in Burkina Faso, after supportive supervision the Logistics Management Information System Reporting Completeness Rate improved by 22 percent; now at 90 percent completeness and Good Storage Rates improved by 10 percent in just three months. Likewise, a high-functioning supply chain of the future depends on a new cohort of supply chain leaders. The project supported youth logistician professionals in Benin, who supported their communities and contributed to a resilient health system during the pandemic.

Enabling Environment. Sustainable progress in supply chain functions depends on a strong enabling environment. This year to improve the reliability, speed, and scale of supply chains, the project tackled challenges to create a coordinated and efficient system. For example, in Senegal, the project strengthened public-private partnerships for resilience during the pandemic and long-term coordination and efficiency. In DRC, the project streamlined donor collaboration to harmonize support with a first-time nationalized end-use verification survey and applied performance-based incentives from the private sector to improve the performance of regional distribution centers. In Benin, the project coordinated support for innovations in supply chain, ensuring sustainability of successful programs. Globally, the Emergency Supply Chain Playbook, which was developed by the project in previous years, was introduced to 25 countries. Originally designed to help governments prepare for resurgences of pandemics such as Ebola, it was an increasingly critical resource in 2020.

Digital Supply Chain. The journey to self-reliance requires transparency in data and informed decision-making, which are possible in health systems through a digital supply chain. In Benin, the project supported end-to-end visibility through the Logistics Data Visualization System, which enabled health zone warehouse managers to capture and share the last 12 months stock data for the tracer health products they are managing for the first time. In DRC, the project developed a web-based data analysis and visualization tool/dashboard called InfoMED RDC to provide an early warning system on health products availability. Aligned with DHIS2, the dashboard gives unprecedented access to data for decision-making. In Senegal, the project improved logistics data visibility for decision-making and inventory management at the Health District level through a computer-based system. The project also supported opportunities across the region to improve visibility for tracking shipments, forecasting needs, and disaggregating stocks by product and month through the GFPVAN. The project supported a regional control tower planner to serve as the functional link between data providers in West African countries, regional- and global-level donors, and procurers in the Control Tower.

Last Mile Distribution. Improved health outcomes depend on the availability of health commodities for the patient. Ensuring commodities reach the last mile is the most challenging and most critical aspect of any supply chain. This year, the project made significant advances to improve the ability for commodities to reach the service delivery point and ultimately patients. In DRC, the project piloted an integrated last mile distribution approach and acted quickly to preserve multi-month dispensing availability during COVID-19 lockdowns.

Annual Report Structure. The following sections—organized by priority areas including supply chain workforce, enabling environment, digital supply chain, and last mile distribution—includes highlights of progress across the project. Detailed information on each core and field support activities per objective is included next. Followed by management updates, financial report, and indicator dashboards and analyses per country (Annexes I-VII). Twelve success stories are also included (Annexes VIII-XVII).

Project Background

The United States Agency for International Development (USAID) Global Health Supply Chain– Technical Assistance Francophone Task Order (GHSC-TA Francophone TO), a five-year project awarded to Chemonics International on February 9, 2017, provides supply chain technical assistance to Benin, the Democratic Republic of the Congo (DRC), Senegal, and to select Francophone countries within the West Africa region (such as Burkina Faso, Niger, and Togo) to improve the performance, efficiency, and sustainability of national health supply chains and to promote national and regional collaboration among supply chain stakeholders. The project previously supported technical assistance in Haiti. Working in close collaboration with IntraHealth International, McKinsey & Company, and University Research Co., LLC, the GHSC-TA Francophone TO (the project) builds on the results of previous USAID-funded projects to provide sustainable solutions for health supply chain systems.

Through the implementation of technical activities prioritized by the different country programs and their respective USAID missions, the project continued to contribute to key global and U.S. Government health initiatives to address key global health priorities, including the President's Emergency Plan for AIDS Relief (PEPFAR), to create an aids-free generation; Family Planning 2020 (FP2020), to end preventable child and maternal deaths; the U.S. President's Malaria Initiative (PMI), and the Global Health Security Agenda (GHSA), to protect communities from infectious diseases, while simultaneously building resilient and sustainable health systems in partner countries.

The GHSC-TA Francophone TO (the project) is a component of the USAID Global Health Supply Chain Program. The project's three-tiered mission is to 1) strengthen supply chain systems in select Francophone countries of Africa to ensure timely access to quality essential health products and services, 2) improve in-country and regional collaboration and coordination, and 3) support the global health security agenda. This three-tiered mission is supported by the following three objectives that serve as the project's pillars, and are supported by their respective intermediate results, which are the expected results of selected focused technical interventions, developed and conducted by the project in, and across, selected Francophone countries of Africa and in Haiti, over the life of the project:

- Objective 1. Countries Supply Chain Systems Strengthened
- Objective 2. Commodity Security Improved through Collaboration and Regional Organizations
- Objective 3. GHSA and Emergency Preparedness Strategies Supported by Countries Supply Chain.

Highlights of Progress

Health supply chains should be locally led, integrated, optimized, accountable, agile, lean, and able to sustainably supply quality products to all citizens. Getting to this point depends on critical components including the supply chain workforce, an enabling environment, digital solutions, and reliable last mile distribution. This year, the project made progress in each of these critical areas to contribute to the journey to self-reliance with optimized health supply chains in Benin, Burkina Faso, DRC, Niger, Senegal, and Togo. Below we present successes and progress across critical elements of the health supply chain.

Supply Chain Workforce

Efficient, sustainable supply chains depend on professional, well-trained supply chain workforces to ensure the right products get where they are needed at the right time. The project is developing human resource capacity to ensure high-performing, professional, and consumer-centered workforces.

Strengthening the capacity of stock managers through supportive supervision to improve inventory management, storage conditions and reporting rates. Supervision at the health facility level can alert program managers of potential problems within the supply chain system, which, once addressed, can help strengthen the system and better ensure commodity availability. To support supply chain professionals and provide continuous mentoring, the project supported each focus country to improve supportive supervision practices through drafting of supportive supervision guidelines and terms of reference (TOR). In Burkina Faso, the project also conducted two supportive supervision trainings for 37 participants



Training participants excited to start supervision visits in Ouagadougou, Burkina Faso

from the central, regional and district levels (see photo at right). Following the trainings, district-level Ministry of Health staff started supportive supervision visits, with a focus on stock managers in inventory management, data collection, and analysis of quality data, and supportive supervision activities. Good storage conditions improved in Centre Sud Region from 63 percent facilities in March 2020 to 73 percent facilities in June 2020. Similarly, between March 2020 and June 2020, the LMIS reporting rate increased from 68 percent facilities to 91 percent facilities. And after six supportive supervision visits between March 2020 to September 2020, the FP/RH commodities stockout rate decrease from 29 percent facilities to 14 percent facilities in Centre Sud Region. More results from the supportive supervision in Burkina Faso are found in the [Success Story in Annex VIII](#).

Building the capacity of a pool of a younger generation of logisticians to ensure scalability and sustainability of supply chain solutions in Benin. Building a strong cohort of emerging leaders in supply chain will strengthen capacity and assist countries in the journey to self-reliance. In Benin, the project collaborated with the *Plateforme du Secteur Sanitaire Privé de la Santé* (PSSP) to organize a two-day workshop, which provided an opportunity for the Young Logistician Professionals (YLPs) to share their experience, progress made, and challenges met since the program's implementation in February 2019. During the workshop, health zone representatives did not hesitate to testify to the tremendous support they received from the YLP

in their area. It was also an opportunity to reflect on the program, propose increased collaboration with all stakeholders and identify potential solutions to guarantee the sustainability of the project. This year the project worked with the PSSP to recruit, train, and deploy another group of 15 YLPs. This brings the total to 30 YLP which provides coverage of 29 communes and places at least one YLP in each of the 12 departments. As part of the plan to build their capacity, the project involved the YLPs in the technical assistance interventions implemented by the project, which took place within their designated departments. Through these activities, YLPs in the communes have improved health commodities security, data reporting, and logistics. A few examples of their accomplishments include collaborating with World Health Organization (WHO) to collect pricing data for pharmaceuticals from health facilities, ensuring product availability for Seasonal Malaria Chemoprevention in the north, and supporting key aspects of the long lasting insecticidal nets (LLIN) national distribution campaigns with *Programme National de Lutte contre le Paludisme* (PNLP) and Catholic Relief Services. For the LLIN campaigns, YLPs contributed to key activities such as identification and preparation of storage areas, offloading and reception of nets, start and end inventories, delivery coordination to villages and distribution of tickets to household, supervision and verification of filling of forms, and organization of reverse logistics to return unused stock and empty bales. The support provided by the YLPs helped the Ministry of Health ensure 13.5 million Beninese, close to the entire population of over 14 million, are protected with more than 7.6 million LLINs distributed ahead of the high transmission Malaria season; in 2020, this included distribution during the height of the initial COVID-19 pandemic wave. The project team, together with the PSSP and USAID, visited all communes supported by the YLPP to share the progress made using the baseline data as a benchmark. During these visits, testimonials from local authorities and health zone coordinating physicians indicated the results of this program have fully met expectations. Additionally, an online anonymous survey was launched to assess the relevance and the effectiveness of the project and to identify potential improvements and orientations to inform the program expansion. The results of this survey confirmed the need for such a program and its impact.

In response to COVID-19, the YLPs based within the health perimeter established by the Government of Benin in an attempt to reduce the spread of COVID-19 and which included areas around Cotonou, Abomey-Calavi and Porto Novo, assisted the CAME with the management of the temporary warehouse rented by the Ministry of Health to receive, store, and distribute COVID-19 commodities. The YLP Coordinator from the PSSP and the pharmacist seconded to the *Agence Béninoise de Régulation Pharmaceutique* (ABRP), both supported by the project, also assisted with the verification and reception of commodities at the Cotonou airport. This support was highly praised by the head of the commission and the Minister of Health. More information on the project's work to assist Benin with COVID-19 pandemic responses are found in the [Success Story in Annex IX](#).

Enabling Environment

The enabling environment has substantial impact on the feasibility, speed, and scale of supply chains and ultimately the consumers they serve. Burdensome policies, inefficient structures, and cumbersome regulations can derail operations and limit the lifesaving capacity of supply chains. This year the project tackled challenges to an enabling environment to smooth processes for a responsive health system.

Creating resilient health systems through PPPs in Senegal. This year the project rapidly responded to support Senegal in preparedness against the pandemic. Enhancing the enabling environment in both the short-term to respond to COVID-19 and for long-term coordination and self-reliance, the project strengthened public-private partnerships (PPP). Through support to DPM, the project reinforced PPPs between wholesalers, which allowed PNA to obtain the necessary essential commodities at the beginning of the COVID-19 pandemic. This PPP helped the different private health actors to access commodities including essential personal protective equipment from PNA. The Medicines Commission

of the Health Systems Strengthening platform was revitalized during COVID-19 and the project supported the pharmaceutical industry sub-commission to develop its action plan. The project also organized a meeting of the Procurement and Supply Monitoring Committee and as a result the committee is expanding membership, establishing a communication system, and shortages and supply issues of these tracer products were shared with DPM for its intervention with customs agencies to resolve administrative delays. Private wholesalers also shared their stock status of tracer medicines with the PNA, contributing to overall stronger PPPs between the PNA and private wholesalers. These foundational actions will drive local pharmaceutical production and usher in a new era for the country's supply chain journey to self-reliance.

Streamlining donor coordination in Benin and DRC. Poor coordination between donors leads to duplication of efforts and undermines a country's journey to self-reliance. In Benin and DRC, the project has concentrated on collaboration and communication between donors to harmonize support. In the DRC, obtaining accurate stock data for antimalarial, family planning, and maternal and child health commodities across all provinces is challenging and donors use End-Use Verification (EUV) surveys to complement the national logistics management information system for accurate data. However, EUV surveys were siloed and inefficient. The project coordinated disparate stakeholders to create an unprecedented partnership for a nationalized EUV survey, under the direction and guidance of the DRC Ministry of Health. With the findings, donors and the government are empowered to coach health workers on specific gap areas. More details on this are in the [DRC EUV Success Story in Annex X](#). In Benin, donors often operate in silos and as a result, the project has facilitated discussions with a wide-range of stakeholders to coordinate on innovations for supply chain in Benin, including the YLP program, which now has support from a variety of stakeholders for sustainability. More on Benin's donor coordination is in the [Benin Multi-donor Collaboration Success Story in Annex XI](#).

Digital Supply Chain

Digital supply chain enables demand data aggregation, sharing, and alignment with procurement, and funding to avoid stock imbalances and maximize use of limited resources to ensure continuous availability of commodities. Increasing data visibility enables informed decision-making at each step in the supply chain for sustainable, responsive systems on the journey to self-reliance.

Enhancing data visibility and informed decision-making through a web portal system in DRC. The availability of regular and reliable data to monitor key indicators such as stock levels and consumption trends for health products, at all levels of the supply chain, remains a major challenge in the DRC. To address this, the project developed a web-based data analysis and visualization tool/dashboard called InfoMED RDC. InfoMED is designed to provide an early warning system (EWS) on health products availability. The project, in collaboration with the Ministry of Health, built a customized interface dashboard into the district health information system (DHIS2) to capture logistics data from the health facilities. The visualization tool uses the data stored in the DHIS2 to generate predefined and customized reports and graphs, to monitor the supply chain key performance indicators recommended by PNAM. This year, the project focused on interoperability of patient data derived from DHIS2, the development of reports linking LMIS data with patients' data, and training users with the competencies to manage the dashboard. The project finalized the patient report for the HIV, Malaria, and TB components. As a result, it is possible to use this report to extract data on the population under care and treatment as well as the number of patients by treatment regimens. Focusing on ownership by PNAM and scaling use of InfoMED across the country, the project trained over 600 users on the InfoMED platform for data entry, data visualization and decision-making in 10 USG supported provinces (Haut Katanga, Lualaba, Tanganyika, Haut Lomami, South Kivu, Kasai Central, Kasai Oriental, Lomami, Sankuru and Kinshasa). This enabled implementation of InfoMED in all 196 USG-supported health zones. The project conducted a training-of-

trainers for implementation of the electronic logistics management systems (eLMIS) system in the 16 Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria-supported provinces. After the trainings, the project developed memory aids and decision support tools for InfoMED and DHIS2 users, which describe the operating mode, tasks and roles as well as decisions to be made at each level in order to guide each actor involved in the management of the LMIS. Alongside this, the project supported integration of new health facilities into DHIS2/InfoMED, updated medicines from 107 to 120 considering the new HIV/AIDS treatment regimens in the national HIV/AIDS guidelines, and added geolocation of health facilities in the 10 provinces under USAID support to better visualize the status of stocks by health facility to allow for early warning system. The project updated and distributed health facility and Office of the Health Zone Team (*Bureau Central de Zone de Santé*) reporting tools, as well as the LMIS manual integrating the DHIS2 and InfoMED modules and the revision of the standards for calculating the LMIS logistics indicators. By building on well-established sources such as the DHIS2, the dashboard enables users to use data for continuous improvement.

Support end-to-end visibility of Benin's health products supply chain data. The project assisted the Ministry of Health to move away from the paper-based collection of logistics data to direct reporting into the Logistics Data Visualization System (LDVS). The LDVS builds on the monthly logistics data captured in the DHIS2 for all tracer products (n=59) and allows ease of use for reporting and visualization of stock levels, consumption trends, rate of expiration, inventory value, national pipeline, reporting practices, etc. by health program, department, health zone, commune and by type of facility (including central and regional CAME, DRZS, or health facilities). Building on successes implementing the LDVS in Benin, during Phase I, the project coordinated the subcontractor, Softworks, and



Training of Warehouse managers on the use of the Logistics Data Visualization Platform

the Ministry of Health to finalize the LDVS and trained technicians of the *Direction de la Programmation et de la Prospective* and the *Direction du système d'Information* on the administration, maintenance and management of this platform, after which the project handed over LDVS to the *Direction de la Programmation et de la Prospective* and the *Direction du système d'Information*. The project organized training sessions for the 34 health zone warehouses on the use of the LDVS (see photo at right). After these sessions, the health zone warehouse managers were able to capture the last 12 months stock data for the tracer health products they are managing. This is the first time this data is being captured and shared, as these warehouses were not reporting before on the DHIS 2.0. Regular updating and use of logistics data onto the LDVS will ensure the visibility of logistics data at all levels of the supply chain and support timely and rational decision-making to secure product availability. At the peak of the COVID-19 pandemic in Benin, the project noted a decrease in reporting of the supply chain data due to staff redeployments. Therefore the project team with the help of the YLPs, assisted health facilities to address this challenge through a combination of phone support and site visits particularly to poor performing *Dépôt Répartiteur de Zone Sanitaire* (DRZS) and health facilities (e.g. in one department 3 of the 16 health zones reports were not up to date, in another department 4 out of the 16 health zones reports were not up to date during these visits). At the end of this year 100 percent of the DRZS submitted their reports. More on the LDVS is in the [Success Story in Annex XII](#).

As a spinoff of the LDVS, at the request of the Ministry of Health, the project is developing an integrated e-LMIS at the DRZS and health facility levels to strengthen supply chain management practices. The project started Phase II “Logistics Management Information” of the data visibility improvement plan with the development of a customized eLMIS solution to manage stocks and day-to-day transactions (receipts, issues, transfers) for all products at the DRZS and facility levels. This is a major step towards improving national data visibility as the eLMIS allows the daily management of commodities and the daily transmission of data into the LDVS web portal. The eLMIS is available as an off-line (desktop) and on-line version (available through the LDVS). Both versions offer the same functionalities. With the advent of COVID-19, the completion of the pilot phase was delayed, however the project did install eLMIS in 34 health facilities and 3 DRZS and trained health personnel on its use. The project is also exploring the potential use of the project eLMIS to support the ePHARMACIE initiative, the pharmaceutical products traceability project initiated by the President of Benin. The main objectives of this initiative are to implement GSI standards for the pharmaceutical supply chain in Benin to monitor the movement of products throughout the supply chain, from importation to last mile/patient delivery. Likewise, because Benin has a proliferation of counterfeit medicines stemming from a poorly regulated pharmaceutical market with an outdated and flawed regulatory and legal framework, there is potential for the eLMIS to ensure traceability of legitimate commodities and pinpoint counterfeit commodities in the system. The eLMIS used at the health zone and facility levels has product synchronized with the central catalog; therefore if a product is not legitimate it will not be included in health facility product list log and it cannot be received in the eLMIS. Eventually the eLMIS will be an essential component of the ePHARMACIE and once this is in place the eLMIS will be supporting the verification of product’s legitimacy from the regional level to the last mile.

Last Mile Distribution

Improved health outcomes depend on the availability of health commodities for the patient. Likewise, if a patient travels to a facility and is unable to receive services because of a stock out, it can result in decreased demand for health services, unplanned pregnancies, illness, and even death. Ensuring commodities reach the last mile is the most challenging and most critical aspect of any supply chain. This year, the project made significant advances to improve the ability for commodities to reach the service delivery point and ultimately patients.

Creating efficiencies to deliver essential commodities to the service delivery point in DRC. Ensuring availability of lifesaving HIV/AIDS treatment in DRC is always a challenge, but the COVID-19 pandemic put into perspective the critical nature of delivering commodities and maintaining stock at the health facility level, especially as treatment guidelines changed to respond to the pandemic. In DRC, working closely with clinical implementing partners under the leadership of the *Programme National de Lutte contre le SIDA*, the project supported health zones in the 3 PEPFAR supported provinces of Kinshasa, Haut-Katanga and Lualaba. In the context of the COVID-19 pandemic which disrupted global supply chains with lockdown restrictions in DRC, the project closely collaborated with the Ministry of Health and PNLs to obtain waivers and *laissez-passer* documents for clinical implementing partners to use their vehicles thus ensuring deliveries to health facilities. The project also subcontracted with Third-Party Logistics (3PL) and health zone staff to deliver commodities. Combined with implementation of weekly monitoring of stock status at the health facility level, the project was able to identify gaps, propose preventive and corrective measures, and make informed decisions about product replenishment or relocation to improve availability and preserve multi-month dispensing (MMD) availability. Beatrice Kongolo Wa Ngoie is the supervisor of community ART distribution points in both Kenya’s and Lubumbashi’s health zones and works with more than 1,150 patients. She shared the impact of the supply chain efficiencies

on improving health outcomes (see quote at right). More information is found in the [Success Story in Annex XIII](#).

Also, in pursuit of last mile delivery solutions, this year the project piloted an integrated last mile distribution approach in Haut Katanga and Lualaba. Previously, the distribution system required multiple supply chain tiers. But this method increased lead times, created delivery delays and losses, and caused stockouts and expiration of commodities. In collaboration with *Division Provinciale de la Santé* (DPS) staff, specialized programs and health zone teams (*Equipe Cadre de la Zone de Santé*) (ECZ), the project collected consumption data, developed a distribution plan, and produced a detailed health zone map for distribution routes. The distribution process involved packaging HIV, Malaria, TB, FP/RH and maternal, newborn and child health (MNCH) health commodities together for efficiencies. To execute the distribution plan in remote facilities, the project used boats, bicycles, motorcycles, and 4x4 jeeps to reach 269 health facilities, including using trucks as mobile warehouses between CDRs and health facilities. The project also coached health zone staff on LMIS tools to monitor the last mile distribution. The facilities celebrated eliminating the need for costly multiple distribution trips and having all the medicines for all the programs at the same time.

Efficient Supply Chains for Treatment Retention and Resiliency during the Pandemic

“With the help of the GHSC-TA Francophone project, we were able to provide all adults with six months of ARTs and children with three months, greatly reducing the need for repeated visits during this pandemic and helping to ensure social distancing measures. This has been a good experience for us and we are thankful that due to the project’s support, people living with HIV in this pandemic will be less exposed to the virus and we’ve been able to take precautionary measures in advance of an eventual total lockdown.”

Additional Successes by Objective

Below we present additional accomplishments from the year by objective and portfolio.

Objective 1. In-Country Supply Chain Systems Strengthened

Under this objective, the project focuses on the improvement in governance, coordination, strategic plan development, forecasting and supply planning, procurement, logistics and warehousing, LMIS, data visibility and monitoring, and capacity building at all levels of the countries' health supply chains. The project prioritized specific activities under this objective by following the guidance from respective USAID missions and host governments' requests, stipulated in and agreed upon in country workplans.

Benin

From the start of the COVID-19 pandemic, a concern was the potential reprioritization of pandemic responses over other health programs. As a result, the project continued to monitor the stock of anti-malarials and FP commodities at the central, regional, and peripheral level, and made recommendations to secure rational stock levels for continued essential health services.

To **improve policy, governance, strategy, and coordination** (Intermediate Result 1.1), the project supported organizational changes in Benin and responded to COVID-19 with strategies to continue operations for a strong, resilient health system.

To ensure coordination and integration of services to improve health outcomes in Benin, the government has undertaken reforms to decentralize services and enhance accountability. As part of this, the project supported the transformation of the *Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques* (DPMED) into the ABRP or the Beninese pharmaceutical regulatory agency. The project assisted with the development of the TORs and operational plan of the newly approved ABRP. This includes the development of the roles and responsibilities of each proposed department, job descriptions, detailed organizational charts, and a roadmap for its operationalization. By strengthening the capacity of the ABRP, the project is helping Benin move along the journey to self-reliance through self-sustaining governance organizations.

In collaboration with Webb Fontaine and the ABRP, the project assisted with the review of the processes involved in issuing an import authorization for pharmaceuticals using the *Guichet Unique du Commerce Exterieur* or GUCE system. The GUCE system is an international trade portal implemented in Benin, and other West Africa countries, to control the importation of goods and to verify pharmaceuticals submitted for importation are genuine and registered in the country of destination. Building on previous support to DPMED transition into ABRP, the project assisted ABRP to update the list of registered products and the review of new application for registration by using 20 young pharmacist students for a 3 months period. They reviewed the validity of over 50 percent of the 7,650 records made between 2011 and 2020 and then published on the newly created [ABRP website](#). The project also assisted the ABRP with the redaction of 4 ministerial decrees to strengthen pharmacovigilance. Lastly the project, in collaboration with the WHO, co-funded the training of 283 public and private health professionals (pharmacists, physicians, nurses and midwives) in all 12 departments of Benin to identify and manage potential adverse drug reactions from COVID-19 treatment and others.

Supporting the government's zero stock-out policy, the project assisted the *Direction de la Santé de la Mère et de l'Enfant* (DSME) and the *Agence Beninoise de Planning Familial* with the entry of stock data of FP products using the United Nations Population Fund (UNFPA) supplies report template and checklist tools. The project participated in the Sayana Press® national roll-out working group set-up by the DSME

to assist with the estimation of needs to plan the nationwide scale up of Sayana Press® in all 34 health zones. The project also assisted the Population Services International's social marketing program with an import authorization for their FP/RH commodities.

In response to COVID-19, the project assisted Benin with continuity of essential services and using strengthened systems to respond to emerging threats. For example, the project pivoted to deploy staff located within the “cordon sanitaire” around Cotonou to assist with commodities management and reception of donated goods. The project also implemented an Emergency Response Dashboard (within the SVDL) to monitor the reception, origin, stock status, distribution and use of COVID-19 commodities and participated in the Government of Benin COVID-19 response committee by providing technical assistance to the quantification, commodities gaps assessment, and development of supply plans for COVID-19 commodities in coordination with other donors. Building on previous eLMIS strengthening work, the project supported implementation of eLMIS to manage COVID-19 and strengthened the pharmacovigilance program for COVID-19 patients and other comorbidities. Finally, using resources previously developed by the project pre-pandemic, the project adapted the Emergency Supply Chain (ESC) Playbook material to the Benin and COVID-19 context. Adaptations for the pandemic across supply chain functions in Benin highlighted the importance of continued strengthening and Benin's progress.

To **implement optimized forecasting and procurement processes** (*Intermediate Result 1.2*), the project developed capacity to use PipeLine v5.4® both in Benin and in other countries and supported supply planning in the context of COVID-19.

The project assisted the DSME and the National Malaria Control Program (NMCP) in completing the monthly stock level update for malaria and FP/RH products at the DRZS level. This allowed the update and submission of supply plans through the PipeLine v5.4® software and enable necessary adjustments to be made on pending orders captured in ARTMIS, GHS C-PSM's commodities procurement tool. Staff from national health programs were also trained on the use of the PipeLine v5.4® software to monitor outstanding orders from all sources (Ministry of Health, USAID, UNFPA, UNICEF and The Global Fund to Fight AIDS, TB, and Malaria). The acquired knowledge allowed these key actors to monitor products' potential stock levels and to advocate for an adjustment of the orders' delivery dates to avoid stock shortages at all levels of the supply chain. As part of the south-to-south collaboration among the project's portfolios, the Benin team conducted on-line PipeLine v5.4® training for Senegal, Togo, and Democratic Republic of Congo project staff.

The COVID-19 pandemic has affected the production and delivery of most products worldwide, therefore, the project submitted 10 supply plans (5 for antimalarials and 5 for FP/RH commodities and condoms) and closely worked with GHSC-PSM, USAID, PNL, and DSME to coordinate procurement and recommend adjustments, as required. The project supported the PNL in estimating antimalarials needs, and identifying current gaps, using The Global Fund to Fight AIDS, TB, and Malaria planning tool for the 2021-2023 period and assisted the PNL in estimating the needs for the 2020 Seasonal Malaria Chemoprevention campaign and secured the timely importation of the seasonal Malaria products. In addition, technical assistance was provided to the PNL by the project to use the Soft Funding tool, developed by GHSC-PSM, to estimate funds required to secure the availability of antimalarials for 2020.

To **implement best practices for distribution, warehousing, and logistics** (*Intermediate Result 1.3*), the project supported the NMCP with sharing lessons learned during a pre-test conducted for the long-lasting insecticidal net (LLIN) mass distribution campaign. This allowed the formulation of recommendations to ensure the success of the March 2020 campaign, despite the burgeoning pandemic

and related movement restrictions. Setting up future supply chain professionals, the project also supported the YPLs, as shared in the [Supply Chain Workforce Highlights Section](#) above.

A logistical and economic study of the CAME was conducted in 2018 and identified distribution between the regional CAME to the DRZS as a priority challenge. Last year the project conducted a survey to seek opportunities for the CAME to be responsible for the distribution to the DRZS. Building on this, the project worked with the CAME to conduct a rapid assessment of the distribution between three regional CAME warehouses and 34 health zone warehouses. As a result, the recommendation was to pilot the use of 3PL mechanisms for optimized shipping. The project helped with publishing a call for tender to pilot the implementation of a 3PL distribution and supported the CAME with the evaluation of bids for a 3PL pilot, however due to the COVID-19 pandemic and the CAME dissolution this pilot phase has not been yet implemented.

At the health zone level, the DRZS play a key role in providing medicines to health facilities. They are managed by a Warehouse Manager, who may not necessarily have a logistics, accounting, or medical background. Moreover, during FY19, a high turnover of this category of staff was observed. Therefore, it was critical to train new and seasoned managers on supply chain management, including the use of all manual and electronic tools that are being implemented by the Ministry of Health. The project delivered this training and conducted supervisory visits to ensure the use of government tools and registers. The project also worked with the regional CAME, the DRZS, and the PNLN to develop a distribution plan for the SP/AQ to support the seasonal Malaria campaign for Alibori and Atacora departments with the support of the Integrated Health Services Activity project also funded by USAID.

To **enhance data visibility and stock monitoring** (*Intermediate Result 1.4*), the project assisted the Ministry of Health to move away from the paper-based collection of logistics data to direct reporting into the LDVS and development of a customized eLMIS solution to manage stocks and day-to-day transactions (receipts, issues, transfers) for all products at the DRZS and facility levels. This activity is showcased above in the [Digital Supply Chain Highlights Section](#). The project also built on advancements from FY19 to train all DRZS managers in capturing the A7 report into the DHIS2 to improve logistics data visibility. This year, with support from the YLPs, the project focused on ensuring the DRZS report monthly logistics data on the A7 form, resulting in 100 percent reporting rate for the DRZS.

The Democratic Republic of the Congo

The supply chain and distribution system in DRC is fragmented with lack of ownership, leadership and coordination across partners and programs, and multiple parallel systems. Procurements are not carried out based on actual needs, storage capacity is minimal, basic infrastructure is lacking, and a weak LMIS leads to inadequate data and limited informed decision-making. There is poor warehouse management without standard operating procedures (SOP), temperature and humidity control, and transportation systems. Lack of qualified and motivated human resources, especially in areas such as quantification (including forecasting and supply planning) is a constant key challenge to achieving accurate quantification of needs and orders. In addition, poor medicine waste management has been contributing to the accumulation of expired or legacy products occupying valuable storage space, along with the potential of degradation of these products with the ultimate environmental risk. Lastly, the system suffers from a low recovery rate of its medicine costs.

To address these challenges, and support USAID's efforts to provide quality health care to people in DRC, the project conducted activities in line with the 2018 – 2022 USAID/DRC Health Office Commodity and Supply Chain Roadmap and Results Framework. In FY20, the project focused on

improving in-country supply chain logistics, enhancing pharmaceutical supply chain environments, and building capacity of local supply chain actors.

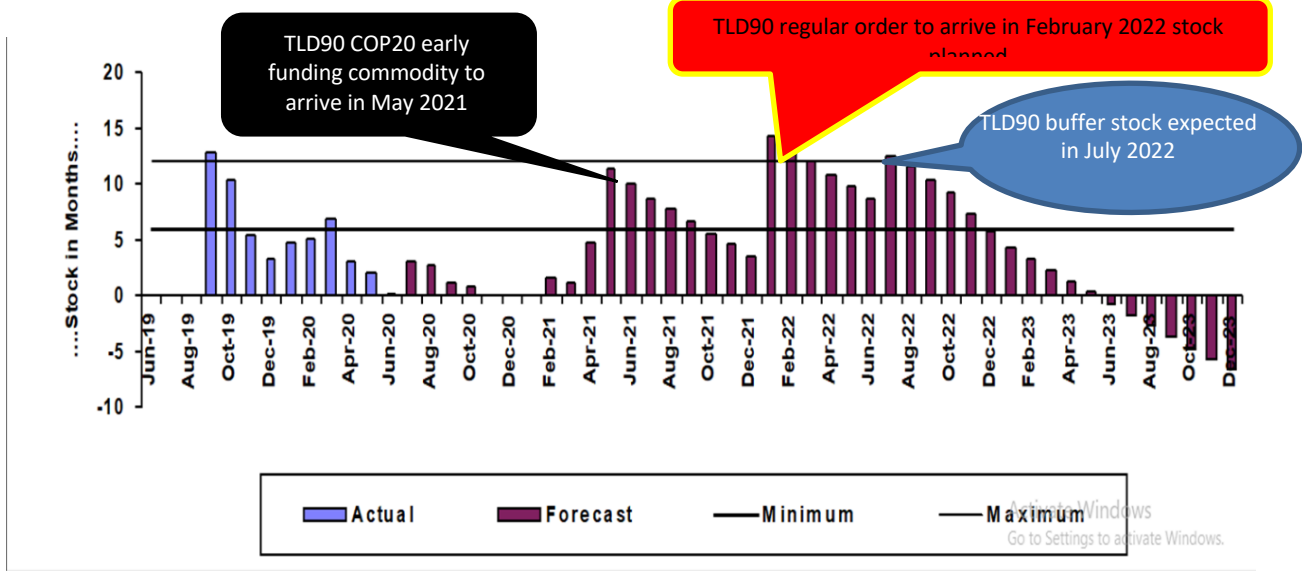
To ensure **USG procured essential health commodities are consistently available in supported service delivery points** (*Intermediate Result 1.1*), the project achieved several important successes including contributing to the completion of tenofovir/lamivudine/dolutegravir (TLD) transition in PEPFAR-supported provinces in June 2020, organizing quarterly deliveries of FP/RH, Malaria, TB, and MNCH essential medicines to more than 100 health zones supported by USAID, ensuring quarterly last mile distribution of HIV/AIDS commodities to 557 health facilities even during COVID-19, piloting an integrated last mile distribution in the provinces of Haut-Katanga and Lualaba in 10 PEPFAR supported health zones from CDR to the health facility level (discussed in the [Last Mile Distribution Highlight Section](#) above), coordinating and improving customs clearance of USG-procured products, and conducting quantification of FP/RH commodities for years 2020, 2021, and 2022.

In alignment with new WHO recommendations, the project supported review and update of HIV/AIDS new guidelines to introduce Dolutegravir (DTG) 10mg and shift from Lopinavir/Ritonavir (PLV/r) 40/10mg and 100/25mg. Implementing the new treatment protocols for infants and children required analysis of the existing regimens in use, in-country available stock, stock in the pipeline, and timelines for the availability of newly approved antiretroviral drug formulations for children. Previously the project facilitated PNLs' adoption of dolutegravir-based protocols in DRC as a first-line treatment, including support to establish an effective TLD transition committee, develop a TLD transition plan, and review and update the ART guidelines and their dissemination. Building on this, the project successfully completed transition from TLE to TLD for adults in June 2020 in the 3 PEPFAR-supported provinces reaching 143,162 patients compared to the 133,140 patients expected prior to transition. Leading up to this, in collaboration with the PNLs and key stakeholders, including WHO, the project developed job aids based on DRC's new HIV/AIDS guidelines, which includes MMD of TLD 90 and 180-tablet pack sizes. These job aids were printed and disseminated throughout PEPFAR-supported sites in Kinshasa, Haut Katanga, and Lualaba. The project also supplied all 551 PEPFAR-supported sites throughout the three provinces with HIV/AIDS pharmaceutical products and commodities.

The project set up a system to monitor stock levels by collecting weekly available consumption and stock data at the service delivery point from each PEPFAR-supported site. This system improved the availability of HIV/AIDS commodities, especially during the COVID-19 pandemic, by warning of impending stockouts at service delivery points. The routine quarterly review of stock status levels in the three provincial warehouses revealed the percentage of commodities stocked according to plan rose from 24 percent to 38 percent, representing a 14 percent improvement. Finally, to monitor effectiveness and patient wellbeing adherence to new regimen, the project conducted integrated site visits with the country task force including HIV/AIDS program staff and a *Centre national de pharmacovigilance* expert to monitor TLD transition, build capacity of provincial teams on notification of side effects, and provide onsite coaching. During the visits, standard notification forms of *Centre national de pharmacovigilance* were distributed to sites for spontaneous notifications and active pharmacovigilance.

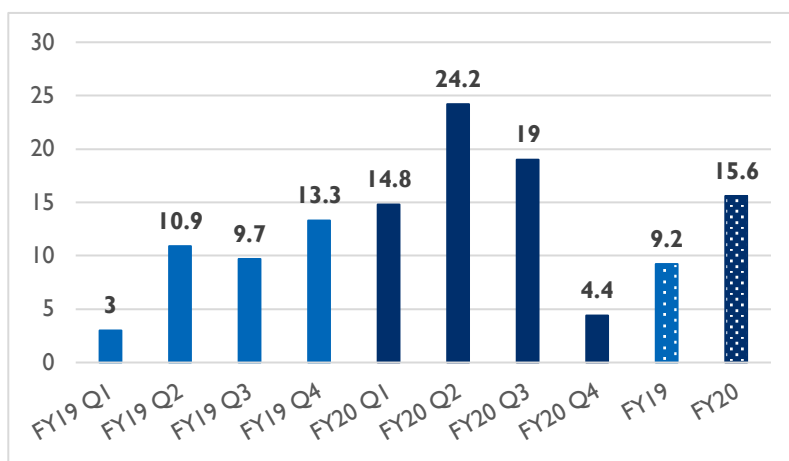
In response to potential challenges to the TLD transition during the COVID-19 pandemic, the project collaborated with the Ministry of Health and PEPFAR care and treatment implementing partners to provide vehicles to speed up the distribution of HIV/AIDS commodities in urban health zones. Additionally, in response to global pandemic recommendations to make MMD available and reduce potential exposure to COVID-19, the project developed modeling tools for PEPFAR (see example below in Figure 1), resulting in early communication with GHSC-PSM and ensuring a six months of buffer for the following fiscal year.

Figure 1: Example of PEPFAR modeling scenario to enable MMD during COVID-19



The project has supported improvements in the importation process to ensure efficient clearance of all incoming health products procured under USG funds. The project has facilitated import authorization, waiver and exoneration, and customs clearance of all USG-procured health products by serving as a liaison between freight forwarders, USAID/DRC, the United States Embassy’s General Service Office, DRC’s customs department, Ministry of Health, Ministry of Foreign Affairs, and GHSC. For each incoming shipment, the project compiles documents (shipping documents, invoices, packing lists, certificates of donation, import authorizations, import exemptions, etc.) and guarantees traceability of products from RO/PO to proof of delivery through a transparent platform. This year, 464 new bookings with shipping documents were sent for in-county processing, with import authorizations (IAs) submitted to DRC’s Drug Regulatory Authority for each. 449 IAs were granted and a total of 307 proofs of delivery were received from CDRs. These shipments included 202 new bookings for TO1 (PEPFAR), 91 new booking for TO2 (PMI), 117 new booking for TO3 (FP/RH), 49 new booking for TO4 (MNCH), and 5 TB commodities. The agreed time to obtain IAs is 10 days for regular orders and 5 days for emergency orders. With the challenges of COVID-19, the average lead time for IA approvals increased by 6.4 days, compared to 9.2 days in the previous year.

Figure 2: Average lead time for import authorization approval (days)



Since inception, the project has provided warehousing services for USG-funded health commodities through performance-based contracting with CDRs including receiving, inventory management, and packing. In addition, the project directly manages two depots in Kinshasa and Kamina. This year, enabling 196 USG-supported health zones to maintain sustainable stock level, the project distributed health commodities (MNCH, TB, FP/RH and Malaria) in 9 provinces from CDRs to health zone warehouses, with an average lead time of a shipment from CDR to health zone of 14 days. The provincial *Groupe de Travail des Medicaments* taskforce developed and validated distribution plans which were submitted to CDRs for execution. Because poor infrastructures in the rainy season and security in Eastern regions have historically created distribution delays, the project facilitated biannual distributions through the *Groupe de Travail des Medicaments* and organized stock monitoring missions to ensure good storage practices at the health zone level and minimize the risk of stockouts. The project also applied private sector innovations to improve performance, which is explained in more detail in the [DRC CDR Performance Improvement Success Story in Annex XIV](#).

To ensure good storage practices of USG funded health commodities, the project contracted with 9 CDRs which received throughout the year a value of \$29,991,463 for all health elements. In preparation for LLIN school distribution in Lomami Oriental and a mass campaign in Kasai Central provinces, CADMEKO and CADIMEK CDRs received from February to September 2020 respectively 256,000 LLINs for a value of \$500,077 and 2,883,695 LLINs for a value of \$5,652,042. Teams of CDR's staff and project personnel checked incoming shipments to ensure quality and quantity conditions were met and jointly reported any discrepancies to GHCS-PSM.

To minimize losses, the project staff conducted physical inventories and spot checks using the Inventory Management Assessment Tool (IMAT) for CDRs in USG-supported provinces (see photo at right). Based on identified challenges, the project developed mitigation plans to coach staff at each CDR. Generally, the focus areas include improving timely and complete submission of *Distribution des Medicaments* or DISMED reports, following first expired, first out principles, improving lead time of distributions from CDRs to health zones, routinely updating bin cards following in or out transactions,

improving the correctness of the transmission of information in the DISMED tool and on bin cards, and conforming to distribution storage requirements for piling height, distances from wall, and above ground.

In an effort to promote continuous data analysis based on the triangulation of patient and logistics data, the project worked together with the PNLS to support data validation meetings in the 3 PEPFAR-supported provinces with other implementing partners. Similarly, the project created teams from the national PNLS, DPS, provincial coordination



Physical inventory during performance evaluation at CDR CAMELU, Lubumbashi, July 2020

office. and health zones to support patient and lab consumption data collection under the coordination of the PNLS. The teams supported 367 sites in 33 health zones in the 3 provinces of Lualaba, Haut-Katanga and Kinshasa.

Since the Kinshasa warehouse burned down in 2011, *Fédération des Centrales d'Approvisionnement en Médicaments Essentiels* (FEDECAME) was using rented, substandard warehouses, scattered in many locations to maintain a buffer stock for the provincial CDRs, compromising the stock security and storage conditions. Collaborating closely with stakeholders, the project prepared for a modern Warehouse in the Box to expand warehouse capacity and security. This year critical preparation tasks were completed included asbestos remediation, rubble and detritus removal on the site, and removal of cancerogenic substances from collapsed ceilings.

The project continued to provide technical assistance to the Ministry of Health with annual quantification and forecast exercises and developing supply plans to identify quantities for each of the priority health programs, disaggregated by province. As part of this, the project supported the PNLP to complete the quantification of the antimalarial needs of the whole country during the development of its strategic plan for 2020-2023. This exercise, carried out in December 2019, consisted of quantifying the antimalarial commodity needs of provinces supported by the Global Fund to Fight AIDS, TB, and Malaria and consolidating these with the needs of the PMI-supported provinces. The quantification allowed the project to complete the gap analysis for the Malaria Operational Plan 2020 and 2021. For FP commodities, the project supported the National Reproductive Health Program to quantify the needs for FP products for the 2020 – 2023 period and brought together stakeholders, including UNFPA, for accurate national quantification and supply planning for each province. Regarding MNCH products, the project in collaboration with USAID IHP conducted quantification and forecasting for 178 health zones of 9 USG-supported provinces.

To ensure **a unified national essential medicines supply system (SNAME) meets the governance and performance criteria established by the USG and other donors** (*Intermediate Result 1.2*), the project had several successes including supporting an inter-CDRs workshop for ten USG-funded provinces to share lessons learned and good practices and review LMIS activities, improving eLMIS platform infoMED DRC to better visualize stock statuses of health commodities using maps and geolocation of health facilities, and conducting end use verification (EUV) for Malaria, TB, HIV, MNCH and FP products. Strengthening the SNAME enables a resilient supply chain and autonomy in DRC's journey to self-reliance.

The project provided technical assistance to *Direction de la Pharmacie et du Médicament* (DPM), PNAM, FEDECAME, and CDRs to strengthen the SNAME. The project supported PNAM to update standards, conventions, and statutes written two decades ago at a workshop with experts from PNAM, DPM and three CDRs as well as a Ministry of Health lawyer (see photo at right). As a result of the workshop, the participants agreed to replace the *Bureau de Coordination des Achats de la Fedecame* with a central purchasing unit meeting the needs of both the public and private sectors and having essential functions of purchasing and supplying inputs to CDRs and other wholesale distribution structures.



Discussion session to review and update standards and PNAM legal and administrative documents, Matadi, August 2020

Strengthening the SNAME strategy, the project supported PNAM to organize the annual InterCDR workshop to assess and enhance CDR performances and improve eLMIS InfoMED ownership and completeness among DPS and health zones. While the CDR performance reviews showed good performance over the period 2017 – 2020 for the majority of CDRs reported low performance in 2020 due to lower product sales during the COVID-19 pandemic. The project presented best practices and lessons learned during InterCDR workshop to enable CDRs to meet agreed supply chain performance and governance criteria established by the USG and other donors and national regulatory authorities. The annual workshop also reviewed findings from a recent assessment on the web platform InfoMED (eLMIS) after the launch and implementation in USG-supported provinces. As a result of the workshop, stakeholders developed a system performance improvement roadmap matrix with key challenges, related root causes identified across each supply chain functions, and proposed solutions. Several key recommendations and proposed actions emerged and are now included in the project’s FY21 work plan. Those recommendations include: the project to support the Ministry of Health to properly manage the pharmaceutical and medical waste currently kept in the CDRs to contribute strengthening the CDR autonomy and the provincial DPS to carry out an inventory in their respective provinces to prepare a workforce and resource strengthening plan for improving the collection, transmission, analysis, validation of data and reports.

The project supported PNAM to develop TOR for the national and provisional-level logistics management units and supported the review, updating, and production of the DRC LMIS descriptive manual. The project also supported the Provincial Health Divisions conducting onsite coaching missions to improve correct use of stock management tools and supervisory field visits to ten USG-supported provinces to build the capacity of health zones staff in commodities management. Working closely with the USAID-funded Integrated Health Program, the project provided training to more than 300 health facilities in 70 health zones. The trainings focused on developing distribution plans of health commodities from health zone warehouse to the health facility, routinely using stock management tools to improve paper data collection and reporting, efficiently collecting and reporting LMIS data, and ensuring proper storage of health commodities and security. The trainings will improve completeness and confidence of eLMIS data published in the web platform InfoMED DRC.

Similarly, the project continued to support the National TB Program’s Technical Guide for the Management of Anti-TB Drugs committee by evaluating distributions of anti-TB commodities, developing

and monitoring of the transition plan, and supporting discontinuation of categories II RHE and Streptomycin. The project conducted quarterly monitoring of orders status in progress and inventory status at primary sites in order to adjust the dates of receipt of orders. As a result, the project also supported a situation and gap analysis of laboratory commodities, as well as analyzing previous stock and expected orders from previous quarters to plan quantification for the period 2021-2023.

During FY20, the project continued improving the eLMIS web platform InfoMED DRC to ensure **supply chain data are collected, analyzed, and utilized for health system planning, monitoring, decision-making, and problem solving** (Intermediate Result 1.3). The data visualization system serves as an early warning system to prevent stock-outs, avoid emergency procurement, and ensure uninterrupted supply of all key products. Through linking patient and logistics data for easier triangulation, it enables informed decision making, which was particularly essential this year with COVID-19. This accomplishment is showcased above in the [Digital Supply Chain Highlights Section](#).

To improve the quality and confidence in logistics data, the project supported routine DQA missions in 35 health facilities in 12 health zones in four provinces of Haut-Katanga, Lualaba, Sud-Kivu and Kasai Central and assessed data from Q3 FY20 (see photo at right). The findings revealed use of non-standardized pharmaceutical management and collecting tools, inconsistency of data between source documents and reporting forms, infrequent supervisory visits of ECZ to health facilities, lack of knowledge on calculating days of stockouts, and minimal feedback from the higher level to the peripheral level. Based on



this, the project created action plans tailored to the concerns of health facilities. The action plans include recommendations such as distributing PNAM standardized inventory management tools, organizing monthly meetings for review of data quality and provision of feedback, conducting supervision in health zones and coaching to train health facility staff in use of pharmaceutical management tools, and disseminating memory aids and checklists for proper use and filling of inventory tools.

The project supported the Ministry of Health in EUVs to assess the availability of commodities

rDQA Mission in Haut-Katanga, September 2020

and their rational use in health facilities. As an added challenge, previous EUVs had been siloed by donor, leaving an incomplete picture of the country-wide situation. After careful design based on review of EUV data collection tools, the project supported the NMCP to conduct a countrywide EUV survey across DRC together with SANRU – the Principal Recipient of The Global Fund to Fight AIDS, TB, and Malaria. Data collection started in late August 2020 and ended in early October 2020. EUV team collected data from 416 facilities (among them 104 hospitals) and 127 warehouses spread across all 26 provinces (see photo at right). The EUV survey findings and report will be available early next fiscal year to inform

planning and prevent stock outs. Further, the findings will provide evidence for specific gaps and challenges to address in supportive supervision in the coming year.

In continued efforts to confirm **donor-funded commodity and supply chain assistance are well-coordinated and maximize efficiencies** (Intermediate Result 1.4), the project organized a national medicine committee (Commission Nationale du Medicament) at the central level and 45 *Groupe de Travail des Medicaments* meetings at provincial levels each quarter. The project also supported specific program coordination to hold 30 *Gestion des Achats et Stocks* working group and thematic meetings at all levels and six *Gestion d'Achats des Stocks* at the national level in Kinshasa. As a result of the meetings, supply chain stakeholders analyzed stock statuses and conducted replenishment and relocation of stocks from one health zone to another and even between USG-supported provinces. The participants developed distribution plans from CDRs to health zones and forecasted provincial needs for products in 2020 and 2021. The meetings also strengthened SNAME by empowering health facilities to consolidate and maintain enough capital to purchase medicines. Meetings also assessed InfoMED completeness and raised awareness among users and ECZ at health zone level to improve data visibility. The meetings served to align stakeholders for products which have more than one supplier in the province, leading to harmonization of FP/RH commodities in the ten USG-supported provinces.



EUV survey in Lomami Province, August 2020

Senegal

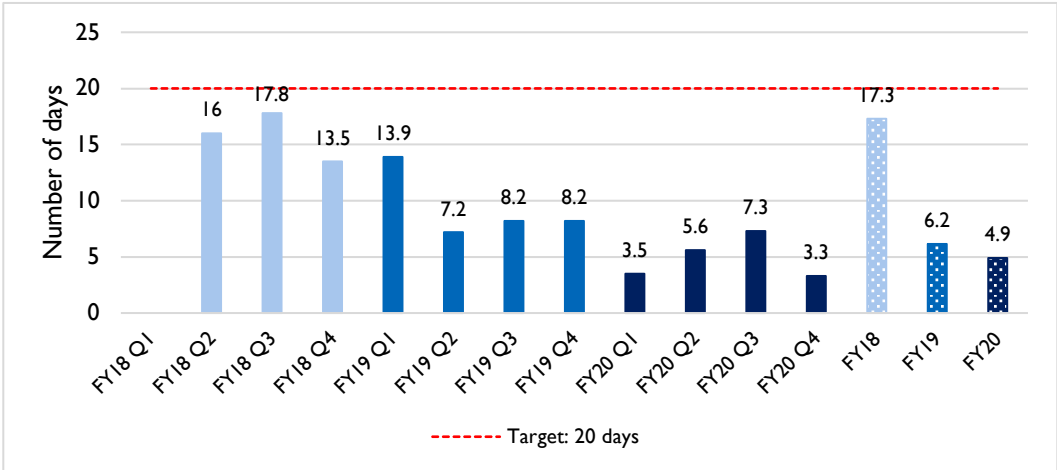
During FY 2020, the project played a key role in strengthening Senegal's health commodities supply chain system through technical assistance to the institutions involved in the system namely the *Pharmacie Nationale d'Approvisionnement* (PNA), the *Direction de la Pharmacie et du Médicament* (DPM), and the *Laboratoire National de Contrôle des Médicaments* (LNCM) in different technical areas, including governance, coordination, strategic plan development, quantification, procurement, logistics and warehousing, LMIS and data visibility, stock monitoring and capacity building.

To **improve policy, governance, strategy, coordination** (Intermediate Result 1.1), the project navigated complex importation processes, improved PNA autonomy, and strengthened rapid responses to COVID-19 through quick action to enable access to unregistered lifesaving commodities and facilitation of PPPs (discussed in detail above in the [Enabling Environment Highlights Section](#)).

The project plays a crucial intermediary role in streamlining the complex process of health commodity importation into Senegal by negotiating for waivers for unregistered products. Working in close collaboration with the FP/RH program, *Agence pour le Développement du Marketing Social* (social marketing organization) and GHSC-PSM, the project ensured the in-country availability of FP commodities through the initiation of orders, monitoring the order status, clarifying issues in collaboration with DSME and *Agence pour le Développement du Marketing Social* and coordinating the reception of commodities. In FY20, the project coordinated the procurement process of FP/RH commodities for a total value of \$8,859,025 by obtaining 26 waivers. As a result, the project facilitated 32 official receptions with PNA and targeted health programs. As shown in the figure below, the average

number of days between port and delivery at PNA was 4.9 for the fiscal year, which represents 117 orders delivered to the PNA¹. While Q3 was slower because of strict COVID-19 regulations, by Q4 the time returned to lower than pre-COVID-19 number of days.

Figure 3: Average lead time from port of entry to delivery at the PNA



PNA is linked technically to the Ministry of Health and financially to the Ministry of Economy, which impacts commodity availability at the peripheral level. PNA is considering changing status to a not-for-profit association or public establishment with special status, enabling more autonomy, resource mobilization, and shorter processing time. The project supported a study on the feasibility of the changes through a document review process with PNA, preliminary interviews, site visits, and consultations with internal stakeholders including regional and district health top management and partners. While the recommendations await validation from the technical working group (TWG) and steering committee, the project supports the PNA governance improvement through contributions to the TWG.

The Ministry of Health established a platform for health system strengthening with four thematic commissions, including the Medicines and Health Products Commission (*Commission Medicaments*). The three institutions (DPM, PNA, LNCM) in charge of the implementation of the national pharmaceutical policy are all represented on this Commission. However, the Commission, intended to serve as a dynamic space for exchange, coordination, and collaboration among the different stakeholders of the health system, is not still fully functional. To date, the project has succeeded in providing the necessary support to bring the Commission to complete the DPM/LNCM integrated strategic plan and to build the capacity of the key actors from the three institutions along with the leaders from the priority health programs on leadership and management. During this year, the project collaborated with the Director of the DPM as the chairman of the Commission to organize two coordination meetings for pharmaceutical supply chain system stakeholders. The goal of these meetings was to strategize a joint fight against COVID-19 as well as to build a PPP, which allows one another to make available the needed commodities. In addition, the project supported the DPM to organize follow-on multidisciplinary meetings with experts. The meeting focused on the evaluation and validation of the use of hydroxychloroquine as a treatment against the COVID-19 and for clinical trials. This forum allowed PNA to be legally able to procure this product to be used in COVID-19 responses.

¹ Since start-up, the project in Senegal has supported the receipt of 16 orders in FY18 31, 31 orders in FY19, and 117 orders in FY20.

To **implement optimized forecasting and procurement processes** (Intermediate Result 1.2), the project improved the accuracy of forecasting and costing and supported Procurement Planning and Monitoring Report (PPMR) submissions and quantification exercises.

Quantification, including forecasting and supply planning, for commodities is a key step to avoid stock outs and ensure the availability needed commodities for service delivery. When adequately conducted, it also helps mitigate over-stocks, wastage and product expiries thus avoiding waste of resources in a stretched health system. In May and September 2020, the project supported five-day workshop quantification activities for FP commodities to improve the accuracy of forecasting and costing for the next three years. Prior to the quantification exercises, the project organized preparatory meetings to analyze the primary data before validation for better forecasting and supply planning. The project trained the DSME, HIV/AIDS, and NMCP procurement and supply management teams and PNA on the use of Pipeline v5.4® and SPA (Supply Planning Automation) tool, enabling government staff to independently conduct and review health commodities supply planning.

In collaboration with the DSME, UNFPA and PNA, the project supported the compilation and submissions of four PPMRs for FP commodities this year. On a quarterly basis, the project led an analysis to validate PNA data and define clear assumptions, contributing to the continuous availability of accurate logistical data. The project worked in close collaboration with DSME and PNA to address PPMR issues, especially related to commodity security. In addition, the project led the coordination between DSME, PNA, the Mission and GHSC-PSM, to address GHSC-PSM observations on the PPMR. Similarly, the project supported the NMCP in the compilations and submissions of four Malaria PPMRs during FY20.

To **implement best practices for distribution, warehousing, and logistics** (Intermediate Result 1.3), the project improved inventory management, developed the first laboratory catalogue, and optimized warehouse storage space and layout efficiency.

Recent EUV findings from the HIV/AIDS program noted problems with availability of health products at service delivery points stemming from the lack of inventory management at the health facility level. Furthermore, capacity building interventions and trainings targeting higher supply chain levels are not always the most effective intervention to significantly address and reduce stock-outs. To address this, the project focused on revision of stock management tools and capacity building to PEPFAR site workers during regular visits and on-the-job training. The project assessed the quality of HIV/AIDS commodities inventory management in PEPFAR sites using the IMAT tool and found HIV rapid test kits did not have a stock cards and there was significant difference between the last balance reported on the stock card and the physical count for 70 percent of selected HIV/AIDS commodities. The ratio of inventory variation to physical stock was 45 percent, which indicates severe recording-keeping errors. Through data-driven supportive supervision, the project worked with PNA, health programs, and other implementing partners to address specific inventory management issues. The project team provided dedicated training to seven pharmacy assistants from four PEPFAR districts (District Sud, District Pikine, District Mbour and District Ziguinchor) on receiving, storage, picking, dispatch, using key inventory management tools, conducting inventory controls, reconciling stock records, and compiling accurate reports for transmission to the districts. In addition, the project developed an electronic stock card for the management of ARVs and tested the tool in the district of Mbour, which enabled the timely availability of stock data for August and September 2020. The project made updates and will extend the tool to all PEPFAR supported health facilities in early FY21.

To improve inventory control, the project supported the HIV/AIDS program in the development of the first laboratory catalogue with consistent nomenclature for ordering and distribution for reagents

and consumables used in HIV service delivery. Through a collaborative workshop, the project supported development of laboratory commodity management SOPs, guidelines, and tools (stock cards, dispensing registers, ordering and receiving vouchers, LMIS reports) to ensure adequate lab commodities inventory management. Then the project presented the catalogue to all laboratory workers and managers in PEPFAR-supported sites and regional warehouse managers along with training on lab commodities inventory management, viral load testing and the electronic HIV/AIDS lab ordering tool, and the quantification model of viral load reagents and consumables at site level for early infant diagnosis. Finally, the project distributed SOPs and job aides for HIV/AIDS commodity distribution within PEPFAR-supported sites to ensure sustained adequate application of inventory management best practices, especially considering frequent personnel turnover (see photo at right).



Job aides for HIV/AIDS commodity distribution at facilities

The PNA had one central medical store located in Dakar and 11 regional warehouses or *Pharmacies Régionales d'Approvisionnement* (PRAs) to serve 79 district-level stores, supplying, storing, and distributing 118 pharmaceutical products to the public sector. With Senegal's efforts to achieve universal health coverage and population growth, the volume was increasing and outgrowing the existing warehouse capacity. To address this gap, the project began renovations on three regional priority warehouses in Fatick, Diourbel and Saint Louis to optimize storage space and layout efficiency. Although COVID-19 travel restrictions between regions in Senegal slowed progress, the PRA renovations of Diourbel and Fatick were finalized in Q4. Renovations are ongoing at Saint Louis PRA, now that COVID-19 restrictions have been lifted for this warehouse renovation. The project also procured racks for the 3 warehouses to increase storage capacity from 402 pallets to 757 pallets. The renovations improve storage conditions and security for handlers and storekeepers.

To **enhance data visibility and stocks monitoring** (*Intermediate Result 1.4*), the project improved data visibility between the central medical store and 77 health districts, improved monthly data analysis and early warnings of potential imbalances, and monitored the TLD transition process especially in light of COVID-19 recommendations.

Shortage of skilled personnel to carry out adequate quantifications is a significant reason behind inaccurate forecasts which inevitably could lead to stock-outs or expiries. Furthermore, the Yeksi naa distribution model is not functional, hindering the ability of managers to adequately plan and to manage the supply chain through an informed decision-making process without a master list of stocks or improved LMIS. To reinforce timely quality data visibility at operational, the project procured ERPX3 licenses to be used for the stock management and data reporting at the 77 health districts. The project transferred the licenses and computers to PNA in Q4 to reinforce timely quality data visibility at operational, regional, and central levels for optimal health commodities management. More details are included in the [Senegal ERPX3 Success Story in Annex XV](#).

During this fiscal year, the project supported the HIV/AIDS program in performing monthly data analysis assessing central and regional stock levels, which served as an early warning system for shortages and stockouts on key priority tracers including TLE and TLD. The project established an early warning

system to avoid shortages and stockouts of TLD by tracking and comparing average monthly consumption at HIV/AIDS facilities and facilitating information sharing between districts and regional warehouses. Considering increasing COVID-19 movement restrictions, the project also advocated with the HIV/AIDS program to ensure early TLD distributions to health facilities to mitigate any impact such restrictions may have on patients. The project also provided technical support to the HIV/AIDS program to forecast needs of HIV/AIDS commodities, including ARVs and lab for viral load and early infant diagnosis for the next 3 years (2021-2023).

In addition, the project supported HIV/AIDS program in developing a central and regional level stock monitoring tool including visuals and graphs for key tracer health commodities. The project conducted a logistic data collection and a supervision assessment to review inventory management for HIV/AIDS health commodities in PEPFAR-supported health facilities. Several discrepancies were noted during the assessment, including outdated stock cards in the Mbour district, which prohibited data collection completion. As a resolution, the project developed an Excel-based stock card for PEPFAR sites and will be closely monitoring the reporting on a bi-weekly basis.

The project worked with the procurement and supply management team of the NMCP to assess its 2016-2020 strategic plan and participated in the development of the malaria program's 2021-2025 strategic plan, which includes the forecast of commodity needs for that period. The project also assisted the PMI team with updating and presenting the gap analysis, using the data from a 5-day quantification exercise for the new malaria strategic plan, following the PMI template. The project also supported the NMCP with updating the malaria tracer commodities supply plan and used this opportunity to train two of the NMCP's newly hired employees on the use of PipeLine 5.4® for supply planning and the Supply Planning Automation (SPA) tool to review supply plans. The project facilitated the importation of 4,229,950 USG-funded antimalaria treatments and 525,000 LLINs.

Objective 2. Commodity Security Improved through Regional Collaboration and Capacity Building of Regional Organizations

Under this objective, the project builds on the accomplishments of other programs supported by the United States government to empower regional actors to strengthen health systems and to foster the collaboration and coordination between all relevant regional (e.g., the Ouagadougou Partnership) and global (e.g., 95/95/95) initiatives. The intermediate results of this objective focus on building regional capacity to improve logistics management and commodity security, strengthening national and regional LMIS platforms, and fostering collaboration with public and private sector training institutions to improve public sector commodity security. Additionally, the project supports in-country technical activities including logistics, quantification, supply chain optimization, as well as assists with enhancing data sharing and visibility in USAID focus countries within the region.

West Africa Regional Office (WARO) Program

This year, the project focused on building strategic partnerships with USAID/West Africa projects and other key initiatives within the region, strengthening district management capacity to optimize human resources performance at service delivery points, and cross-fertilization among countries.

To *improve policy, governance, strategy, coordination of national supply chain systems*

(*Intermediate Result 1.1*), the project continued supporting focus countries to strengthen the coordination among stakeholders, along with the role and functions of the Contraceptive Security Committees (CSC). The project supported Burkina Faso to draft and revise the TOR of supply chain TWG and the commodity security committees. Building on recent experience in Togo, the project reviewed existing scopes of work and proposed improvements to ensure the CSC mandate is well described, and roles and responsibilities are well clarified. In addition, the project assisted the supply chain TWG to develop annual action plans including technical priorities and time-bound objectives. Following revision and validation of the TOR, the project worked closely with key stakeholders to conduct a meeting to identify priority actions and technical priorities by facilitating the process to focus on key supply chain issues that heavily hamper commodity security and develop an agreed-upon roadmap. As a result of regular TWG, there was more oversight of FP inputs. In addition, analyzing the weekly stock monitoring data encouraged the MoH to use the data for decision-making, for example by authorizing transfers of commodities to health facilities within the same district, or within the same health region.

In Togo, the project assisted in organizing regular supply chain TWG meetings at central and regional levels to monitor FP/RH commodity availability. The in-country technical assistants worked with FP programs and NACP to prepare the agenda, share invitations, facilitate meetings when required, and document meetings and action items. As a result of the project's support, Togo now organizes and leads its own quarterly CSC meetings without additional project support. Burkina Faso's CSC TWG is also functional. Both achievements represent progress on the journey to self-reliance.

In December 2019, the project supported the organization of the Burkina Faso CSC meeting at the *Direction de la Santé de la Famille* (DSF). During this meeting, DSF representatives presented the revised FP/RH supply plan stock status data and 2020-2021 supply plan. CSC members including UNFPA, Marie Stopes Burkina Faso, *Association Burkinabe pour le Bien Être Familial*, *Programme Marketing Social et Communication pour la Santé*, and the Central Medical Store (CAMEG) validated the FP 2020 supply plan and made several recommendations to improve in-country FP/RH commodities management, including comparing UNFPA FP and National Quantification Committee quantifications. The project facilitated drafting and obtaining the signature on the CSC meeting's TOR and FP/RH stakeholders shared it with the DSF's General Director for approval, which is the last step in the process. Moving forward, the

project will support the Ministry of Health with implementing this TOR by ensuring the CSC meetings are organized quarterly instead of the semi-annual meetings in previous years.

In collaboration with the project, the *Direction de la Santé de la Famille* (DSF or FP directorate) in Burkina Faso organized the first FP/RH TWG meeting on May 26, 2020 with several FP/RH stakeholders, including representatives from the Ministry of Health, UNFPA, and *Association Burkinabe pour le Bien Etre Familial*. The meeting provided an opportunity to present and discuss weekly stock monitoring data for FP/RH commodities, the latest supply chain information, FP/RH commodities stocks status at CAMEG, and FP/RH commodities distribution/movement challenges in context of COVID-19. There was also opportunity to advocate to donors to place emergency orders for commodities that were stocked out or understocked, evaluate the implementation of actions recommended during the last supply plan review, and present and discuss the new TOR and annual action plan for the FP/RH TWG. As a result of this first FP/RH TWG meeting, the TWG validated TORs and adopted an action plan, including a quarterly meeting schedule.

In Togo the project collaborated with the Division of FP/RH at the Ministry of Health to organize and lead the CSC meeting on November 14, 2019. The one-day consultative meeting attended by several FP/RH stakeholders, including Ministry of Health, Amplify FP, UNFPA, *Association Togolaise pour le Bien-Etre Familial*, and *Association Togolaise pour le Marketing Social*, was an opportunity to evaluate recommendations from the last CSC meeting, share previous FP supply plan review data, to assess the state of implementation of the scaling up of the project to promote high impact practices and suggest recommendations for future meetings. For the first time, all the recommendations from the previous CSC meeting were implemented to improve performance. This shows improved commitment and focus on resolving issues raised at the CSC meetings and bodes well for growth and effectiveness of the CSC in improving the stock reporting in the country. Building on this, the project organized and led subsequent CSC meetings to review and weekly stock monitoring data for FP particularly during COVID-19, present the pilot project results for the introduction of Depot Medroxyprogesterone Acetate 104 mg/0.65 mL Subcutaneous in two health districts (Gofe and Klotto), and track the DMPA SC FY20 extension workplan nationwide.

The Bill and Melinda Gates Foundation's recent supply chain maturity assessments conducted within Burkina Faso, Niger and Togo highlighted forecast data tend to be inaccurate and result in an over or under supply of health products. A key barrier is the lack of readily available, accurate and reliable data to support decision-making in forecasting and supply planning. To **implement optimized forecasting and procurement processes** (*Intermediate Result 1.2*), the project supports Ministries of Health in strengthening their national quantification committees to conduct long term forecasts and quarterly reviews of their supply plans of family planning and HIV commodities.

In preparation for Togo's annual quantification exercise, the project team supported the Ministry of Health to develop an Excel spreadsheet. The tool was then used to gather the consumption data for the latest 9-12 months, the stock status at all supply chain tiers, and incoming shipments and orders data. This enabled the Ministry of Health to conduct long term forecasts and quarterly reviews of their supply plans of FP and HIV/AIDS commodities. The project also organized a one-week FP/RH quantification workshop, where all in-country FP/RH partners participated, including the Ministry of Health's FP/RH department, national pharmacy, DHIS2 department, Ministry of Finance, regional supply chain managers, UNFPA, Health Policy Plus, *Association Togolaise pour le Marketing Social*, *Association Togolaise pour le Bien-Etre Familial*, and National AIDS Control Program. At the workshop, the project trained 30 national Ministry of Health staff and 9 FP partner staff on PipeLine® v5.4 (see photo at right). As a result of the workshop, the in-country FY20 FP/RH procurement plan was updated

Ministry of Health staff during the quantification exercise in Tsevie, Togo

to reduce the number of procured commodities to eight instead of 17, due to the overstocked status (without expiry risks) of nine FP/RH commodities revealed after consumption data analysis.

The project conducted a three-day training session on FP quantification process for 25 pharmacy students from Niger at the Abdou Moumouni University of Niamey to strengthen the capacity of the new supply chain actors in the national staff by providing them an overview of the commodities quantification process. The students graduated into the national workforce in February 2020. During the training, two teachers were also trained to enable them to integrate health quantification into the national University Pharmacy curriculum for future generations of health workers.



Building on project support of a physical inventory of priority FP products in 124 warehouses and defining SOPs to manage annual inventory in Burkina Faso, the project supported quarterly supply plan reviews throughout the year to review and consolidate consumption data, delivery statuses, and plan for upcoming procurements through Pipeline. The project also collaborated with the DSF in Burkina Faso, UNFPA, CAMEG, and National Pharmacy department, to review and update the supply plan for FP/RH commodities using PipeLine® v5.4. This included the consolidation and analysis of April-June 2020 consumption data as well as June 2020 in-country inventory data. Resulting from this review, stakeholders created the procurement plan for the upcoming 18 months for each FP commodity to ensure appropriate storage conditions. The review was also an opportunity to review FP stock status at central level.

From Q2FY20 to Q3FY20, the FP/RH commodities stocked according to plan rate decreased by 23 percent at the central level due to the COVID-19 pandemic. Most national orders were not delivered at the right time due to quarantines and movement restrictions. The overstocked increased by 15 percent and understocked by 22 percent. This situation did not impact the availability of FP/RH commodities at the service delivery point level. From Q3FY20 to Q4FY20, the FP/RH commodities stocked according to plan rate increased by 20 percent at the central level, however, most of the orders were still not delivered at the right time due to COVID-19 pandemic. In August 2020, the project and stakeholders reviewed the FP/RH supply plan, the last three months consumption data, orders status in Pipeline, and next shipments for oncoming 18 months before sharing with GHSC-PSM.

In Togo, the project organized the FY20 Q1 supply plan review in collaboration with the Ministry of Health through its FP/RH department, UNFPA, Central Medial Store (CAMEG Togo) and the National Pharmacy department to review and consolidate consumption data from September to November 2019, consolidate November inventory data, update deliveries status and plan an upcoming 18-month procurement plan. After identifying stock status, information on all commodities with stocked-out status were shared through the PPMR platform at the regional level to decide on the most feasible action to remedy this situation. As a result, the regional-level administrator responsible for the analysis of PPMR platform data decided to push up planned shipment and delivery dates to avoid stock out situations. The commodities with overstocked quantities are not at risk of expiry and therefore recommendations were

made to either cancel planned shipments or push them back depending on how many months of stock the country had on hand.

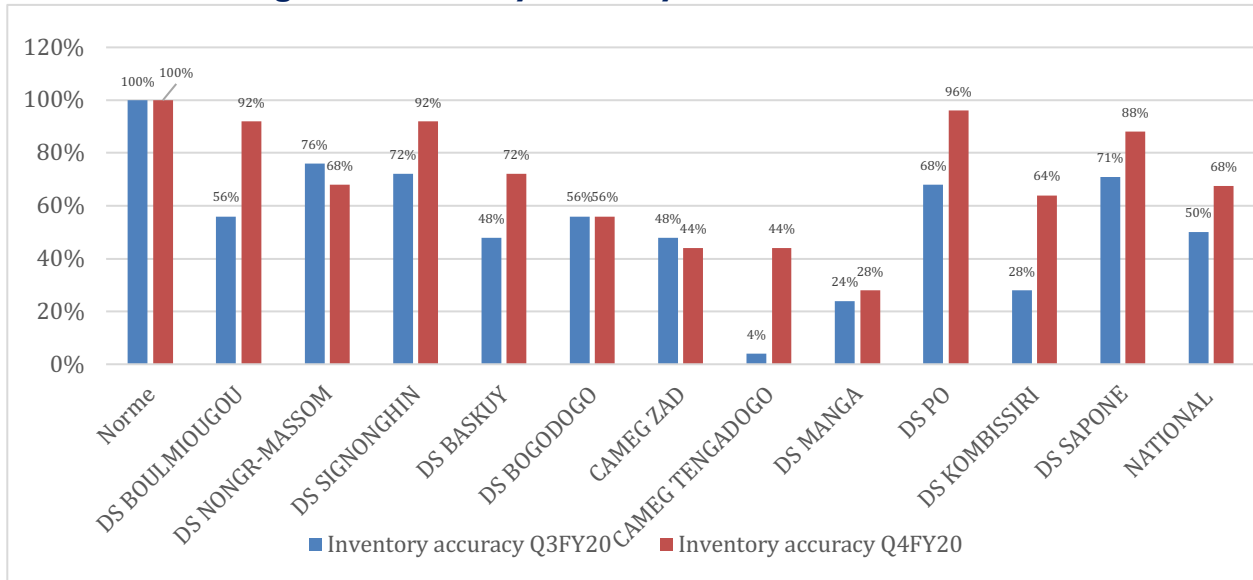
In collaboration with the NACP, central medical store (CAMEG), National Pharmacy Direction and The Global Fund to Fight AIDS, TB, and Malaria, the project organized the NACP's FY20 quarterly supply plan review meetings to examine historical quantification data, taking into consideration recent requirements and national AIDS treatment guidelines. As a result, the FY20 quantification was updated with all stakeholders and the national Country Operational Plan Supply Plan Tool for PEPFAR meeting in Johannesburg was completed. Additionally, TLD quantities were adjusted (increased) to account for recent guideline revisions, pediatric ARVs omitted during the previous quantification were integrated, and recommendations were made to place new orders.

In FY20, following a consensus during monthly procurement planning meeting, the project in Togo developed a visual management system using metrics to track time-response to the operations processes such as order requests, order placement and execution, shipments, customs clearance and receiving. With increased data transparency, there was tracking of planned purchases, orders, deliveries, executions, late commodities deliveries, and shipments to make quick decisions to avoid commodity stock-outs. For example, in the context of COVID-19, the project assisted with recognizing the potential for HIV treatment stockouts and acted to move up and place orders, ensuring availability of adult and pediatric commodities.

In Niger, the project supported the annual quantification exercise in December 2019 to review and consolidate consumption data from July 2019 to September 2019, update deliveries status, and finalize the upcoming two-year procurement plan (2020 and 2021). In August 2020, in collaboration with Niger Ministry of Health FP department, UNFPA, the National Pharmacy Department, the project reviewed and updated the supply plan for FP/RH commodities to analyze consumption data from December 2019 to June 2020 and in country inventory data in July 2020. Resulting from this review, the participants created the procurement plan for the upcoming 18 months for each FP commodity to ensure appropriate quantities are ordered. The review was also an opportunity to review FP stock status at central level (shown below). The FP/RH commodities stock according to plan rate increased by 22.3 percent from Q3FY20 to Q4FY20 due to the follow up of Q3FY20 supply chain review recommendations to accelerate some deliveries. The commodities with overstocked status increased by 10.3 percent from Q3 to Q4. The commodities with understocked status decreased by 32.7 percent from Q3 to Q4 due to some accelerating deliveries according to the Q3FY20 supply plan review recommendations.

To **implement best practices for distribution, warehousing, and logistics** (Intermediate Result 1.3), the project developed capacity through use of the IMAT to improve inventory controls. In Burkina Faso, with the National Pharmacy Department (DCAPS) the project delivered the training for 12 stock managers from the central and regional levels and 2 central medical store pharmacists. After the training, the project supported the Ministry of Health to conduct the quarterly inventory audit using IMAT in two health regions (Centre and Centre Sud) to improve inventory controls in 11 warehouses located at central and district level. The project also coached Ministry of Health officials and warehouse managers to conduct quarterly spot-checks visits to central and regional medical stores with a focus on FP and HIV/AIDS commodities. With these capacity development activities, inventory accuracy has increased from last year, as shown in the figure below. The average of inventory accuracy improved from 50 percent at Q3 FY20 to 68 percent at Q4 FY20 in all selected warehouses and 73 percent of warehouses where IMAT was implemented improved their inventory control management performance between 36 percent and 40 percent.

Figure 8: Inventory Accuracy Rates in Burkina Faso



In Togo, the project provided capacity strengthening to 25 PEPFAR-supported sites with the re-organization and efficient use of their available storage spaces. As a result, 25 storerooms were optimized and reorganized in compliance with national best practices including first expired first out recommendations, product identification, and storage optimization. The project also supported monthly distributions of ARV and rapid test kit commodities in 25 PEPFAR-supported sites, resulting in the sites having prepositioned stock for MMD and TLD transition. With this support, PEPFAR is more able to achieve the “Game Changer” timeline and meet 95-95-95 targets.

West Africa’s central and regional medical stores’ inventory management systems rely on minimally trained human resources. This situation usually leads to poor inventory records and undermines commodity security. The project addressed bottlenecks through simple and affordable solutions to improve warehouse performance. In Niger, the project collaborated with the National Pharmacy Department (DPH) to train Ministry of Health store managers and *Office National des Produits Pharmaceutiques et Chimiques* (ONPPC or central medical store) staff on the IMAT. Following the IMAT training, the project supported newly trained participants to conduct quality inventory audits at the ONPCC and at 11 health districts in the Zinder region and nine health districts for the Maradi region. This enabled the team to identify efficient and less efficient districts in each of the pilot regions and as next steps the team will hold feedback workshops for the lower performing districts. In Togo, in collaboration with the Ministry of Health, the project trained 11 staff on both supportive supervision and IMAT, in addition to training 16 Ministry of Health participants with the National Pharmacy and Laboratory Direction on quarterly inventory audits using IMAT. After the training, the project

supported the launch of a quarterly inventory audit using IMAT to improve inventory controls at central and regional warehouses (see photo at right).

To **enhance data visibility and stock monitoring** (Intermediate Result 1.4), the project facilitated a Weekly Monitoring Stock System (WMSS), supported a nationwide data quality assessment (DQA), and conducted supportive supervision trainings and visits (see details in [Supply Chain Workforce Highlights Section](#) above).

West African countries' inventory management 'pull-based' supply chain system involves excessive steps and relies on the inventory controls skills of less-trained and overwhelmed logistics personnel at service delivery points to ensure continuous availability of FP and HIV commodities for patients/clients. Although many donors have supported eLMIS, these investments do not necessarily tackle the underlying factors such as poor record-keeping and incomplete data capture and limited skills of available human resources. In Togo, the project updated the in-country roadmap for WMSS and integrated WMSS into DHIS2 in collaboration with the *Division de la Santé Maternelle, Infantile et de la Planification Familiale* (DSMIPF), UNFPA, *Association Togolaise pour le Marketing Social*, *Association Togolaise pour le Bien-Etre Familial*, AmplifyPF, National Pharmacy Department and National Health Information System Department. Following this, Togo's Ministry of Health began implementing the WMSS from the service delivery point to central level and sharing FP/RH commodity availability on a weekly basis through a national FP WhatsApp group. With this progress, the project supported the FP department to create an Excel-based WMS electronic dashboard for decision-making. With these new monitoring tools two health regions (Lomé Commune and Maritime) reported that a stock out of FP commodities was prevented.



Inventory audit ongoing in Togo in June 2020

In Burkina Faso, the project supported the national pharmacy department and FP/RH department in a nationwide annual DQA by training 24 central-level Ministry of Health staff on DQA processes and supporting data collection. Based on the findings, which the project shared with all national supply chains and FP/RH actors, the project facilitated development of a national supply chain data quality action plan with key recommendations.

To **build regional capacity to improve logistics management and commodity security** (Intermediate Result 2.1), the project has to collate French language supply chain materials (guidelines, tools, videos, reports) produced by former USAID projects as well as materials developed and shared by other key players. These materials are now accessible through the TechChange platform for the French speaking supply chain community. This platform also offers real-time chat functionality between users, forums for discussion by supply chain technical areas, and the ability to host live events such as webinars that are streamed online to which all users can logon and participate. Particularly during the COVID-19 restrictions, the community of practice reached new heights as a resource. For example, in Q3, the community of practice platform registered almost 4,000 activities by 44 active users and registered 11 new enrollments to the platform. The users were most active in early April, when the COVID-19 restrictions and work disruptions were starting. The most popular activities included clicking on

embedded documents, such as *Introduction to Logistics, Quantification of Health Products and Storage and Distribution* links and videos on the platform, as well as engaging in forum discussions.

To **strengthen national and regional LMIS platforms to enhance data visibility and support exchange of data** (*Intermediate Result 2.2*), the project has supported the early warning system with the West Africa Health Organization (WAHO). This mechanism consists of regular submission and review of contraceptive stock level data through what is known as the PPMR and the CARhs group meetings. This year the project planned to support WAHO in preparation and implementation of the annual early warning workshop and share country experiences and best practices. However, with COVID-19 WAHO cancelled the annual workshop and activities were postponed.

Population and Reproductive Health (PRH) Core Program

To improve **global leadership demonstrated in FP/RH policy, advocacy, and services** (*Intermediate Result 1.0*), the project focused on improving the enabling environment and enhancing collaboration and coordination between supply chain actors.

In June 2020, the project participated in the [Reproductive Health Supplies Coalition \(RHSC\)](#)'s first [Consensus Planning Group \(CPG\)](#) call. The CPG calls combine hands-on skills required to address stockout emergencies with the technical expertise needed to prevent disruption by aligning orders before shipping. The project's participation and technical assistance has allowed for continued collaboration with RHSC, WAHO, UNFPA, GHSC-PSM, and other stakeholders to streamline and triangulate inventory and supply planning data as well as to respond to feedback from the various stakeholders for Francophone countries in West and Central Africa, to discuss commodity transfers between countries, as well as looping in field office colleagues to follow up on and facilitate action items. The field office staff also supports the Ministry of Health in collecting and analyzing inventory data as well as headquarters technical staff in responding to data quality inquiries from the CPG. These activities serve to build the capacity of the Ministry of Health in data analysis and data quality, which in the long run serves to improve the availability of commodities and supports their progress toward self-reliance.

In August 2020, the project collaborated with key project stakeholders, including OPCU, WAHO, SECONAF, UNFPA WCARO, and USAID WARO, to plan for the 2nd annual Supply Chain Forum for family planning and reproductive health commodities. By targeting supply chain experts, the forum's goal is to promote and strengthen local capacities and initiatives that work to foster national and regional collaboration. The forum also sought to contribute to Family Planning 2020 goals of reaching 120 million more women and girls in the world's poorest countries with access to voluntary family planning information and services by 2020. With COVID-19 travel restrictions, the forum was transformed into a 4-part virtual, webinar series (to take place in Q1 FY21) that covered the following topics: 1) mapping of key players in the supply chain in West and Central Africa; 2) GFPVAN and its adoption to specific needs of West and Central Africa; 3) functionality of contraceptive commodity security committees in West Africa; and 4) presentation of the supply chain maturity model. Through strategic planning meetings, cross-fertilization and engagement with the regional reproductive health partners have fostered trust between the project and regional partners, which has led to greater collaboration, coordination, and resource mobilization efforts. This will in turn strengthen the enabling environment for FP/RH commodity security.

To **generate, organize, and disseminate knowledge in response to program needs** (*Intermediate Result 2.0*), the project conducted a mapping exercise of key supply chain service organizations, networks and providers in Central and West Africa in support of country roadmaps for self-reliance and raised awareness of global standards.

In June 2020, the project conducted a mapping exercise of regional supply chain actors as well as in-country private sector supply chain service providers for thirteen Francophone countries in West and Central Africa. First, the project created an inventory of key organizations, institutions and networks that are currently active in the Francophone West Africa region. The inventory is intended to be a listing of “who’s who” in the region and to serve USAID and its partners to better understand the role of these organizations and to identify the ‘leaders’ in the field that can be called upon for strategic partnerships or resource leveraging. Second, a catalogue for organizations in the region with specific capacity and competency to deliver technical assistance and/or capacity building services in one or more of the supply chain technical areas was developed. The mapping will be used as a repository for supply chain resources and will provide an opportunity for national governments and donors to harness their capabilities, which will assist with implementation of individual country roadmaps for self-reliance. A summary of these results will be presented to the public in the annual Supply Chain Forum.

With the cancellation of the 37th Global GSI Healthcare Conference in Paris, France due to COVID-19 restrictions, the project collaborated with the GSI Global Office to plan and conduct a three-part, virtual learning webinar series with central medical store directors and regulatory bodies from Benin, Burkina Faso, the DRC, Niger, Senegal, and Togo to raise their awareness of global standards (GSI). In June and July 2020, the project and GSI Global Office held two webinars that introduced participants to GSI, and shared experiences from countries as well as from industry. The first webinar included an overview of “Who and what is GSI?”, “What are the various components of GSI applicable in healthcare?”, as well as a contextual review describing some of the benefits of using GSI standards in healthcare. The second webinar presented on “How have other countries incorporated GSI into their healthcare strategies?” and “Perspectives from the global scene: Industry”. A total of 57 people participated in the virtual learning webinars, creating a pathway for GSI adoption in West African Francophone countries through increased awareness and understanding of GSI norms.

To **provide support to the field to implement effective and sustainable FP/RH programs** (Intermediate Result 3.0), the project improved availability and quality of contraceptive logistics data in Niger through supportive supervision and supported the Global Family Planning Visibility and Analytics Network (GFPVAN).

In an effort to address frequent stockouts that result from last mile challenges, including weak performance of health providers at that level, the project supported health districts and facilities in two regions of Niger (Maradi and Zinder) to establish performance standards for inventory controls and set targets for their achievement using a supportive supervision approach to monitor performance, recognize and reward positive performance, identify and correct problems, and provide feedback aimed at improving the quality of service. The project supported the Ministry of Health to develop supportive supervision guidelines. Then in collaboration with the Ministry of Health, the project trained more than fifty managers from the central, regional and district level on the Ministry of Health-approved supervision guidelines and checklist, quality improvement approaches, and provision of practical advice and tips on how to be an effective, supportive supervisor for supply chain activities. Following the training, participants conducted 200 supervision visits in 20 districts, including nine in Maradi and 11 in Zinder.

Bolstering the GFPVAN, in April 2020, the project identified a staff member in Burkina Faso to serve as the interim Regional Control Tower Planner, who will work with the permanent Regional Control Tower Planner to analyze data, and share stock and reports with partners in the West Africa region. In May 2020, the project collaborated with Reproductive Health Supplies Coalition and the WAHO to present the GFPVAN; thus, it created interest and organized a kick-off meeting with

USAID/WARO. Along with RHSC and GHSC-PSM, the project also participated in USAID PRH's Topical Tuesday. Some of the key points discussed : the need to seek alternative ways for users to interact with the platform, to explore more on the required behavioral change for users to engage on the GFPVAN, and the need for incentives or an engagement strategy. See more on how the Regional Control Tower Planner is accelerating the GFPVAN update in West Africa in the [Success Story in Annex XVI](#).

Objective 3. Global Health Security Agenda and Emergency Preparedness Strategies Supported by Countries' Supply Chains

Under this objective, the project supported the GHSA launched in February 2014 in response to the need for a multilateral and multi-sectoral approach to strengthen both the global capacity and nations' capacity to prevent, detect, and respond to infectious disease threats. The project developed an essential competencies framework for supply chain management to respond to public health emergencies effectively and efficiently and piloted a customized version of the developed toolkit in Cameroon.

In previous years, the project developed The Emergency Supply Chain Playbook, originally designed to help governments prepare for resurgences of pandemics such as Ebola. This year, playbook is increasingly critical during the COVID-19 pandemic. The Playbook has been introduced in 25 countries, including customized in 18 countries. More information on the importance of this resource is available in the [Success Story in Annex XVII](#).

Management Update

With the project's five-year period of performance, FY20 represents the end of project year 3 and the beginning of project year 4. This section summarizes the notable management updates from FY20.

Staffing

In addition to adding a new field office and project team in Togo, the project experienced several key staffing changes in FY20. At the project's headquarters in Arlington, VA, the Task Order Director and Technical Director left the project at the end of the second quarter. The project filled both positions promptly and onboarded the new directors at the beginning of May 2020. In Q3 the program welcomed a new IDIQ Director and also received a contract modification to replace the key personnel Field Program Manager position with a second Technical Director. USAID/W also provided concurrence for the addition of a second Technical Program Officer (non-key personnel). The project's M&E Manager was promoted to the second Technical Director position in Q4 and the M&E Manager role is being filled in an interim capacity by a full-time Chemonics employee while the new long-term staff member is being recruited. Finally, the second Technical Program Officer was identified and began working on the project at the end of Q4.

At the country level, three vacant positions were filled in Benin with a new Senior Supply Chain Advisor, Supply Chain Advisor and M&E Advisor joining the team in Q4. In the DRC the project onboarded a new Technical Director in Q1. A new expatriate Operations and Finance Director also joined the DRC team in Q1 and resigned at the very end of Q4. A long-term replacement has been identified and will be deployed in Q1 of this new fiscal year. To accommodate the growing needs of the WARO regional program, a new Technical Advisor based in Niger began working on the project in November 2019. The project also added a new country office to its portfolio in Q2 to support the Togo HIV/AIDS program and onboarded a Senior Technical Advisor, Data Analyst, Inventory Management Specialist and Accountant based in Lomé. In Senegal, the project filled three new positions, the Deputy Country

Director, Senior Technical Advisor and Data Analyst in Q3. A Regional Control Tower Planner based in Burkina Faso, also joined the PRH Core program at the end of June 2020.

COVID-19

With the outbreak of the COVID-19 pandemic at the end of Q2, the project adapted programming in Q3 and Q4 to follow USAID and CDC guidance and continue critical project activities in support of country health supply chains. The safety of project staff is paramount and at the corporate level, Chemonics took a proactive approach to ensure security. This included the authorized departure of the two expatriate staff from their overseas posts to return to the United States and closing both headquarters and country field offices then implementing remote work policies. International and regional travel was also cancelled or postponed, in addition to project meetings, conferences and workshops to ensure staff safety and minimize the spread of the virus. With disruptions to global supply chains due to COVID-19, the project continues to work closely with GHSC-PSM, USAID Missions and USAID Washington to manage delays across commodities and countries. The project is following USAID guidance to ensure non-COVID-19 commodity orders and in-country logistics are managed despite the numerous challenges presented by the pandemic and is in discussion with USAID to leverage the project's technical capabilities for additional or adapted assistance to the countries where the project works.

The project's support staff in headquarters at Chemonics officially started to telework on March 13, 2020. Corporately, Chemonics established a COVID-19 Response Team to ensure that all Chemonics projects had access to necessary resources, tools, and latest information to care for staff and work environments, and to continue operations as smoothly as possible. The headquarters staff continued to work remotely for the remainder of FY20 and at the beginning of FY21.

Project field offices closed, and staff began working remotely in early Q3 as the global pandemic spread in West Africa. The project followed USAID guidance and worked to provide staff with available resources to facilitate remote work, which proved challenging as many of our project countries regularly experience unreliable internet and electricity supply. Despite these obstacles, the projects adapted and continued to support project activities to the best of their abilities under the circumstances. Given the global nature of the project's operations, the status of the epidemic and number of cases in each country, and the varying government restrictions to mitigate the spread of COVID-19, the project developed customized COVID-19 preparedness plans for each field office. These preparedness plans were specifically adapted to the country context, reviewed at the headquarters level and approved by Chemonics' Security Management Unit and Global Health Division Senior Vice President, with the goal to ensure field office staff were well informed and prepared prior to reopening offices. The development of these plans was rooted in a deep knowledge of the country and project staff to determine how to safely reopen offices and conduct project activities. During Q3, country directors and technical leaders worked closely with their respective project management units to prepare their office re-opening plans, in which the criteria was laid out to assess the scope of the COVID-19 situation in each country. By the beginning of Q4, all country reopening plans were approved by the division's senior vice president and with the exception of Senegal, which remains closed as cases in Dakar were rising, all country project offices were reopened. Consequently, there was an increase in activities and project spending in Q4.

Project Security

Given the global pandemic, ongoing safety considerations in the DRC, and declining security conditions in Burkina Faso, the project applied additional precautions to ensure the safety and protection of its staff, consultants, and U.S. government property. The project continued to collaborate with Chemonics' Security Management Unit, both at headquarters and in the countries to closely monitor conditions and develop and implement strict safety protocols. This often meant closely monitoring the opening and closing of field offices based on security alerts and COVID-19 risks; advising staff to work from home

when necessary; evacuating the two expatriates on the project to the US; and reprogramming of STTAs. The security management unit continued to provide detailed orientations to travelers and to work with these project offices to secure internal travel especially for the transport and distribution of commodities in DRC.

Project Management Team (PMT) Meetings

The PMT, consisting of the USAID COR, alternate COR, finance focal person, program assistant, and USAID/headquarters health element advisors in attendance, continued to meet with the project’s leadership and team members at the home office on a bi-weekly basis to discuss program management and technical priorities. The “TechTalk” introduced at the end of FY19, continued to be a standing agenda item. This is the project’s opportunity to present a technical activity or approach to the USAID team, share achievements and lessons learned and collect feedback. Highlights from FY20 TechTalks include: the project’s approach to strengthening biomedical management systems in Haiti, the Young Logisticians Professional Program in Benin, lessons learned from the renovation of three warehouses in Senegal, and the continuous improvement process of CDRs in the DRC. With the outbreak of the COVID-19 pandemic in March, the project transitioned from in-person to virtual meetings which continued through the end of FY20. In Q3 and the beginning of Q4, TechTalks were paused so that more focus could be placed on COVID-19 and the pandemic’s impact on project activities. In these discussions the project provided updates on the pandemic in each country, the status of field office operations, the impact on project activities and the budget and mitigation measures. USAID also shared updates and guidance as the agency adapted and responded to the dynamic situation as the pandemic evolved. As the situation stabilized, TechTalks resumed at the end of Q4 with updates on COVID-19 in each of the countries.

4-Corner Calls

These calls are an opportunity for the project field office, with support from home office staff, to present the status of activity implementation and commodity stock statuses in-country to USAID/Washington backstops and USAID/country activity managers and country backstops. This enables attendees to share knowledge, highlight key accomplishments, discuss challenges and identify potential solutions. With the global pandemic affecting field offices most significantly in Q3, these calls enabled each country to report on COVID-19’s impact on project activities and ways in which the in-country teams were trying to adapt, overcome challenges, and mitigate delays. Depending on the country, these calls continued to take place as frequently as every two weeks to every other month, as outlined in the table below.

Portfolio	Frequency
Benin	Every other month
Democratic Republic of Congo	Monthly
Senegal	Every other month
Togo	Monthly
WARO	Every other month
PRH Core	Every two weeks

In Q4, at the request of USAID/DRC, the DRC 4-Corners call was replaced by a bi-weekly, three-hour long USAID supply chain all partner call. In addition to the attendees noted above for the former DRC 4-Corners calls, implementing partner representatives from the USAID GHSC-PSM, GHSC-RTK and IHP programs also present during the call. The goal of these calls is similar to the 4-Corners calls but enable the conversation and discussion to take place between USAID/Washington and DRC and all supply chain implementers in the DRC simultaneously.

Haiti Program Close Out

While the Haiti program was initially planned for two years, ending in September 2019, unrest and widespread protests towards the end of 2019 caused major disruptions to activities. Despite this, the project was able to complete all but two activities by the end of FY19 and close the office. The project retained the services of the Country Director for the month of October 2019 to finalize the prefabricated biomedical maintenance workshop and review of the National Waste Management Strategic Plan documents that were previously completed and submitted to the Ministry of Health and were awaiting review/approval. With the departure of the Country Director at the end of October, headquarters staff, with the support of GHSC-PSM Haiti colleagues and the Mission, continued to liaise with the Ministry of Health to finalize these activities. The prefabricated workshop was completed in Q2 and the National Waste Management Strategic Plan documents were approved in Q4, officially ending all project activities in Haiti.

Second Global Technical Meeting

One of the project's most important annual learning events for field office country programs is the Global Technical Meeting, where field office leadership and senior technical staff travel to the project's home office in Arlington, Virginia. This is a prime opportunity for project staff from all the various countries to come together, share knowledge, collaborate, and learn from one another. The theme this year was motivate, educate, and elevate. Due to the global pandemic, this year's Global Technical Meeting was hosted remotely and consisted of a series of 28 virtual webinar sessions taking place over two weeks from July 7 to July 17, 2020 via Microsoft Teams. While it would have been ideal to have project leadership and senior technical staff together in-person, the virtual nature of the meeting meant that a broader cross-section of project staff from all of the countries were able to attend and participate, a noteworthy benefit. Country Directors, M&E, technical, operational, and regional staff from all project field offices participated and each session had approximately 40 attendees. The project's senior leadership shared their biggest accomplishments and challenges and Activity Managers from respective USAID Missions and backstops in Washington presented the latest USAID priorities and guidelines. Additional technical and operational sessions covered a wide range of topics, including the project's communication strategy, trends in warehousing and distribution, LMIS case studies, monitoring the project's progress using indicators, collaboration with USAID, Chemonics's Living Our Values, and managing security on the ground given the challenging environments in which many of our project offices operate.

At the end of the meeting, the project staff were left with a shared vision of the project's objectives, achievements, lessons learned, a better understanding of the contributions of individuals and teams, best practices for supply chain challenges, and access to resources and strategies for customized solutions. The headquarters team received positive feedback from participants overall and field office teams really enjoyed the opportunity to connect and share their experiences. While the project intends to host the third Global Technical Meeting in its final year with senior project leadership in Arlington, Virginia, the takeaway was that also offering virtual sessions greatly benefits our larger project team across West Africa.

Collaboration with GHSC-PSM

The project continues to collaborate with the GHSC-PSM project across several domains, the most prominent of which is responding to specific requests related to GHSC-PSM procurements for TO countries. The Francophone TO supports GHSC-PSM's non-field office countries – mainly DRC, Senegal, Benin and Togo, helping to develop supply plans and determine commodity needs in these countries. Project staff in the countries also act as the interface between GHSC-PSM and local stakeholders to support the clearance of products through customs, registration of non-registered products, acquisition of appropriate waivers, storage of commodities received in-country and delivery of products. The change in IDIQ Director in Q3 enhanced the projects' collaboration, as the new IDIQ Director splits her time and also works as Managing Director on the GHSC-PSM project. This enables

greater visibility and knowledge sharing between the two projects and allows the IDIQ Director to identify any gaps or disconnect and needed interventions to bolster collaboration between the two projects. Over the course of FY20, this collaboration resulted in two revised and finalized “Responsible, Accountable, Consulted, and Informed” matrices for the Senegal and DRC programs to facilitate communication and project management. A matrix for Togo was also developed and approved between the project and GHSC-PSM. In addition, the two projects reviewed and provided key updates to the memorandum of understanding between the project and GHSC-PSM to ensure continued, systematic coordination.

As concrete evidence of this collaboration in FY20, the project liaised regularly with GHSC-PSM colleagues to address urgent commodity availability and delivery delays resulting from the global pandemic; in DRC, for example, project staff assisted the mission with timely adjustments to orders to allow for multi-month distribution of ARVs in Kinshasa and Lubumbashi, to mitigate coronavirus risk for people living with HIV/AIDS while assuring access to treatment.

In Togo, TLD HIV commodities arrived in country and the GHSC-TA Francophone TO carried out distributions in Q3 and Q4. Collaboration also continued with GHSC-PSM to review and finalize country quarterly supply plan updates and country PPMRs.

GHSC-PSM also received new Core funding to support COVID-19 activities in Benin. The project played a lead role in liaising with the USAID/Benin Activity Manager to identify priorities and develop the workplan in line with USAID’s COVID-19 Strategy Pillar 2 activities to provide technical assistance (coordination, planning, monitoring, operational support and logistics). The workplan and budget were approved by USAID at the end of Q3 and the two projects collaborated closely throughout Q4 to implement activities and manage the budget. GHSC-PSM requested an extension to use remaining funding which they anticipate being approved, so the programs will continue to work closely together in support of COVID-19 activities in Benin.

Country Visits and Attendance at Key Events

Before COVID-19 related travel restrictions went into effect, numerous technical and operational support trips to various country programs took place. Both the headquarters technical team and project management unit staff traveled to Togo in late January/early February to lead in-country startup efforts. On the operations side, this included the onboarding of new staff, identification of a project office and meeting with lawyers to begin the registration process in-country. At the end of January, a project manager traveled to Senegal to provide support to the project’s priority warehouse renovation activities. This trip was closely followed by a joint management visit by USAID and Chemonics headquarters leadership to Senegal, where they met with the USAID/Senegal Mission and partners. The project’s Technical Director and Communications and Knowledge Manager visited the WARO team in February to assist the Burkina Faso Ministry of Health with the development of supportive supervision documents and train Ministry of Health officials on the continuous quality improvement approaches applied to logistics management. The headquarters team also fielded a technical expert to DRC to support FP/RH quantification efforts. Two finance and operations related support trips to the DRC occurred in Q1 and Q2 where a project manager and the Finance Manager traveled to Kinshasa in November and February, respectively, to ensure oversight of project finance and accounting as well as program operations for continuity of the project’s activities in the 10 provinces in DRC.

In November 2019, the DRC Country Director traveled to Philadelphia to attend the American Public Health Association Annual Meeting where he presented, on behalf of the DRC program, the accepted abstract entitled "Use of Informational Technology to Improve Visibility for Pharmaceutical Logistics Data to Promote Patient Access to Pharmaceutical Products in the Democratic Republic of the Congo," which was selected for a roundtable presentation.

Due to the global pandemic's travel restrictions, no regional or international travel occurred in Q3 and Q4 (except for the Benin Country Director returning to post in Q4 after evacuation). Key conferences were postponed or cancelled with the notable exception of a series of three webinars for Global Standards or GSI held in Q3 and Q4. About 35-40 people from Benin, Burkina Faso, DRC, Senegal, and Togo participated in the webinars including staff from the project's field offices, USAID, the Ministry of Health (directors and technical staff from central medical store, regulatory body, and other agencies). More details on this webinar can be found under the [PRH Core Section](#) of this report.

The project also had two abstracts accepted to the Health and Humanitarian Logistics 2020 Conference taking place at the very end of Q4. On September 29, 2020 DRC's Technical Director presented an abstract on behalf of the DRC project team, titled, "Increasing Patient Access to Life-Saving Medicines by Promoting Data-Driven Decision-Making in the Democratic Republic of Congo" and on September 30th Benin's Country Director presented an abstract titled, "Benin's Young Logisticians Professional Program: Implicating the Next Generation of Supply Chain Professionals in Strengthening Pharmaceutical Supply Chain at Health Zone Level in Benin."

Contract Administration

In FY20, USAID and project leadership processed nine prime task order modifications, including a budget realignment and change in Contracting Officer in Q1. In Q2 there was a transition in the Contracting Officer's Representative (COR) and alternate COR, whereby the former alternate COR became the COR. Q3 included a modification that made changes to one key personnel. This resulted in some of the HQ level staffing changes noted above.

ANNEX VIII: Success Story – Supportive Supervision Reinvisgates Burkina Faso Supply Chain Advancements through New Methodology

By building capacity of key actors in supply chain workforces through comprehensive and effective trainings, Supportive Supervision is creating tangible impact in Burkina Faso, reshaping and streamlining the supply line from the stock room to point-of-care to product reordering. Driven by hard data and a universal structured approach, Supportive Supervision is not only creating stronger ties within the medical field but is also on track to significantly improve the quality of family planning supply chain programs within West Africa.

In early 2020, inventory management systems for family planning supply chain in Burkina Faso were not well-organized and lacked clear direction and methodology. The “pull-based” system that employees used for retrieving items from the shelves was ineffective, leading to poor record-keeping and incomplete and delayed data capture. This lack of accurate information made it difficult to properly determine progress in the correct stockage of commodities and hindered the ability of teams to make vital decisions for project endurance plans. System inefficiencies caused commodities to be lost regularly, creating waste and worse, disruptions to treatment for those truly in need. Finally, the under-trained logisticians at Service Delivery Point (SDP), part of the government’s *Centre de Santé et de Promotion Sociale* (Health and Social Promotion Center) were overwhelmed and exhausted from these missing items and frequent failures within their inventory management systems.

With support from USAID, the Global Health Supply Chain – Technical Assistance Francophone Task Order (GHSC-TA Francophone TO) project addressed these challenges through the creation of a “Supportive Supervision” system; that is, a data-driven and structured approach to improve performance and operations while also incorporating mentoring and coaching techniques. The team, working closely with the Ministry of Health, developed a strategy and got to work on implementing a plan. To strengthen each system component (data collection, submission, and analysis), Supportive Supervisory trainings aim to revise and standardize all reporting tools. The project also provides technical and financial support to Ministry of Health to develop Supportive Supervision guidelines, performance standards, and measurable indicators and milestones across the board. The GHSC-TA Francophone TO also created a list of baseline objectives and worked with the Deputy Minister to disseminate them to participating Inventory Managers. Once health district representatives were trained themselves by the GHSC-TA Francophone TO and were provided with mentoring techniques applicable to logistics, they were then able to conduct monthly visits to SDPs within target districts, review data, and make use of IT techniques and resources to update Early Warning Systems (EWS) to prevent commodity stock outs.

Despite initial delays due to COVID-19, the positive impact created by these Supportive Supervision efforts is undeniable. After two trainings of eighteen Health Districts Representatives, *four hundred* visits were conducted to health facilities in two separate regions of Burkina Faso. In the



Sud Centre Region of Burkina Faso, the Family Planning, Reproductive Health, and essential medicine stockouts fell by half from March 2020 to June 2020, with stockout rates now at 14-15 percent. Good Storage Rates improved by 10 percent in just three months. The Logistics Management Information System (LMIS) Reporting Completeness Rate improved by 22 percent; now at 90 percent completeness, the impacts of this program will positively affect the health of Burkina Faso’s citizens through data-based management of medication and supply stocks.

According to Mr. Emile Z. Compaore, Health Commodities Stock Manager of the Guiba Depot in Burkina Faso, the intended support of the program was tangible: “They

Mr. Emile Z. Compaore, Health Commodities Stock Manager in Burkina Faso’s Guiba Department, shows off his newly organized stock room, including alphabetized medications and a new standardized coding system to help quickly identify and re-order items to prevent stockouts. Link to video [here](#).

[Health Districts Representatives] were with us the entire day and we had the opportunity to ask all of our questions.” The trainings provided workers with standardized and alphabetized labeling and coding systems to implement, which Mr. Emile noted had helped the facility become “clean and impeccable.” Not only does Mr. Emile hope that Supportive Supervision trainings are maintained and continued in his own workspace, but he’d like to see the program expanded elsewhere: “We hope that this is [implemented] the same in other regions because it’s a great initiative.” Luckily for him (and the region), the GHSC-TA Francophone TO project is working to do just that with USAID/WARO support in FY21. While trainings continue in Burkina Faso (and plans are being made to expand beyond the initial two program regions), Togo and Niger have also begun to implement their own approaches. Efforts have also begun to lobby government officials and decision-makers on the benefits and effectiveness of Supportive Supervision programs. In short, Supportive Supervision trainings show how close communication and thoughtful planning can save time, save medication from expiring, and ultimately save lives.

ANNEX IX: Success Story - GHSC-TA Francophone TO in Benin works with the Government of Benin for a COVID-19 pandemic response

Like many countries around the world, Benin was impacted by the unexpected spread of the COVID-19 pandemic in 2020. Thus far, official numbers of COVID-19 in Benin have been relatively low compared to regional neighbors (2,411 confirmed cases, 41 deaths²). Much of Benin's successful COVID-19 response has been attributed to the rapid response of the Government of Benin, supported by several multilateral and government organizations, including the United States Agency for International Development (USAID) and the Ministry of Health. During this critical time, GHSC-TA stepped in to assist the government both with its direct COVID-19 response and with managing COVID-19-related shifts in the supply chains for existing commodities.

With regards to COVID-19-specific assistance, the project was allocated specific funds (through GHSC-PSM) to provide technical assistance to the Ministry of Health for their pandemic response. The project developed a commodity response workplan, approved by USAID, that included the following:

- Quantify needs and gaps for over 120 products (PPEs, tests, medical equipment, medicines, etc.) and contribute to the development of a draft manual to support COVID-19 commodity logistics.
- Incorporate the project's young logisticians professionals (YLP) to receive and manage donated incoming COVID-19 commodities at the national and health zone levels.
- Sensitize health facility staff around infection control measures when handling/delivering commodities.
- Develop a web-based Emergency Response Logistics Management System (ERLMS) dashboard tool for collecting stock and consumption data for COVID-19 commodities.
- Integrate essential COVID-19 commodities into the new eLMIS.

Additionally, in May 2020 the project worked with the Agence Béninoise de Régulation Pharmaceutique (ABRP) to include COVID-19 treatment in the country's pharmacovigilance program for both public and private sectors, establishing guidelines for monitoring patients currently being treated and recording/notifying authorities of adverse events. Hydroxychloroquine and azithromycin are the medicines of choice for COVID-19 in Benin; 283 pharmacists, physicians, nurses, and midwives from both public and private health facilities were trained in July and August on recognizing and recording adverse effects to treatment. This training was co-funded by the project and the World Health Organization (WHO).

In terms of maintaining consistent access to standard healthcare, Benin's fragile health system has struggled to ensure routine commodities remain available as world manufacturers shift



² WWW.worldometers.info/coronavirus/country/benin/ 8 October 2020 data.

focus to COVID-19 treatment and prevention commodities. With supply chains strained, it became necessary to monitor

inventory levels closely to

Reception of COVID-19 Commodities at Cotonou airport

prevent stockouts in

anticipation of longer lead times or potential delays of outstanding orders. To that end, Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) project requested that supply plans for antimalarial, family planning/reproductive health commodities, and condoms be developed and submitted each month. The project also continued to support the Direction de la Santé de la Mère et de l'Enfant (DSME) and the Programme National de Lutte Contre le Paludisme (PNLP) with routine commodity management, analyzing available stock across health zones and recommending transfers and/or improved storage practices as needed to ensure routine commodities were available to a population battling the pandemic, including a mass bed net distribution campaign.

Taken together, these measures add up to a comprehensive response that has helped to ensure that, even amid a global pandemic, Benin's citizens still have access to the health supplies that they need.

ANNEX X: Success Story – The Power of Data: EUV Survey Results in the DRC

The Global Health Supply Chain – Technical Assistance (GHSC-TA) Francophone Task Order works to ensure that vital health commodities are consistently available where its beneficiaries need them most – at the point of service. To maintain the effective and efficient supply chains that make this goal a reality, the project relies on quality data to support informed procurement and distribution decisions. In a country as large and complex as the Democratic Republic of the Congo (DRC), obtaining accurate stock data for antimalarial, family planning, and maternal and child health (MCH) commodities across all provinces is no easy task. The GHSC-TA Francophone Task Order has combatted these challenges through its implementation of End-Use Verification (EUV) surveys. Complementing the DRC’s national logistics management information system, the real-time data collected through EUV surveys has been vital in improving patients’ access to health commodities in the DRC.



GHSC-TA Francophone TO staff calculate EUV survey results

In fiscal year 2020, the GHSC-TA Francophone Task Order had the opportunity to analyze the results from the 2019 DRC EUV survey, which was conducted from June 2019 to September 2019. The 2019 EUV survey collected data on stock levels and case management from a randomized sample of health facilities throughout all 26 provinces in the DRC, nationalizing the results of the survey for the second consecutive year. The nationalization of EUV survey results was made possible through an unprecedented partnership between the USAID GHSC-TA Francophone Task Order and the Global Fund to Fight AIDS, TB, and Malaria, under the direction and guidance of the DRC Ministry of Health.

In comparison to past surveys, the 2019 EUV results showed an increased number of confirmed malaria cases among health facilities, which suggests an expanded use of rapid test kits and lab testing, as recommended by the DRC’s National Malaria Control Program (NMCP). The 2019 EUV results also indicated an increase in the number of health care providers adhering to malaria treatment protocols and a reduction in the number of health facilities with stock-outs of antimalarial commodities. The rate of health facilities benefiting from supportive supervision on malaria case management also increased, from 59.9 percent during the previous EUV to 69.9 percent during the 2019 EUV. The 2019 EUV survey results also allowed the GHSC-TA team to identify and effectively address areas of weakness regarding malaria case management. The EUV survey data that indicated persistent stock-outs or a need for further training was shared with the DRC’s malaria commodity technical working group and malaria case management task force at the central and provincial levels. These discussions have been used to improve health worker coaching and stock management training as well as to address appropriate supply chain areas during supervision visits.

Family planning and MCH commodities were more recently included in the EUV survey process. Therefore, data collected through the 2019 survey has been used to target weaknesses in supply chains for these types of commodities that may have not otherwise been detected. The 2019 EUV survey highlighted that approximately 25 percent of health facilities across all provinces

experienced stock outs of family planning products, and that several health facilities did not have updated stock cards for these commodities. The GHSC-TA Francophone TO has used these results to encourage clinical implementing partners to provide updated stock cards and to advocate for supportive supervision visits. Stock management results for MCH commodities additionally drew attention to supply chain constraints and limited resources, as the nationally representative sample included health facilities supported by donors other than USAID, for which MCH commodities are not subsidized as they are in USAID-supported facilities. The GHSC-TA Francophone Task Order has used these results to advocate for health zones to prioritize key life-saving commodities for mothers and children and has worked closely with its national partners to encourage localized, rather than centralized, stock monitoring.

Challenges remain in the EUV survey process, such as poor internet connectivity and difficulty accessing remote locations. Nevertheless, an analysis of data gathered through the EUV survey has given the GHSC-TA Francophone Task Order and its implementing partners the information needed to better tailor supportive supervision visits and to track the availability of commodities. These lessons will allow the project to continue providing exceptional support to its complex health supply chains, ensuring necessary health commodities reach patients in need.

Annex XI: Success Story - Multi-donor Collaboration to Support Innovation in Benin

Donors often operate in silos, duplicating efforts and failing to maximize resources. To make sure that the Beninese citizens are getting the most out of multi-lateral projects, the Global Health Supply Chain – Technical Assistance Francophone Task Order (GHSC-TA Francophone TO) has successfully coordinated interventions with implementing partners (IPs) and stakeholders to leverage and optimize resources.

In FY20 the project held individual and joint meetings with key stakeholders to present innovations designed to ensure the right number of commodities in the right place at the right time for Beninese citizens. These stakeholders included CAME, Global Fund/SRPS, Sahel Women Empowerment Demographic Dividend (SWEDD), Unitaid, UNICEF, WHO, CNLS-TP, PSHPA, PSSP). The Young Logisticians Professionals Program (YLPP) in particular garnered wide-ranging support.

YLPP is supported by the Government of Benin through the Ministry of Health as well as the Health Private Sector Federation (PSSP), which includes a wide range of private institutions, including the Association of Logisticians of Benin (AsLOB). AsLOB envisions “a world where populations have access to vital products of quality, delivered by effective and durable supply chains which are managed by qualified, engaged and connected professionals”. This cadre of up and coming logisticians are a critical resource based in the health zones and with the skills required to manage and monitor the health commodity supply chain at community level to mitigate stockouts and expiries.

The YLPP officially launched in January 2019 and has made a positive impact on the management of health commodities in the supported health zones. During the first quarter of 2019, the average reporting rate of logistics data for most health zones reached 92 percent, compared to a range of 0 percent to 20 percent last year.

Adding to the coordinated multi-partner support for the YLPP in FY20, the United Nations Populations Fund (UNFPA) provided equipment including motorcycles and laptops to support these young professionals. During the first phase, 15 YLP were recruited and received training on supply chain management best practices as well as on the Beninese health care system. They were then deployed to 15 communes (out of 77 in Benin) where the program was initially launched.

In addition to USAID and UNFPA support, two additional stakeholders have contributed recently to expanding YLPP:

- The Global Fund grant for Health System Strengthening for salary and material support.
- SWEDD Program funded by the World Bank and recently launched in Benin which aims to assist them with the screening, interviewing, training, and assigning of the new recruits.



24-year old Josée do-Régo, one of the star Young Logistician Professionals (YLPs) based in the Sèmè-Kopdji health zone in Benin, organizing and checking FP commodities to ensure adequate availability for patients.

With this additional support, a total of 107 YLPs are expected to be in place by the end of 2020 ensuring nationwide coverage from YLPP. AsLoB will establish health zone cooperatives managed by the YLP to provide fee-based logistics services to the health facilities (e.g. transportation) thus promoting commodity availability and quality healthcare while also ensuring sustainability for the YLPP.

ANNEX XII: Success Story - Helping Benin's Health Supply Chain Improve Logistics Data Visibility and Respond to New Threats

The 2020 global pandemic sent countries around the world scrambling to figure out how to manage health supply chains and track stocks of health commodities that were either entirely new or newly important. Lack of reliable insight into the status and availability of the commodities necessary to prevent and treat COVID-19 made it even more difficult for governments to react quickly and decisively to protect the health of their citizens. These challenges were especially pertinent in Sub-Saharan Africa, where supply chains are often already fragile. Without technological solutions that have the flexibility to adapt to new threats, national supply chains and the people who rely on them will continue to be vulnerable to the emergence of new diseases like COVID-19.

One of the major accomplishments of Global Health Supply Chain – Technical Assistance (GHSC-TA) Francophone Task Order's work in Benin so far has been the implementation of the Logistics Data Visualization System (LDVS), a web portal that the Ministry of Health now uses to track inventories of commodities in the national healthcare supply chain for 75 tracer medicines on a monthly basis.

Building on the success of the LDVS, Benin's Ministry of Health asked the project to bring data visibility to another level by adding the capacity to manage all transactions for all commodities through the implementation of an on-line and off-line electronic Logistics Management Information System (eLMIS) which is now being piloted in 4 health zones.

To take on the challenge of managing commodities used in the response to the COVID-19 pandemic, the project engaged SoftWorks, the Bangladesh-based software development company that was responsible for successfully building the LDVS and the eLMIS. Over the past several months, SoftWorks created the Emergency Response Logistics Management System (ERLMS), a new system integrated into the LDVS which will allow for Benin's health ministry to easily create specific data sets (health facilities, medicines, medical supplies, PPE, equipment, etc.) to manage any type of public health emergency. The ERLMS gives Benin a dynamic system that the country can adapt to its changing needs. The ERLMS will be especially helpful in the case of new diseases like COVID-19, which spread quickly and require a rapid response to effectively monitor reception, stock, and distribution data for all commodities in a timely fashion.

As of the fourth quarter of Fiscal Year 2020, Softworks completed the development of the ERLMS and its implementation was approved after a presentation by the project to all directors of the Ministry of Health. Other countries in the region, such as the Democratic Republic of the Congo, are now interested in their own ERLMS to ensure that they are also prepared for whatever public health crises may arise in the future. The GHSC-TA Francophone Task Order looks forward to continuing to work with Benin and rest of the West Africa Region to ensure that all national health supply chains are equipped with the right technology to incorporate commodities related to new and emerging diseases.

Annex XIII: Success Story – Last Mile Commodity Distribution in the Democratic Republic of Congo

Throughout the first four years of its implementation, the Global Health Supply Chain – Technical Assistance (GHSC-TA) Francophone Task Order (TO) has worked to ensure that essential medications can reach the people who need them most. Towards this objective, the project has assured last mile distribution of PEPFAR commodities, such as antiretroviral drugs, to beneficiaries in three priority USAID regions of DRC. Building upon the project’s previous successes in employing last mile delivery for these PEPFAR commodities, in the fourth quarter of fiscal year 2020, the GHSC-TA Francophone TO launched a pilot project for last mile delivery of commodities across all five health elements: HIV/AIDS plus family planning, maternal/child health, malaria, and tuberculosis.



Lualaba Province, Bunkeya Health Zone, Mukembe Ntondo Health Center

The pilot last mile delivery effort brought commodities for these five health elements to 454 sites in the provinces of Haut Katanga and Lualaba, all within a span of 15 days. The GHSC-TA Francophone TO collaborated with provincial representatives from the DRC’s Ministry of Health and health zone management teams to accomplish this ambitious goal. The project used consumption data to create a detailed map of targeted sites and a comprehensive plan for commodity distribution, enabling the last mile delivery to successfully reach each targeted health facility.



Doctor Lucie Lubondo, Chief Medical Officer, Kasenga Health Zone

When asked about the effects of last mile delivery in the Kasenga health zone, the Chief Medical Officer, Doctor Lucie Lubondo, explained that this approach to health commodity distribution makes her work much easier. Dr. Lubondo’s health zone does not have vehicles with which to transport commodities, rendering a pull-system completely inappropriate for her patients. The GHSC-TA’s last mile delivery efforts have made it possible for citizens in her health zone to access the health commodities they need. In the targeted health zones reached, such as Kasenga, beneficiaries were better able to arrive at their community health facilities with a reasonable expectation that the medications prescribed to them would be available, and that they would be less likely to be forced to return to the facility another day, sacrificing another day of productivity lost to travel and wait times, and sacrificing timely treatment and prevention. In the coming year, the project will focus on eliminating last mile barriers discovered through this latest distribution, such as poor stock storage capacity within warehouses.

Annex XIV: Success Story – Private Sector Principles: CDR Performance Indicators in the DRC

Signing for receipt of a package, processing an invoice, labeling a bottle – these actions profoundly impact how quickly health supply chains can deliver essential commodities to patients in need. The Global Health Supply Chain – Technical Assistance (GHSC-TA) Francophone Task Order (TO) recognizes the vital importance of the project’s Regional Distribution Center (*Centre de Distribution Régional*, or CDR) warehouses in ensuring the timeliness and accuracy of deliveries across the Democratic Republic of the Congo (DRC).



Physical inventory at CADMETA CDR in Tanganyika Province, May 2020

In fiscal year 2020, the GHSC-TA Francophone TO, borrowing from performance-based incentives often used in the private sector, developed a system of performance metrics ranging across the sectors of reception, warehousing, inventory, and distribution to encourage performance improvement. The project then introduced an incentive clause into its warehousing subcontracts, incorporating a greater percentage fee paid for the achievement of certain performance objectives, such as signing Proof of Delivery documents within two business days and maintaining precise Inventory Reports.

In response, all CDRs contracted by the GHSC-TA Francophone TO in the DRC saw improved performance for every operational indicator. The improvements in CDR performance have had a positive impact on all levels of project operations, from the warehouse to the beneficiary. Because the GHSC-TA Francophone TO was able to determine accurate stock levels at its warehouses, the project could place more precise orders for health commodities. These data-based procurement decisions ultimately ensure patients have better access to quality life-saving medications. Establishing an environment that encourages and rewards high performance means health commodities spend less time in the warehouse and arrive more quickly into the hands of the people who need them.



Receiving maternal and child health commodities at CEDIMEK CDR in Tanganyika, April 2020

ANNEX XV: Success Story – Improving Logistic Data Quality and Inventory Management through the Extension of ERPX3 Use at the Health Districts in Senegal

To ensure that people can receive the vital health commodities they need, the Global Health Supply Chain – Technical Assistance (GHSC-TA) Francophone Task Order uses advanced logistics data tracking mechanisms to improve its decision-making capabilities. Though the project had previously consolidated the implementation of the Informed Push Model (Yeksi naa), which has been instrumental in allowing the project to obtain logistics data at service delivery points using tablets and CommCare, data collection at the district level is still being performed manually. Manual data entry is slow and much more prone to errors, which can be multiplied as the data moves through the supply chain. Further, a lack of interoperability between SAGE ERPX3, CommCare, and DHIS2, three data logistics systems used in Senegal, means that data can be unreliable due to a lack of necessary equipment.

On September 22, 2020, USAID/Senegal, through the GHSC-TA Francophone Task Order, procured seventy-seven desktop computers and related ERPX# licenses for the *Pharmacie Nationale d’Approvisionnement (PNA)* to use at the district level. The ability of these computers to link directly to data collected on tablets at the service delivery point has enabled the project to transfer data faster and more easily upstream with fewer human errors.

The computers will allow the GHSC-TA team and national level government counterparts to have better logistics data visibility for decision-making and inventory management at the Health District level through an improvement in quantification accuracy. As this new computer-based system is more resilient and efficient than previous methods, district staff will be better equipped to quickly respond to the needs of their beneficiaries, even those that were previously unanticipated. To guarantee success, the project and the PNA have established a mutually beneficial system which considers the country’s national needs and its existing health systems.



Dr. Cheikh Mbacké Ndiaye and Daouda Diagne from PNA

Basic equipment and materials, along with continued capacity building for human resources, are key components that serve to improve accurate and reliable consumption and other logistics data. Better data, combined with real-time reporting, allows upstream supply chain staff to make better informed procurement and logistics decisions, leading to a more resilient and efficient supply chain in Senegal. These improved supply chains ensure that patients who come to service delivery points can do so with confidence and an expectation that they will be able to receive the health products they need when they need them.

ANNEX XVI: Success Story – Regional Control Tower Planner: Accelerating GFPVAN Update in West Africa

In 2019, the reproductive health community for supply chain launched the GFPVAN to assist actors along the supply chain to better plan, communicate, and coordinate. The virtual, collaborative platform captures supply chain data from multiple sources and organizations to provide key supply chain players such as donors, manufacturers, national health ministries and healthcare providers with enhanced visibility for decision-making. Expanding on the capabilities of previous technologies, the GFPVAN allows users to track shipments, forecast future needs, and disaggregate stock levels by product and month.

While the proof of concept demonstrated that countries piloting the GFPVAN were impressed with its utility, much of the interaction facilitated was directly between nations and global entities, without leveraging potential opportunities for regional coordination. Therefore, when expanding the GFPVAN to West Africa, the GHSC-TA Francophone Task Order (TO), the West African Health Organization (WAHO), the Reproductive Health Supplies Coalition (RHSC), and USAID WARO worked together to explore strategies to build awareness and engage regional entities. Specifically, the GHSC-TA Francophone TO



The GFPVAN expands on the capabilities of previous technologies by allowing users to track shipments, forecast future needs, and disaggregate stock levels by product and month.

project worked with RHSC to design a regional Control Tower Planner (CTP) role to support the GFPVAN’s rollout and implementation in West Africa, as well as to serve as the functional link between data providers in West African countries, regional- and global-level donors, and procurers in the Control Tower.

In Q3 of FY2020, the project brought on Blaise Pascal Massimbo, a highly experienced logistician and data analyst, to take on the role of regional CTP. Onboarding Blaise as a regional CTP represents a major step forward in establishing the GFPVAN in the region and particularly in engaging regional stakeholders. Blaise will support regional reproductive health institutions and work in collaboration with WAHO, RHSC and USAID WARO to bring regional actors together to leverage the data and learnings generated by the GFPVAN. As Blaise explained, “By bringing the GFPVAN closer to countries and actors in the region, West Africa is becoming a pioneer in maximizing family planning commodity security. My job is to ensure a high level of comfort in using the GFPVAN so that the region can improve the quality of its logistics data, and thus the availability of quality products for its population, and serve as a model for others adopting the platform.”

The next step in the project’s regional engagement strategy will be to create a committee of regional family planning and supply chain organizations which will meet regularly to discuss trends and promote the adoption of the GFPVAN in West Africa. “The regional committee will be a useful forum for discussing the specific needs of the West Africa region and for communicating regional needs to global stakeholders,” Blaise noted. Looking to the future, the regional CTP will play a key role in onboarding West African countries to the GFPVAN, as well as monitoring the system to identify risks for stockouts, shortages, and overstocks. With the help of collaborating partners, particularly WAHO, RHSC, and USAID WARO, the project will set up West Africa as a global model for regional rollout of the GFPVAN and leveraging data aggregation to ensure that all communities have reliable access to family planning and reproductive health products.



Blaise (standing) discussing the GFPVAN with project colleagues.

Annex XVII: Success Story - Growing ESC Playbook Adds New Pages to Manage COVID-19 Virus

Great coaches never walk their teams into big games without thorough preparation and months (if not years) of practice. Should global health supply chain leaders treat their own preparedness efforts any differently? The coronavirus pandemic reinforces the mentality that preparedness is a state to maintain rather than a one-time activity to complete.

Preparing for a novel virus, while never easy, is less challenging when you have a map or guidebook to help set up governments and health officials for success. The Emergency Supply Chain (ESC) Playbook, originally designed to help governments prepare for resurgences of pandemics such as Ebola, has found a new application due to the rise of the COVID-19 pandemic. Global health crises directly impact the availability of medical commodities and services usually by placing a huge and urgent demand on supply chains, and the recent coronavirus outbreak is no different. Even in the U.S., the FDA announced the first drug shortage due to COVID-19 as early as April 2020. The global spread of the coronavirus has led to many other international medical supply chain issues including:

- Delays and shortages of pharmaceuticals on hand and a decrease in select drug manufacturing;
- A reduction in airline services which has caused congestion and delays in supply chain deliveries;
- Minimal storage availability for routine supplies in warehouses and factories;
- Hoarding of key materials and extraordinary price gauging of Personal Protective Equipment (PPE);
- A backlog of medical diagnostic tests.

These cascading problems effectively inhibit the ability of global health supply chains to maintain core services. Learning to prepare for emerging pandemics is a priority for a growing number of countries around the world.

Managing Diseases Through Effective Preparation

The Global Health Supply Chain – Technical Assistance Francophone Task Order (GHSC-TA FTO) recognized early on that cooperating country governments cannot be expected to perform well during emergency situations without first having an implementable strategy. Developed in 2018 by the GHSC-TA FTO with assistance from McKinsey & Company to support Cameroon’s response to the Ebola outbreak, the Emergency Supply Chain Playbook is a tool that establishes intricate response systems well ahead of an emergency in order to manage the commodities and point-of-care necessary for effective outbreak control. Using literature, interviews, and emergency response protocols of supply chain management experts at WHO, UNICEF, WFP, local public health and supply chain staff, and others, the ESC Playbook project strengthens capacities to manage essential commodities quickly and effectively during emergencies.

Country-Centric Approach Functions Best in Growing Playbook Project

The ESC Playbook recognizes that while an emergency may be pan-national, individual responses are best tailored to each country. As the ESC Playbook recommendations are based on a One-Health approach that takes a holistic view of human, animal, and environmental factors in disease preparedness and response, effective planning requires most commonly that each country’s ministries of health, environment, livestock, NGOs, and dedicated medical experts and resources collaborate not only among themselves, but also with other zoological and environmental specialists. For example, in the Dominican Republic, the Ministry of Health has collaborated with several agriculture groups for the first time to prepare for future zoonotic outbreaks. Since the Playbook’s completion and validation in

Cameroon in 2018, eighteen countries (Botswana being the most recent) have used it to customize public health and supply chain protocols to facilitate emergency response and implementation efforts. Further, health workers in seven more countries have received workshop trainings to learn the high-level principles and tools of the playbook.



Red highlights indicate the twenty-five countries in which the ESC Playbook has been implemented.

A Necessary Adaptation to Coronavirus

The COVID-19 pandemic is the latest challenge for which the ESC Playbook have been adapted and developed. The Playbook’s first step is a disease job aid—a handy card that includes a disease description, supply chain considerations, and a suggested commodity list—that helps all players know which supplies are needed for response to specific diseases. For COVID-19, the checklist includes not only drugs and medication but also PPE, health facilities infrastructure and equipment, and biohazardous waste management. PPE—which protects medical staff and slows the spread of the virus—is currently at the core of the COVID-19 outbreak Job Aid. Thanks in part to USAID’s support, all ESC Playbook countries have received this COVID-19 job aid addendum to the Playbook, available in English, French and Spanish.

U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, D.C. 20523
Tel: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov