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GLOBAL HEALTH SUPPLY CHAIN – TECHNICAL ASSISTANCE - TANZANIA

QUARTERLY REPORT OCTOBER – DECEMBER 2017



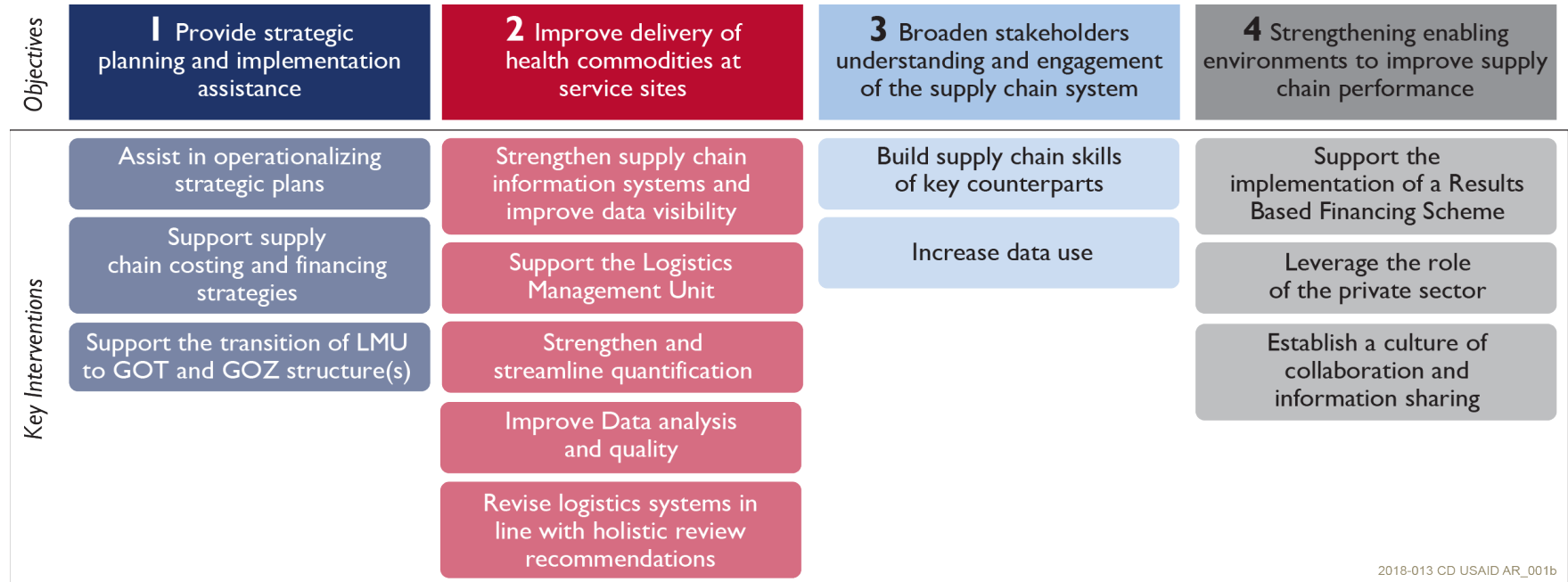
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GOAL OF THE GLOBAL HEALTH SUPPLY CHAIN-TECHNICAL ASSISTANCE-TANZANIA PROJECT:

Support the development of agile, robust and sustainable health supply chains that will contribute towards improving medicines availability and the health status of Tanzanians.



Timeframe – June 2016 – June 2021
(3 year base and 2 year option years)

Geographic focus – mainland + Zanzibar
(~7,000 public sector health facilities)

Key stakeholders (in addition to USAID): Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)– specifically the Pharmaceutical Services Unit (PSU), vertical programs – including National AIDS Control Program (NACP), National Malaria Control Program (NMCP), Reproductive and Child Health Services (RCHS) Program, and National Tuberculosis and Leprosy Program (NTLP), Medical Stores Department (MSD) - central and 10 zones, President’s Office of Regional Administration and Local Governments (PO-RALG) (comprised of 186 councils, 168 districts, and 26 regions) and other partners.

SUMMARY OF ACCOMPLISHMENTS

Assist in Operationalizing Strategic Plans

- Supported alignment of CIP and LMU and PORALG work plans.
- Reviewed implementation status of CIP activities, and developed tracking tool.

Support Supply Chain Costing and Financing Strategies

- Initiated a study to estimate total health commodity financial needs

Strengthen Supply Chain Information Systems and Improve Data Visibility

- Set up a local development environment at UDSM to begin supporting Tier 3 support on eLMIS.
- Developed and tested automated tools for supportive supervision, for use in the mainland
- Participated in building the Health Information Mediator (HIM) requirement specifications for supply chain data.

Support the Logistics Management Unit

- Reviewed and approved 8,714 R&Rs; took action to address data quality concerns.
- Visited 689 health facilities in 38 councils and provided on-job-training to 1,292 health care workers on logistics requirements.
- Trained 333 and 161 HCWs on ILS Gateway and eLMIS respectively.
- Facilitated inter-zonal redistributions worth TShs 374 million and inter-facility distributions worth TShs 1.6 billion to avoid expiries and stock outs
- Developed options for transitioning a sustainable LMU to GoT structures

Revise Logistics Systems in line with holistic review recommendations

- Co-facilitated a design workshop with PSU, bringing together a range of stakeholders to agree on key system design decisions

Strengthen and streamline quantification

- Developed a concept note and action plan for EM quantification.
- Participated in quarterly supply planning updates with NACP, NMCP, NTLP, and the bi-annual quantification review of RMNCH commodities.

Increase data use

- National and zonal IMPACT team meetings conducted in Zanzibar
- Developed concept notes for establishment of IMPACT teams in mainland developed and shared with PORALG and MOH

Support the Implementation of a results based financing scheme

- Finalized SOPs for MSD RBF verification
- Developed MSD RBF quality indicators and performance reporting template developed

QUARTERLY WORK STREAM ACCOMPLISHMENTS



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ASSIST IN OPERATIONALIZING STRATEGIC PLANS

Overview	The project works to align stakeholders on national supply chain objectives, to harmonize strategic documents with supply chain goals, and to hold stakeholders accountable for their contributions towards strategic plans.
Activities implemented	<ul style="list-style-type: none"> • Following the holistic supply chain review and development of the related costed implementation plan (CIP) completed in 2017, the project mapped GHSC-TA-TZ's work plan activities to identify those areas where we would provide support and to highlight gaps. • To realize synergy, optimize the use of resources, and improve collaboration, the project team also provided technical support to align the LMU and PO-RALG work plans with the CIP. • Helped to clarify accountability, considering the emerging role of PO-RALG in implementing supply chain activities by facilitating a series of meetings to clarify specific areas of collaboration Prepared a joint action plan with PO-RALG. • To help hold stakeholders accountable for the CIP implementation, the project developed a tracking tool to monitor progress in implementation. • The project developed an approach to standardize National Health Supply Chain KPIs (KPIs will consider internal standards, and stakeholders reporting requirements e.g. PEPFAR, GF, PMI etc.). • The project supported the finalization review of Zanzibar Supply Chain Costed Action Plan (ZSCCAP) 2017- 2020 to align supply chain plans by facilitating technical meetings
Completed Deliverables	<ul style="list-style-type: none"> • Revised ZSCCAP 2017 -2020 to support plans in supply chain • Concept for KPIs standardization completed and shared with PSU
Pending Deliverables	<ul style="list-style-type: none"> • Printed ZSCCAP and dissemination • Holistic Supply Chain CIP tracking tool
Activities for quarter two	<ul style="list-style-type: none"> • Facilitate meetings to standardize KPIs across health supply chain stakeholders for monitoring supply chain performance (stakeholders consensus meeting, literature review and drafting KPIs based on international benchmarks, and the disseminate for review and feedback). • Develop dashboard monitoring implementation of NPAP and laboratory strategic plan • Support routine review status of CIP activities
Related KPIs	<p>I.1.1: Percent of activities implemented in accordance with the National Pharmaceutical Action Plan (NPAP) Costed Implementation Plan (CIP). NB: This indicator measured Semi-annually. (# of activities planned, # of activities carried out as now, % status)</p>

SUPPORT SUPPLY CHAIN COSTING AND FINANCING STRATEGIES

Overview The project promotes deliberate and routine integration of costing and financing components into supply chain interventions and activities, and aligning stakeholders around the cost of the supply chain, and available funding sources. This promotion is increasingly important as direct health facility financing (DHFF) takes effect.

Activities implemented

- Working closely with PO-RALG and PSU, the project team has initiated a study to estimate the total health commodities financial needs assessment at the local government authority level, with the aim of determining the availability of funds and hence quantifying the gap. Additionally, the study will estimate what is the MSD's share of the health facility needs as it works towards advocating for MSD to revise its business process. As part of this
- The project team, in collaboration with PS3, has developed a working document that examines the implication of DHFF on service delivery as a whole, and specifically how it may influence health commodities availability at the primary health care facility level

Completed Deliverables

- Concept note for review of current health commodities ordering and procurement practices
- For the total health commodities financial needs study, preliminary approach and tools;
- Concept note for the collaboration work with PS3 on DFF implication on service delivery

Pending Deliverables

- Final approach and data collection tools

Activities for quarter two

- Finalize approach and tools, and complete data collection for the total health commodity financial needs assessment, and begin analysis. Data collection teams will include staff from PORALG, MOH and LMU members.
- Advocate for a PO-RALG-led meeting with PS3 to get a consensus on the approach and mode of activity implementation. The project team, in collaboration with PORALG, will take the lead in evaluating DFFs implications on health commodity availability

Related KPIs 1.2 Percentage of MoHCDGEC budget secured for health commodities
NB: This indicator is reported annually

STRENGTHEN SUPPLY CHAIN INFORMATION SYSTEMS AND IMPROVE DATA VISIBILITY

Overview	GHSC-TA-TZ supports the implementation of the electronic logistics management information system (eLMIS), to improve data visibility, the quality of data collected through automated data validation, and use of information. Support for eLMIS is done in the context of broader support to the Health Information System (HIS) architecture, and the project facilitates integration with Epicor9, DHIS2, and Government of Tanzania Hospital Management Information System (GoTHOMIS), and the Health Information Mediator (an interoperability layer). Technical Assistance (TA) includes providing eLMIS help desk support, building capacity of GoT staff to provide user support, and in developing dashboards, visualizations, and analytics. The project also supports ILSGateway, an SMS-based system used by facilities, that acts as an early warning for stock-outs of tracer commodities.
Activities implemented	<ul style="list-style-type: none"> • With the goal of ensuring sustainability for the management information systems (MIS) work after the project ends, the project set up a local development environment at the University of Dar es Salaam (UDSM) to begin supporting Tier 3 support on eLMIS; This will also be replicated at the at the National Internet Data Center. • The MIS team developed and tested automated supportive supervision tools for mainland and Zanzibar, to streamline time consuming manual data collection. The tools were piloted in December and scheduled for completion in the first quarter of 2018. • Identified requirements for the eLMIS based on new system design recommendation identified during holistic review • In support of the larger health information systems ecosystem in Tanzania, the project team participated in the health information mediator (HIM) requirement specifications for supply chain data.
Completed Deliverables	<ul style="list-style-type: none"> • Stock status, shipment file system requirements for the HIM implementation
Pending Deliverables	<ul style="list-style-type: none"> • Budget/Customer balances system requirements for the HIM implementation. • Automating LMU e-Checklist
Activities for quarter two	<ul style="list-style-type: none"> • Set up a development and testing environment for eLMIS at the National Internet Data Center • Finalize concept note to help guide the eLMIS transition process. • Reconfigure eLMIS templates and workflows to accommodate the new design recommendations. • Communicate to SC stakeholders the plan to sunset ILSGateway. • Outline the related business process and requirements ISO moving to a standardized product registry according to GSI standards • Support improvement of data visibility in Zanzibar
Related KPIs	2.1.1. Percentage of eLMIS related issues/tickets reported in the service desk and resolved with 8 hours SLA: 51% (68 of 134 tickets received)

LMU - SUPPORT THE TRANSITION OF LMU TO GoT AND GoZ STRUCTURES

Overview	<p>The Logistics Management Unit (LMU) is a structure that was established by the Government of Tanzania (GoT), with support from USAID and the Global Fund, to coordinate supply chain activities of different programs under one unit. GHSC-TA-TZ, in addition to providing technical assistance to the central level LMU, supported the operations of the LMU at the zonal level. Project team staff are based at the MSD zonal warehouses, where they provide a critical link between MSD and health facilities. The project also supports operations and staff for the LMU-Zanzibar.</p>
Activities implemented	<ul style="list-style-type: none"> • The project identified options for transitioning a sustainable LMU to GoT structures and submitted a draft progress report to the MOHCDGEC— Transitioning the Logistics Management Unit for Sustainability. The table below shows annual costs based on three options for scope and staffing. • The draft report recommended three administrative reporting structure for future state of the LMU which included reporting to MOHCDGEC, reporting to medical stores department, and reporting to PORALG. • Three scope scenarios were also proposed based on available funds from USG to support LMU and how long these funds can sustain operations of LMU based on the scope scenarios. • For the transition of LMU Zanzibar, the project provided technical assistance in developing an LMU transition plan and risk analysis. A proposed transition teams has been formed to provide oversight and manage technical transition issues.
Completed Deliverables	<ul style="list-style-type: none"> • Knowledge Retention Strategy for Transitioning LMU staff.
Pending Deliverables	<ul style="list-style-type: none"> • Revised LMU Charter, Job Aids for LMU positions. • Revised Roadmap Document for LMU implementation.
Activities for quarter two.	<p>The project will support the implementation of a revised transition LMU roadmap, based of the final agreed future state of the LMU</p>
Related KPIs	<p>1.1.3-Percentage adherence to LMU transition plan NB: This indicator is reported annually.</p>

SUPPORT THE LOGISTICS MANAGEMENT UNIT - IMPROVING DATA VISIBILITY & QUALITY

Overview

One of the key roles performed by the LMU is logistics data management, ensuring timely logistics data of high quality are available and used for decision-making. Zonal LMU staff complete through analysis of Reports and Requests (R&Rs) from the councils and health facilities, reviewing for accuracy and completeness. LMU staff submit the R&Rs MSD for order fulfilment.

Activities implemented

During the quarter, the LMU team reviewed and approved a total of 8,714 R&Rs (out of an expected 6,517) before being processed as an order by MSD zones. The reviewing of R&Rs is important to ensure quality logistics data is entered into the system for informed decision making. In the process of reviewing R&Rs, about 1,456 R&Rs were rejected back to the councils due to data quality issues. These rejected R&Rs were corrected and resubmitted back to LMU for another review before being approved and processed as orders.

REPORT & REQUESTS FOR OCT-DEC 2017					
Months	No. of R&Rs expected	Total no. of R&Rs Reviewed and Approved	Total no. of Regular R&Rs	Total no. of Emergency R&Rs	Total no. of R&Rs Rejected
Oct-17	2576	3460	2444	1016	596
Nov-17	2069	2671	1891	780	436
Dec-17	1872	2583	1811	826	424
Total	6517	8714	6146	2622	1456

Completed Deliverables

SCMT Monthly Reports

Pending Deliverables

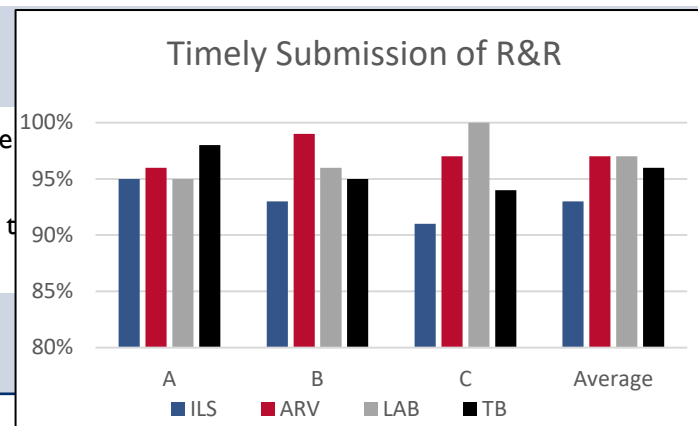
Nil

Activities for quarter two

-Review health facilities R&Rs to ensure quality logistics data are entered in the eLMIS
 -Provide continuous feedback to R/CHMTs and HFs on quality check of R&Rs to improve data

Related KPIs

2.1.2-Percentage of facilities submitting timely LMIS reports
 An average 96% of the LMIS reports were submitted on time



SUPPORT THE LOGISTICS MANAGEMENT UNIT - CONDUCTING SUPPORTIVE SUPERVISION AND ALLEVIATING STOCK IMBALANCES

Overview	<p>The LMU identifies councils and health facilities that require supportive supervision visits, and provide targeted, data-driven supportive supervision to health care workers (HCWs) in public and some private facilities, where on-the-job training is provided to HCWs and health management teams. Facility supervision visits are conducted with staff from R/CHMTs. The LMU coaches R/CHMTs and health facilities staff on responding to findings related to quality of logistics data found in logistics and advocates for R/CHMTs to secure resources to build the capacity of their own HCWs to improve commodities management and quality of logistics data.. The LMU also works to identify and take action on stock imbalance to avoid overstocks and stakeouts.</p>
Activities implemented	<ul style="list-style-type: none"> • From October – December 2017, the LMU visited 689 health facilities (out of a targeted 600) in 38 councils and provided on-job-training to 1,292 HCWs on key logistics areas. Through these trips, R/CHMTs are provided with real-time feedback on areas requiring interventions. Action plans are developed with R/CHMTs for performance improvement and continuous monitoring. • The LMU trained 333 and 161 HCWs on ILS Gateway and eLMIS, respectively. • In the course of monitoring health commodities at health facilities and MSD, the LMU closely monitors stock levels and alerts on stock imbalances and takes remedial action through inter-facility redistribution and inter-zonal transfers to improve commodities availability, and avoid stock outs and expiries. A total of TShs 374,020,327.53/ of health commodities were saved through inter-facility redistribution and TShs 1,672,053,925.99/- were transferred between MSD zonal stores. • LMU participated in more than twenty (20) supply chain stakeholders meetings, which are platforms in the regions where supply chain related issues are discussed and districts performances are reviewed for improvement.
Completed Deliverables	SCMT Monthly Reports
Pending Deliverables	Nil
Activities for quarter two	<p>Continuous supportive supervision aiming to</p> <ul style="list-style-type: none"> • Capacitate R/CHMTs on use of logistics data for decision making • Transfer knowledge and skills to R/CHMTs to enable them conduct effective supportive supervision on their own • Monitor health commodities and intervene accordingly to avoid stock imbalances • Close collaboration with supply chain stakeholders including PORALG in improving districts performances through feedback/information sharing
Related KPIs	I.1.6- Stock Out Rate: (Q4 Result: ARVs 7% RTKs 8% FP 5% Malaria 9% EM 20%)

SUPPORT THE LOGISTICS MANAGEMENT UNIT: ZANZIBAR

Overview Zanzibar's MOH has successfully integrated the role of the LMU into the functions of Chief Pharmacist Office (CPO). LMU-ZnZ carries out its activities in accordance to the Zanzibar Supply Chain Strategic Plan of 2014-2017 (and the new Zanzibar SCCAP), which is used to develop their annual work plans. Four staff of the LMU in Zanzibar are supported through GHSC-TA-TZ.

Activities implemented

- The GOZ, through MOH, intends to implement electronic tools to have real-time stock data visibility from health facilities. Automating processes will reduce human errors, improve data quality and the timeliness of data. The first step in this process is to conduct a survey. The LMU developed a scope of work, questionnaires, proposed sampling methodology, and sample selection for the survey.
- The LMU prepared for the upcoming redesign activity of the Zanzibar Integrated Logistics System (ZILS) by developing a scope of work and approach, and began documenting the current status of ZILS.

Completed Deliverables

- Scope of work and sampling of the survey
- Survey questionnaire

Pending Deliverables

- Complete information gathering on ZILS performance prior to the system design.
- Conduct stakeholders workshops to agree on systems changes including designing for LAB (Review of ZILs and Lab system)

Activities for quarter two.

- Conduct field survey to test developed questionnaire
- Conduct actual survey in the field
- Analyze collected data and write survey report
- Conduct stakeholder workshop to review ZILs and LAB system
- Draft new SOP and training curriculum
- Identify changes to eLMIS
- Develop training strategy and roll out reviewed system to facility level

REVISE LOGISTICS SYSTEMS IN LINE WITH HOLISTIC REVIEW RECOMMENDATIONS

Overview

One of the prioritized recommendations from the HSCR was to change the frequency of ordering and resupply for the in-country supply chains (including ILS, HIV/AIDS and TB supply chains). The project provides technical guidance on design decisions, helps build consensus on those design decisions, and aligns stakeholders on the process and approach to rollout the system. We will use the same approach for the revision of the Zanzibar Integrated Logistics System (ZILS), increasing the frequency of reporting and resupply, which is a key activity included in the Zanzibar SCAP.

Activities implemented

- The project team developed an concept note to describe the overall approach taken to the logistics system revision process.
- A logistics system design coordination team was established to move forward the re-design process, and held 3 meetings during the quarter. This coordinating team was formed by PSU. The system redesign has an impact across programs, agencies and PORALG, and institutions. It for aligning stakeholders around the whole process and next steps and take on responsibilities assigned to their institutions, agencies and PORALG.
- In December, the project team co-facilitated a design workshop with PSU. The workshop brought together a range of stakeholders to agree on key system design decisions, including how capture consumption actual data will be obtained, a refined business process flow, and -clarification on roles and responsibilities.
- Following the workshop, a smaller group met to perform preliminary implementation planning, identify outstanding issues to be resolved, and define the required changes for the eLMIS.

Completed Deliverables

- Draft report of the redesigned system
- Mini-plan for eLMIS to adapt new system recommendation.

Pending Deliverables

- SOP manual for re-designed system
- Training materials for re-designed health commodities supply chain system
- Implementation plan

Activities for quarter two.

- Work closely with PSU to finalize pending issues in the re-designed health commodities supply chain system such as Inclusion of AVD, TB etc.
- Develop SOP manual of the re-designed system
- Develop training and sensitization materials and plan for the re-designed system.

STRENGTHEN AND STREAMLINE QUANTIFICATION

Overview	The GHSC-TA-TZ project provides technical assistance and builds capacity in quantification to the MOHCDGEC Tanzania mainland and the MOH in Zanzibar, with the goals of increasing ownership and sustainability of quantification exercises for both vertical programs and essential health commodities, and improving forecast accuracy.
Activities implemented	<ul style="list-style-type: none"> • The HSCR included a recommendation to revise the essential health commodities process; the project team worked with PSU to develop a concept note and action plan for essential health commodities quantification. GHSC-TA-TZ developed a concept note that details the proposed technical approach to perform essential health commodities quantification, and the process and governance structures to manage the process. • The project team worked closely with MOHCDGEC programs (NACP, NMCP,RCHS,NTLP) and PSU to set a quantification calendar and schedule for conducting quarterly supply planning reviews • The project provides continuous TA to vertical programs on utilizing the GHSC-PSM mechanism in managing pipelines, and revising and placing orders in collaboration with USAID and GHSC-PSM. In addition, GHSC-TA-TZ provides TA during quarterly supply planning updates. During the quarter, NACP, NTLP, and NMCP conducted quarterly supply plan updates. • GHSC-TA provided technical support during RMNCHC commodities biannual quantification review , including technical backstopping of supply planning review, funding gap analysis, and preparing the list of commodities to be ordered based on funds committed from various sources. The funding gap for 2018 is \$4.9 million for FP commodities and \$2.1 million for child health commodities. • Promoting collaboration and coordination, the project team participates in routine commodity security meetings and clinical and logistics partners meetings, such as ART/PMTCT implementing partners meeting and NMCP/PMI implementing partners meeting. • The project prepared and submitted supply plans, PPMR, PPMRm reports to PSM and BI&A team.
Completed Deliverables	<ul style="list-style-type: none"> • Concept note and action plan for essential health commodities quantification developed. • Master quantification calendar and Supply plans • Funding gap analysis for RMNCH commodities
Pending Deliverables	Nil
Activities for quarter two.	<ul style="list-style-type: none"> • GHSC-TA will with PSU and PORALG in development of essential health commodities quantification guideline, SOPs and training materials. • GHSC-TA will define and socialize "to-be" roles & responsibilities related to quantification of vertical programs commodities, and develop implementation strategy on increasing ownership in quantification process. • Preparation and submission of supply plan, PPMR, PPMRm reports . Also Project team Participate in national quantification of ARVs • GHSC-TA Collaborate with GHSC –PSM and work with New PSM staff who will be oriented on the TA-PSM SOPs and how we work
Related KPIs	<p>2.1.3 Level of country counterpart ownership in quantification and supply planning</p> <p>2.1.4 Percent forecast accuracy (by commodity group)</p> <p>NB: This two indicators are reported annually.</p>

BUILD SUPPLY CHAIN SKILLS OF KEY COUNTERPARTS

Overview Capacity building is integrated throughout most of the project activities, and is intended to enhance the supply chain knowledge and skills of our key stakeholders within GoT. GHSC-TA-TZ has seconded staff to the NACP, MSD, and NTLP, to build the supply chain skills within the programs. Key activities include:

Program	NACP	NTLP	MSD
Activities completed	<ul style="list-style-type: none"> Supported NACP to analyze OI medicines availability and develop recommendations to address OI availability challenges including initiating the process for Cotrimoxazole procurement Provided technical inputs to respond to requests from the Office of the Inspector General for the Global Fund related to ARV management Participated in supportive supervision to RHMTs and CHMTs in Morogoro on HIV care and treatment and supply chain considerations 	<ul style="list-style-type: none"> Worked with NTLP to initiate procurement of first and second line TB medicines through the Global Drug Facility. Participated in providing comprehensive supportive supervision to RHMTs and CHMTs in Katavi region on TB supply chains Trained the RTLC of Katavi region on eLMIS and use, and oriented 8 CHMT staff on the TB & leprosy medicines logistics system. Supported NTLP to analyze data on stock outs reported at TB districts for first line TB medicines, underutilization of pediatric TB medicines, and irrational use of first line TB medicines, in response to issues raised by the Office of the Inspector General for the Global Fund 	<ul style="list-style-type: none"> Facilitated monthly meetings with MSD-VP teams to measure MSD Central performance in fulfilling zonal orders. Alerted and advised LMU on commodities that are stocked-out or near to expire by either rationing or coordinating inter-zonal transfers to avoid stock-outs at service sites. Liaised with NACP and MSD on incoming shipments and gave feedback particularly for commodities that were above maximum levels, so that action could be taken on time to avoid over stock and expiries. Supported MSD's operational and supply chain efficiency by monitoring the inventory held at MSD to ensure that the stocks that are received, are being distributed on time, to avoid expiries and minimize inventory holding costs.
Activities for quarter 2	<ul style="list-style-type: none"> Review and update the Pharmacy Module database training package Two seeks on-site training and upgrade pharmacy module database to 250 CTC sites from 25 regions Provide guidance on assessment of rational use of medicines exercise conducted by NACP GHSC-TA will work with NACP in development of transition plan from TLE to TLD. 	<ul style="list-style-type: none"> Mentor and provide training to CHMTs and other regional staff on the TB logistics system Provide technical support on the quarterly supply planning update Support the NTLP in the development and rollout of training materials on active drug safety monitoring 	<ul style="list-style-type: none"> Coordinate/facilitate monthly meetings with MSD VP teams to measure performance of KPIs. Work with MSD to improve commodity availability at service sites Assess operational and supply chain efficiency by monitoring the inventory held at MSD

CAPACITY BUILDING: INCREASE DATA USE

Overview	<p>GHSC-TA-TZ is focused on increasing the use of supply chain data by stakeholders. To build the capacity of CHMTs and RHMTs, the project teams aims to improve supply chain performance by promoting data use at all levels of the supply chain. The IMPACT team approach is a establishes a sustainable structure to encourage commodity managers and other players in supply chain to use data to check progress, conduct root cause analysis and develop action plans for improvement. The IMPACT team concept was initially implemented in Zanzibar; the team intends to implement the approach in the mainland in the next quarter.</p>
Activities implemented	<ul style="list-style-type: none"> • The project team continues to support the IMPACT team meetings in Zanzibar. During the quarter, the project team facilitated and provided technical backstopping support for an IMPACT team meeting for Unguja zones. • The project team supported the National Impact team meeting in Zanzibar, and technical backstopping was provided to develop National action plan and way forward after doing root cause analysis. • The project team developed concept notes for establishing IMPACT teams in mainland and held preliminary discussions with PO-RALG and MOHCDGEC. • To engage existing and potential users of the eLMIS and other systems, the project team began a series of interviews to collect qualitative data on user's experience with eLMIS – to determine what data they use to help them make what kinds of decisions, what features do they use most frequently on the eLMIS, and how they would improve the visualizations and reports from eLMIS.
Completed Deliverables	<ul style="list-style-type: none"> • Concept notes for establishing Impact team in Mainland
Pending Deliverables	<ul style="list-style-type: none"> • Final Implementation Report for Zanzibar IMPACT teams • Design workshop report for mainland IMPACT teams
Activities for quarter two	<ul style="list-style-type: none"> • Support the second meetings for Pemba zone IMPACT team and National level IMPACT team • Organize a workshop for PORALG, MOH and stakeholders to agree IMPACT team approach design for mainland • Develop and rollout a strategy to increase data use of eLMIS by supply chain stakeholders
Related KPIs	<p>2.1.5 Data use for routine supply chain decision making (reported semi-annually)</p>

SUPPORT THE IMPLEMENTATION OF A RESULTS BASED FINANCING SCHEME

Overview The MOHCDGEC, in collaboration with PO-RALG, is implementing a Results-based Financing (RBF) scheme to improve the quality and utilization of health services in primary care facilities. Tanzania's RBF model links payment of cash upon verification of predetermined performance indicators. Currently, the scheme is being implemented in eight regions, and the MSD zones supporting these regions in Tanzania mainland. GHSC-TA-TZ has been supporting the implementation of RBF at MSD central Strategic Business Units (SBUs) and zonal SBUs.

Activities implemented

- The project team provides technical guidance and participates in quarterly verification exercises for the RBF-implementing SBUs.
- During quarterly verification exercises, the project team determined that there was inconsistency in how some indicators were calculated, and observed that some indicators could not actually be calculated. In response, the project team convened a workshop to review the MSD RBF verification guide and developed clearer SOPs.
- The project team provided technical assistances in the development of national indicators for key RBF implementers to hasten meeting the critical deadlines, especially timely disbursement of RBF incentives.
- To promote timeliness in performance reporting and use of verified RBF data to improve performance, the project co-developed MSD quality indicators and an RBF performance reporting template. Even though the indicators are still awaiting stakeholder inputs, the performance template has been sent out for testing at the RBF implementing SBUs
- The project developed a concept note for the automation of MSD invoicing which is currently being done manually.

Completed Deliverables

- MSD RBF quality indicators and performance reporting template

Pending Deliverables

None

Activities for quarter two

- Finalize the MSD RBF quality indicators and their associated incentive calculation.
- Incorporate feedback from the use of the performance reporting template and support a workshop for the dissemination of the final template.
- With Ps3, conduct stakeholders meeting to seek user requirements for the automated invoicing system.

Related KPIs 3.1.1-Percent of RBF performance incentives received by MSD SBUs over a specified period: (Q4 Result: Central SBU 33.6% Central VP 63.3% Transport SBU ,42.9% Mwanza 38.6% Dar 9.6%, Tabora 10.1%, Muleba 47.2%)

ESTABLISH A CULTURE OF COLLABORATION AND INFORMATION SHARING

Overview	<p>Collaboration with in-country stakeholders is central to the project's approach to supply chain strengthening, decision-making, and management. Coordination groups (such as commodity security meetings and technical working groups) provide a mechanism to share supply chain data, align objectives, and facilitate the effective management of commodity-related resources across stakeholders. The project provides quantitative and qualitative data on supply chain performance to these groups to promote information sharing and the use of data for decision making.</p>
Activities implemented	<ul style="list-style-type: none"> • The project team participated in supply chain meetings which focused on challenges related to data quality as well as commodities availability. • The team participated in quarterly supply chain commodities meeting organized by Walter Reed in Songea Mc Ruvuma, Songwe, Rukwa and Mbeya to discuss district implementation status of the resolution from previous meeting; These meetings focus on various supply chain challenges (e.g. data quality raised from e-LMIS report), but also are intended to improve collaboration between supply chain stakeholders in addressing supply chain challenges • Project team participated in the HIV commodities management meeting organized by WRP to share plans of commodities performance review and discuss area of collaboration • Project team facilitated several meetings with RCHMT, CHMTs RMOs to share experiences to provide feedback on health facility's supply chain performance from the visit made by LMU • Project team facilitated in ZLC in system redesign workshop to set strategic parameters for the revised logistics system; involved in developing LMU 3 years work plan • Project team participated in regional Supply Chain experience sharing meeting with other stakeholders such as AGPAHI • Project team participated in HIV Commodity meeting organized by WRP discussed how to strengthen supply chain in HIV Pharmaceutical and Laboratory in Katavi region. Improve availability of HIV commodities and logistics data. • Project team performed joint supportive supervision with Walter Reed Project (WRP) in order to reduce cost of supportive supervision • Project team participated in AIDS Free Program Review meeting for the Police facilities and CTC In-charge to discuss all matters regarding commodity availability (ARVs and Test Kits) from Procurement, storage and distribution and other challenges affecting their availability at health facilities. • Project team participated in Health commodities health technical working group conducted by PSU and chaired by chief pharmacist to discuss updates regarding availability of commodities. This technical group include members from GHSC, MSD, PSU, all vertical program, USAID, WHO, Pharmacy council and few selected partners such as R4D and SIKIKA

QUARTERLY IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES



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IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges

Several activities in the project's work plan include significant involvement of PO-RALG and PSU. These entities have several competing priorities and, in PSU's case, vacant positions. It has been challenging for the project team to facilitate sustained engagement by PSU and PO-RALG. One example of this is the delay in starting to implement mainland IMPACT teams due to non-availability of PSU & PO-RALG staff to lead the initiative.

USAID funding for the LMU is scheduled to phase out in June 2018. The draft report on LMU transition was submitted to the MOHCDGEC; however, there has been no response. The Steering Committee has not come to a consensus on the future LMU or the options for transition. This delayed decision on the proposed options poses several risks, including loss of key staff during transition, and insufficient funding for LMU activities.

One recommendation from the draft report is for the R/CHMTs to conduct facility supervision. Currently these visits are conducted by LMU staff. R/CHMTs have limitations in terms of capacity, time, and funding to fully assume this responsibility.

The rollout of the revised system coinciding with the LMU transition process could result in potential loss of data quality and facility delivery.

Delay in the recruitment of GHSC-PSM staff has required GHSC-TA-TZ staff to assume some of their responsibilities, and has spread our staff increasingly thin.

Mitigation

The project developed joint action plans with PO-RALG and helped to draft the overall LMU work plan. Looking forward, the project intends to revitalize the Supply Chain Steering Committee, led by high-level officials within the MOHCDGEC, PO-RALG, and MSD.

The project will continue to advocate for consistent LMU Steering Committee meetings. In the absence of these, we will request decisions be made by PSU on the future of the LMU. The project team has prepared scenarios for staff and scope, and will implement them as expeditiously as possible, once decisions are made. A communications plan has been drafted and the project leadership will reach out to staff as soon as possible to secure the appropriate technical staff remain in place after June 2018.

The project will advocate for PO-RALG to establish performance-based contracts to include KPIs for supply chains performance, and to incorporate supply chain into the R/CHMT checklist.

The project will develop and implement change management for rolling out to RHMT and CHMT as part of the LMU transition plan

The project will consistently follow up with GHSC-PSM on the recruitment status, and provide orientation and support to the person once identified.

IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges

A system redesign workshop was held in December. The rollout of the system is contingent upon resolving issues where there was no agreement at the workshop, and requires financial resources that have not been committed.

The increase in frequency of reporting and resupply, as part of the redesigned system, will increase the workload for MSD and health facility staff.

Another risk is related to approval and disbursement of GF funds, because our funding doesn't go beyond resign stage

On the RBF work stream, there is lack of supervision to RBF implementing SBUs. Anticipated behavior change in response to performance incentives has been limited.

On the total health commodity financing activity, there is a large data collection activity. There is a risk of not obtaining competent data collection teams from PORALG, MOHCDGEC and LMU for a period of 4 weeks, which will compromise the data quality.

Another potential risk is related to delays in approval of HSS grant application, this leads to delays in implementation of PSM activities and may slow down our progress according to agreed timelines

Mitigation

GHSC-TA-TZ will continue to call for the system design coordination team meetings to resolve the outstanding issues, and will work with PSU to implement a collaborative approach with different implementing partners to support the roll out. The project will also document the responsibilities that are required to oversee the rollout of the system.

The project will advocate for the increased use of available electronic infrastructures at primary health facilities, hospitals and districts to enable health facilities to enter data and create orders on their own, and promote the rapid rollout of GoTHOMIS and its integration with eLMIS.

To address the increase in MSD's workload, the project will map areas/staff with increased workload and work with MSD to streamline processes and align staff with the new business process flow.

The project will continue to advocate for RBF National team and PSU to prioritize supervision activities to build capacity to implementing staff. This can be done by using supply chain verifiers as an add on to the National teams whenever they have other competing commitments. The project will also support the development of a supervision tool and guide for more objective and focused-based supervision. The project will continue to advocate for data use for analyzing performance change through quarterly performance reports. We will provide support to implementers on how to better use data to produce better strategic plans.

The project has jointly developed a plan with PO-RALG and PSU, and will work collaboratively to ensure that the activity schedule is communicated well in advance to the desired team members for incorporation in their plans

QUARTERLY PROJECT MONITORING PLAN REPORT



PROJECT MONITORING PLAN

DIRECT INDICATORS							
OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	Q2 JAN-MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017
I. Provide Strategic Planning and Implementation Assistance	I.1.2 Percent of activities carried out in accordance with NPAP Costed Implementation Plan	100% by 2019	Semi Annual	55%		63%	
	I.1.3 Percentage adherence to LMU transition plan	100%	Annual (starting year 2)			N/A (transition plan waiting for approval from LMU Steering Committee)	

CONTEXTUAL INDICATORS							
OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	Q2 JAN-MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017
I. Provide Strategic Planning and Implementation Assistance	I.1.4 Percentage of MoHCDGEC budget secured for health commodities (reported as the % of total needs budgeted to be procured by the MoHCDGEC)	Positive trend in GOT funding for health commodities	Annual			ARVs 0% RTKs 0% RH 0.02% Malaria 7% EM 36%	
	I.1.5 Percent of shipments delivered on time and complete within an agreed upon window (Central to Zonal level only)	80%	Quarterly	ARVs 59% RTKs 79% FP 76% Malaria 38%	ARVs 43% RTKs 25% FP 62% Malaria 55%	ARVs 88% RTKs 62% FP 94% Malaria 69%	ARVs 84% RTKs 31% FP 87% Malaria 55%
	I.1.6 Stock Out Rate	< 5%	Quarterly	ARVs 15% RTKs 10% FP 21% Malaria 47% EM 37%	ARVs 13% RTKs 10% FP 23% Malaria 16% EM 34%	ARVs 11% RTKs 11% FP 20% Malaria 15% EM 27%	ARVs 7% RTKs 8% FP 5% Malaria 9% EM 20%

PROJECT MONITORING PLAN

DIRECT INDICATORS							
OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	Q2 JAN - MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017
2. Improve Delivery of Health commodities in Service sites	2.1.1 Percent of eLMIS issues reported and resolved within SLA defined performance period	80%	Quarterly	52%	56%	43%	51%
	2.1.2 Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	95%	97%	94%	95%
	2.1.3 Level of country counterpart ownership in quantification and supply planning	75%	Annual			81.8%	
	2.1.4 Percent forecast accuracy (by commodity group)	70%	Annual			ARVs 75.5% RTKs 82% RH 68.3% Malaria 82.2% mRDT 98.5%	
	2.1.5 Data use for routine supply chain decision making	Metric will be refined	Semi annual			55%*	
	2.1.6 The percentage of data quality assessments with a passing score	80%	Quarterly	48%	49%	48%	48.3%

CONTEXTUAL INDICATORS							
OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	Q2 JAN - MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017
2. Improve Delivery of Health commodities in Service sites	2.1.7 Inventory turns (at MSD central)	2 <i>(to be confirmed with MSD)</i>	Quarterly	ARVs -, FP 0.05, Malaria 0.7	ARVs -, FP 0, Malaria 0.5	ARVs 0.15, FP 0.26, Malaria 0.33	ARVs 0.4 FP 0.2 Malaria 3
	2.1.8 Cycle time (average)	14 days	Quarterly	15 days	17 days	8 days	19 days
	2.1.9 Number of Artemisinin based combination therapy (ACT) treatments purchased in any fiscal year with USG funds that were distributed in this fiscal year	No target provided by PMI	Annual			1,796,520	
	2.2.1 Percent of LMU operational costs paid for by the GOT	20% by June 2019; 100% by June 2020	Annual			2%	

PROJECT MONITORING PLAN

DIRECT INDICATORS							
OBJECTIVE	MEASURE	TARGET	FREQUENCY OF REPORTING	Q2 JAN -MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017
3. Broaden Stakeholders' understanding and engagement of the supply chain system	3.1.2 Percent of RBF training participants who scored 80% proficiency on evidence based decision making assessment related to RBF	80%	Semi Annual	38%		14%	

CONTEXTUAL INDICATORS							
OBJECTIVE	MEASURE	TARGET	FREQUENCY OF REPORTING	Q2 JAN -MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017
3. Broaden Stakeholders' understanding and engagement of the supply chain system	3.1.1 Percent of RBF performance incentives received by MSD SBUs over a specified period	75%	Quarterly	Central SBU 21%, Central VP 15%, Transport SBU 85%, Mwanza 28%	Central SBU 12%, Central VP 44%, Transport SBU 33%, Mwanza 90%, Dar 22%	Central SBU 33.6% Central VP 63.3% Transport SBU 42.9% Mwanza 38.6% Dar 9.6%, Tabora 10.1%, Muleba 47.2%	N/A (results available in March 2018)
	3.1.3 Overall health facility satisfaction rating for supply chain activities	>80% for good or above	Quarterly			Very Good 10% Good 70%, Neutral 19%, Poor 1%, Very Poor 0%	N/A (waiting for involvement from MSD)
	3.1.4 Number of local organizations identified and trained in promoting change management in health commodity supply chain	10	Quarterly	9	8	17	0
4 Strengthen Enabling Environments to improve supply chain performance	4.1.1 Number of identified private sector stakeholders working with MSD/CMS (focus on transporters)	Metric will be refined	Annual			2	
	4.1.2 Percent improvement in results of the Comprehensive Self-Assessment Checklist over time (Year 1, Year 3 and Year 5)	Metric will be refined	Year 2, 3				

EMMP

INDICATOR	RESULT	NOTES
Number of project material including sound environment health and safety (EHS) practices	N/A	None of the project material produced during the year required integration of EHS practices
Number of training activities with an environment impact management section.	N/A	No training activities included (or should have included) an environment impact management section
Number of TA materials produced by the project that include references to HCWM guidelines.	1	The automated supervision checklist was updated to include questions around HCWM

PEPFAR STOCKED ACCORDING TO PLAN

PRODUCT CATEGORY	PERCENT OF FACILITIES BETWEEN MINIMUM AND MAXIMUM STOCK LEVELS
ARVs	30%
RTKs	18%
OI medicines	23%
Male condoms	17%

ANNEXES



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ACRONYMS



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ACRONYM LIST

ACT	Artemisinin-based combination therapy
ART	Antiretroviral therapy
ARV	Antiretroviral
CHMT	Council Health Management Team
CIP	Costed Implementation Plan
QA	Quality Assessment
MRDT	Malaria Rapidly Test Kits
eLMIS	electronic Logistics Management Information System
EM	Essential medicines
FP	Family Planning
GHSC-TA-TZ	Global Health Supply Chain – Technical Assistance – Tanzania
TFDA	Tanzania Food and Drug Authority
MSD	Medical Sore Department
HSCR	Holistic Supply Chain Review
HIV	Human Immunodeficiency Virus
ILS	Integrated Logistics System
KPI	Key performance indicator
LMU	Logistics Management Unit
OIG	Office of Inspector General
ZSCCAP	Zanzibar Supply Chain Costed Action Plan
DHFF	Direct Health Facility Financing
SCMT	Supply Chain Monitoring Team
HCWs	Health Care Workers
R/CHMTs	Regional Council Health Management Team

ACRONYM LIST (continued)

MOH	Ministry of Health (Zanzibar)
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSD	Medical Stores Department
NACP	National AIDS Control Program
NPAP	National Pharmaceutical Action Plan
NTLP	National Tuberculosis and Leprosy Program
PMTCT	Prevention of mother to child transmission (of HIV)
PO-RALG	President's Office of Regional Administration and Local Governments
PS	Permanent Secretary
PSM	Procurement and supply management
PSU	Pharmaceutical Services Unit

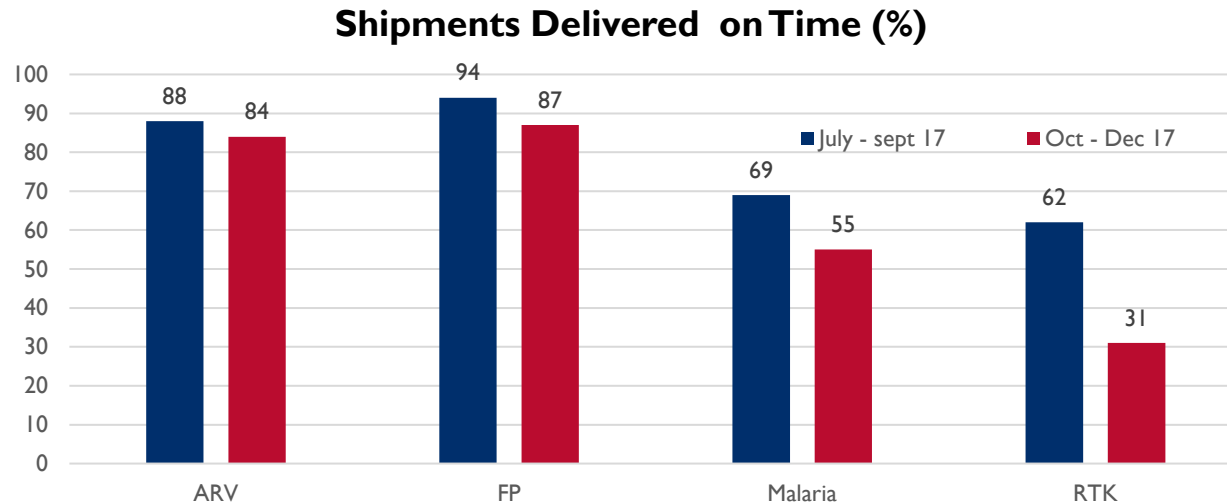
ROOT CAUSE ANALYSIS FOR QUARTERLY PMP INDICATORS



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I.1.5 PERCENT OF SHIPMENTS DELIVERED ON TIME AND COMPLETE, WITHIN AN AGREED UPON DELIVERY WINDOW

Performance trends and description



Root cause analysis

The percentage of shipments delivered on-time and in full for Malarial commodities was low due to unavailability of SP for the quarter of October-December 2017. MSD Vertical Program received SP in December. There was also a stock-out of ALU 3 at the central level hence could not serve the zones on time

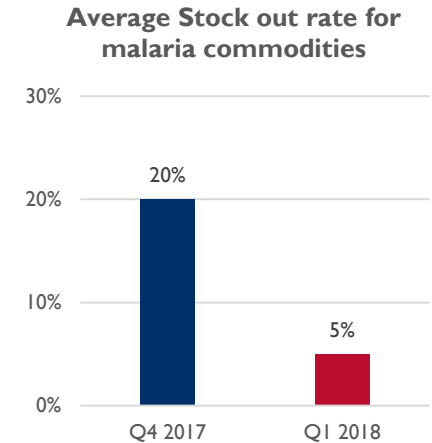
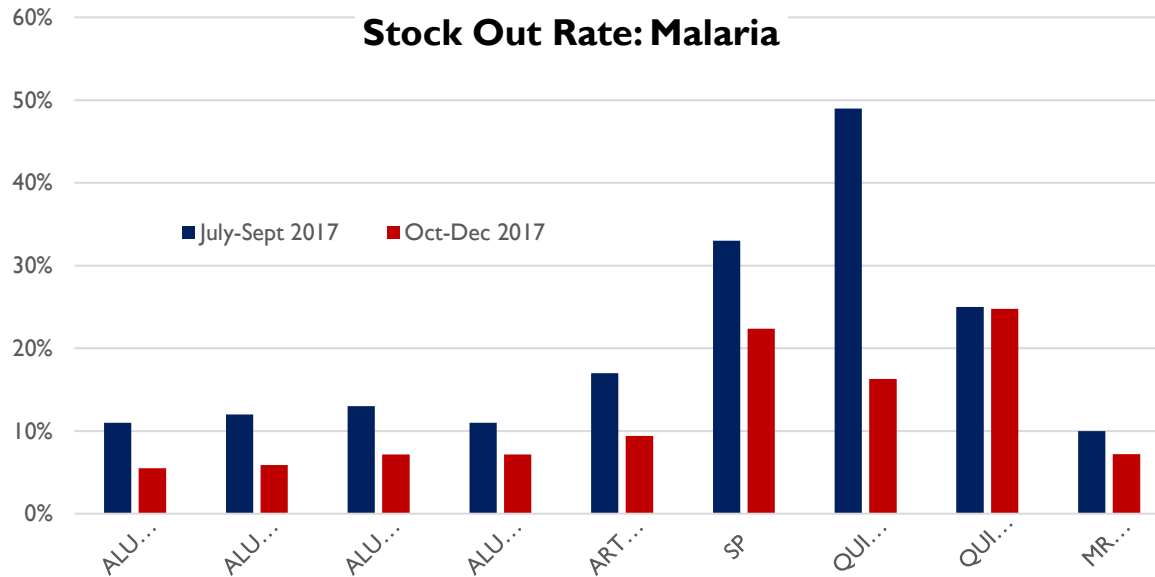
For RTK the percentage of shipments delivered on time was below the target. This was caused by delayed QA process (from TFDA), and approvals took 1 month. Hence, MSD could not serve the zonal orders on time.

Corrective actions

- Programs to ensure on time delivery of shipments to MSD as per supply plan and to communicate any expected delays to enable proper planning and avoid stock outs at health facilities.
- Improved communication and feedback mechanism between MSDs QA and TFDA leadership on fast tracking and approving Test Kits on time.

I.1.6 STOCK OUT RATE: MALARIA

Performance trends and description



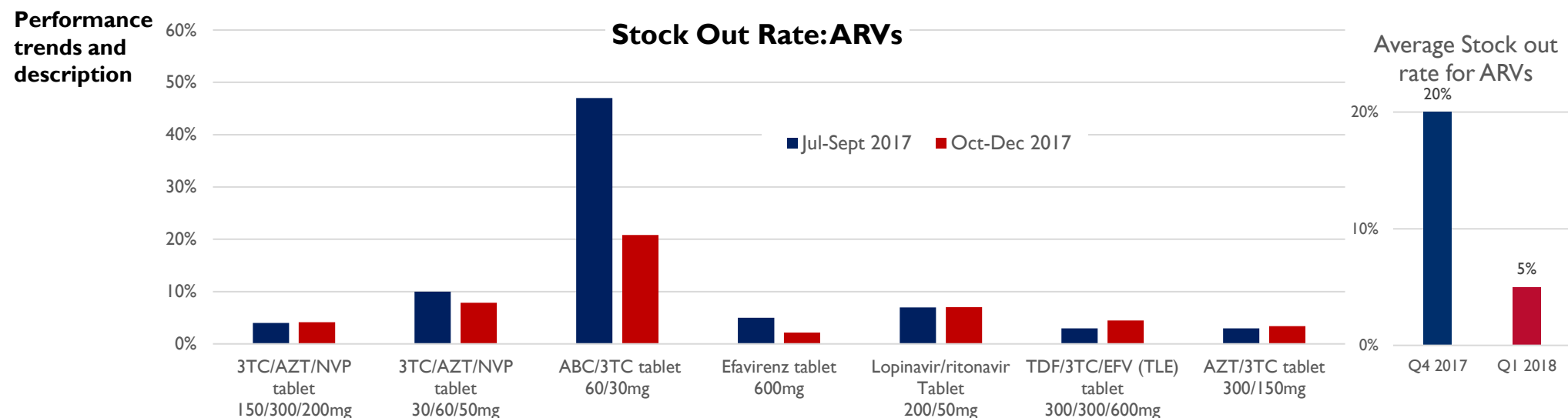
Root cause analysis

The average stock out rate of malaria commodities declined from an average of 15% last quarter to 9% this quarter. There was a significant reduction in the stock out rate of quinine tablets from 49% to 25%, though it still represents the highest stock out rate of any malaria commodity. Quinine tablets are procured by the MOHCDGEC through MSD. The availability of SP continues to be a challenge. Delays in the arrival of SP consignment funded by PMI that was previously scheduled for November 2017 and then pushed to January 2018 is yet to arrive, and will likely be canceled.

Corrective actions

- The project advocated for the MOHCDGEC to procure SP using public funds; this was conducted.
- The project continues to advocate through use of data captured and analyzed by LMU (facility and MSD stocks) and demand planning expert (supply plans and pipelines from vendors (MSD, PSM, GoT other sources).
- GHSC-TA-TZ will follow up with MSD on the status of quinine tablets shipments and upcoming procurements.
- During facility supportive supervision visits, LMU staff compare reported stock out rates as shown in the eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stock out is true or not.

I.1.6 STOCK OUT RATE:ARVS



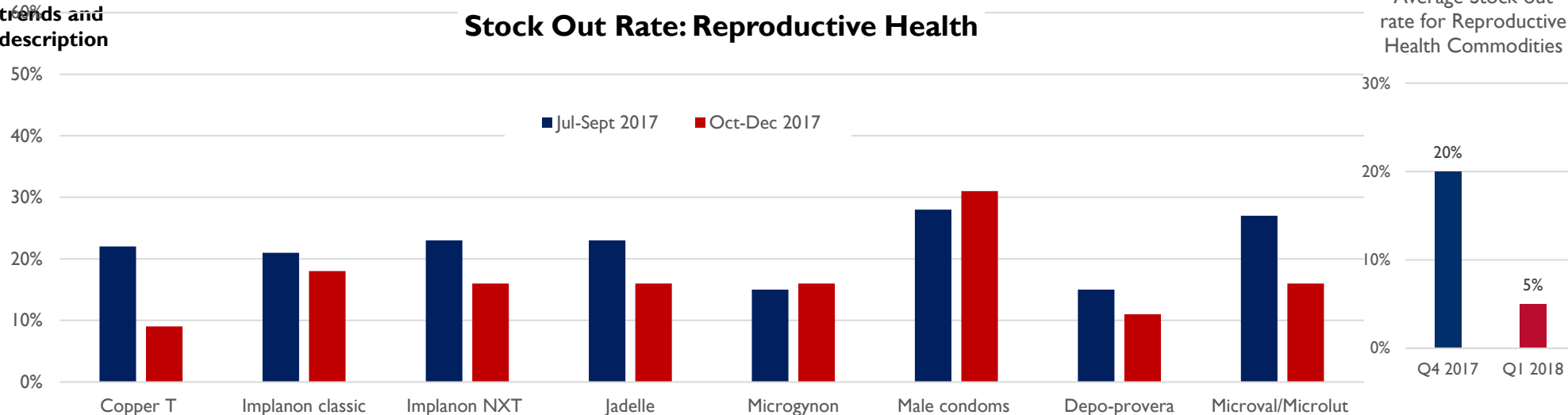
Root cause analysis

The average stock out rate for ARVs declined from 11% last quarter to 7% this quarter. The stock out rate of ABC/3TC 60/30mg decreased from 47% to 21%; however, this is still the highest stock out rate of any ARV. There are plans to replace this formulation with ABC/3TC 120/60mg. As of Dec 2017, there was 1 Month of Stock (MOS) of the item at MSD and no incoming shipments are expected. The shortages at MSD central affected availability at zonal and health facility levels.

- Corrective actions**
- LMU coordinated inter-zonal transfers and inter-facility redistributions to mitigate the shortages of the commodity temporarily.
 - The project has been following up with NACP regarding the introduction of ABC/3TC 120mg/60mg, which is expected in country in February 2018 with 8 MOS. GHSC will support NACP in sensitizing the use of this commodity once the circular is released for its use and will support MSD in proper planning and management of the commodity.
 - During facility supportive supervision visits, LMU staff compare reported stock out rates as shown in the eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stock out is true or not.
 - In addition, LMU has been facilitating coordination meeting with other implementing partners like BORESHA AFYA partners, NACP, PSU and MSD

I.1.6 STOCK OUT RATE: REPRODUCTIVE HEALTH

Performance trends and description



Root cause analysis

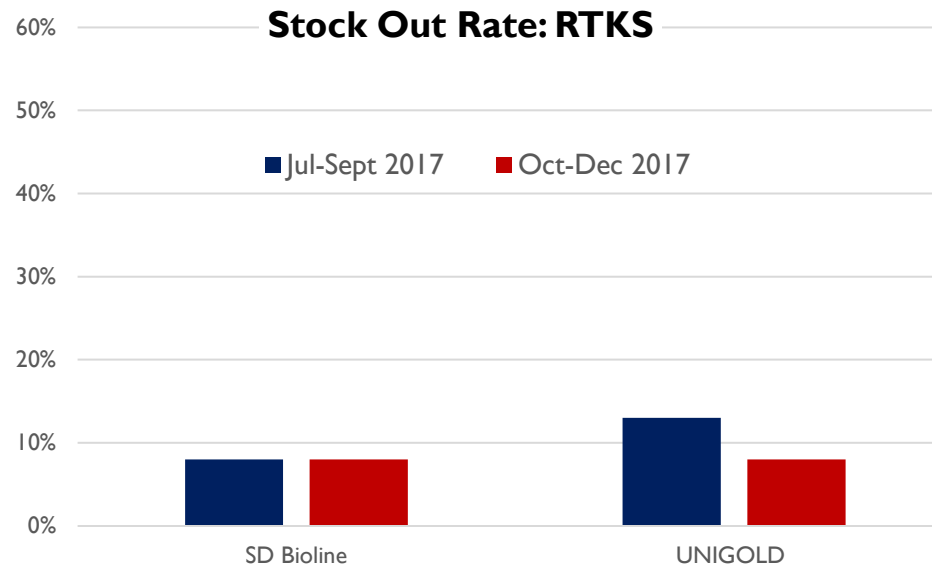
On average, there was a 5% stock out rate for family planning commodities, which declined from 20% the previous quarter. All products had a decrease in stock out rate except for Microgynon (from 15% to 16%) and male condoms (from 28% to 31%). At the end of December 2017, there was 2 MOS at MSD, which affected the availability of male condoms at zonal levels and consequently health facility level. The stock out rate of Implanon classic (etonogetrel) is a bit misleading; Implanon classic will be replaced with Implanon NXT.

Corrective actions

- The LMU coordinated inter-zonal transfers and inter-facility redistributions to improve the availability of male condoms across all zones and sales points of MSD.
- Regarding Implanon, the project, through the LMU, continued to adhere to the circular released by MOHCDGEC that guides the orders of Implanon classic to be split between classic and NXT in terms of supplying 60% of the order with classic and 40% with NXT to ensure the short shelf Implanon classic is phased out. With the shortages of Implanon classic, the project through LMU has been emphasizing during supervisory visits to health facilities and through other means of communication to order other long-term family planning methods that are available such as Implanon NXT and Jadelle in order to reduce the reported stock outs of any of these long-term methods of family planning
- During facility supportive supervision visits, LMU staff compare reported stock out rates as shown in the eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stock out is true or not.
- Main success factors for Family Planning commodities ; Despite having finding gaps, the RCHS program has managed the pipeline of the Family planning commodities Also, Social market has filled in the gap for some FP commodities like condoms in terms of supporting the availability and MSD has stated owning up to the commodities that have been shifted from program to MSD for procurement. This has contributed to some improvement in the availability of FP commodities

I.1.6 STOCK OUT RATE: RTKS

Performance trends and description



Root cause analysis

The stock out rate for RTKs this quarter is 8%, a decline from the 11% last quarter. Both SD Bioline and Unigold have a stock out rate of 8%. There has been a stable supply of RTKs in MSD zones and sales points. As of December 2017, SD Bioline and Unigold had 5.6 and 7.1 MOS respectively.

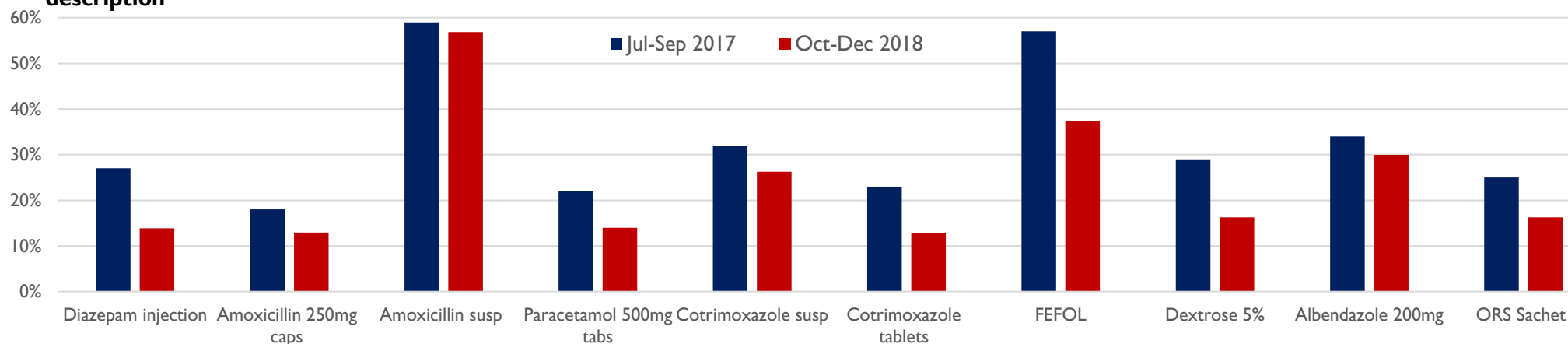
Corrective actions

- The LMU conducted inter-facility zonal redistributions and inter-facility transfers for temporary mitigation of the situation.
- During facility supportive supervision visits, LMU staff compare reported stock out rates as shown in the eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stock out is true or not.
- There has been stability in the availability of RTKs in this quarter for both MSD (central and zones) as well as facilities which has led to improvement in the availability of RTKs at the last mile

I.1.6 STOCK OUT RATE: ESSENTIAL MEDICINES

Performance trends and description

Chart Stock Out Rate: Essential Medicines



Root cause analysis

The average stock out rate for essential medicines declined from 27% the previous quarter to 20% the current quarter. There is an improvement in the overall SOR of Essential Medicines from 27% in the last quarter to 20% in this quarter. The most notable decline was in FEFOL, which decreased from 57% to 37%. Amoxicillin suspension was the product with the highest stock out rate of 57%. Both FEFOL and amoxicillin suspension are MSD saleable commodities, which are procured on sales basis rather than demand basis – reflecting what facilities can afford to procure rather than what facilities need. As of December 2017, there was 1 MOS of FEFOL; 2 MOS arrived in country in early January. Amoxicillin suspension is being replaced with amoxicillin DT, so the stock out rate of amoxicillin suspension should be considered with caution.

Corrective actions

- The project is supporting PSU and PO-RALG in the development of guidelines and SOPs for essential medicines quantification.
- GHSC-TA-TZ will continue to advocate to the health facilities for the procurement of these items using complementary funding sources
- The project will support MSD to fast tracking FEFOL distribution to the zones.
- During facility supportive supervision visits, LMU staff compare reported stock out rates as shown in the eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stock out is true or not.

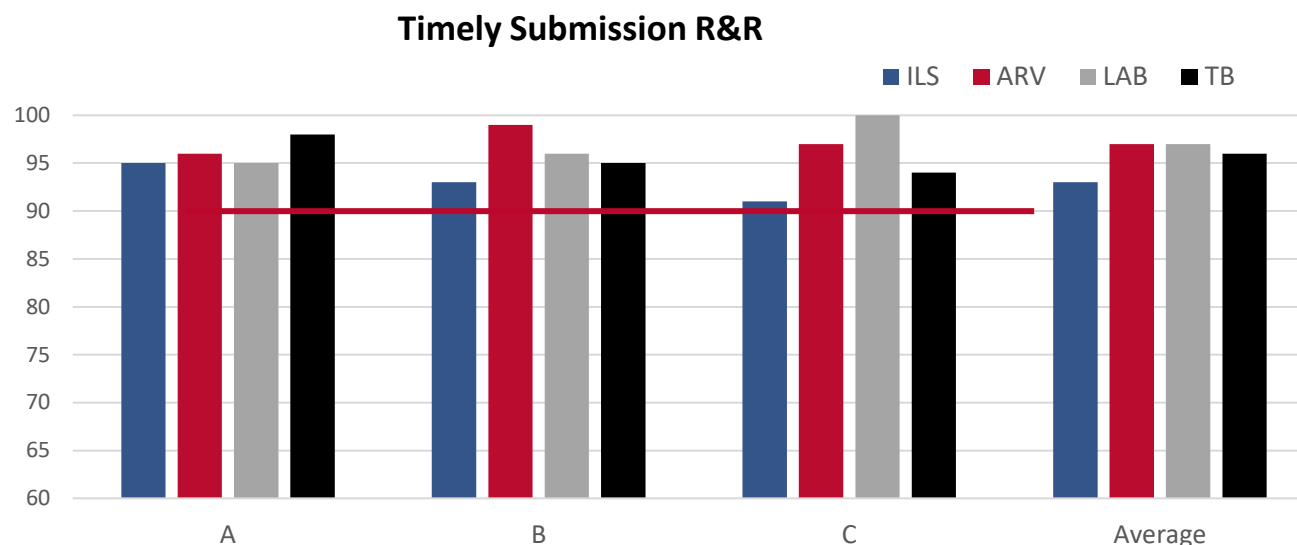
2.1.1 PERCENT OF eLMIS ISSUES REPORTED AND RESOLVED WITHIN SLA DEFINED PERFORMANCE PERIOD

Performance trends and description	<p>A total of 134 tickets were received in helpdesk and 68 of them were responded and resolved with 8 hours agreed SLA. This is equivalent to 51% adherence to the defined SLA.</p> <p>Most tickets were related to new facilities and users registration and a few were for products registration and updating user access & roles.</p>
Root cause analysis	<p>A lack of a dedicated person(s) to monitor the helpdesk service hampers the project's ability to respond to and resolve tickets within 8 hours.</p>
Corrective actions	<p>The project will explore the possibility of get at least two dedicated LDAs who will constantly oversee the helpdesk in turns to ensure responses are within the SLA, and will establishing regular automated reminders for this team to check in for any reported issues and respond.</p>

2.1.2. PERCENT OF FACILITIES SENDING TIMELY AND COMPLETE LMIS REPORTS TO THE CENTRAL LEVEL

Performance trends and description

Quarterly reported LMIS submission for all programs in this quarter averages above 95%



Root cause analysis

The LMU together with the CHMTs have been instrumental in ensuring facilities are reporting timely and follow up in case reports are not submitted.

Corrective actions

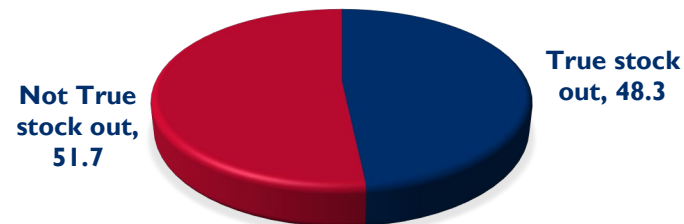
Even with this positive trend above the 80% target, the ILS program timeliness has shown a steady 2% drop from reporting group A to C for the quarter. A similar trend is seen on TB program that suggest the CHMT and LMU can begin observing.

2.1.6 PERCENT OF DATA QUALITY ASSESSMENTS THAT RECEIVE A PASSING SCORE

Performance trends

In quarter October – December 2017, quality of the reported data were assessed using reported stock out from facilities. LMU staff compare stock outs as reported on the R&R with facility stock records to determine whether the reported stock out was “true”, as this gives an indication of data quality. This exercise is a routine component in facility supportive supervision visits, which are conducted together with CHMT staff. During the quarter, 689 facilities in 38 councils were visited. A total of 2322 stock out reports from eLMIS were retrieved from 565 facilities. Only 1121(48.3%) adhere quality passing score..

DATA QUALITY ASSESSMENT



Root cause analysis

Poor data quality is attributed to the following;

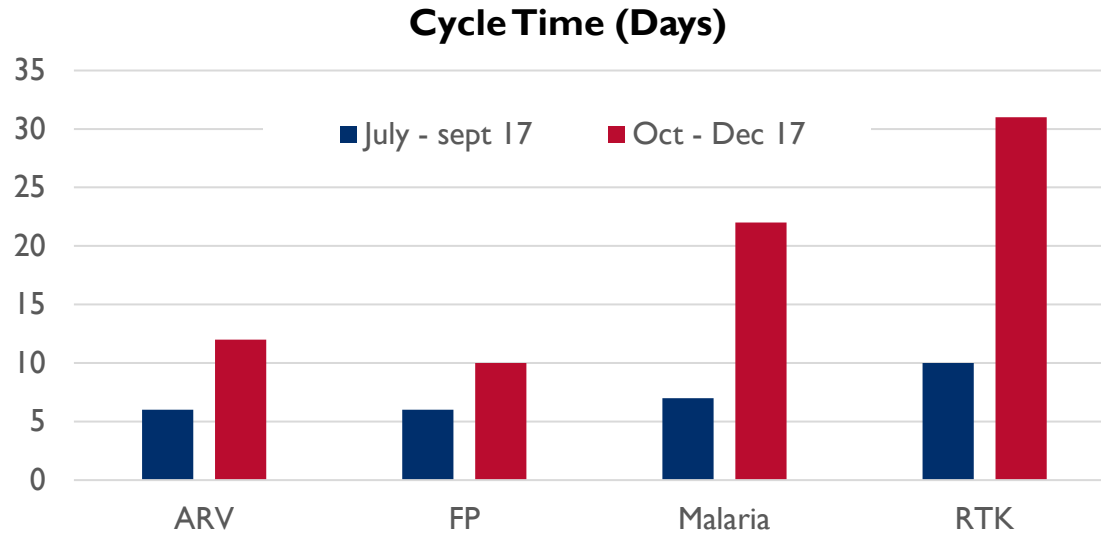
- Non-adherence to ILS SOPs by health care workers. This is evident when conducting physical counts where commodities are supposed to be counted at both the main store and dispensing area but counting is done only at the main store
- Most health facilities do not update their stores ledgers
- Entry errors occur at the district level when transferring data from the paper based R&R to the eLMIS

Corrective actions

- GHSC-TA-TZ will continue encourage R/CHMTs and LMU to provide on-the-job training to health care workers on how to properly fill in the stores ledgers and R&Rs.
- The project will identify and carry out interventions to decrease the risk of data entry errors from paper based R&Rs to eLMIS – such as targeting communications to facilities entering data directly into the eLMIS, identifying district pharmacists with the most errors so that they can receive targeted support in collaboration with R/CHMTs, and/or working with R/CHMTs to determine if other cadres of staff are available to assist with data entry.
- LMU will notify PO-RALG of facilities and councils that are consistently poor in eLMIS data quality for follow-up and appropriate actions.
- Existing data quality protocol will be reviewed, IMPACT teams will be introduced to strengthen data quality and use. Also LMU will continue advocating for integration of DQA into routine activities.

2.1.8. CYCLE TIME (MSD CENTRAL TO ZONE)DOW

Performance trends and description



Root cause analysis

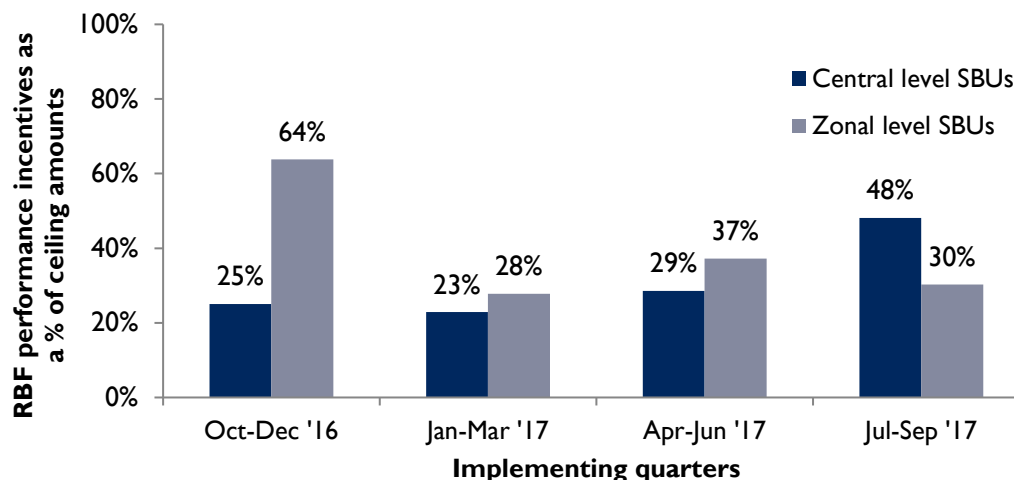
Cycle time for Malarial and RTK has increased 22 and 31 days respectively due to unavailability of SP for consecutive 2 months in the past quarter and delays in the QA process for HIV RTKs that took more than 30 days

Corrective actions

- Programs to ensure on time delivery of shipments to MSD as per supply plan and to communicate any expected delays to enable proper planning and avoid stock outs at health facilities by 30th June 2017.
- Improved communication and feedback mechanism between MSDs QA and TFDA leadership on fast tracking and approving Test Kits on time.

3.1.1 PERCENT OF RBF PERFORMANCE INCENTIVES RECEIVED BY MSD STRATEGIC BUSINESS UNITS (SBUS) OVER A SPECIFIED PERIOD

Performance trends and description



The performance trend for the central level SBU has generally been improving over the four implementing quarters. Zonal SBUs started off well and dipped down the following quarter. Their performance trend is fluctuating

Root cause analysis

Over the course of one year MSD RBF implementation, verification guidelines have been interpreted differently by different verifiers, presenting a challenge to replicability and also raising questions as to the validity of the performance scores especially for the zonal level SBUs.

The central level SBUs have been lagging behind in the performance due to various reasons. First, order fill rate – the most weighted indicator – was not verifiable for the central ILS warehouse because zonal orders are based on what is available instead of their actual needs. This approach has been justified on the basis of frequent lack of availability of commodities and hence need for central MSD to ration. Secondly, the unavailability of delivery schedule and space constraints at the receiving zones forcing orders to be delivered in parts.

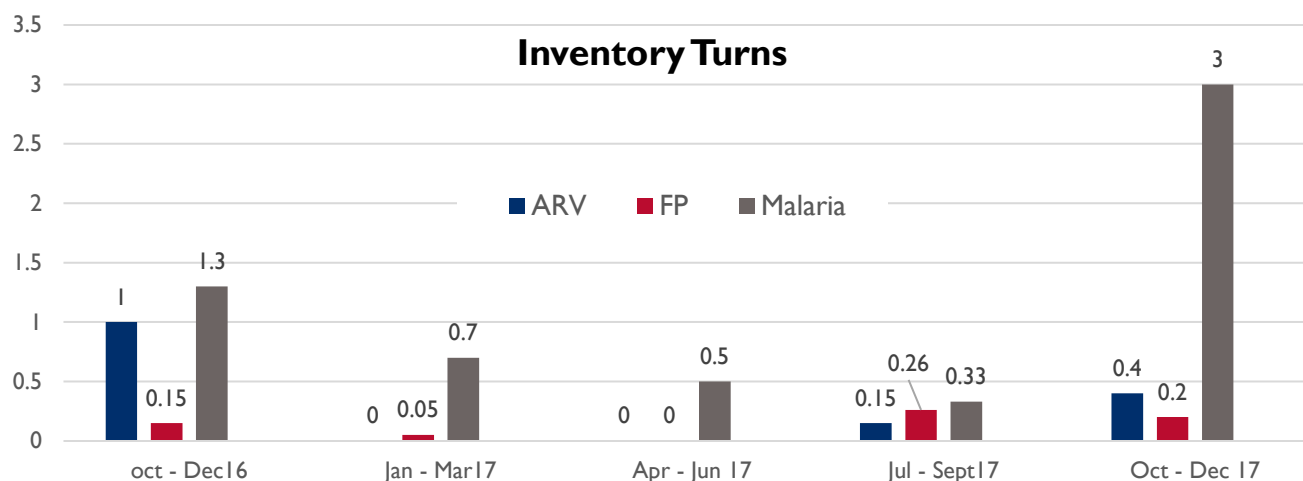
Corrective actions

- The project supported the development of MSD RBF verification SOPs which were first implemented in the quarter of Jul-Sep 2017. These were updated to incorporate user inputs during its first use. It will be interesting to monitor the trend with the new SOPs in place since it gives more objective verification results.
- The influx of substantial amount of funds both in the 2016/17 and 2017/18 financial years will make it possible for the central ILS SBUs to fill zonal orders based on needs
- The project through its participation in verification exercises advocated for the re-establishment of delivery schedules which were put in place from the Jul-Sep 2017 implementation quarters

2.1.7 INVENTORY TURNS

Performance trends and description

This quarter, the inventory returns is higher for malarial compared with previous quarters, while ARV and FP were relatively consistent.



Root cause analysis

- The inventory turns for anti-malarial was 3 due to the fact that during the beginning of the quarter there was stock out of SP, MRDT and Artesunate Injection; however, these commodities were received in December 2017. Therefore the stocks were available. SP was 0 stock in October however in December there was 71, 863
- Artesunate was 22,000 to 1,454,964 in December.

Corrective actions

- Programs to ensure on time delivery of shipments to MSD as per supply plan and to communicate any expected delays to enable proper planning and avoid stock outs at health facilities.
- Improved communication and feedback mechanism between MSDs QA and TFDA leadership on fast tracking and approving Test Kits on time.

3.1.4 NUMBER OF LOCAL ORGANIZATIONS IDENTIFIED AND TRAINED IN PROMOTING CHANGE MANAGEMENT IN THE HEALTH COMMODITY SUPPLY CHAIN

Performance trends	<p>None of the local organization identified and trained</p> <p>LMU engaged by Boresha Afya to facilitate training to HF staff. The training was coordinated by Boresha Afya.</p> <p>Project provided technical backstopping or on job training to different Councils health management teams and other HF staff from 9 regions. On job training was provided on different areas including;</p> <ul style="list-style-type: none">• eLMIS• ILS Gateway <p>Regional health management teams were mostly engaged in stakeholders meetings which discussed commodities management, use of data in the eLMIS and ILSGateway, and data quality issues, among other items</p>
Root cause analysis	N/A
Corrective actions	The project to continue providing supply chain technical assistance and coaching different stakeholders and orienting them on supply chain matters to improve overall supply chain performance by 31st March, 2018

TRAINING AND TRAVEL REPORT



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TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Training/ Travel Date	Description	Responsible GHSC staff
Sep 25 – Oct 13 2017	Proposed way forward for the Logistics Management Unit	Barbara Lamphere Lina Karagalova
Oct 1 - 6, 2017	Visit MSD zones to conduct interview with stakeholders on the LMU transition. Mbeya, Iringa. Dodoma	Hubert Assenga
Oct 2-6, 2017	Epicor 9 training	LMU – Dodoma zone
Oct 2 -5, 2017	Zonal visits to interview external LMU stakeholders and collect information on their view on the future state of the LMU to be transitioned to the GoT structures.	Hubert Assenga Naomi Printz Peace Nyankojo
Oct 1 - 7, 2017	E9 training for 15 staff.	Frida Ngalesoni
Oct 1 - 7, 2017	EPICOR 9 Training	Wema Kamuzora
Oct 15 - 21, 2017	RBF verification exercise Tabora	Diane Kibwana
Oct 23 - 27, 2017	RBF verification exercise Mwanza	Frida Ngalesoni
Oct 9 - 10, 2017	Management visit to Washington DC	Mavere Tukai
Oct 31,17	Support LMU impact teams meeting in Zanzibar	Matiko Machagge
Nov 4 – Nov 10, 2017	Management visit	Bukra Zeqiri Chandresh Harjivan
Nov 13 – 17, 2017	eLMIS – GoTHOMIS integration technical team working sessions, Iringa	Hussein Hassan
Nov 6 - 9, 2017	LMU Transition Meeting with Znz Ministry of Health	Ondo Baraka
Nov 14 - 17, 2017	Final Review of SC Action Plan Znz	Michael Kishiwa

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Training/ Travel Date	Description	Responsible GHSC staff
Nov 15 - 18, 2017	PROLG Working Meeting . Iringa	Hussein Hassan
Nov 19 - 25, 2017	eHealth technical meeting and eLMIS Implementation Plan. Dodoma	Alfred Mchau
Nov 13-17, 2017	Attendance at GHSC Summit in Accra-Ghana	Mavere Tukai Naomi Printz Peace Nyankojo
Nov 30 - Dec 2017	Strategic Collaboration meeting with PORALG. Dodoma	Mavere Tukai Michael Kishwa Alfred Mchau
Nov 28 - 30, 2017	NACP Workshop to develop ARVs regimens job aid posters. Bagamoyo	Narsis Makori
Dec-17	Health Information Mediator requirement specification finalization. Morogoro	Hussein Hassan
Dec 10 - 14, 2017	Conduct logistics redesign workshop. Morogoro	Vicent Manyilizu Alfred Mchau Sharon Peter Juma Ikombola Albertho Chengula Naomi Printz Peter Sangu Zulfikar Hirji Abel Sengasenga Nabila Hemed Hubert Assenga

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Training/ Travel Date	Description	Responsible GHSC staff
Dec 5 - 9, 2017	RMNCH quantification review. Bagamoyo	Wema Kamuzora
Dec 5 - 9, 2017	RMNCH quantification review. Bagamoyo	Narsis Makori
Oct - Dec 2017	Supportive supervision conducting by LMU at the facility level.	LMU Zonal Teams
Oct-17	Hosted a meeting with LAB Supply Chain Coordinators AGPAH Dar	LMU Mwanza & Muleba
Oct-17	Attended Arusha regional data analysis meeting organized by USAID Boresha Afya with RHMT	LMU Moshi
Oct-17	Meeting with CHMT and HFs in charges at Simanjiro DC and Same DC to discuss district SC performance	LMU Tanga
Oct-17	Supported SC issues and eLMIS to Kilindi DC	LMU Dar es Salaam
Oct-17	Attended the 51st RMNCH commodity security meeting at the UNFPA conference room	LMU Dar es Salaam
Oct-17	Attended Lindi regional Health forum	LMU Mtwara
Oct-17	ZLC attended laboratory challenges presentation meeting at NACP to discuss various challenges facing Lab system smooth operation	LMU Dar es Salaam
Oct-17	ZLC attended commodity meeting at MSD central Keko to discuss issues related to supply chain for the month of sept	LMU Dar es Salaam
Oct-17	Attended E9 training	LMU Mbeya
Oct-17	Supply Chain coordination meeting: The meeting focused and discussed on challenges of Data quality as well as commodity availability. Dodoma Zone coordinated and hosted E9 Training for LMU from 2nd to 6th of Oct 2017 LMU Team successfully hosted a team of consultants from MOHGEH, USAID and GHSC on a meeting with LMU,MSD and other stake holders concerning LMU transition. Team work on making the schedules went possible fixing appointments and venues.	LMU Dodoma

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Training/ Travel Date	Description	Responsible GHSC staff
Oct-17	Attended E9 training at Dodoma MSD	LMU Tabora
Nov-17	Meeting with VECTORWORKS project	LMU Mwanza & Muleba
Nov-17	Courtesy calls with RMO Arusha; DMO Arusha Dc & Ngorongoro Dc	LMU Moshi
Nov-17	Supporting SC issues and eLMIS training at Mkinga Dc & Tanga CC	LMU Moshi
Nov-17	eLMIS and ILS Gateway training -Same Dc, Lushoto Dc, Korogwe Tc	LMU Moshi
Nov-17	Meeting with Mkinga CHMT	LMU Moshi
Nov-17	Meeting - AIDS Free Program Review meeting for the Police facilities and CTC In-charges.	LMU Dar es Salaam
Nov-17	eLMIS training to HCWs from TPDF HF's	LMU Dar es Salaam
Nov-17	Feedback report meeting with CHMT Newala TC after facility visit	LMU Mtwara
Nov-17	ZLC - LMU Work plan session	LMU Iringa
Nov-17	Touch Base meeting with USAID - IPs from Iringa region	LMU Iringa
Nov-17	Participation in HIV Commodities Management Meeting organized by WRP	LMU Mbeya
Nov-17	eLMIS training to HCWs in Bahi Dc	LMU Dodoma

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Training/ Travel Date	Description	Responsible GHSC staff
Nov-17	Participation in Commodity Management Meeting organized by EGPAF	LMU Tabora
Dec-17	To get updates from the Districts, RHMT, MSD, LMU, NACP & AGPAHI on Supply Chain & Laboratory Activities (HIV/AIDS Commodities and related supplies); To share Quarterly Supply Chain & Laboratory Reports and Performances; To share challenges related to SC and strategize on how to address them	LMU Mwanza & Muleba
Dec-17	To see impact of USAID investments in Mwanza zone by the USAID Tanzania Mission Director and CDCS Consultative group members	LMU Mwanza & Muleba
Dec-17	To build capacity of HCWs on eLMIS and reports for decision making	LMU Mwanza & Muleba
Dec-17	Courtesy calls to RMO Arusha; and requesting to visit Arusha DC; .Courtesy call DMO Arusha DC.	LMU Moshi
Dec-17	To build capacity of R/CHMTs members from Kilimanjaro region on eLMIS and reports for decision making	LMU Moshi
Dec-17	To build capacity of HCWs on eLMIS and reports for decision making	LMU Tanga
Dec-17	To provide feedback on HFs performance on SC and commodities management activities to CHMT Lindi Dc	LMU Mtwara
Dec-17	To discuss various supply chain challenges facing Ruvuma region and way forward	LMU Iringa
Dec-17	To discuss districts implementation status of the resolution from previous meetings; various Supply chain challenges including data quality raised from e-LMIS reports; To improve collaboration and cooperation with other supply chain stakeholders in intervening on supply chain challenges in specific region.	LMU Mbeya
Dec-17	To share the supervision feedback and District supply chain performance	LMU Mbeya
Dec-17	To improve data quality and timely submission of orders.	LMU Mbeya
Dec-17	To build capacity of HCWs on eLMIS and reports for decision making	LMU Dodoma
Dec-17	To orient WRP personnel on how to use supportive supervision tool; Reducing cost of supportive supervision	LMU Tabora
Dec-17	Discussing how to strengthen supply chain in HIV Pharmaceutical and Laboratory in Katavi region. Improve availability of HIV commodities and logistics data by sharing experiences, progress, achievements, challenges and solutions	LMU Tabora