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GLOBAL HEALTH SUPPLY CHAIN – TECHNICAL ASSISTANCE - TANZANIA

QUARTERLY REPORT JANUARY – MARCH 2018

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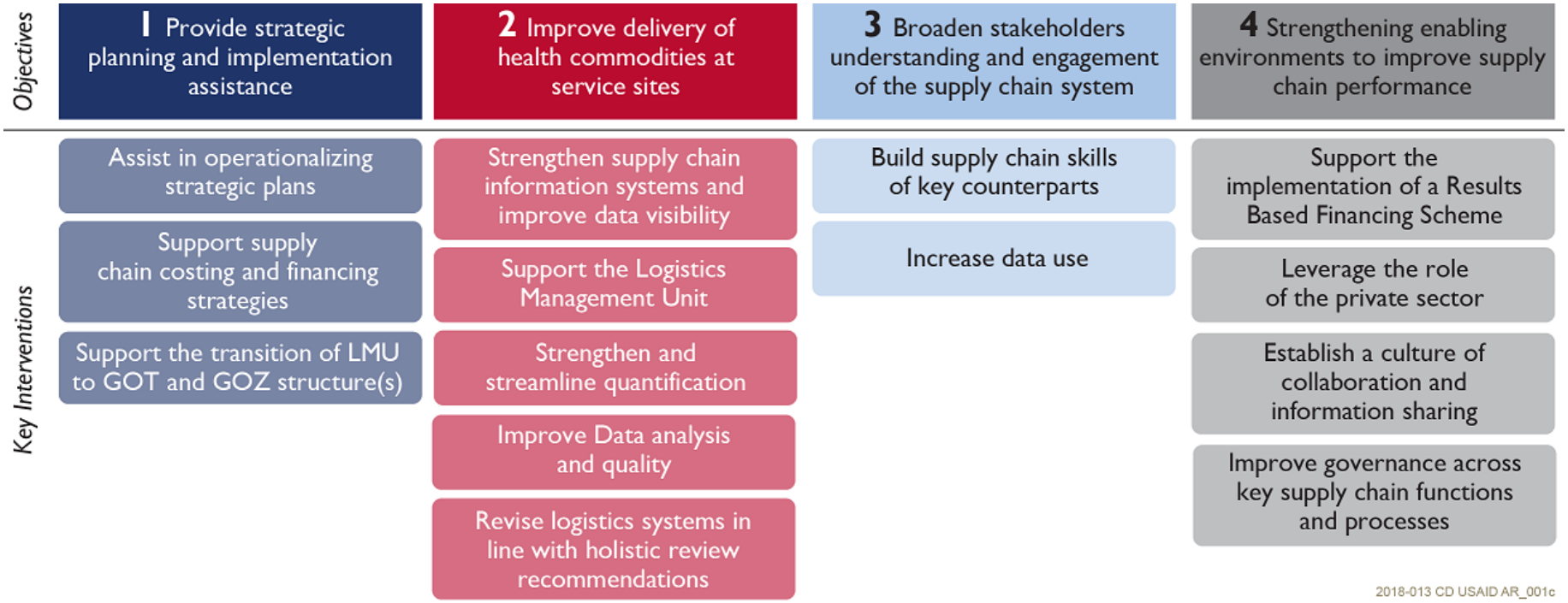
GOAL OF THE GLOBAL HEALTH SUPPLY CHAIN-TECHNICAL ASSISTANCE-TANZANIA PROJECT:

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
Around 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	Support Supply Chain Costing and Financing Strategies	Strengthen Supply Chain Information Systems and Improve Data Visibility	Support the Logistics Management Unit
• Developed draft national standard key performance indicators (KPIs) for health supply chain which will harmonize how to measure and report supply chain performance across different levels of supply chain. The KPI reference manual is expected to be approved by the Permanent Secretary - MOHCDGEC	• Conducted a study to estimate total health commodity financial needs, available funds, and financial gaps. • Developed M&E framework supervision and mentorship guide, and performance enhancing tools for national master trainers which will help management of DHFF implementation in a comprehensive manner.	• Conducted re-configuration of eLMIS Report & Request (R&R) to accommodate changes in reporting and ordering frequency, per new design parameters. • Worked with MoHCDGEC and PoRALG to agree on action plan to have Government of Tanzania Hospital Management Information Systems (GoTHOMIS) integration with eLMIS. • Worked on preliminary steps to transition eLMIS to National internet data center.	• Reviewed and approved10,287 R&R to ensure data quality • Visited 177 health facilities in 23 councils and provided on-job-training (on eLMIS, ILS gateway and supply chain management) to 220 health care workers. • Trained 124 HCWs on ILS Gateway and 329 trained on other logistics management information systems • The trainings conducted in previous quarters enable health facility to enter correct data into eLMIS and reduce error at the district level. Also helped district level to use logistics data to make decisions.

Revise Logistics Systems in line with holistic review recommendations	Strengthen and streamline quantification	Capacity Building	Support the Implementation of a results based financing scheme
• Participated in the workshop to review priority actions, including the list of commodities that will be printed in R&R form. • Developed and circulated standard operating procedures (SOP) manual of the re-designed system to stakeholders to get inputs before finalization and share with minister for approval.	• Developed essential health commodity quantification guidelines, SOPs and training material in collaboration with PSU, PORALG and other stakeholders • Conducted quarterly supply planning review and shared updated supply plans with PSM. • Participated in several meetings to plan for smooth transition from TLE to LTD as required by PEPFAR	• Supported a design workshop to agree on mainland IMPACT team. • Developed SOPs for mainland IMPACT teams.	• Provided technical support on development of MSD strategic business unit (SBU) performance reporting template • Assisted in development of MSD quality indicators. • Provided snapshot of RBF supply chain performance to better inform decision and other partners.

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. For period of January – March, 2018 the focus was to standardize national key performance indicators for health supply chain which will help harmonize how to measure and report supply chain performance across different levels of the supply chain.

Activities implemented

- GHSC-TA-TZ supported the development of standardized national health supply chain KPIs. A workshop was conducted in Morogoro to develop the first draft of KPIs. The activity was lead by PSU, and involved a range of stakeholders including MOHCDGEC, PO-RALG, WHO, TFDA, and implementing partners (IPs). Following the workshop, a KPI Reference Manual was drafted and will be finalized next quarter. Level 1 KPIs are listed below.

• Forecast Accuracy	• Order fill rate	• On Time Delivery	• % of key position vacant (related to supply chain)
• % of items procured that are in approved standard commodity list	• Stock Availability	• DQA Pass Rate (R&R that pass quality check)	• Reliability rate of lab equipment
• % of product procured as per supply plan	• Wastage from damage, theft and expiry	• Reporting Rate (complete and on time)	• Sources of funds

Completed Deliverables

Pending Deliverables

- Printed Zanzibar Supply Chain Costed Action Plan and dissemination to align stakeholders to supply chain priorities
- Aligned NPAP that brings stakeholders to implementing prioritized interventions and leveraging resources
- Tracking tool of the CIP monitoring for routine tracking performance of planned activities

Activities for quarter three

- Development of dashboard for monitoring implementation of ZSCAP
- Review status of CIP activities
- Finalize alignment of NPAP to incorporate HSCR recommendations

Related KPIs

1.1.1: Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations: **65%**

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. The focus for January-March period was to support health financing needs assessment, and planning for the implementation of DHFF integrated approach.
Activities implemented	• GHSC-TA-TZ conducted an assessment to estimate the total health commodities financial needs at primary health care facilities, the amount of available funds to cover those needs and the financial gap. Additionally, the study estimated the share of MSD in covering those needs as way to advocate for visibility of its share as it works towards revising its business process to tap into complimentary funds available at the health facilities. Preliminary results indicate that the unmet health commodities needs for dispensaries, district hospitals and health centers are on average of 20%, 13% and 20% respectively. Approximately, on average 8% of the financial needs are covered by MSD • Following two cycles of disbursement of Health Basket Funds directly to health facilities accounts, the project, in collaboration with PS3 and other implementing partners, MoHCDGEC, and PO-RALG participated in the analysis of the implications of DHFF to changes in roles and responsibilities and service delivery. This technical team then planned a comprehensive approach to instructive training and supervision, mentorship and performance enhancing mechanism. • GHSC-TA-TZ provided technical assistance in the development of Monitoring and Evaluation (M&E) framework, supervision and mentorship guide for regional and council management teams and performance enhancing tools for health facilities and health facility governing committees with a special focus on health commodities availability
Completed Deliverables	
Pending Deliverables	• Development of data collection tool/structured questionnaire tool for the financial mapping activity • Finalization of the results and report writing for the total health commodities financial needs assessment
Activities for quarter three	• Complete mapping of different sources of funding for health supply chain and link it with the results obtained from the total health commodities needs assessment • Finalize total health commodities financial needs results, report writing and support a MoHCDGEC and PORALG-led meeting to disseminate. • Continue to support the change in roles and responsibilities of regional and council in the era of DHFF by aligning supervision and mentorship management packages to more of oversight and less of implementation as they build capacity and increase autonomy of health care providers and their governing committees
Related KPIs	1.2.2 Percent of MoHCDGEC budget secured for health commodities NB: This indicator is reported annually 1.2.3 Percent of MOHCDGEC budgeted amount which is actually disbursed 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. For this quarter the focus was reconfiguration of the eLMIS to accommodate system redesign parameters of increased frequency of reporting (monthly) and ordering (bi-monthly).
Activities implemented	• In support of the system redesign activity, the project developed a list of requirements for eLMIS to reflect the agreed upon design changes. For example, team reconfigured the R&R to accommodate monthly reporting and bi-monthly ordering of the health facilities. • GHSC-TA-TZ MIS team worked with MoHCDGEC & PO-RALG to agree on action plan to integrate GoTHOMIS and eLMIS through the HIM in support of increasing end to end visibility of supply chain data from the facilities to the central. • With a view towards sustainability, and the transition of eLMIS to GoT counterparts, GHSC-TA-TZ continued working with MoHCDGEC to secure hosting infrastructure at the National Internet Data Centre. • GHSC-TA-TZ MIS team supported MoHCDGEC-ICT prepare a two year ICT implementation plan to improve visibility across the health domain with specific focus on commodity availability at facility level, immunizations services, maternal death and revenue collections at the facilities.
Completed Deliverables	• Training guide for orienting Level 1 & 2 support developed
Pending Deliverables	• Support development of requirements, processes and management of product Registry (GS1) moved to next quarter after the conference in Ethiopia
Activities for quarter three	• Reconfigure eLMIS to accommodate SC redesign requirements. • Conduct the first consultative meeting with stakeholders to begin preparing & securing approval for eLMIS transition plan • Development and implementation of Zanzibar supportive supervision e-Checklist
Related KPIs	2.1.1 Percent of eLMIS issues reported and resolved within SLA 8hours: (68 of 134 tickets: **51%**) NB: For this quarter SLA was calculated within 8 hours, the updated SLA within 24 hours will be reported in quarter 3 2.1.2: Percent of eLMIS hosting/operation cost supported by GoT NB: This indicator is reported annually

SUPPORT THE LOGISTICS MANAGEMENT UNIT - TRANSITION OF LMU TO GoT AND GoZ STRUCTURES

Overview	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, Central MSD and in Dar es Salaam, where they provide a critical link between MSD, MOHCDGEC and health facilities. The project also supports operations and staff for the LMU-Zanzibar. The focus for the period of January-March 2018 was to continue to support the transition of LMU to GoT through working with stakeholders on finalizing the scope of future LMU, drafting a staff absorption plan, and aligning LMU workplan activities with vertical program activities under Global Fund grant. In Zanzibar, the focus to support GoZ to have approved staff absorption plan.
Activities implemented	• GHSC-TA-TZ provided technical support to MOHCDGEC to draft future scope for a sustainable LMU to GoT and plan for transitioning LMU staff from donor funded to GoT by end of December 2020. It was agreed at the LMU steering committee that the focus of the LMU would be on data management and analysis, with a reduction in supportive supervision visits. The new staffing structure for the LMU, aligned with this scope, is 53 staff, 30 of which will be supported through GHSC-TA-TZ from July 2018 – June 2019. In addition, the program made initial communication to LMU staff who will be affected by the transition and continued advocating to MOHCDGEC to absorb current skilled staff as a part of skill retention strategy. A high level transition plan was drafted, and a detailed transition plan will be finalized next quarter. • The project drafted the LMU communication strategy for transition. • In Zanzibar, the project supported development and ultimately approval of the proposed LMU absorption roadmap • GHSC-TA-TZ participated in the meeting with TNCM to work on LMU operational cost under Global fund budget especially RSSH, and aligned PSM health supply chain activities across program to avoid duplication. Also GHSC-TA-TZ held meeting with TNCM executive secretary of PMO to firm up the LMU transition RSSH grants.
Completed Deliverables	• LMU communication strategy
Pending Deliverables	• Revised LMU Charter, Job Aids for LMU positions based on the agreed scope and administrative location. • Revised Roadmap Document for LMU implementation.
Activities for quarter three	• Complete pending deliverables above • Finalize 30 staff to be supported in the LMU through GHSC-TA-TZ
Related KPIs	1.2.1: Percent of LMU operational costs paid for by the GoT NB: This indicator is reported annually.

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. The focus for this quarter was to continue improving data quality by improving quality of R&R.

Activities implemented

Between January – March 2018, a total of 10,287 R&Rs were reviewed and approved by LMU before being processed as orders. Reviewing R&Rs is vital to ensure quality logistics data is entered into the system for informed decision making. In the process of reviewing, 16% of the total R&Rs-were rejected back to the councils due to data quality issues and resubmitted back to LMU for another review before order processing as indicated in the table below;

STATISTICS ON REPORT & REQUESTS FOR JAN-MAR 2018					
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**
Jan	2,609	3,608	2,597	1,011	421
Feb	2,216	3,229	2,134	1,095	548
Mar	1,869	3,450	2,106	1,344	671
Total	**6,694**	**10,287**	**6,837**	**3,450**	**1,640**

Completed Deliverables

SCMT Monthly Reports

Pending Deliverables

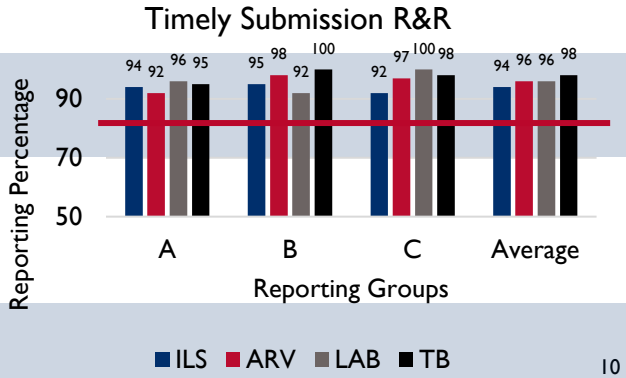
Nil

Activities for quarter three

- 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

2.3.5 Percentage of health facilities submitting timely R&R (LMIS report): 96%
3.2.3: Percent of R&R passing data quality check: 86%



SUPPORT THE LOGISTICS MANAGEMENT UNIT – UTILIZING DATA SUPPORTIVE SUPERVISION AND FOR DECISION MAKING

Overview	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. For this quarter the focus was to build capacity of R/CHMT to be able to conduct supportive supervision, improve data quality and increase data utilization through jointly supervision visits.
Activities implemented	• From January – March, the LMU provided supportive supervision to 23 councils to build capacity of R/CHMTs members. Joint supervision visits were made to 177 health facilities. Among the visited councils, four of them specifically requested the zonal LMU to provide eLMIS capacity building trainings to their health care workers. A total of 220 HCWs were provided OJT specifically on the eLMIS and 124 on ILS Gateway. Additionally, OJT was provided to 329 HCWs on the other logistics areas including commodities management. • LMU participated in about 30 different supply chain stakeholders platforms (supply chain related meetings) whereby supply chain issues including commodities management and availability as well as data quality were discussed. Challenges were identified, as were actions for intervention and to improve performance. Examples include topics such as: improve downtime of the lab equipment, identify areas of collaboration between NTLP, R/CHMT, TB coordinators and LMU/MSD specifically on TB commodities, improve visibility of the machine and flow from national to health facilities and prepare SOP for receiving lab commodities. • In February, the LMU conducted ZLCs Quarterly meeting which provided opportunity to review zonal performances. This meeting involved members from central LMU, PSU, AND PORALG with the aim of sharing zonal achievements, findings from supportive supervision as well as share best practices, lessons learnt and explore ways of addressing challenges affecting health commodities management.
Completed Deliverables	SCMT Monthly Reports
Pending Deliverables	Nil
Activities for quarter three	• Continue supportive supervision aiming to build capacity to the R/CHMTs on the use of logistics data for decision making • Monitor health commodities and intervene accordingly to avoid stock imbalances • Build capacity of R/CHMTs and IPs to enable them conduct effective supportive supervision on their own • Collaborate with supply chain stakeholders, IPs and PORALG in improving districts performances through feedbacks/information sharing
Related KPIs	3.1.3: Number of joint supportive supervisions conducted: 23 councils and 177 facilities

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 workplans. Four staff of the LMU in Zanzibar are supported through GHSC-TA-TZ. This quarter the focus was to revise Zanzibar integrated logistics system.
Activities implemented	• Conducted a workshop to revise the Zanzibar Integrated Logistics System (ZILS). Workshop included participants from CMC, LMU, Diagnostic Services section, Integrated TB/HIV Program and Mnazi Mmoja hospital. Key consensuses reached during the workshop are; – Integrating ARVs into ZILS – Integrating lab commodities for primary health facilities (PHCU&PHCU+) into ZILS to improve data laboratory commodities availability and data visibility for laboratory commodities) and improve overall efficiency of supply chain for laboratory commodities. – Establishing a standardized ordering form for Lab commodities for all hospitals – Dropping the district in the flow of TB medicines – Set Max- Mins for the ZILS, Lab and TB commodities – Set timelines for order preparation, processing and delivering of health commodities
Completed Deliverables	
Pending Deliverables	• SOP manual for the revised ZILS • Training package on the revised ZILS (Trainers` guide and Participant workbook) • Training strategy and roll out reviewed system to facility level
Activities for quarter three	• Determine and cost the requirements for implementing the change from quarterly to monthly delivery of commodities • Develop draft SOP manual for the revised ZILS • Develop a training package for the revised ZILS

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. The same approach was used in 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 SCCAP. This quarter the focus was to hep MOHCDGEC in operationalization and documentation of the suggested redesigned system incorporating all supply chain considerations
Activities implemented	• At the system redesign workshop in December, a number of pending issues were documented. The project worked with the system design committee to resolve these issues, including: clarification of the flow of TB and leprosy medicines, harmonization of inventory control parameters, and specific timelines for reporting and ordering for all commodity groups. Three meetings of the logistics system design coordination team were held in which outstanding issues for finalization of the redesign, progress of preparation for the implementation were discussed and agreed. One meeting served as a forum for a quick review of the draft SOP and provided input pertinent to the layout and overall content. • GHSC-TA-TZ facilitated a workshop to review the list commodities which are included in the R&R. The workshop also served as a forum for reviewing the MSD catalogue, health facility`s Stores Ledger, and the ILS Dispensing register and updating Forms 2A and form 2B • The project developed a draft SOP manual for the redesigned logistics system which includes blood safety commodities (machine, reagents and blood bags) and circulated it to MSD, PO-RALG, TFNC, vertical programs and IPs for review and inputs.
Completed Deliverables	• Draft SOPs of the redesigned system (which document the redesigned system and provided basis for training material to be developed) • System designing report completed
Pending Deliverables	• Final SOP manual for re-designed system • Training materials for re-designed health commodities supply chain system • Implementation plan
Activities for quarter three	• Finalize SOP manual of the re-designed system • Develop training and sensitization materials and plan for the re-designed system. • Conduct a workshop to validate the SOP manual and training materials • Conduct training of trainers (TOT) for the redesigned system

STRENGTHEN AND STREAMLINE QUANTIFICATION

Overview	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. This quarter focused on essential health commodities quantification process development.
Activities implemented	• The HSCR recommended that the process for and approach to essential health commodities quantification be revised and streamlined. The project, through collaboration with PSU , PORALG and other stakeholders, worked to develop essential health quantification guidelines, SOPs and training material. The intent of this approach is that health facilities become the source of forecasts for essential health commodities. Better quantification will better inform the government of essential health commodities needs and eventually lead to better planning, budgeting, procurement decisions. • The GHSC-TA-TZ team worked with MOHCDGEC vertical programs to conduct quarterly supply planning review. The updated supply plans were shared with PSM to inform procurement decisions. • A staff person for GHSC-PSM was hired and co-located in the GHSC-TA-TZ office. The project collaborated with PSM to place orders for HVL reagents, HEID reagents, HIV RTK, Gene Xpert cartridges, and FP commodities. GHSC-TA- TZ also supported revising some orders due to some changes as communicated by GHSC-PSM team • The project provided technical support to NMCP in preparation to the MOP meeting for funding mobilization of malaria commodities and programmatic interventions. • Tanzania intends to introduce TLD as the standard first line ART. The project analyzed historical data on ARV consumption, and provided technical input in the planning meetings for TLD transition.
Completed Deliverables	• Essential health commodities quantification guideline and SOPs • Training material for essential health commodities quantification
Pending Deliverables	
Activities for quarter three	• Provide technical support on ARVs national quantification and participate in Lab Quantification exercise. • Collaborate with PSU to support TOT training on essential health commodities quantification revised approach. • Define and socialize "to-be" roles & responsibilities related to quantification of vertical programs commodities, and develop implementation strategy on increasing ownership in quantification process.
Related KPIs	• 2.2.1 Level of country counterpart ownership in quantification and supply planning • 2.2.2 Percent forecast accuracy (by commodity group) NB: This two indicators are reported annually.

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	• Provided technical inputs in the development of operational plan for HSHSP IV. • Conducted data quality assessment at Mwanza region whereby ten (10) health facilities were visited. • Conducted ARV data validation exercise at Kilimanjaro region whereby eight (8) health facilities were visited. • In implementation of the revised care and treatment guideline, the program participated in the development of SOP for health workers to provide care and treatment service.	• Supported NTLP program to coordinate and launch of the new TB pediatric formulations. • Provided technical support to NTLP program team to prepare semi-annual Global fund performance updates on pharmaceutical category. The reports includes stock status, price and quality report (PQR) as well as medicine availability. • Technical backstopping was provided to NTLP program to follow-up and facilitate timely clearing and distribution of first TB Medicine from MSD central to MSD zones.	• Alerted and advised MSD on in-bound shipments particularly commodities with less than the required shell-life (less than 80%) and uploaded it into E9 for distribution to avoid expiries. • Liaised with 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. • Project team in collaboration with MSD conducted exercise to identify slow moving item commodities which had more than required stock level and share the result with VPM and responsible programs for distribution and make any adjustment of shipment plan if necessary. • Supported MSD's operational and supply plan to ensure that stock is available at MSD HUB's with regards of FEFO.
Activities for quarter three	• Provide technical inputs in quantification of ARVs • Participate in one week training of rational use of medicine (RUM), • Conduct 5 days mentorship on rational use of medicine.	• Conduct mentorship and OJT on TB logistic system to staff dispensing TB & Leprosy medicines in 13 regions • Develop training material to Health care workers on Active Drug Safety Monitoring (ADSM) • Train 60 Health care workers on Active Drug Safety Monitoring(ADSM)	• 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 • Build capacity to MSD staff on identifying and correcting stock imbalances.

CAPACITY BUILDING: INCREASE DATA USE

Overview	GHSC-TA-TZ is focused on increasing the use of supply chain data by stakeholders. To build the capacity of R/CHMTs, the project aims to improve supply chain performance by promoting data use at all levels of the supply chain. The IMPACT team approach 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; This quarter the focus intends to implement the approach in the mainland.
Activities implemented	• GHSC-TA-TZ supported a workshop to design a mainland IMPACT teams in which the stakeholders agreed to have IMPACT teams across all levels (national, PORALG, regional, district and hospitals which include dispensary and health centers) • Following the workshop, the project developed SOPs for mainland IMPACT team which has been circulated to supply chain stakeholder for inputs. • The project conducted analysis of current knowledge, use, attitudes, and usability of the systems to identify underlying causes of lack of use to inform subsequent interventions to ensure efficiency and effectiveness
Completed Deliverables	• Draft SOP for mainland IMPACT teams
Pending Deliverables	• Design workshop report for mainland IMPACT teams
Activities for quarter three	• Support the second meetings for National level IMPACT team • Conduct a TOT workshop to create a pool of trainers who would orient the IMPACT teams at different levels • Conduct orientation workshop for National and PORALG IMPACT teams. • Strategize for Zanzibar IMPACT teams implementation after Zonal IMPACT teams were dissolved due to government devolution • Implement recommendations from the data use analysis
Related KPIs	3.2.1: Number of national/subnational TWG meetings utilizing eLMIS reports for evidence-based decision making: 29 3.2.2: Number of people who log into eLMIS: 2,261

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 (namely central headquarters, central vertical program, transport, Mwanza, Tabora and Dar SBUs). For period of January-Mach GHSC-TA-TZ was advocating for data use through development of performance reporting template and MSD quality indicators.
Activities implemented	• The project participated in the routine quarterly RBF verification exercises. With the implementation of the new verification guide the process has been simplified and more objective results across verifiers are anticipated • In the spirit of continuous improvement, the project provided technical assistance in the development of MSD SBU performance report template which was shared to RBF implementing MSD SBUs for their inputs. • The project documented RBF supply chain performance trends over time to better inform decisions by the GoT and development partners supporting the scheme on indicator change and justification of addition of quality indicators. The project provided technical support on the development of MSD quality indicators and shared them with USAID/WB so as to escalate them to RBF steering committee for decision making
Completed Deliverables	
Pending Deliverables	• Conduct a workshop to gather inputs from RBF implementing SBUs and RBF supply chain verifiers on the performance reporting template • Initiate the activities related to identifying opportunities to streamline RBF activities and reduce cost
Activities for quarter three	• Finalize the MSD RBF quality indicators and their associated incentive calculation. • Convene stakeholders to gather inputs to inform the finalization and endorsement of the performance reporting template. • Following change in the verification guide, support the development of new training materials which incorporates the new guide. • Conduct stakeholders meeting with aim of seeking user requirements for the automated invoicing system, working in collaboration with PS3.
Related KPIs	4.1.1-Percent of RBF performance incentives received by MSD SBUs over a specified period: (Q2 Result: Central SBU 21.2% Central VP 0.3% Transport SBU 0% Mwanza 50.7% Dar 23.3%, Tabora 46.4%, Muleba 53.0%)

STRENGTHEN GOVERNANCE AND ACCOUNTABILITY

Overview	GHSC-TA-TZ works to align PO-RALG, MOHCDGEC, and a range of supply chain stakeholders on supply chain priorities. PO-RALG has the responsibility for implementation, while the MOHCDGEC has responsibility for setting policy. Moving forward, it will be important to outline specific responsibilities for supply chain across not only MOHCDGEC and PO-RALG, but also across other GoT entities. The project has started this technical area by starting an activity to outline roles and responsibilities, and map supply chain processes. The objective of this exercise is to help visualize the interconnected nature of the supply chain system by highlighting how key tasks are managed between organizations. Additionally, this effort will help create a formal map of organizations that are responsible, accountable, consulted, or informed (RACI) within each supply chain function. Eventually, this effort will help to improve overall supply chain management. This effort has focused on the processes that occur between organizations (e.g., the hand off of one task from one organization to another), rather than the process that occur within organizations (e.g., internal organizational policies and processes). The main focus for this quarter was to conduct documentation of the matrix for supply chain roles and responsibilities.
Activities implemented	• GHSC-TA-TZ team developed concept note, outlining the approach and process to the activity and got approval from PSU to start implementation. • The project conducted an extensive document review of key selected supply chain policies and guidelines to determine the documented supply chain roles and responsibilities and interviews with key stakeholders at different levels of supply chain management. • Stakeholder engagement to request for participation and facilitation in the workshop has begun. This aims to build government ownership of the activity.
Completed Deliverables	• Developed draft roles and responsibilities document across the 12 functions of supply chain management at the inter-organizational level.
Pending Deliverables	• Final recommended supply chain roles and responsibilities
Activities for quarter three	• Conduct stakeholders' workshop to discuss supply chain roles and responsibilities • Finalize recommended supply chain roles and responsibilities
Related KPIs	• None

ESTABLISH A CULTURE OF COLLABORATION AND INFORMATION SHARING

Overview	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. Focus for this quarter was to strengthening data utilization by sharing health supply chain data and reports to supply chain stakeholders through technical working and decision making meetings at all level.
Activities implemented	Examples of forum where the project provided or presented data include: • Health Commodities and Health Technologies working group • Several meetings meetings with MSD, and programs, particularly NACP for discussing supply imbalances and making action plans for addressing them, to avoid expiries and stockouts. • Reproductive and Child Health Services (RCHS) commodity security meeting, where the project provides data and insight on stock trends • Meeting with MSD and PSU to review and reconcile essential health commodities forecasted demands for 2018 and generate supply plans. • HIV Viral Load Monitoring Technical Working Group, which focused on providing challenges and success on HVL and EID monitoring in the program. • Malaria in Pregnancy Technical Working Group, where the project provides commodity stock status and historical availability trends
Related KPIs	• 3.1.1: Number of information sharing technical forums supported by providing data for decision making (Q2 Result; 14) • 3.1.2: Number of program reports produced and disseminated with other supply chain stakeholders (Q2 Result; 1)

QUARTERLY IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

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IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges	Mitigation
Continuous requests to LMU from the districts to provide capacity building including eLMIS trainings to HCWs (outcomes after supportive supervision by LMU)	Accommodate the requests from the DMOs whenever possible; share information with other IPs for potential support
Demand on LMU to participate in various IPs supply chain activities i.e. meetings, joint supportive supervision and mentorships	GHSC-TA-TZ will coordinate well with IPs to meet expectations Build capacity to the available IPs' supply chain personnel to enable them perform supply chain activities to their designated regions
Program commodities with short shelf life leading to potential risk of expiry and in few products leading to national shortage	Coordination within LMU and MSD to closely monitor zonal stocks through interzonal transfers to avoid pile ups and shortage (e.g. practice of FEFO, rationing of commodities) Alerted the risks in various central stakeholder's platform for action and recommended project to review consumption patterns
Loss of key LMU staff during transition	GHSC-TA-TZ will work to communicate which staff will remain and which staff would want to remain under the new structure and scope of the LMU with close coordination with MOHCDGEC.
LMU being involved in activities outside their scope	Provide clarity by updating the LMU charter and advocate for GoT entities to enforce the mandate
Initial drop of quality of data and facility delivery due to revised scope of LMU specifically to the LDAs who have been instrumental in following up data quality issues from the facilities	GHSC-TA-TZ will support PO RALG-led initiative promoting supply chain efforts as a priority among facilities. Develop and institute simple scorecard to track facility data quality passing rates to encourage competition for improved quality.
Limitation within R/CHMTs to conduct effective supervision	GHSC-TA-TZ will advocate for PO-RALG Performance contracts to include KPI for supply chain. Incorporate supply chain into RHMT/ CHMT checklist

IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges	Mitigation
On the RBF workstream, lack of financial resources to support the execution of region and council management packages	Plan for more funds to support supportive supervision/mentorship guides as we test the applicability of the management tools from implementation to more oversight as their roles and responsibilities evolve especially in the management of health commodities
The portfolio may slow down as the project works towards replacing the commodity financing specialist	Early engagement with potential candidates in a "head hunting" manner so as to quicken up the recruitment process
On strategic planning workstream, there is delay in the process to adopt accomplished plans and activities by the counterparts (MOHCDGEC). This results into poor use of resources, unorganized stakeholder interventions in supply chain, and failure to identifying supply chain focus.	The project continues to plan and align supply chain stakeholders by advocating and harmonizing plans across the supply chain players. GHSC-TA-TZ will continue to coordinate joint meetings with influential stakeholders like PORALG , MSD and PSU to plan and execute planned interventions with focus on the strategic priorities in supply chain
Lack of supervision to RBF implementing SBUs	GHSC-TZ has supported the development of a supervisor tool and mentorship guide to be used by the National RBF team during supervision visits to RBF implementing SBUs. We will continue to advocate for the importance of conducting such supervision during monthly RBF meetings since funds budgeted for supervision activities were already approved by the RBF steering committee. In the event that there are other competing commitments by the National team, RBF supply chain verifiers could be used as alternatives
Fluctuating RBF supply chain performance trends	Given that clearer verification guides are now in use, more focus will be on advocating for more data use for strategizing performance change through quarterly performance reports. We will provide support to implementers on how to better use data to produce better strategic plans. Nevertheless, GHSC-TA has flagged out the possibility of the changing baseline as a reason for the fluctuating results observed and recommended for fixed annual baselines. This recommendation awaits endorsement by the RBF Steering Committee
Chief Pharmacist (CP) relocation to Dodoma – the project may experience difficulties to reach him directly	GHSC-TA-TZ should plan for frequent and scheduled trips to Dodoma (possibly scheduling permanent meetings appointment with MOHCDGEC and PORALG in Dodoma in the last week of every month)
SOLVE project (implemented by WFP, and funded by BMGF) is a challenge as it disrupts concentration of PSU senior staff and this may derail some pre-panned activities that were developed to address priority interventions	Strengthening the supply chain implementing partners (IPs) coordination to align our TA and government priorities and timelines

QUARTERLY PROJECT MONITORING PLAN REPORT

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PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN-MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017	JAN-MAR 2018
1. Provide Strategic Planning and Implementation Assistance	1.1.1: Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations	100% of CIP activities carried out by GoT by 2019	Semi Annual Annual (starting year 2)	Indirect	55%		63%		65%
	1.2.1: Percentage of LMU operational costs paid for by the GoT	100% by 2019 will be paid by GoT	Annual (starting year 2)	Indirect			2%		
	1.2.2: Percentage of health commodity needs budgeted to be covered by MOHCDGEC	Positive trend in GOT funding for health commodities	Annual	Indirect			ARVs 0% RTKs 0% RH 0.02% Malaria 7% EM 36%		
	1.2.3: Percentage of MOHCDGEC budgeted amount which is actually disbursed	Positive trend in GOT disbursement for health commodities	Annual	Indirect			ARVs 0% RTKs 0% RH 60% Malaria 0% EM 103%		

PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN - MARCH 2017	Q3 APR- JUNE 2017	Q4 JULY- SEPT 2017	Q1 OCT-DEC 2017	Q2 JAN- MAR 2018
2. Improve Delivery of Health commodities in Service sites	2.1.1 Percent of eLMIS issues reported and resolved within 24 SLA defined performance period	80%	Quarterly	Direct	52%	56%	43%	51%	51%
	2.1.2: Percentage of e-LMIS hosting/operational cost supported by GoT	Positive trend in GoT funding	Annual	Indirect			0%		
	2.2.1 Level of country counterpart ownership in quantification and supply planning	75%	Annual	Direct			81.8%		
	2.2.2: Percent forecast accuracy (by commodity group)	70%	Annual	Direct			ARVs 75.5% RTKs 82% RH 68.3% Malaria 82.2% mRDT 98.5%		
	2.3.1: stock-out rate for tracer commodities	< 5%	Quarterly	Indirect	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%	ARVs 9% RTKs 11% FP 5% Malaria 9% EM 18% TB 19%
	2.3.2: Inventory turns (at MSD central)	2	Quarterly	Indirect	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	ARVs 2 FP 0.3 Malaria 1 RTK 1

PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN - MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017	Q2 JAN- MAR 2018
2. Improve Delivery of Health commodities in Service sites	2.3.3: Cycle time (average)	14 days	Quarterly	Indirect	15 days	17 days	8 days	19 days	9 days
	2.3.4: Percent of shipments delivered on time and complete within an agreed upon window (Central to Zonal level only)	80%	Quarterly	Indirect	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%	ARVs 66% RTKS 79% FP 59% Malaria 74% TB 50%
	2.3.5: Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	Indirect	95%	97%	94%	95%	96%
	2.3.6: Number of Artemisinin based combination therapy (ACT), SP and mRDTs treatments purchased in any fiscal year with USG funds that were distributed in this fiscal year	N/A	Annual	Indirect			1,796,520		
	2.3.7: PEPFAR commodities stocked according to plan	N/A	Quarterly	Indirect			ARV 20%, RTKs 18%, OI medicine 22%, Male condom 17%	ARV 30%, RTKs 18%, OI medicine 23%, Male condom 17%	ARV 28%, RTKs 19%, RH 16%, EM 20% Malaria 17%

PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN - MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017	Q2 JAN-MAR 2018
3. Broaden Stakeholders' understanding and engagement of the supply chain system	3.1.1: Number of information sharing technical forums where the project provided data for decision making	N/A	Quarterly	Direct					14
	3.1.2: Number of project reports produced and disseminate with other supply chain stakeholders	N/A	Quarterly	Direct					1
	3.1.3: Number of joint supportive supervisions conducted	72 supervision annual	Quarterly	Direct					23
	3.2.1: Number of national/subnational TWG meetings utilizing e-LMIS reports for evidence-based decision making	N/A	Quarterly	Direct					29
	3.2.2: Number of people logging-in into e-LMIS	N/A	Quarterly	Indirect					2261
	3.2.3: Percentage of R&R passing data quality check in specific period.	N/A	Quarterly	Indirect	NA	NA	NA	NA	86%
4. Strengthening enabling environments to improve supply chain performance	4.1.1 Percent of RBF performance incentives received by MSD SBUs over a specified period	Positive trend on percentage received of the RBF performance	Quarterly	Indirect	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%	Central SBU 21.2% Central VP 0.3% Transport SBU ,0% Mwanza 50.7% Dar 23.3%, Tabora 46.4%, Muleba SP 53.0%	N/A (results available in June 2018)
	4.2.1: overall health facility satisfaction rating for supply chain services	N/A	Semi-annual	Indirect			Very Good 10% Good 70%, Neutral 19%, Poor 1%, Very Poor 0%		

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

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
ADSM	Active Drug Safety Monitoring
CP	Chief Pharmacist
PHCU	primary health facilities
ZILS	Zanzibar Integrated Logistics System
RCHS	Reproductive and Child Health Services
HVL	HIV Viral Load
EID	Early Infant Diagnosis
RACI	Responsible, Accountable, Consulted, or Informed

ACRONYM LIST

RUM	Regional use of medicine
NMCP	National Malaria Control Program
MOP	Malaria Operational Plan
SOP	Standard operating procedure
TOT	Conduct training of trainers
TFNC	Tanzania Food and Nutrition Centre
HF	Health facility
TNCM	Tanzania National Coordinating Mechanism
RSSH	Resilient sustainable system for health
USAID	United states agency for international development
HIS	Health Information System
GoTHOMIS	Government of Tanzania Hospital Management Information System
GoZ	Government of Zanzibar
PS3	Public Sector Systems Strengthening
WHO	World health organization
IP	implementing partners (IPs
R&R	Report and request
KPI	Key performance indicator
DQA	Data quality assessment

ROOT CAUSE ANALYSIS FOR QUARTERLY PMP INDICATORS

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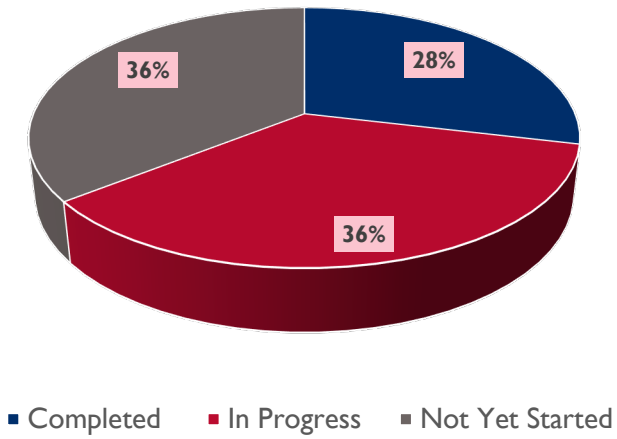
1.1.1: PERCENT OF ACTIVITIES CARRIED OUT IN ACCORDANCE WITH COSTED IMPLEMENTATION PLAN (CIP) FROM HSCR RECOMMENDATIONS

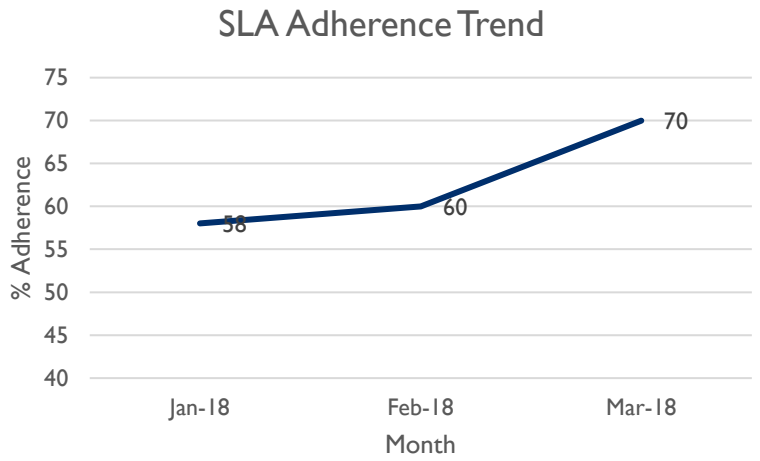
Performance trends and description



Root cause analysis	Total number of activities scheduled for the last nine months (July, 2017 to March, 2018) of the CIP are 87. • 28% of these activities were completed by the end of March, 2018. • 36% of the activities have not yet started for several reasons such as change of strategies; consequently, some the activities became obsolete. For example, those activities which followed under MSD to increase deliveries by sourcing fleets became obsolete as MSD procured 181 vehicles with Global Fund funding, so there was no need to engage 3PLs. • 36% of the planned activities were reported in progress. This includes activities that are awaiting for approval. • Activities which require recruitment of staff at PSU and PO-RALG are indicated as regularly tasks which are reported as in progress and some have not yet started because were not in the Council annual plans. In addition, there several activities which are long term like those in the e-health initiatives which include integration of the electronic logistic systems and development of the health information mediator to improve data visibility.
Corrective actions	Sharing the progress report to stakeholders to promote alignment of planned interventions in supply chain

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

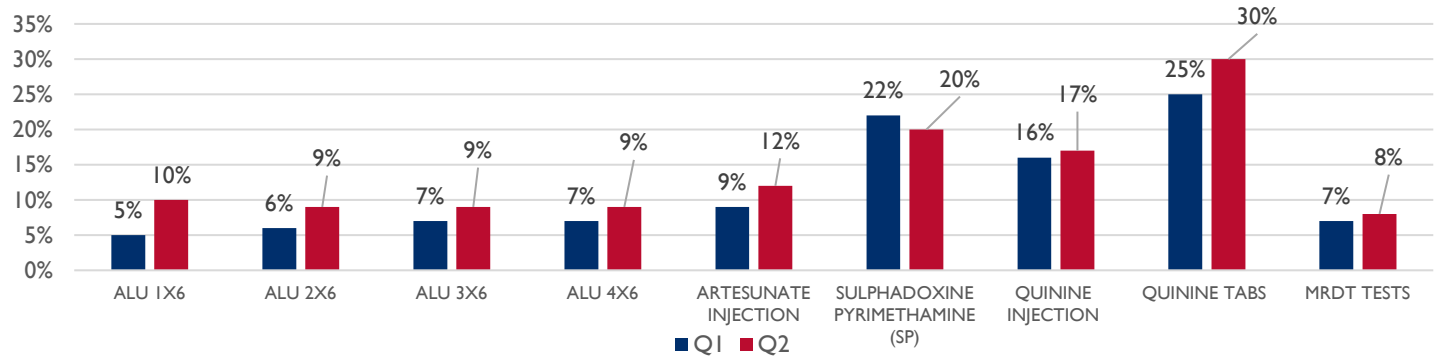
Performance trends and description	Notable improvement in the eLMIS support desk to respond to user support request. Fewer requests suggests system steadiness, given existing functionalities that support the business process.

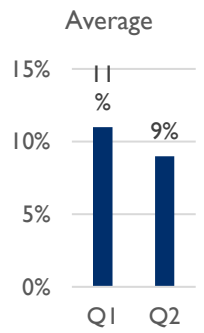


Root cause analysis	Even with the good progress, still level 1 team needs to allocate dedicated time to support. This resource(s) from the LDA will ensure users get the support when needed but also system bugs which are process blockers are recorded and tracked until resolution.
Corrective actions	Continue coordinating with the LDAs to frequently look the helpdesk. Automated email reminders are set three times a day for checking if there is any issue reported. As LDAs will no longer be supported by the project beginning in July 2018, we will need to identify new possibilities for HelpDesk support for the eLMIS.

2.3.1 STOCK OUT RATE: MALARIA

Performance trends and description





Root cause analysis

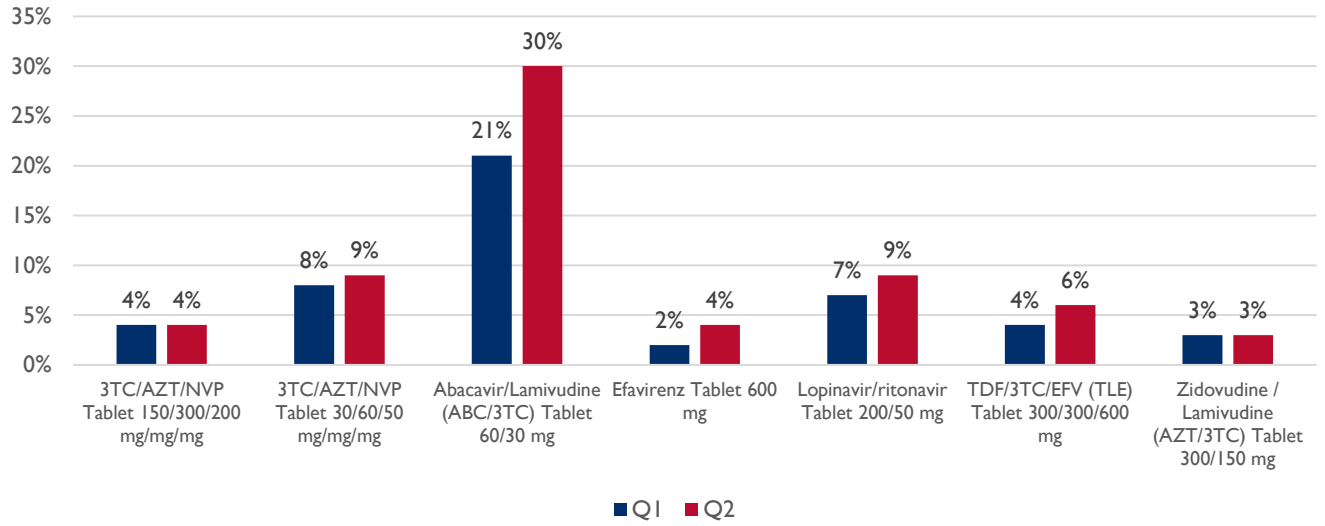
There is a 2% decrease in the average stock out rate this quarter compared to last quarter. However, there was a 5% increase in the stockout rate of quinine tablets from 25% to 30%, which still represents the highest stock out rate of any malaria commodity. Quinine tablets are procured by the MOHCDGEC through MSD, which procures quinine on demand. The zones have shown unavailability of Quinine through the Monthly Advisory Order Sheets (MAOS) and Zonal performance reports for the Jan-March 2018 reporting period. This is a normal saleable commodity where facilities have to purchase from MSD hence insufficient funding within facility accounts also impedes availability. As of 29th March 2018, MSD had 500 tins of Quinine equivalent to1.5 MOS only in Moshi zone. The availability of SP continues to be a challenge across all zones. This challenge caused by delays in the arrival of SP consignment funded by PMI. A request had been placed in February for 91,138 tins that were expected to arrive in March 2018. However, the Tanzania order has been redirected to RDC due to issues with the supplier of the item. Another cause of shortages of malaria commodities reported across zones is poor data quality entered into the eLMIS which cause false stockouts especially for artesunate injection which at MSD central and zones showed that there is overstock but in the eLMIS showed there is stockouts, this also caused by slow uptake and capacity of the HCW to administer therefore most of health facilities order quinine rather than artesunate injection.

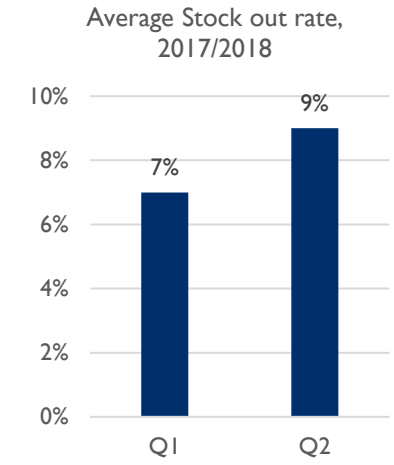
Corrective actions

- GHSC-TA-TZ will continued to advocate for the procurement of SP by using public funds; Moreover, during this interim where the availability of SP is erratic, the project will continue to advocate for the procurement of SP by facilities using complementary sources of funds.
- GHSC-TA-TZ through warehouse and distribution advisor will facilitate the distribution of the SP to other zones. LMU will create awareness of the availability of the item through R/CHMTs who in turn will advocate for ordering of the item by facilities.
- 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 and SP shipments and upcoming procurements. While waiting for the situation of these commodities to stabilize at MSD, LMU will continue to coordinate interfacility redistributions to mitigate the shortages temporarily.
- During facility supportive supervision visits, LMU staff will continue to compare reported stockout rates as shown in the eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stockout is true or not. This will also involve mentorship to R/CHMT on supporting the facilities in ensuring reporting of data with good quality and also review of R&Rs to pin point poor data quality prior to order submission and processing. Also provide capacity building on how to administer artesunate injection at facility level.

2.3.1 STOCK OUT RATE: ARVS

Performance trends and description

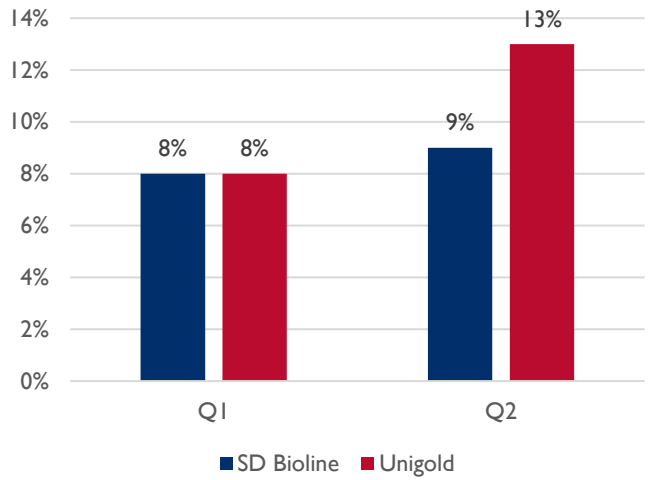


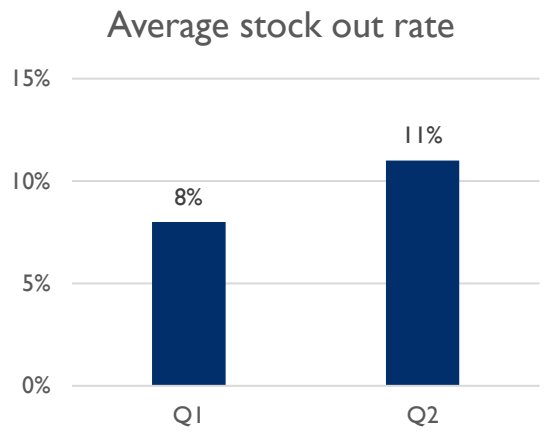


Root cause analysis	There is 2% increase in the average stockout rate this quarter compared to last quarter. The item that has significantly contributed to this increase is Abacavir/Lamivudine 60mg/30mg pediatric formulation whose stock out rate has increased from 21% in Q1 to 30% in Q2. This is in line with zonal performance reports for the Jan to March 2018, which reported stockouts, including Dar zone reported stock outs in January at both central and zonal level. Stockouts of this product are in part due to delays in the procurement process, and to the switch to the double strength formulation ABC/3TC 120/60mg, which are at MSD central.
Corrective actions	GHSC-TA-TZ has continued to work tirelessly to improve data quality and consequently availability of ARVs in collaboration with different stakeholders. The following actions were taken; • LMU coordinated interzonal transfers and interfacility redistributions to mitigate the situation temporarily. • ABC/3TC 60mg/30mg is being replaced with ABC/3TC 120/60mg double strength which is already at MSD central and zones hence the shortage at the central and zonal levels. GHSC-TA-TZ supported in a coordinated manner the timely registration of the item in the eLMIS since MSD had pushed the item to zones prior to being registered within e LMIS. • LMU teams advocated for the use of this item within R/CHMTs and consequently facilities so that its uptake does not encounter any challenges. Moreover GHSC-TA-TZ has advocated for the release of circular by NACP to direct the use of this item in place of the single strength ABC/3TC • Data quality checks pertaining to logistics data through supervisory visits and R&R reviews by LMU in collaboration with CHMT and Implementing partners to ensure right data is used to order commodities from MSD • In collaboration with CHMT, mentorship to facilities on forecasting commodity needs, reporting consumption and ordering at MSD.

2.3.1 STOCK OUT RATE: RTKS

Performance trends and description

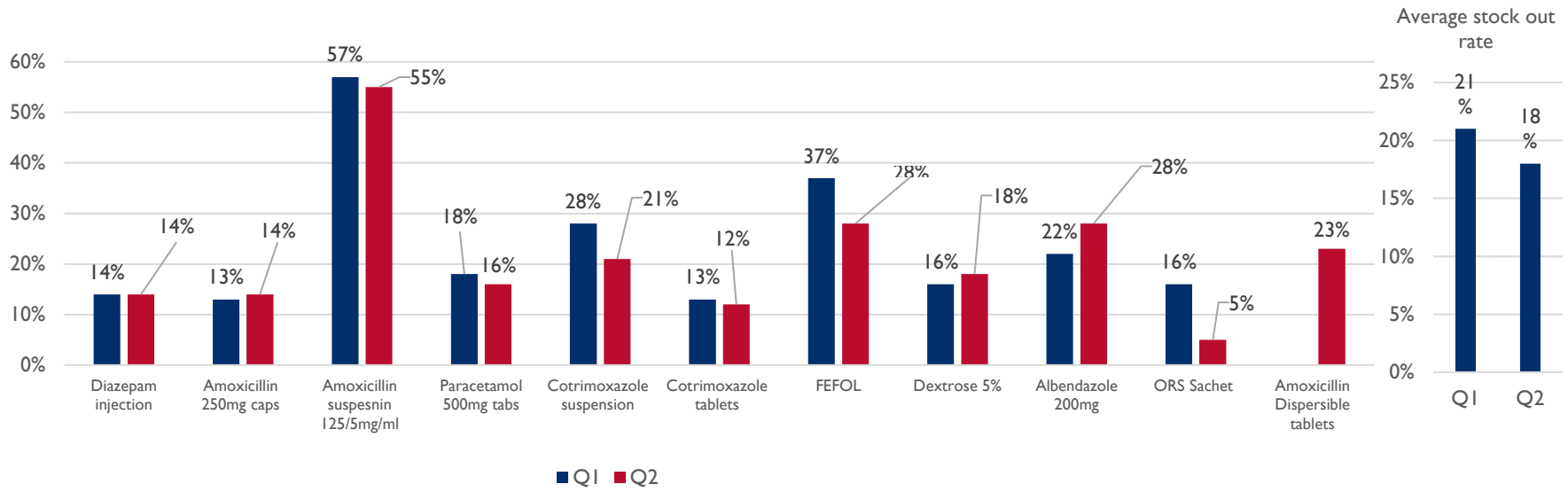




Root cause analysis	There is a 3% increase in the stock out rate of RTKs in Q2 compared to Q1. This is mainly attributed to Unigold which had a stock out rate of 13%. There was stable supply of test kits at MSD central and zones. However, some stock out incidences have been reported across different zones. For instance Dar zone in January reported high stock out incidences of Unigold. These stock out incidences across zones are attributed to poor forecast of test kit needs and data quality in eLMIS. These have been reported across several zones including Mwanza, Moshi, Dodoma, Dar ,Mbeya and Tanga sales point. In addition, unplanned testing campaigns conducted by partners have resulted in stock outs at facility level as reported by some zones like Mwanza .
Corrective actions	GHSC-TA-TZ has been focusing on improving data quality and use in implementation of its activities. • Through LMU, GHSC has strengthened data quality checks through the review of R&Rs in collaboration with CHMTs to improve quality of data used to order test kits at MSD. • On the job training conducted y LMU during supervisory visits in collaboration with R/CHMTs have been focused on d improving quality of data reported for commodity needs • Trainings on eLMIS with a focus on data quality have been facilitated by LMU upon requests of Implementing partners and R/CHMTs • Data use assessment to identify challenges in the use of eLMIS and areas of improving data quality and data use was done in Quarter 2 by GHSC-TA-TZ .Strategies have been developed for improving data quality and data use. • Regarding testing campaigns, LMU and CHMTs have and will continue to advocate to health facility in charges for the inclusion of quantities of test kits for campaigns in the order sent to MSD to avoid unnecessary stock outs

2.3.1 STOCK OUT RATE: ESSENTIAL MEDICINES

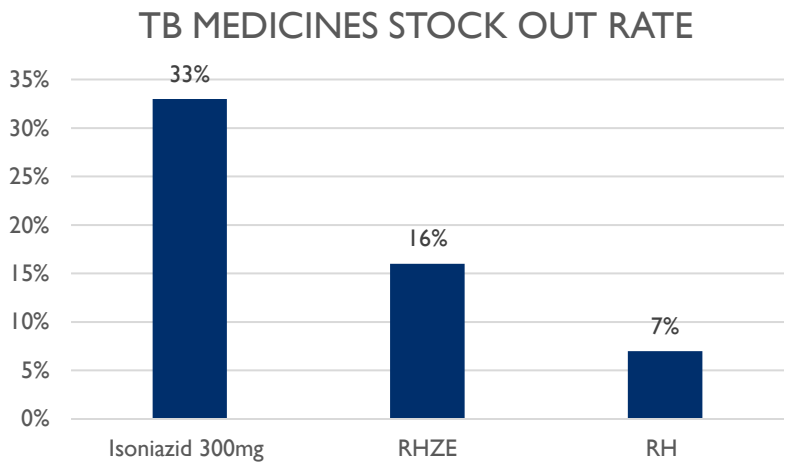
Performance trends and description



Root cause analysis	There is a 3% decrease in stock out rate this quarter (Q2) compared to last quarter (Q1). Despite the 9% stock out rate drop for FEFOL in Q2, the stock out rate of essential medicines in this quarter is in part attributed to FEFOL. The slight improvement in availability of FEFOL at facility level as a result of the directive from the MOHCDGEC that facilities must stock FEFOL. Zonal performance reports stock out incidences of FEFOL across facilities because the quantities received from central do not suffice the zonal needs. MSD central and zones still had shortages of FEFOL in this reporting period. MSD has 2 MOS of FEFOL in January, February and March 2018 consistently. Concerning Amoxicillin suspension, there appears to be a 2% decrease in stock out rate this quarter compared to last quarter. Facilities are not ordering much this item instead they are ordering Amoxicillin DT more from MSD which is provided for free at facilities by virtue of being a program commodity compared to the suspension, hence more preferred by facilities.
Corrective actions	• LMU supported interfacility redistributions of FEFOL to temporarily alleviate the stock outs at facility level in collaboration with R/CHMTs • GHSC-TA-TZ is working closely with RCHS to ensure availability of FEFOL. There is an expected shipment of 2 MOS of FEFOL at the end of April hence GHSC-TA-TZ will follow up with MSD to fast track zonal orders and LMU will timely process the facility orders to ensure availability at the last mile. LMU will continue advocating for quality of data fed into the eLMIS through mentorship to R/CHMT and facilities on forecasting and ordering accurately .

2.3.1 STOCK OUT RATE: TB MEDICINES

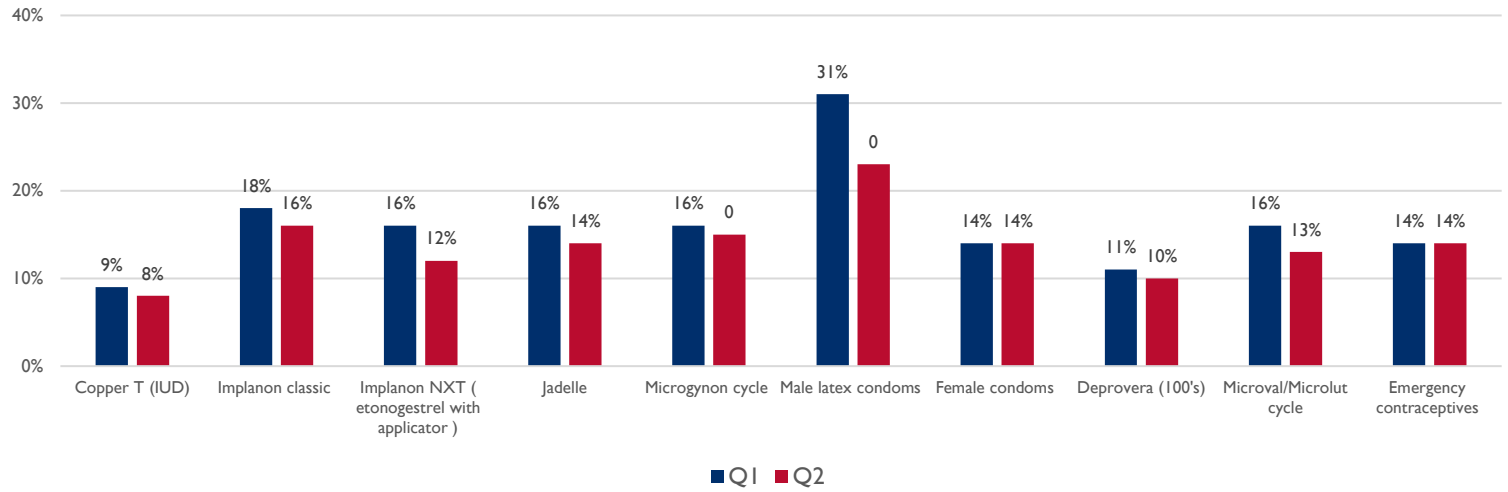
Performance trends and description

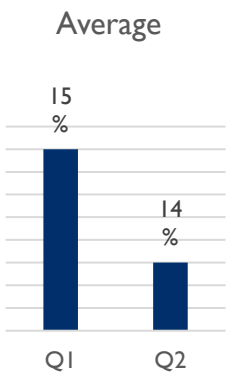


Root cause analysis	This is the first time GHSC-TA-TZ has started reporting on performance of TB logistics system and consequently TB medicines in the PMP. Therefore, in this reported quarter (Q2) , the average stock out rate anti TB medicines is 19%. This is mainly attributed to Isoniazid 300mg which had a high stock out rate of 33%. During this reporting period, there was critical shortage of Isoniazid 300mg across at MSD central and zones which affected provision of Isoniazid Preventive Therapy (IPT) in that it affected initiation of new clients on IPT and risks to those who had already started to complete their six month course.
Corrective actions	• GHSC-TA-TZ supported NTLP in expediting the availability of Isoniazid 300mg where 1.6Months of Stock (MOS)were delivered to MSD in February 2018 LMU teams across zones supported the processing of orders from zones to ensure timely delivery of the zonal consignments . • LMU teams embarked on redistributions (inter district and interfacility redistributions) example Dar-es-salaam zone coordinated the redistribution of Isoniazid 300mg from Kibaha TC to nearby councils . In addition, LMU coordinated with Implementing partners like BORESHA AFYA partners in interfacility redistributions to mitigate the situation temporarily until there is stable supply at MSD. • Mentorship on forecasting and ordering through CHMTs was done by LMU to improve availability of commodities

2.3.1 STOCK OUT RATE: REPRODUCTIVE HEALTH (RH)

Performance trends and description

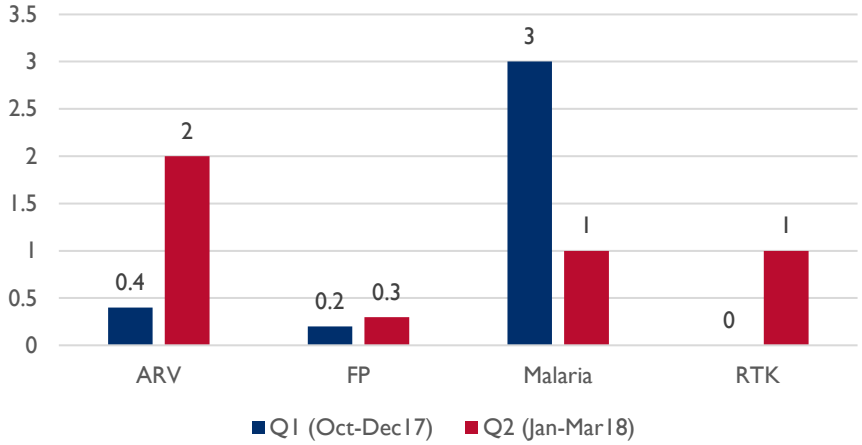




Root cause analysis	There is 1% decrease in stock out rate of RH commodities this quarter compared to quarter 1(Average Q1 was 5% WHILE Q2 is 4%). There is also reduction in stock out rate across the individual RH this quarter with exception of Misoprostol. The main challenge with Misoprostol is that facilities do not order the product which is available at all MSD zonal stores and central level. With regard to Male condoms which was the main commodity that contributed to high stock out rate in Q1, there is 8% decrease in stock out rate of male condoms this quarter compared to quarter 1.However, zones are still reporting stock out incidences of male condoms to have caused stock out rate of RH commodities. Dar zone ,Mbeya zone, Dodoma zone for instance reported high stock out instances of male condoms .Moreover, item fill rate from central to zones in January 2018 was zero as reported by Dar zone due to shortages of the commodity at central level. MSD as a company (central and zones had 1 MOS of male condoms in January 2018 . Female condoms and Emergency contraceptive (levonorgestrel or Postinor 2)have started being reported this Quarter due to incorporation of these items in the new MEL plan. This quarter's performance will be compared to the performance of Q3 to ascertain changes in performance.
Corrective actions	• GHSC –TA-TZ through LMU continued to support interzonal transfers and interfacility redistributions of male condoms especially in January 2018 when MSD had critical shortage of the commodity .In addition, LMU continued to advocate through R./CHMT for good quality of data entered into the eLMIS as some facilities report false stock outs . • GHSC-TS-TZ continued to work closely with RCHS to follow up on the male condoms availability .Towards the end of January 2018, 12 MOS of male condoms purchased by MSD using GOT funding were received at MSD. GHSC-TA-TZ through warehousing and distribution advisor supported MSD to fast track distribution of male condoms to zones and LMU supported timely processing of orders from facilities • With regard to Misoprostol, RCHS has issued a letter to MSD and PORALG to inform them about the availability of the commodity at MSD central and zonal stores. Also, the letter states the importance of the commodity in the management of Post Partum Hemorrhage as third line. Oxytocin is the first line ,Ergometrine is the second line and Misoprostol is the third line treatment. However, Ergometrine has been stocked out for a long time at MSD hence Misoprostol will serve as second line treatment .GHSC-TA-TZ through LMU will support RCHS to advocate through R/CHMT for the importance of ordering this commodity by their supported facilities . LMU will also create awareness of this commodity during supervisory visits to ensure its being ordered to avoid its expiry since the expiry date is October 2018

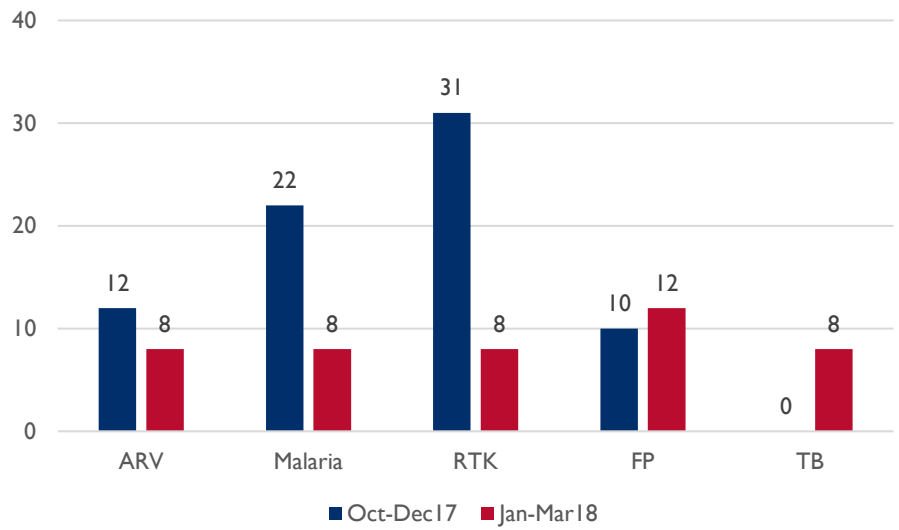
2.3.2 INVENTORY TURNS

Performance trends and description	Quarter Jan – March 2018, inventory turns for malarial decrease from previous quarter status 3 to 1 as indicated in the graph below while ARV increase from 0.4 to 2 and others with slight increase.



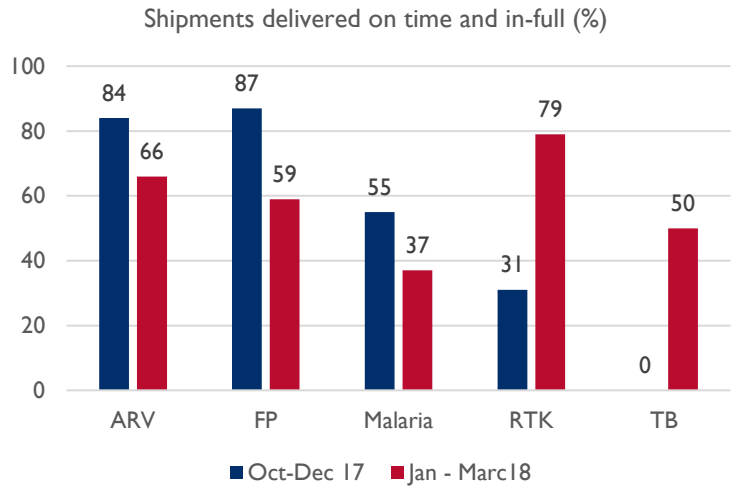
Root cause analysis	• FP: Cost of goods distributed is higher than the average inventory, this is because across all MSD zones and central there is stocks, meaning zones are not pulling from central. • ARV: Cost of goods distributed is higher than the average inventory held in this quarter this bas been due to high stock movement from central to zones and central being able to fulfill zonal orders. • Malaria: MSD is holding stocks of Artesunate injection more than the required maximum level both at central and in HUBS commodities have become slow moving item at MSD zonal stores • RTK: Cost of goods distributed and average inventory in this quarter are almost the same with slight increase in average inventory held, this is due to both central and zones having adequate stocks, hence zones are not requesting.
Corrective actions	• MSD staff in collaboration with LMU staff to carry out redistribution of commodities to avert stock outs when MSD central is facing commodity shortages. • Programs to review consumptions of some items like Artesunate injection as it has become a slow-moving item to avoid over stocks and expiries

2.3.3 CYCLE TIME (MSD CENTRAL TO ZONE)

Performance trends and description	
Root cause analysis	For January – March 2018 overall cycle time is 9 days. Cycle time for Malaria, ARV and RTK improved with an average of 8 days respectively compared with precious quarter. But cycle time for FP increased from 10 previous quarter to 12 this quarter. Generally, The cycle time for all program commodities has improved due to collaborative efforts between MSD central team and LMU staff both at central and zones to ensure orders are placed, processed and shipped on time as per MSD VP distribution calendar.
Corrective actions	• Project will continue provide technical backstopping to MSD to ensure on time delivery of shipments as per supply plan and to communicate any expected delays to enable proper planning and avoid stock outs at health facilities.

2.3.4 PERCENT OF SHIPMENTS DELIVERED ON TIME AND COMPLETE, WITHIN AN AGREED UPON DELIVERY WINDOW

Performance trends and description



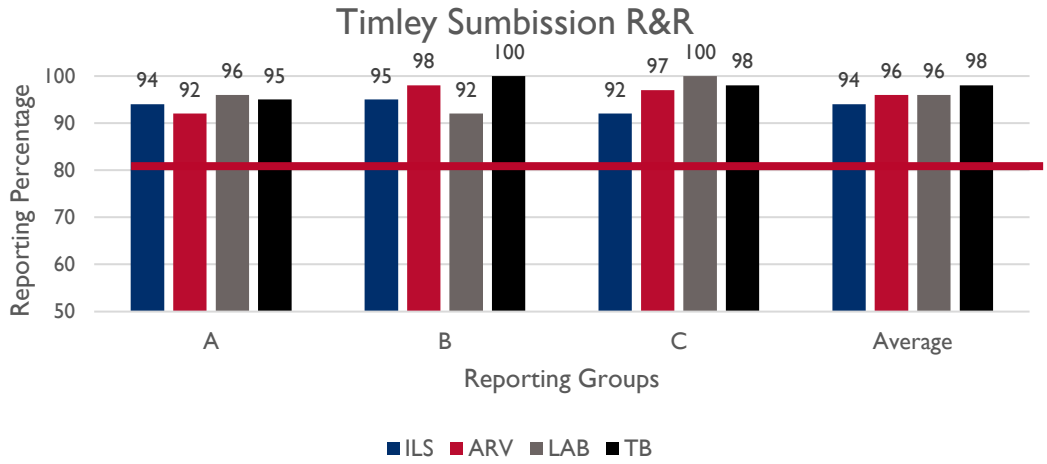
Variations in order fulfillment rate

Indicator	ARV	RTK	FP	Malaria	TB
On-time and in full	66%	79%	59%	37%	50%
On-time and not in full	1%	0%	5%	6%	0%
Not on-time and in full	10%	9%	11%	4%	20%
Not on-time and not in full	23%	12%	26%	16%	30%

Root cause analysis	The percentages of shipments delivered on time and in full for this quarter has decreased compared to the previous quarter for ARV due to stock-outs at MSD central. This particularly has been affected by ABC/3TC pediatric during the fulfilling periods to zones. There was 0 stock for the 44 days during this quarter. The same applies to Family planning commodities, as compared to the previous quarter whereby the fulfillment rate has dropped rom 87% to 59%. There has been staggered shipments form TB program which has resulted in poor order fill rates from central to zones. The order fulfillment rate for antimalarial commodities has improved from the previous quarter due to commodity availability
Corrective actions	• MSD in collaboration with LMU staff to carry out redistribution of commodities to avert stock outs when MSD central is facing commodity shortages • Programs will continue providing technical support 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

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

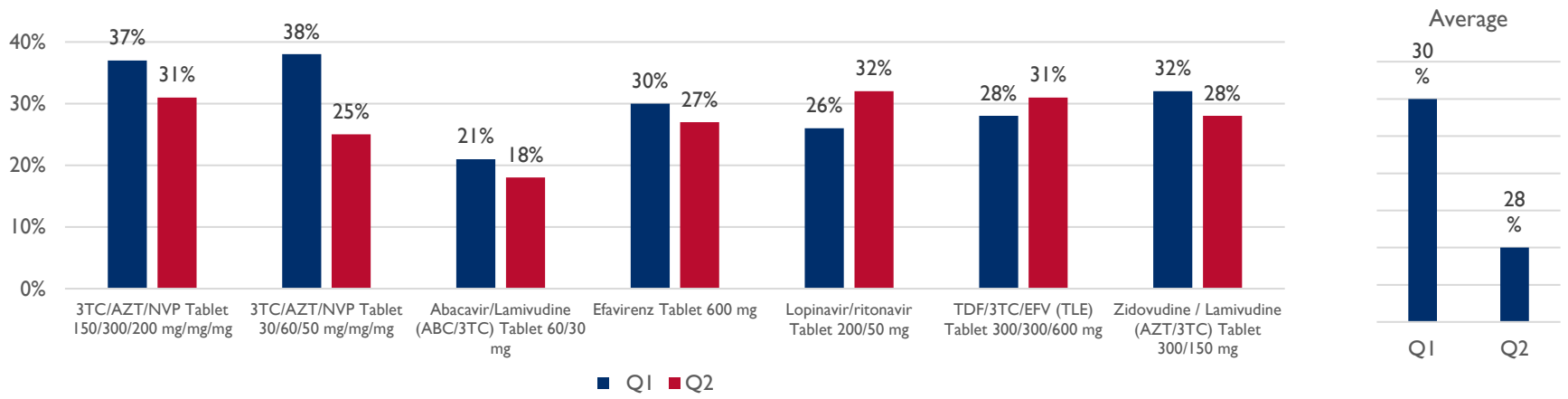
Performance trends and description	**Overall timeliness reporting for all programs is averaged at 96% which is above the agreed 80% threshold**



Root cause analysis	The CHMTs together with the LMU have continued to support timely reporting of health facilities to achieve an overall 96% timely reporting for this quarter. Timely reporting in ILS has slightly improved from the previous quarter but with group C showing many councils with less than 80% timely reporting and some reaching a 50%+ mark. The councils include: Mafia, Kiteto, Lindi DC, Geita DC, Kwimba, Nyamagana, Ukerewe and Handeni DC. *A learning for this quarter: As an example Bahi council (group B reporting) from Dodoma for all of its facilities did their first report for the quarter using an emergency process going through all the approval processes so as to utilize additional (other sources of funding). This delayed the processing and approval of the regular R&R that could have missed the timeline*
Corrective actions	Both CHMTs and LMU need to refocus on the councils above so they adhere to at least 80% timeliness. Reporting using regular R&R processes should be monitored well.

2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: ARVs

Performance trends and description

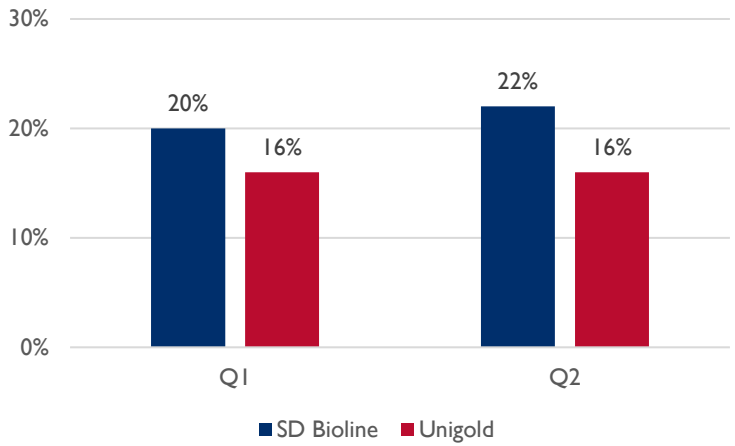
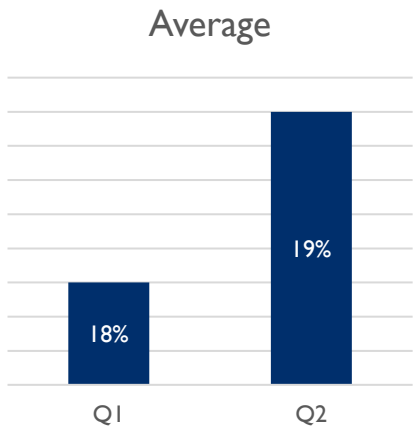


Root cause analysis	Stocked according to plan refers to stocking adequately within minimum and maximum stock levels .There is 2% decrease in stocking ARVs adequately in Q2 compared to Q1. However, the average stockout rate for ARVs was 9%, meaning that although facilities may dip below the minimum level, they do not stockout.

Corrective actions

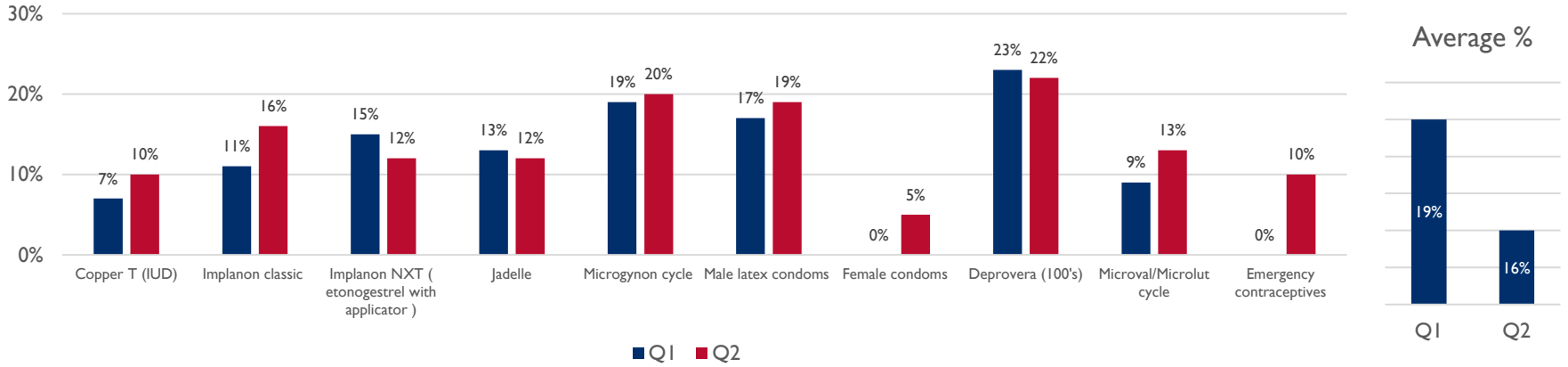
- There is a need to set the target for this indicator like other indicators
- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals .
- GHSC –TA-TZ through LMU in collaboration with R/CHMTs or alone have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels and reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions .
- GHSC-TA-TZ through LMU and capacity building teams has been focusing on data quality of the data used for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&R to ensure right quantities are being ordered. IMPACT teams introduction to PORALG this quarter is also another attempt to ensure that data of good quality is being used for decision making. Also, upon requests from Implementing partners, LMU teams have facilitating eLMIS trainings with a focus on data quality
- LMU has continued to advice MSD zones on the quantities to order through Monthly Advisory Order Sheets by taking into account storage constraints at MSD

2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: RTKs

Performance trends and description	 
Root cause analysis	There is 1% increase in stocking RTKs adequately (within minimum and maximum stock levels). This is improvement is attributed to SD Bioline. Performance of Unigold has remained the same in both Q1 and Q2 . The performance in general does not differ much from Quarter one and this could be due to challenges in availability of Unigold in both quarters, poor data quality in the eLMIS and storage constraints at both MSD and facility levels .However, there is a need to have a target for stocking RTKs adequately to be able to monitor performance of this indicator.
Corrective actions	• There is a need to set the target for this indicator like other indicators • GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals . • GHSC –TA-TZ through LMU in collaboration with R/CHMTs or alone have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels and reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions . • GHSC-TA-TZ through LMU and capacity building teams has been focusing on data quality of the data used for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&R to ensure right quantities are being ordered. IMPACT teams introduction to PORALG this quarter is also another attempt to ensure that data of good quality is being used for decision making. Also, upon requests from Implementing partners, LMU teams have facilitating eLMIS trainings with a focus on data quality

2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: RH

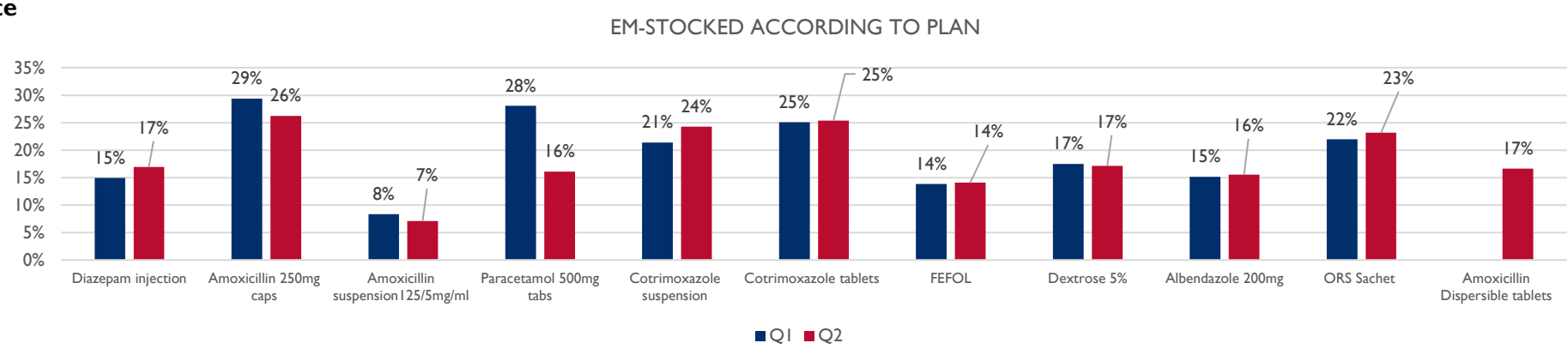
Performance trends and description



Root cause analysis	There is 3% increase in stocking RH commodities adequately (within minimum and maximum stock levels) in Q2 compared to Q1 on average .Although male condoms was a challenge in last quarter in terms of availability, there is improvement in stock availability this quarter (reduction in overall stock out rate) hence improvement in stocking the commodity at facilities as explained by the 2 % increase in appropriate stocking of male condoms compared to last quarter .Since there is no target for this indicator with regard to RH commodities, it is difficult to ascertain the performance and to monitor quarterly performance trends The performance drop overall in this quarter could be due to challenges in availability of commodities like Male condoms, Misoprostol which is not being ordered by facilities despite being available at MSD , poor data quality in the eLMIS and storage constraints at both MSD and facility levels
Corrective actions	• GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals . • GHSC –TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels and reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions . • GHSC-TA-TZ through LMU and capacity building teams has been focusing on data quality of the data used for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&R to ensure right quantities are being ordered. IMPACT teams introduction to PORALG this quarter is also another attempt to ensure that data of good quality is being used for decision making. Also, upon requests from Implementing partners, LMU teams have facilitating eLMIS trainings with a focus on data quality. • With regard to Misoprostol, RCHS has issued a letter to MSD and PORALG to inform them about the availability of the commodity at MSD central and zonal stores. Also, the letter states the importance of the commodity in the management of Post Partum Hemorrhage as third line. Oxytocin is the first line ,Ergometrine is the second line and Misoprostol is the third line treatment. However, Ergometrine has been stocked out for a long time at MSD hence Misoprostol will serve as second line treatment .GHSC-TA-TZ through LMU will support RCHS to advocate through R/CHMT for the importance of ordering this commodity by their supported facilities . LMU will also create awareness of this commodity during supervisory visits to ensure its being ordered to avoid its expiry since the expiry date is October 2018

2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: EM

Performance trends and description



Root cause analysis

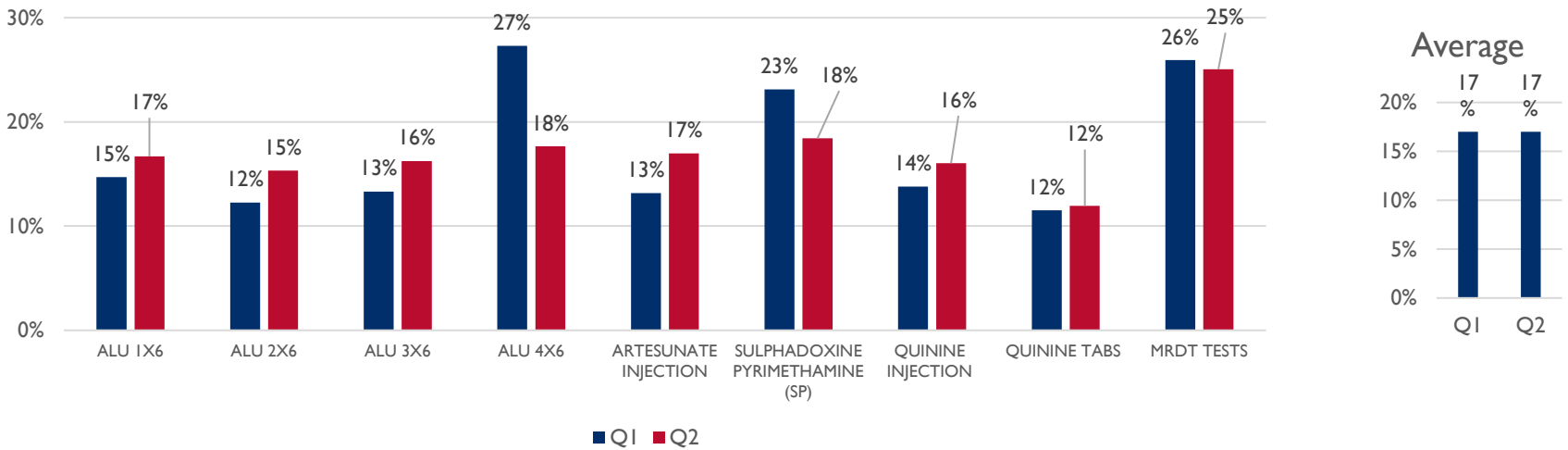
On average, there is 1% drop in performance in Q2 compared to Q1. The performance of many items has remained consistent such as FEFOL, Cotrimoxazole tablets , Dextrose 5%.Also the performance of Albendazole, ORS and Diazepam has slightly increased with regard to maintaining minimum and maximum stock levels .There is improvement in cotrimoxazole stocking cotrimoxazole suspension and this may be attributed to the saleable cotrimoxazole suspension to vertical program and hence availability to facilities. There is decline in amoxicillin suspension performance due to less consumption at facility level since Amoxicillin Dispersible tablets are more preferred and ordered by facilities. However, there is still a big challenge of storage constraints within MSD and facilities, most of these items being saleable hence availability of funds also hinders adequate stocking , data quality issues in the eLMIS . There is no target for this indicator for effective performance monitoring

Corrective actions

- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals .
- GHSC –TA-TZ through LMU in collaboration with R/CHMTs or alone have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels and reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions .
- GHSC-TA-TZ through LMU and capacity building teams has been focusing on data quality of the data used for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&R to ensure right quantities are being ordered. IMPACT teams introduction to PORALG this quarter is also another attempt to ensure that data of good quality is being used for decision making. Also, upon requests from Implementing partners, LMU teams have facilitating eLMIS trainings with a focus on data quality.
- GHSC-TA-TZ has been working closely with programs MSD and programs such as RCHS for FEFOL to ensure time distribution of the commodities once available at MSD .Moreover, GHSC in Quarter 2 participated in the MOHCDGEC led activity of harmonization of tracer commodities lists to ensure availability of essential medicines at facility level and supported MSD in rationing cotrimoxazole that were shifted from normal to vertical to ensure zones receive this commodity so that there is improving in availability at the last mile.

2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: MALARIA

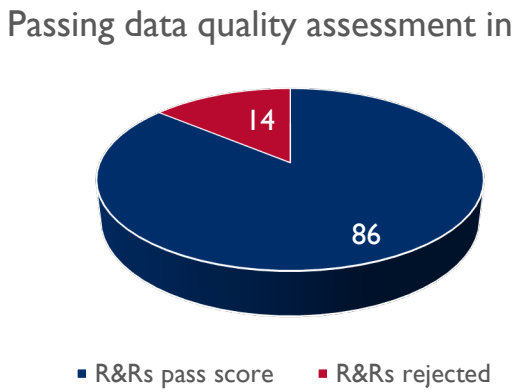
Performance trends and description



Root cause analysis	On average , the performance of malarial commodities for this indicator has remained consistent.. Zones have again in this quarter reported data quality issues in the eLMIS, storage constraints, stock outs at MSD central that has affected availability at zones and ultimately the health facilities .All these played a role in facilities not being able to adequately stock malaria commodities .
Corrective actions	• GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals . • GHSC –TA-TZ through LMU in collaboration with R/CHMTs or alone have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels and reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions . • GHSC-TA-TZ through LMU and capacity building teams has been focusing on data quality of the data used for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&R to ensure right quantities are being ordered. IMPACT teams introduction to PORALG this quarter is also another attempt to ensure that data of good quality is being used for decision making. Also, upon requests from Implementing partners, LMU teams have facilitating eLMIS trainings with a focus on data quality. • GHSC-TA-TZ has been working closely with MSD and programs such as NMCP in supporting quantification , following up of arrival of commodities such as SP in country , All these efforts are geared towards improving availability at the last mile so that facilities are adequately stocked with commodities

3.2.3 PERCENT OF DATA QUALITY ASSESSMENTS THAT RECEIVE A PASSING SCORE

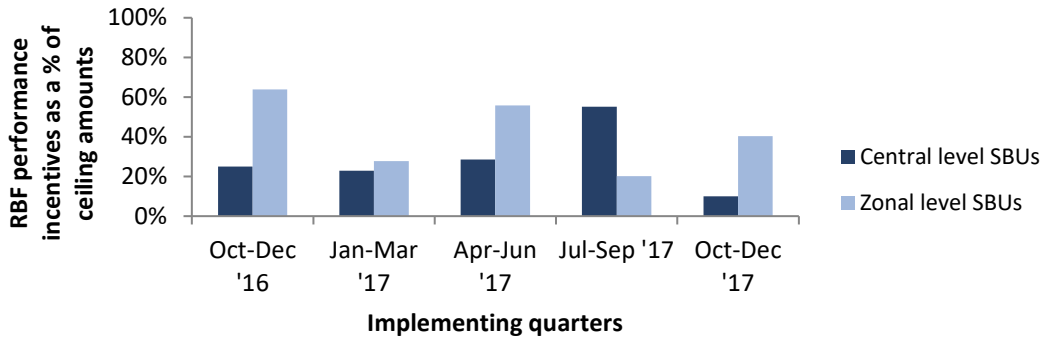
Performance trends



Root cause analysis	Among the reasons for rejection of Report and Request forms sent by health facilities include: • Incorrect capturing of the item's units by health care workers for e.g. ALU – captured as Tabs/Boxes instead of blisters; RTKs-kits instead of strips; for Syrup- mls instead of bottles • Reporting of stock out of items while the items were full supplied • Skipping of essential medicines to be reported in the R&Rs • Quantities reported as receipts being indivisible by MSD's Unit of Measure • Reporting stock out of commodities without indicating number of days whereby the items were actually stocked out • Requesting extremely low or high quantities • Reporting wrong period • R&Rs with too high / low total cost of commodities than expected for such health facility level • False consumption of products (too high / low) • Questionable losses and adjustments with no remarks reported
Corrective actions	• Continuous feedback from the zonal LMU to CHMTs on areas that need corrections so as to improve quality of data reported in the R&Rs • Building capacity to R/CHMTs in reviewing logistics data to submitted in the eLMIS by health facilities this will improve quality at the council level • Utilization of IMPACT teams approach to improve quality of data and utilization for decision making and actionable interventions • Advocate for health facilities to directly enter their R&Rs at the council level under supervision of CHMTs • LMU to notify higher level i.e. Chief Pharmacist and PORALG for intervention

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

Performance trends and description



The performance trend for both the central and zonal SBUs is fluctuating not showing any visible trend of constant improvement

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. From the Jul-Sep 2017, new verification guidelines have been effected however, the performance trends is still fluctuating when the Oct-Dec 2017 is compared to the Jul-Sept 2017 quarter In the Jul-Sep 2017 quarter the central SBUs have shown significant improvement compared to the previous (Apr-Jun 2017) quarter due to ability to verify the order fill rate which was unverifiable before and introduction of delivery schedules which improved the on-time delivery rate indicator. Nevertheless down grading the ceiling amounts for the central SBU by 72% has may have contributed to sharp deep in performance for the Oct-Dec 2017 quarter. Additionally, we have observed that, the use of verified scores as baselines for the next verification activity has a major effect on the fluctuation of the results seen for both the central and zonal SBUs
Corrective actions	The new developed verification guide has now been in use for two quarters (Jul-Sep 2017) and (Oct-Dec 2017). The project plans to support its the incorporation into the verifiers training materials so that the new pool of verifiers are trained on the new guide. The project has also provided technical assistance in the development of a performance reporting template for RBF implementing SBUs as a way for the SBU to visualize and use RBF verified data to strategically plan for performance improvement We have recommended to the National RBF team and World bank/USAID on the importance of having a fixed annual baseline so as to get a better sense of the performance trend of over a certain period. This recommendation awaits endorsement by the RBF Steering Committee. A costing analysis to inform appropriate incentives for different central and zonal SBU is important, as such consideration of the number of facilities served by a zone could factor in the incentive packages for the different zonal SBUs so that incentives are more where more effort is exerted

TRAINING AND TRAVEL REPORT

USAID
FROM THE AMERICAN PEOPLE

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Dates	Purpose	Responsible GHSC staff
17th & 18th Jan 2018	Total health commodities financial needs assessment planning meeting 1 with MoHCDGEC and PORALG	Frida Ngalesoni
21st Jan 2018	Total health commodities financial needs assessment planning meeting 2 with MoHCDGEC and PORALG	Frida Ngalesoni
4th to 12th Feb 2018	Pilot training, tool testing and data collection training for the total health commodities financial needs assessment activity	Frida Ngalesoni
16th to 26th Feb 2018	Data collection for the total health commodities financial needs assessment activity	Frida Ngalesoni
27th Feb to 3rd Mar 2018	Comprehensive approach to implementation of Direct Health Facility Financing (DHFF), improved Community Health Fund (iCHF) and Procurement procedures to all implementing levels from National to health facilities	Frida Ngalesoni
8th to 9th Feb 2018	Data collection feedback, data analysis strategy and report outline discussion for the total health commodities financial needs assessment activity	Frida Ngalesoni and Michael John
13th Mar 2018	High level presentation of the comprehensive approach to implementation of DHFF, iCHF and procurement procedures to al implementing levels	Frida and Michael Kishiwa
15th to 17th Mar 2018	Development of the M&E framework, supervision and mentorship guide and performance enhancing tools for training of all levels	Frida Ngalesoni
20th to 27th Mar 2018	Facilitation of training on the M&E framework, supervision and mentorship guide and performance enhancing tools for DHFF, iCHF and procurement procedures to National Masters trainers	Frida, Michael John and Chediel Mbonea
4th to 9th Apr 2018	Facilitation of training on the M&E framework, supervision and mentorship guide and performance enhancing tools for DHFF, iCHF and procurement procedures to National Masters trainers	Chediel Mbonea

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Dates	Purpose	Responsible GHSC staff
March 26-30,2018	Testing SC data exchange between MSD Epicor, eLMIS and DHIS2	Hussein Hassan
May 8-10, 2018	Attending GS1 Healthcare Conference in Ethiopia	Alfred Mchau
January 2018	Head of LMU/ZNZ to discuss with GHSC Management on work plan activities in ZNZ	ZNZ/LMU
February 2018	Performing competence test to health facility workers at South and Urban district	ZNZ/LMU
March 2018	Elmis training for central district health facilities who received computers (15 persons) Training for DHMTs on LMIS tools for new district of West B (11 persons) Stock Status meeting with stakeholders to discuss stock availabilities	ZNZ/LMU
05h - 09th Feb 2018	Workshop to incorporate MDR TB Medicines into electronic Logistics Management Information System (e-LMIS) at Morogoro region	Brown Bariki
8th & 9th March 2018	Technical Working Group on pharmacovigilance of new MDR TB medicines held at Bagamoyo	Brown Bariki
14th & 15th March 2018	Orientation to new staff (District TBHIV Officer) on optimized TB & leprosy medicines logistics system held at Dodoma region	Brown Bariki
15th to 26th	Essential Health commodities quantification and SOPs development workshop with MoHCDGEC and PORALG	Narsis Makori

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Dates	Purpose	Responsible GHSC staff
12-14th March 2018	MIS Data Use and Governance	Nabila Hemed
19-21st March 2018	Invitation to the workshop on the orientation of malaria partners on malaria surveillance dashboard and MSDQI	Nabila Hemed
19th to 23rd February 2018	KPIs Standardization workshop	Wema Kamuzora, Michael Kishiwa, Meba Msuya, Mavere Tukai, Ondo Baraka, Sharon Shayo, Brown Bariki
30th Jan to 2nd Feb 2018	Workshop for designing IMPACT Teams in Dodoma	Vicent Manyilizu,Matiko Machagge,Hubert Assenga and Peace Nyankojo
05h - 09th Feb 2018	Workshop to incorporate MDR TB Medicines into electronic Logistics Management Information System (e-LMIS) at Morogoro region	Vicent Manyilizu & Brown Bariki
19th to 23rd Feb 2018	Revision of the Zanzibar Integrated logistics system	Vicent Manyilizu, Alberto Chengula
12th to 15th March 2018	Workshop for revision of the MSD catalogue and some LMIS tools in Bagamoyo	Vicent Manyilizu
12th & 16th Feb 2018	Discuss on how to address supply chain challenges for performance improvement, share accomplishments, best practices and lessons learnt achived by LMU	Diane Kibwana
12th & 16th Feb 2018	Discuss on how to address supply chain challenges for performance improvement, share accomplishments, best practices and lessons learnt achieved by LMU	Diane Kibwana
12th & 16th Feb 2018	Participation in ZLC's quarterly meeting; to share zonal technical performances, accomplishments and experience as well as sharing LMU updates with the zonal teams.	Peace Nyankojo and Ondo Baraka
11th March – 24th Mar 2018	To provide support supervision to LMU Mwanza, Tabora and Dodoma zones	Ondo Baraka
30th Jan to 2nd Feb 2018	Workshop for designing IMPACT Teams in Dodoma	Vicent Manyilizu,Matiko Machagge,Hubert Assenga and Peace Nyankojo
05h - 09th Feb 2018	Workshop to incorporate MDR TB Medicines into electronic Logistics Management Information System (e-LMIS) at Morogoro region	Vicent Manyilizu & Brown Bariki

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Dates	Purpose	Responsible GHSC staff
19th to 23rd Feb 2018	Revision of the Zanzibar Integrated logistics system	Vicent Manyilizu, Alberto Chengula
12th to 15th March 2018	Workshop for revision of the MSD catalogue and some LMIS tools in Bagamoyo	Vicent Manyilizu
13th – 14th March, 2018	Participation in the stakeholder meeting to deliberate on the implementation of the Prime Vendor mode, iCHF, and DHFF	Michael Kishiwa, Frida Ngalesoni
14th Feb, 2018	ZLCs' Quarterly Meeting	Michael Kishiwa, Hubert assenga, Mavere Tukai
8th-16th January 2018	Conducted ARVs data validation exercise at health facilities providing care and treatment program at Kilimanjaro region	Emma Msuya, Sharon Shayo
23rd-28th January 2018	Development of Standard Operating Procedure for Management of HIV and AIDS services – Morogoro region	Emma Msuya
Feb 26th-4th March, 2018	Conducted PMTCT Data Quality Assessment for 10 health facilities at Mwanza region	Emma Msuya
20th-25th March 2018	Development of operational plan for Health sector HIV strategic Plan (HSHSP IV)- Morogoro region	Emma Msuya
January 29 – February 9, 2018	Conduct a total health commodities financial needs assessment at the local government authority level	Christine Chacko
January 29 – February 6, 2018	Provide short-term technical assistance for an analysis of findings from an assessment of data and system use, usability, and stakeholder attitudes and develop sustainable solutions and strategies to improve data and system use.	Christine Lenihan
February 4th – February 16th, 2018	Technical Assistance and Management (Strategy) - 1.3.1 Support the transition of LMU to GOT and GOZ structure(s), 2.1.1 Support and strengthen eLMIS, 5.2.A. Home Office Management & Oversight, 5.1.A. Develop project performance reports (and KPIs) - monthly bullets, quarterly reports, annual report	Shabana Farooqi

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

Dates	Purpose	Responsible GHSC staff
February 5 – 16, 2018	Finalize guidelines and training package for quantification of essential health commodities.	Adina Hirsch
14 – 23 February 2018	To support GHSCTA-TZ to develop a laboratory and diagnostics commodities management and supply chain TA strategy and implementation plan	Joseph Lubega
February 24th – March 6th	Provide short-term technical assistance for streamlining overall supply chain reporting, skills in analysis and interpretation of data and presentation standards based on the Key Performance Indicators (KPIs) standardized across stakeholders	Vidya Sampath
February 19 – 23, 2018	Support Zanzibar Integrated Logistics System (ZILS) revision workshop	Chris Warren
April 1 – April 13, 2018	Conduct assessments of the field project operations (Partially OH funded)	Bukra Zeqiri
April 2 – April 6, 2018	Meet with USAID and other stakeholders regarding project year 3 planning and LMU transition strategy. (Mostly OH funded)	Chandresh Harjivan
April 9-20, 2018	Conduct a total health commodities financial needs assessment at the local government authority level	Christine Chacko