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# GLOBAL HEALTH SUPPLY CHAIN – TECHNICAL ASSISTANCE - TANZANIA

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QUARTERLY REPORT APRIL – JUNE 2018



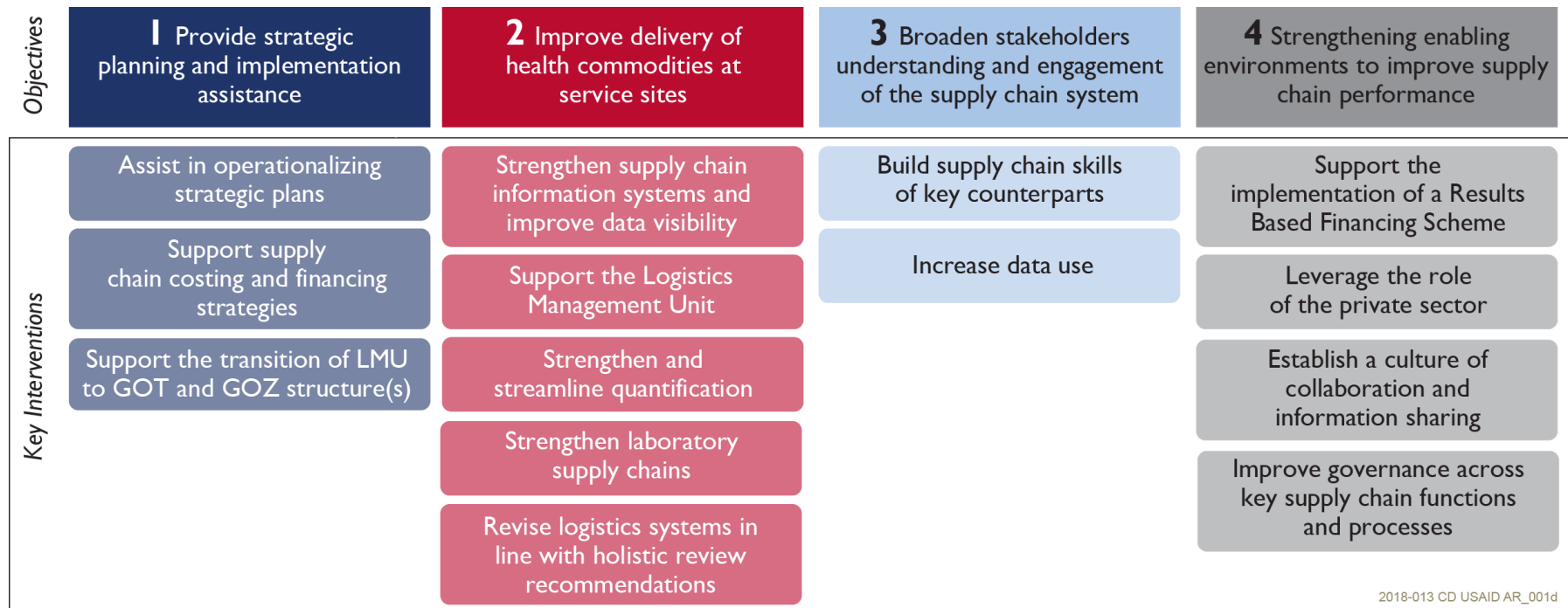


# TABLE OF CONTENTS

- **Work Stream Accomplishments** 5
  - Provide strategic planning and implementation assistance 6
  - Coasting and Financing 7
  - Management Information Systems 8
  - Logistics Management Unit 9
  - System re-designed 13
  - Quantification/supply planning 14
  - Strengthen Laboratory supply chain 15
  - Building Skills to Key Counterparts 16
  - Capacity building 17
  - Result Based Financing 18
  - Strengthen governance and accountability 19
  - Collaboration and Information sharing 20
  - Other project accomplishment 21
- **Implementation Challenges, Risks, and Mitigation Measures** 23
- **Project Monitoring Plan** 27
- **Annexes** 32
  - Acronyms 33
  - Root cause analysis for PMP indicators 37
  - Travel and training report 57

# 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.



2018-013 CD USAID AR\_001d

**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

Provide strategic planning and implementation assistance	Support Supply Chain Costing and Financing Strategies	Strengthen Supply Chain Information Systems and Improve Data Visibility	Support the Logistics Management Unit
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|---|--|---|---|
| <ul style="list-style-type: none"> <li>Finalized and submitted national standard supply chain key performance indicators (KPIs) to Chief Pharmacist and Permanent Secretary – MOHCDGEC for approval</li> <li>Conducted the supply chain roles and responsibilities workshop, compiled the matrix of supply chain roles and responsibilities, and prepared the first version of the overall activity report</li> </ul> | <ul style="list-style-type: none"> <li>Finalized analysis report on estimating facility level total health commodity financial needs, funds available and financial gaps including recommendations for funding allocation and use</li> </ul> | <ul style="list-style-type: none"> <li>Re-configured electronic Logistics Management Information System (eLMIS) to accommodate supply chain redesigned system</li> <li>Supported the integration of LLINs data between eLMIS – DHIS2 for Zanzibar</li> <li>Supported the Central Medical Stores (CMS) Zanzibar to begin placing their electronic orders through the eLMIS to MSD</li> </ul> | <ul style="list-style-type: none"> <li>Supported finalization of a high level staff absorption plan indicating roles for each organization in staff support throughout the absorption plan; reduced the number of USAID supported staff to 30.</li> <li>Reviewed and approved 10,961 R&amp;R to ensure data quality</li> <li>Visited 82 health facilities in 22 councils and provided on-the-job-training on eLMIS, ILS gateway and supply chain management to 201 health care workers</li> <li>Trained 44 HCWs on ILS Gateway and 195 on other logistics management information systems</li> <li>Trained 23 PORALG staff on eLMIS</li> </ul> |
|---|--|---|---|

Revise Logistics Systems in line with holistic review recommendations	Strengthen and streamline quantification	Capacity Building	Support the Implementation of a results based financing scheme
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|--|--|--|---|
| <ul style="list-style-type: none"> <li>Finalized LMIS tools, specifically dispensing register, form2A for Reporting and requesting (R&amp;R), Register for rapid test, and monthly report for ILS, Lab and TB by district</li> <li>Supported and facilitated national training of trainers (TOT) for the system redesign; participants were from PSU, PORALG, LMU and R/CHMTs</li> </ul> | <ul style="list-style-type: none"> <li>Provided technical assistance on national ARVs and HIV and related lab quantification; three years (Jan 2019 to Dec 2021) forecast and supply plan developed</li> <li>Worked with NACP in finalizing ARVs and Lab commodities supply plan, including identification of items and quantities and placing immediate orders for HIV commodities using available funds</li> <li>Worked with NACP to update laboratory pipeline especially on stock status, consumption and shipments</li> <li>Worked with PSU and DSS to finalize standardization of laboratory equipment and supplies</li> </ul> | <ul style="list-style-type: none"> <li>Supported a TOT workshop to create a national pool of trainers for IMPACT team approach. A total of 17 trainers successfully completed the training and they will be used in the subsequent training.</li> <li>Supported second meeting for Zanzibar National IMPACT team where they reviewed the scope, indicators and performance plan after adding new members from laboratory services and the Prevention of Corruption Bureau</li> </ul> | <ul style="list-style-type: none"> <li>Supported RBF quarterly external verification exercise to counter-check the quality of internal MSD verification results</li> <li>Provided technical assistance in the finalization of MSD SBU performance report template which was shared to RBF implementing MSD SBUs for use.</li> </ul> |
|--|--|--|---|

# — QUARTERLY WORK STREAM ACCOMPLISHMENTS

# PROVIDE STRATEGIC PLANNING AND IMPLEMENTATION ASSISTANCE

**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 April - June, 2018 the focus was to finalize national health supply KPIs, incorporate holistic supply chain review recommendations into NPAP, and develop a dashboard to monitor supply chain performance.

**Activities implemented**

- GHSC TA-TZ supported PSU to revise the Holistic Supply Chain Review (HSCR) Costed Implementation Plan (CIP) and submit for approval. The CIP includes supply chain priorities which the project has aligned to the country priorities. Once signed, the CIP will help supply chain actors to be aligned in implementing the plan for increased supply chain performance.
- The project drafted the supply chain standardized KPI Reference Manual and submitted to PSU for endorsement. The manual included an institutionalization strategy and proposed for resource mobilization as a part of the preparation for implementation. There are 21 total KPIs; 12 of which are level 1 (priority) and 9 of which are level 2. The activity was led by PSU, and involved a range of stakeholders including MOHCDGEC, PO-RALG, WHO, TFDA, and implementing partners (IPs).
- Developed draft of Dashboard for monitoring ZSCAP implementation. The draft is still under discussion and it includes activity timelines, financial and risk analysis. It also has working tabs for data entry and enables user to identify pending activities. See sample of dashboard below

Zanzibar Supply Chain Costed Strategic Plan Tracking

TASK TABLE & TIMELINE							BUDGET			TASK STATUS TRACKING		
Objective	Strategy	OWNER	BEGIN	FINISH	# of DAYS	STATUS	PROJECTED	ACTUAL	REMAINDER	STATUS	AMOUNT	%
1.1 Supply chain capacity for policy and planning improved	1.1.1 Harmonize supply chain activities with the national and international plans and policy (Health Policy, HSSP III, MKUZA Vision 2020, SDGs)	CPO	1-Jul-2017	30-Jun-2020	1095	IN PROGRESS	4,860,000.00	785,045.90	4,074,954.10	COMPLETE	1	3%
	1.1.2 Enhance human resource capacity in result based planning and policy formation	CPO	1-Jan-2018	30-Jun-2020	911	IN PROGRESS	146,686,000.00	34,151,664.26	112,534,335.74	OVERDUE	2	6%
	1.1.3 Prepare Five years Supply Chain Strategic Plan	CPO	1-Oct-2017	30-Jun-2020	1003	IN PROGRESS	44,700,000.00	6,417,767.83	38,282,232.17	IN PROGRESS	29	88%
	1.1.4 Establish pharmaceutical council	CPO	1-Oct-2019	30-Jun-2020	273	NOT STARTED	38,220,000.00	8,750,069.42	29,469,930.58	NOT STARTED	1	3%
1.2 Adequate fund for supply chain	1.1.5 Speed up transforming CHS into a semi autonomous institutions	CMS	1-Oct-2017	31-Mar-2020	912	OVERDUE	10,155,000.00	270,415.53	9,884,584.47	OVERDUE		
	1.2.1 Advocate to the government and DPs to increase budget for supply chain	CPO	1-Apr-2018	30-Sep-2018	182	OVERDUE	7,320,000.00	1,320,759.99	5,999,240.01	OVERDUE		

**Completed Deliverables** National standardized supply chain KPIs and reference manual

**Pending Deliverables**

- Supply chain dashboard for monitoring ZSCAP – in draft form
- Supply chain dashboard for monitoring national supply chain in mainland
- Finalize updated NPAP incorporated with HSCR recommendations to help stakeholders in implementing prioritized interventions and leveraging resources

**Activities for quarter four**

- Finalize development of dashboard for monitoring implementation of ZSCAP and alignment of NPAP to incorporate HSCR recommendations
- Conduct national baseline survey for KPI (in order to have national KPI benchmark)

**Related KPIs** 1.1.1: Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations: N/A (semiannual)

# SUPPORT SUPPLY CHAIN COSTING AND FINANCING STRATEGIES

<b>Overview</b>	<p>The project promotes deliberate and routine integration of costing and financing components into supply chain interventions and activities, and alignment of 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. . For the period of April to June, the focus was on finalizing analysis and report writing for health financing needs assessment as well as initiating mapping of different sources of funding for health supply chain.</p>
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ completed the data analysis and report writing for the assessment to estimate the total health commodity financial needs at primary health care facilities, the amount of available funds to cover those needs and the financial gap. The report is currently under final review.</li> <li>• The project began preparatory steps in two workplan activities: the mapping of different sources of funding for health supply chain at the national level and refining the methodologies for calculating total supply chain costs. The mapping activity aims to increase the visibility of funding sources, highlight the need for coordination and describe the support needed for planning and implementation of supply chain interventions, in overall support for sustainability of the system and ownership of the system by the GoT. The supply chain costing activity aims to refine and simplify existing methodologies to enable the GoT to identify supply chain cost drivers, determining supply chain costs that will be routinely collected and develop on cost-cutting/efficiency strategies.</li> </ul>
<b>Completed Deliverables</b>	N/A
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• Supply chain costing tool and guideline/manual</li> <li>• Mapping of sources of funding at the national level</li> <li>• Final report on the total health commodities financial needs assessment</li> <li>• Final report for the implication of DHFF on health commodity supply chain.</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Finalize the mapping of different sources of funding for health supply chain.</li> <li>• Complete developing supply chain costing tool and guideline/manual</li> <li>• Finalize the total health commodities financial needs results and report writing. We will support a PORALG-led high level dissemination workshop of the results.</li> </ul>
<b>Related KPIs</b>	<p>1.2.2 Percent of MoHCDGEC budget secured for health commodities NB: This indicator is reported <u>annually</u></p> <p>1.2.3 Percent of MOHCDGEC budgeted amount which is actually disbursed NB: This indicator is reported <u>annually</u></p>

# STRENGTHEN SUPPLY CHAIN INFORMATION SYSTEMS AND IMPROVE DATA VISIBILITY

<b>Overview</b>	<p>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, the 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 priority was to continue working on the SC redesign request(s) for configuration changes in the eLMIS and to supporting the initial engagement with government officials &amp; stakeholders aligning the 'product registry' requirement work so that it is embedded in the existing government initiatives (TZ digital health road map) &amp; priority.</p>
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ continued testing the integration of supply chain data points between MSD ERP system, eLMIS, Unified Solution (GoTHOMIS – EMR) and DHIS2, specifically for eLMIS – Unified Solution (GoTHOMIS – EMR) data exchange. The Muungano Gateway from PO-RALG will facilitate data sharing from a centralized location of all the Unified Solution installations going through the HIM to the eLMIS for updating reporting and requisition work flows.</li> <li>• Together with the demand &amp; forecast lead, supported the quantification of essential health commodities quantification exercise by documenting data extraction guides (instructions) for facilities level and councils users of eLMIS to obtain consumption data.</li> <li>• The project continued the re-configuration of eLMIS to accommodate the supply chain redesign system that will start in quarter 4.</li> <li>• GHSC-TA-TZ supported the integration of LLINs data between eLMIS – DHIS2 for Zanzibar. A collaborative effort led by Zanzibar HMIS &amp; ZAMEP with support from JHU – VectorWorks, UDSM and GHSC.</li> <li>• Developed website for the Tanzania Health Supply Chain Summit scheduled for October 2018.</li> <li>• The project supported the Central Medical Stores (CMS) Zanzibar to begin placing their electronic orders through the eLMIS to MSD. This will save preparation &amp; processing time which earlier was done manually by both CMS &amp; MSD.</li> </ul>
<b>Completed Deliverables</b>	<ul style="list-style-type: none"> <li>• Integration of eLMIS, MSD E9, DHIS2 via HIM (for sharing data such as monthly consumption, daily stock status and shipment details)</li> </ul>
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• GSI Implementation Technical report for developing and updating in-country registry of products</li> <li>• Development and implementation of Zanzibar supportive supervision e-Checklist</li> <li>• eLMIS transition plan</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Finalize eLMIS setup (product mapping) and deploy changes into the production (Live) instance to use in the phase implementation period.</li> <li>• Conduct the first consultative meeting with stakeholders to secure approval for eLMIS transition plan</li> </ul>
<b>Related KPIs</b>	<p>2.1.1 Percent of eLMIS issues reported and resolved within SLA 24 hours: (39 of 59 tickets: 66%)</p> <p>2.1.2: Percent of eLMIS hosting/operation cost supported by GoT NB: This indicator is reported annually</p>



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

<b>Overview</b>	<p>The Logistics Management Unit (LMU) is a structure that was established by the 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 April –June 2018 was to continue to support the transition of LMU to GoT through finalizing contracts for 30 LMU staff funded through GHSC TA-TZ up to June 2019; support PSU to plan for revision of the LMU charter and Standard Operating Procedure (SOP) manual in line with new LMU scope.</p>
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• GHSC-TA-TZ project supported finalization of a high level staff absorption plan indicating roles for each organization in staff support throughout the transition. Working from the staff absorption plan presented to the LMU steering committee, the program finalized and issued contacts to 30 staff who will be supported through GHSC TA-TZ up to June 2019.</li> <li>• The project continued to advocate for retention of skilled staff through follow-up with the project and representatives from LMU, Global Fund –Local Funding Agency, Pharmaceutical Services Unit and Global Fund-Tanzania National Coordination Mechanism.</li> <li>• Developed draft communication plan which will supplement the LMU transition communications strategy and provide a tactical approach to launching and managing communications throughout the transition process. The project also developed a draft detailed transition plan which includes the following key milestones: Signed LMU Charter and LMU SOP manual by July 2018; LMU budget included in GOT main budget by June 2019 and salary and other LMU operational costs covered by GoT by 100% by December 2020.</li> <li>• The draft transition plan and communication plan will be presented to LMU steering committee for further discussion.</li> <li>• In Zanzibar the staff absorption plan and other operational support was finalized and agreed upon, including funding from USAID to support the transition up to 2020.</li> </ul>
<b>Completed Deliverables</b>	N/A
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• Revised LMU Charter, and Job Aids for LMU positions based on revised charter.</li> <li>• Revised Roadmap Document for LMU implementation.</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Provide support to finalize the LMU Charter, Job Aids for LMU positions and revise the roadmap document for LMU implementation.</li> </ul>
<b>Related KPIs</b>	I.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, high quality logistics data is available and used for decision-making. Zonal LMU staff complete thorough analysis of Reports and Requests (R&Rs) from the councils and health facilities, reviewing for accuracy and completeness. LMU staff submit the R&Rs to MSD for order fulfilment. The focus for this quarter was to continue improving the data quality of the R&Rs.

**Activities implemented** Between April and June 2018, a total of 10,961 R&Rs out of an expected 6,221 were reviewed and approved by the LMU before being processed by the MSD zones. The reviewing of R&Rs is important to ensure quality logistics data is entered into the system for informed decision making. In the process of reviewing R&Rs, 19% (2,057) of R&Rs were rejected back to the councils due to data quality issues. These rejected R&Rs were corrected and resubmitted back to LMU for another review before being approved and processed as orders.

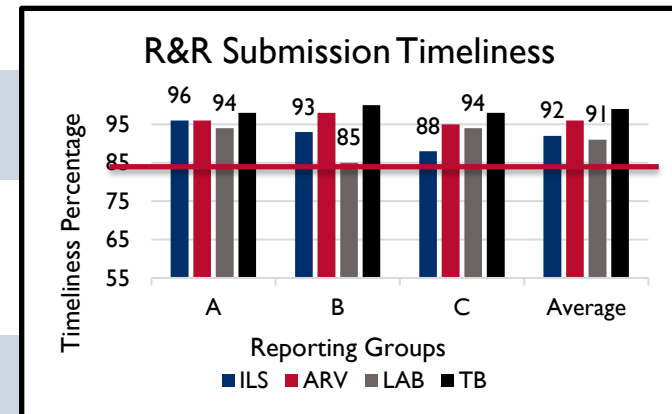
STATISTICS ON REPORT & REQUESTS FOR APRIL - JUNE 2018					
Months	No. of R&Rs expected	Total no. of R&Rs Reviewed and Approved	Total no. of Regular R&Rs	Total no. of Emergency R&Rs	Total no. of R&Rs Rejected
18-Apr	2,634	3853	2232	1621	914
18-May	2,445	4246	1960	2286	845
18-Jun	1,142	2862	1271	1591	298
<b>Total</b>	<b>6,221</b>	<b>10,961</b>	<b>5,463</b>	<b>5,498</b>	<b>2,057</b>

**Completed Deliverables** SCMT Monthly Reports

**Pending Deliverables** N/A

- Activities for quarter four**
- Continue reviewing health facilities R&Rs to ensure quality logistics data is entered in the eLMIS
  - Continue 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): 95%  
3.2.3: Percent of R&R passing data quality check: 81%



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

<b>Overview</b>	<p>The LMU identifies councils and health facilities that require supportive supervision visits, and provide targeted, data-driven supportive supervision to health care workers (HCWs) in public and some private facilities, where on-the-job training is provided to HCWs and health management teams. Facility supervision visits are conducted with staff from R/CHMTs. The LMU coaches R/CHMTs and health facilities staff on responding to findings related to the quality of logistics data found in eLMIS and advocates for R/CHMTs to secure resources to build the capacity of their own HCWs to improve commodities management and logistics data quality. For this quarter, the focus was to build the capacity of R/CHMTs to be able to conduct supportive supervision, improve data quality, and increase data utilization through joint supervision visits.</p>
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• From April – June 2018, the LMU visited a total of 86 health facilities in 22 councils whereby capacity building on key logistics areas was provided to 201 HCWs. Additionally, 44 and 270 HCWs were trained on ILS Gateway and eLMIS respectively.</li> <li>• PO-RALG requested the project to train their key staff (23 staff from the central level) on eLMIS. The purpose of these capacity building sessions are to impart knowledge and skills on commodity management, proper reporting of quality logistics data as well as usage of reports from eLMIS to make informed decisions for HCWs.</li> <li>• Through the supportive supervision, members from the R/CHMTs were provided with on-the-job training on how to utilize the LMU supportive supervision checklist to identify problems and plan actions for improvement.</li> <li>• In the course of monitoring health commodities at health facilities and MSD, the LMU closely monitors stock levels and alerts on situations where there are stock imbalances. LMU also takes or facilitates interfacility redistribution and interzonal transfers to improve commodities availability to avoid stock outs and expiries. For this reporting quarter, health commodities worth of TShs 24,254,681.04/- and TShs 1,879,462,945.40/- were saved through interfacility redistribution and interzonal transfers respectively.</li> </ul>
<b>Completed Deliverables</b>	<p>SCMT Monthly Reports</p>
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• Electronic automated supportive supervision checklist</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Continue supportive supervision aiming to build capacity to the R/CHMTs on the use of logistics data for decision making</li> <li>• Monitor health commodities and intervene accordingly to avoid stock imbalances</li> <li>• Collaborate with supply chain stakeholders, IPs and PORALG in improving district performances through feedback/information sharing</li> </ul>
<b>Related KPIs</b>	<p>3.1.3: Number of joint supportive supervisions conducted: 20 from 22 councils and 86 facilities</p>

## SUPPORT THE LOGISTICS MANAGEMENT UNIT: ZANZIBAR

<b>Overview</b>	<p>Zanzibar's MOH has successfully integrated the role of the LMU into the functions of the Chief Pharmacist Office (CPO). LMU-ZnZ carries out its activities in accordance to the Zanzibar Supply Chain Strategic Plan of 2017-2020 (and the related Zanzibar Supply Chain Costed Action Plan), which is used to develop their annual workplans. Four LMU staff in Zanzibar are supported through GHSC TA-TZ. This quarter, the focus was to carryout the implementation of the redesigned Zanzibar Integrated Logistics System (ZILS) across all hospitals in Zanzibar especially requesting their requirement on monthly basis.</p>
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• Project staff conducted supportive supervision visits to 7 health facilities and e-LMIS supervision to Chake-chake and Wete hospitals in Unguja and Pemba. Joint supervision visits were done with the THPS project to care and treatment centers (CTCs) both Unguja and Pemba.</li> <li>• Following the ZILS redesign workshop in December, the project continued to work on outstanding issues for implementation of ZILS.</li> <li>• The project conducted a desk review assessment and cost analysis to determine the cost required for system changes of implementing reporting on a monthly basis instead of quarterly. The assessment determined requirements for vehicle distribution at both Unguja and Pemba and human resource needs (customer care, pickers, dispatch) at different work stations at CMS. The report from this assessment will tell CMS what resources are needed to implement monthly distribution and processing of commodities to all of the health facilities in Zanzibar. The assessment report is available and awaiting to be presented to ZLTWG.</li> </ul>
<b>Completed Deliverables</b>	<ul style="list-style-type: none"> <li>• Updated LMIS tools according to ZILS revision</li> </ul>
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• Revised ZILS SOP manual</li> <li>• Training package on the revised ZILS (Trainers` guide and Participant workbook)</li> <li>• Training strategy and roll out of reviewed system to facility level</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Continue implementation of revised ZILS including the following             <ul style="list-style-type: none"> <li>○ Revive DHTC to all 6 remaining hospitals</li> <li>○ Piloting e-Supervision Checklist</li> <li>○ Review and finalize SOPs</li> </ul> </li> <li>• Facilitate meeting with National IMPACT teams</li> <li>• Facilitate GF/SC activities: Establishment of eLMIS FE</li> <li>• Finalize and submit pharmacy council concept note to permanent secretary</li> </ul>

# 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 SCAP. This quarter, the focus was to help MOHCDGEC to develop training material and conduct TOT training for the redesigned system and finetune existing LMIS tools to incorporate changes.

**Activities implemented**

- GHSC TA-TZ supported and participated in a stakeholders meeting to share the redesigned system with other stakeholders. The meeting highlighted key anticipated challenges to the implementation of the redesigned system and explored how the various invited stakeholders can support the implementation through identified areas such as training, provision of computers and internet, storage facilities improvement and printing of LMIS tools.
- The project provided technical assistance to finalizing LMIS tools, worked closely with coordination team of the redesigned system to update training materials and discuss the flow of short shelf life lab commodities in line with the redesigned logistics system.
- The project supported and facilitated TOT for the redesigned logistics system. A total of 17 participants including district and regional pharmacists and laboratory technologists, implementing partners, PSU, PORALG and LMU were trained and deemed competent for conducting TOT to R/CHMTs on the redesigned system. The training was also used to validate the training materials and SOP manual.

**Completed Deliverables**

- Training materials
- TOT training report (Draft)

**Pending Deliverables**

- Final version of SOP manual for the redesigned system
- Final version of the Training package for the redesigned system

**Activities for quarter four**

- Finalize the SOP manual
- Finalize the training materials
- Formal submission of the training materials and SOP Manual to PSU
- Support PSU in the phase one implementation of the redesigned logistics system

# STRENGTHEN AND STREAMLINE QUANTIFICATION

<b>Overview</b>	GHSC TA-TZ provides technical assistance and builds capacity in quantification for MOHCDGEC Tanzania mainland and MOH Zanzibar, with the goals of increasing ownership and sustainability of quantification exercises for vertical programs and essential health commodities, and improving forecast accuracy. This quarter, the focus was to support NACP in the national quantification exercise for ARV and Lab commodities, review the quarterly supply plan pipeline, and support finalization of essential health commodities quantification training materials and guidelines including TOT.
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ provided technical support on national ARVs quantification exercise, which included a three year (Jan 2019 to Dec 2021) forecast and supply plan. Funding requirements based on the quantification results were 112.3 million USD, 157.2 million USD and 168.7million USD for 2019, 2020 and 2021 respectively. There is no funding gap for 2018 and 2019; rather, there is surplus given already committed funding support for procurement of ARVs from Global Fund and PEPFAR. The quantification exercise considered 18 months of TLD transition.</li> <li>• The project provided technical assistance on national HIV-related lab commodities quantification exercise, which included a three year (Jan 2019 to Dec 2021) forecast and supply plan. Funding requirements based on the lab commodities quantification results were 67.82 million USD, 71.16 USD and 71.07 million USD for 2019, 2020 and 2021 respectively. There are new orders for 2018 which need to be placed, valued at 32.39 million USD. Finalization of the lab quantification report is waiting for the lab standardization exercise to be completed to guide the country on standards, types of equipment, and testing menus.</li> <li>• GHSC TA-TZ worked with NACP in finalizing ARVs and Lab commodities supply plan, including identification of items and quantities and placing immediate orders for HIV commodities using available funds from various donors who are supporting procurement of HIV commodities, mainly Global Fund and PEPFAR.</li> <li>• The project supported PSU by printing the essential health commodities quantification training materials and co-facilitated a 5 day TOT training with the aim of having trainers who will be facilitating roll out trainings (where 6 master trainers were involved in development of the material and 11 new TOTs were trained). Roll out training are expected to take place from July 2018.</li> </ul>
<b>Completed Deliverables</b>	<ul style="list-style-type: none"> <li>• Master quantification calendar developed</li> <li>• Updated supply plan</li> <li>• PPMR and PPMRm reports submitted</li> </ul>
<b>Pending Deliverables</b>	N/A
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Support PSU and participate in roll-out training for EHC quantification approach, preparation and submission of supply plan and PPMRm reports</li> <li>• Work with vertical programs in quarterly review and updates Pipeline database to generate updated supply plan for submission</li> <li>• Define and socialize "to-be" roles &amp; responsibilities related to quantification of vertical programs commodities, and develop implementation strategy on increasing ownership in quantification process and continue collaborate with GHSC–PSM.</li> </ul>
<b>Related KPIs</b>	<ul style="list-style-type: none"> <li>• 2.2.1 Level of country counterpart ownership in quantification and supply planning</li> <li>• 2.2.2 Percent forecast accuracy (by commodity group) NB: This two indicators are reported annually.</li> </ul>

# STRENGTHEN LABORATORY SUPPLY CHAINS

**Overview** GHSC TA-TZ provides technical assistance to strengthen the in country supply chain for laboratory commodities. TA is focused on quantification exercises as well as the implementation of lab-related recommendations from the HSCR. This quarter, the project on-boarded a new Laboratory Supply Chain Advisor based in the Masaki office. The focus has been to engage health supply chain stakeholders to support MOHCDGEC through the DSS unit to standardize laboratory equipment and through NACP to monitor and manage the laboratory pipeline.

**Activities implemented**

- The project conducted a meeting with HVL/HEID coordinator with the purpose of determining service data and wastage data which will inform the pipeline on what was actually consumed
- GHSC TA-TZ in collaboration with DSS and PSU conducted a workshop to standardize laboratory equipment and supplies. The following key tasks were completed:
  - Reviewed the laboratory test menu by tier and levels along with reviewing the methodologies for each test to be performed
  - Reviewed the current equipment types per level to make recommendations for reallocation or additions, especially to lower level health facilities.
  - Categorization of laboratory equipment into two main groups (equipment and axillary equipment). A total of 11 groups of machine functionality were defined.
  - Created standard laboratory specifications per WHO recommendations which will be used in the tendering process.

**Completed Deliverables** N/A

**Pending Deliverables** N/A

**Activities for quarter four**

- Finalize the SOP manual for laboratory commodities management
- Finalize the training materials for laboratory commodities management
- Support PSU in the phase one implementation of laboratory specific items as part of the redesigned logistics system
- Standardize a tool for machine functionality reporting

# 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. These secondments ended in June 2018, and project staff were transitioned off. Key activities include:

Program	NACP	NTLP	MSD
<b>Activities completed</b>	<ul style="list-style-type: none"> <li>• Provided technical inputs to finalize the development of the operational plan for HSHSP IV.</li> <li>• Coordinated and facilitated training for health care workers on rational use of medicine and logistics for the Lake zone.</li> <li>• Provided technical inputs for the development of the indicator matrix for Laboratory HIV Viral Load (HVL) and HIV Early Infant Diagnosis Testing (EID); an exercise that was held at CEEMI.</li> </ul>	<ul style="list-style-type: none"> <li>• Conducted mentoring and coaching to identified regions and districts with poor data reporting in TB and leprosy medicine logistics systems.</li> <li>• Provided technical support in preparation of annual Global fund performance updates on pharmaceutical category. The reports include stock status, price and quality report (PQR) as well as medicine availability.</li> <li>• Delivered technical backstop for the revision of price quote/pro-forma invoices from supplier “Global Drugs Facility (GDF)” for procurement of TB medicines and laboratory commodities worth 5,788,708.84 USD under quarter 2 &amp; 4 2018 Global Fund support</li> <li>• Supported the Program in quarterly quantification review and updating supply plan for first line, second line TB medicines and laboratory commodities</li> </ul>	<ul style="list-style-type: none"> <li>• Altered and advised MSD on availability of Artesunate injection across all zones warehouses due to challenges of having multiple expiry and it being in HUBs.</li> <li>• Advocated on data use for MSD RBF implementing zones.</li> <li>• Provided technical support in updating training material which incorporated in the new verification guide, performance reporting template and quality indicators for MSD SBUs.</li> <li>• Continued support of MSD’s operational and supply plan to ensure that stock is available at MSD HUB’s with regards of FEFO.</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Transition to government</li> </ul>	<ul style="list-style-type: none"> <li>• Transition to government</li> </ul>	<ul style="list-style-type: none"> <li>• Transition to government</li> </ul>



# CAPACITY BUILDING: INCREASE DATA USE

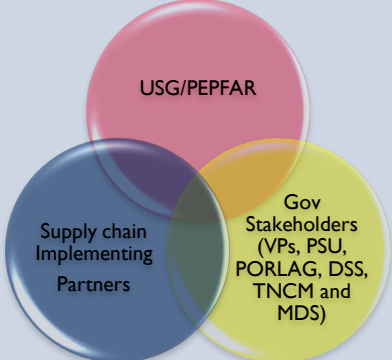
<b>Overview</b>	GHSC TA-TZ is focused on increasing the use of supply chain data by stakeholders. To build the capacity of R/CHMTs, the project aims to improve supply chain performance by promoting data use at all levels of the supply chain. The IMPACT team approach establishes a sustainable structure 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 was to strategize on how to roll out the approach in the mainland.
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ supported a TOT workshop to create a national pool of trainers for IMPACT team approach. A total of 17 trainers successfully completed the training and they will be used in the subsequent training. Also during the workshop, we used the same opportunity to solicit inputs and improvements on SOPs and training materials which have been incorporated.</li> <li>• The project also agreed with PORALG on the roll-out plan to support initial deployment to one region (which is performing poorly in terms of supply chain KPIs). Using the various analyses which the project has done, we have identified the 5 lowest performing regions for initial focus.</li> <li>• The project also supported a second meeting for Zanzibar National IMPACT team where they reviewed the scope, indicators and performance plan after adding new members from laboratory services and Prevention of Corruption Bureau. Also, the national IMPACT teams advised the roll out to district level to be on hold for the time being until when the devolution has taken effect and become clear on roles and responsibilities at the district level.</li> </ul>
<b>Completed Deliverables</b>	<ul style="list-style-type: none"> <li>• IMPACT teams TOT and roll out training materials</li> <li>• Updated Data Use SOP</li> </ul>
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• TOT report for mainland IMPACT teams</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Support the third meeting for Zanzibar National level IMPACT team</li> <li>• Conduct IMPACT team orientation training (roll out) to one region in the mainland.</li> </ul>
<b>Related KPIs</b>	<p>3.2.1: Number of national/subnational TWG meetings utilizing eLMIS reports for evidence-based decision making: 28</p> <p>3.2.2: Number of people who log into eLMIS: 2604</p>

# SUPPORT THE IMPLEMENTATION OF A RESULTS BASED FINANCING SCHEME

<b>Overview</b>	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 April – June 2018, GHSC TA-TZ supported a data use workshop for seeking stakeholders' inputs on the proposed MSD quality indicators and performance reporting template. The project supported a workshop on updating RBF training materials.
<b>Activities implemented</b>	<p>Apart from participating in the routine quarterly verification exercises for RBF implementing SBUs, the project also supported:</p> <ul style="list-style-type: none"> <li>• A workshop to gather inputs to inform the finalization and endorsement of the performance reporting template, proposed MSD quality indicators, as well as collaborated with PS3 in seeking user requirements for the automated invoicing system.</li> <li>• Updating of RBF supply chain training materials (specifically for MSD) to incorporate the RBF performance reporting template.</li> </ul>
<b>Completed Deliverables</b>	<ul style="list-style-type: none"> <li>• MSD RBF performance reporting template</li> </ul>
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• Initiate the activities related to identifying opportunities to streamline RBF activities and reduce cost</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• The project will support the finalization of MSD RBF quality indicators and their associated incentive calculation for the RBF steering committee.</li> <li>• We will initiate the activity of comparing medicine availability in the RBF implementing facilities against non-RBF implementing facilities.</li> <li>• Finalize activity on identifying opportunities to streamline RBF activities and reduce cost.</li> </ul>
<b>Related KPIs</b>	4.1.1 Percent of RBF performance incentives received by MSD SBUs over a specified period: (Q2 Result: Central SBU 31.2% Central VP 45.6% Transport SBU 100% Mwanza 53.8% Dar 22.3%, Tabora 3.9%, Muleba 60%)

# 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. The focus for this quarter was to continue strengthening data utilization by sharing health supply chain data and reports to supply chain stakeholders through technical working and decision making meetings at all levels.

Activities implemented	Stakeholders	Meetings
	USG/PEPFAR meetings	<ul style="list-style-type: none"> <li>JPPM Meeting conducted in Zanzibar where the project guided ZAMEP and other programs on what is required to have an effective supply chain.</li> </ul>
	Gov Stakeholder Meetings	<ul style="list-style-type: none"> <li>RCHS commodity security meeting and meetings with MSD and programs, particularly NACP for discussing supply imbalances and making action plans to address them to avoid expiries and stockouts.</li> <li>Meetings with DSS and NACP discussing laboratory pipeline particularly stock status, consumption and shipment of health laboratory commodities.</li> <li>Meetings with MSD Vertical program manager to revive LMU-MSD monthly meetings, which was a great forum to discuss issues related to performance on fulfilling zonal orders as well as addressing challenges for performance improvement</li> <li>Routine meeting with GHSC-PSM, the mission and vertical programs, to discuss issues related to shipments on order</li> <li>Technical meeting for all NACP staff whereby some of the key issues discussed were on implementation of the activities under Global Fund and CDC</li> <li>Meetings with R/CHMTs through LMU to discuss stock status and data quality issues in health supply chain.</li> <li>Meetings with health supply chain stakeholders to institutionalize redesigned system and update LMIS tools.</li> <li>Meeting with chief pharmacist to review progress on the priority activities such as finalization of the KPIs, system redesign, lab standardization, harmonization of supportive supervision tools, standardization of DQA protocol, eLMIS and LMU transition, and harmonization of supply chain roles and responsibilities.</li> </ul>
	Supply chain IPs meetings	<ul style="list-style-type: none"> <li>Supply Chain Implementing Partners Group meeting established to align partners on supply chain activities, in an effort to reduce duplication and complement ongoing activities including planning for the upcoming Supply Chain Summit</li> </ul>
	Cross-cutting meetings	<ul style="list-style-type: none"> <li>World Malaria Day at Kasulu-Kigoma whereby GHSC TA-TZ had an opportunity to share with the community, government and partners on GHSC's contribution toward to supporting malaria interventions for commodity availability and data visibility for decision-making</li> </ul>

**Related KPIs**

- 3.1.1: Number of information sharing technical forums supported by providing data for decision making (Q3 Result; 11)
- 3.1.2: Number of program reports produced and disseminated with other supply chain stakeholders (Q2 Result; 0)

# STRENGTHEN GOVERNANCE AND ACCOUNTABILITY

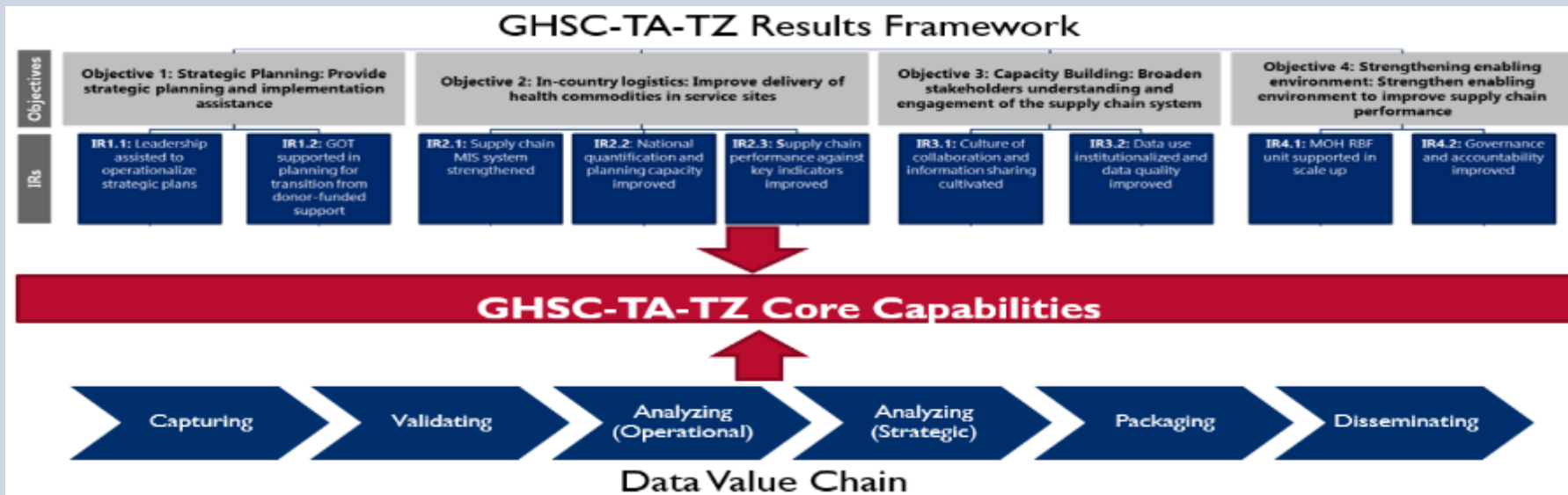
<b>Overview</b>	<p>GHSC TA-TZ works to align PO-RALG, MOHCDGEC, and a range of supply chain stakeholders on supply chain priorities. PO-RALG has the responsibility for implementation, while the MOHCDGEC has responsibility for setting policy. The project has progressed this technical area by conducting 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 processes that occur within organizations (e.g., internal organizational policies and processes). The main focus areas for this quarter April to June 2018 were (1) to help visualize the interconnected nature of the supply chain system by highlighting how key tasks are managed between organizations, (2) establish a recommended eLMIS governance structure after it is transitioned to the government of Tanzania, and (3) to start preparation of the supply chain summit where different stakeholders will be engaged.</p>
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• The stakeholders' validation meeting was conducted and the first draft of the supply chain roles and responsibilities matrix is completed</li> <li>• GHSC TA-TZ supported consultative meetings and ground work done for gathering information and requirements for the transition of eLMIS to the government</li> <li>• The project wrote a concept note for the supply chain summit to inform the secretariat responsible for coordination. This supply chain summit is a forum that will gather all supply chain stakeholders from public and private sectors with three main objectives:             <ol style="list-style-type: none"> <li>1. To realize that supply chain of health commodities in the public sector involves a wide range of stakeholders</li> <li>2. Establish cooperation and networking between various supply chain actors and</li> <li>3. Inspire innovations in resolving supply chain bottlenecks</li> </ol> </li> </ul>
<b>Completed Deliverables</b>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> draft of supply chain roles and responsibilities matrix is completed</li> </ul>
<b>Pending Deliverables</b>	<ul style="list-style-type: none"> <li>• Final recommended eLMIS governance structure</li> </ul>
<b>Activities for quarter four</b>	<ul style="list-style-type: none"> <li>• Conduct consensus meeting with PSU and DPP to finalize the supply chain roles and responsibilities matrix</li> <li>• Conduct consultative workshop with key eLMIS stakeholders to discuss transition to the government</li> </ul>
<b>Related KPIs</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>

# GHSC TA-TZ MID TERM REVIEW

**Overview** GHSC TA-TZ engaged a short term technical assistance (STTA) provider to conduct a mid-term performance evaluation of how the project has met (or is on track to meet) the four main objectives of the project. The focus of the evaluation was to review the technical support provided by the GHSC TA-TZ to MOHCDGEC and PO-RALG with the purpose of developing recommendations for project performance towards achieving the intended objectives, and identifying course-correcting actions to ensure the project will meet its objectives prior to completion.

**Activities implemented** GHSC TA-TZ completed a quasi-independent midterm review to assess if the project is on track to meet its four objectives and to identify any course-correcting actions necessary to ensure the project will meet its objectives prior to completion. Priority recommendations included:

- Investing resources in automating and simplifying downstream data capture, validation, and analysis tasks, particularly within the current scope of LMU teams.
- Defining a clear end-state, post-transition vision for the GHSC TA-TZ project, and an overall set of core capabilities that will help the project achieve that vision.
- Incorporating a more analytical approach to supply chain management, including bench-marking performance of key stakeholders, identifying root-cause issues, and continually rethinking how supply chain functions should be carried out.
- Developing a data-driven advocacy strategy that focuses on long-term, high-value objectives like 1) eliminating facility staff involvement in supply chain data capture, 2) securing supply chain performance-based contracts within GoT ministries, and 3) outsourcing supply chain functions to private service providers.



**Related KPIs** None

# — QUARTERLY IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

# IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges	Mitigation
Delays in review of LMU Charter and SOP manuals have an impact in implementation of transition plan activities	Work closely with Chief Pharmacist to prioritize the Charter review and implement the transition plan which also includes absorption of LMU staff in the GoT
Loss of key LMU staff during transition and delays in filling GF vacant positions	Continuous follow up with Chief Pharmacist on fulfilling the vacant GF positions Elevate the impact of not fulfilling GF positions in LMU steering committee
Reduced supportive supervision by decreasing health facilities visits coverage; anticipated risks on data quality if R/CHMTs will not conduct effective supportive supervision	Few remaining LMU staff will continue support R/CHMT to be able to provide support other supply chain staff at the health facilities within the region/council. Continuous collaboration with PORALG central and advocate for implementation of IMPACT teams approach that will improve performance of regions/councils and health facilities
Most facilities using the GoTHOMIS and/or Unified Solution are required to manually sync data to the central server (repository). For best practices facility level systems should be sharing transactional data consistently & timely for better analysis hence pro-active interventions.	Continue to advocate for provision of reliable internet connection for deployment to all facility level systems to be able to sync to the central server(s) at least once a day (nightly). This approach and consistency will support the Enterprise Architecture purpose of having interoperable systems that seamlessly connect and share standardized information
Facility level systems often create or update product information rather than pulling from the MSD catalogue; this poses risks to successful integration.	Continue to advocate for all GoTHOMIS installations to use a single source to get product information.
Trimming down of the LMU has reduced the Level I & II support staffing for eLMIS support	Realign staffing for supporting level I & II

# IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

## Risks and Challenges

## Mitigation

Delay delivery of PEPFAR PSM orders which were supposed to be delivered in June 2018 which may put program at risk of stockout

Following up with the supplier to provide order and shipment updates on a monthly basis

ARVs expiries at MSD, this issue is now taking a bad image much as some amount of measures are being taken by both LMU and NACP

To continue with measures to avert ARVs expiries and better involvement of all stakeholders

Transition of patients to TLD, the country need to develop smart measures to avoid expiries of ARVs.

Project is a part of the national team coordinating transition of TLD and we have identified priorities that need to be in place e.g. advocacy and communication plan to clients and health facilities, re-quantifying, updating pipeline, capacity building, tools updates and close monitoring of the current stock of ARVs. In addition, the project started to assist shipping out some ARVs to Zimbabwe and Uganda as efforts to address potential expiries partly contributed to by the transition

Tentative timeline for eLMIS transition workshop coinciding with timelines for year 3 work planning

Organize and plan in advance for the eLMIS transition workshop and year 3 work planning to cover all key areas.

Availability of funding to conduct consensus meeting (for supply chain roles and responsibilities) and timeline coinciding with year 3 work planning sessions

Explore any savings available to use for supply chain roles and responsibilities consensus meeting

Total funding for Tanzania health supply summit likely to go beyond budget

Engage other interested supply chain partners to contribute to the summit budget

Limited control over system roll out since scope of the support end up with ToT training.

Advocate for system redesign coordination team to continue overseeing the implementation of the redesigned to ensure quality.

Delay of the disbursement fund from Global fund for implementing the redesigned system.

Follow-up with PSU to continue advocating for quick disbursement of funds. GHSC-TA-TZ will follow up with PSU.

Move of so many MOH staff to Dodoma and delay in recruitment of financing specialist may delay completion of activities according to timetable.

Some of project staff moving to Dodoma.



# — QUARTERLY PROJECT MONITORING PLAN REPORT



# 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	Q3 APR - JUN 2018
I. Provide Strategic Planning and Implementation Assistance	I.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%	
	I.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%			
	I.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%			
	I.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	Q3 APR – JUN 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%	66% <sup>1</sup>
	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%	ARVs 8% RTKs 13% FP 21% Malaria 20% EM 28% TB 12%
	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	ARVs 2 FP 0.3 Malaria 1 RTK 1

<sup>1</sup>Quarter April – June 2018: SLA was assessed with 24 hours while the rest from previous quarter were assessed within 8 hours

# 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	Q3 APR – JUN 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	6 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%	ARVs 73% RTKS 30% FP 81% Malaria 94% TB 63%
	2.3.5: Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	Indirect	95%	97%	94%	95%	96%	95%
	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%, OI (Cotrimoxazole suspension and tablet respectively) are 24% and 25% Male condom 19%	ARV 29%, RTKs 24%, OI (Cotrimoxazole suspension and tablet respectively) are 20% and 23% Male condom 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	Q3 APR – JUN 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	11
	3.1.2: Number of project reports produced and disseminate with other supply chain stakeholders	N/A	Quarterly	Direct					1	0
	3.1.3: Number of joint supportive supervisions conducted	72 supervision annual	Quarterly	Direct					23	20
	3.2.1: Number of national/subnational TWG meetings utilizing e-LMIS reports for evidence-based decision making	N/A	Quarterly	Direct					29	28
	3.2.2: Number of people logging-in into e-LMIS	N/A	Quarterly	Indirect					2261	2604
	3.2.3: Percentage of R&R passing data quality check in specific period.	N/A	Quarterly	Indirect	NA	NA	NA	NA	86%	81%
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%	Central SBU 31.2% Central VP 45.6% Transport SBU 100% Mwanza 23.8% Dar 22.3%, Tabora 3.9%, Muleba 60.3%	N/A (results available in September 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



# ACRONYM LIST

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



# ACRONYM LIST

<b>MOH</b>	Ministry of Health (Zanzibar)
<b>MOHCDGEC</b>	Ministry of Health, Community Development, Gender, Elderly and Children
<b>DMO</b>	District medical officer
<b>NACP</b>	National AIDS Control Program
<b>NPAP</b>	National Pharmaceutical Action Plan
<b>NTLP</b>	National Tuberculosis and Leprosy Program
<b>PMTCT</b>	Prevention of mother to child transmission (of HIV)
<b>PO-RALG</b>	President's Office of Regional Administration and Local Governments
<b>PS</b>	Permanent Secretary
<b>PSM</b>	Procurement and supply management
<b>PSU</b>	Pharmaceutical Services Unit
<b>CP</b>	Chief Pharmacist
<b>PHCU</b>	primary health facilities
<b>ZILS</b>	Zanzibar Integrated Logistics System
<b>RCHS</b>	Reproductive and Child Health Services
<b>HVL</b>	HIV Viral Load
<b>EID</b>	Early Infant Diagnosis
<b>RACI</b>	Responsible, Accountable, Consulted, or Informed
<b>GF/SC</b>	Global fund supply chain
<b>PQR</b>	Price and quality report

# ACRONYM LIST

<b>RUM</b>	Regional use of medicine
<b>NMCP</b>	National Malaria Control Program
<b>MOP</b>	Malaria Operational Plan
<b>SOP</b>	Standard operating procedure
<b>TOT</b>	Training of trainers
<b>TFNC</b>	Tanzania Food and Nutrition Centre
<b>HF</b>	Health facility
<b>FEFO</b>	First expiry first out
<b>USAID</b>	United states agency for international development
<b>HIS</b>	Health Information System
<b>GoTHOMIS</b>	Government of Tanzania Hospital Management Information System
<b>GoZ</b>	Government of Zanzibar
<b>WHO</b>	World health organization
<b>IP</b>	implementing partners (IPs)
<b>R&amp;R</b>	Report and request
<b>KPI</b>	Key performance indicator
<b>DQA</b>	Data quality assessment
<b>ZSCAP</b>	Zanzibar supply chain
<b>TA</b>	Technical assistance
<b>DHIS2</b>	District health information system
<b>HIM</b>	Health information mediator
<b>CMS</b>	Central medical store
<b>STTA</b>	Short term technical assistance

# — ROOT CAUSE ANALYSIS FOR QUARTERLY PMP INDICATORS

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

### Performance trends and description

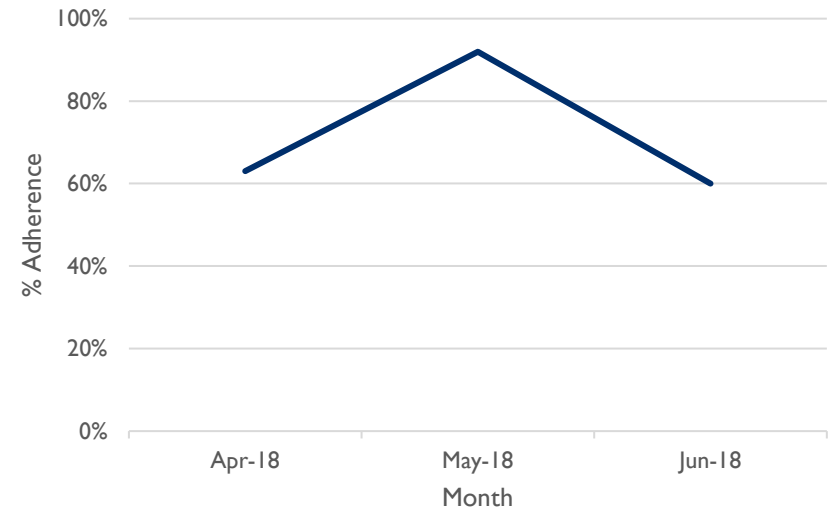
Reported issues were 59 and out of these 39 issues were resolved/responded to within the 24 hours SLA.

Overall for this quarter 3, there have been fewer issues reported into the services desk with no issues reported some of the weeks.

The adherence for this quarter is **70%**.

Common reported issues for this quarter were registration of new products. There were also three incidences for reported down time/unavailability of the system.

SLA Adherence Trend



### Root cause analysis

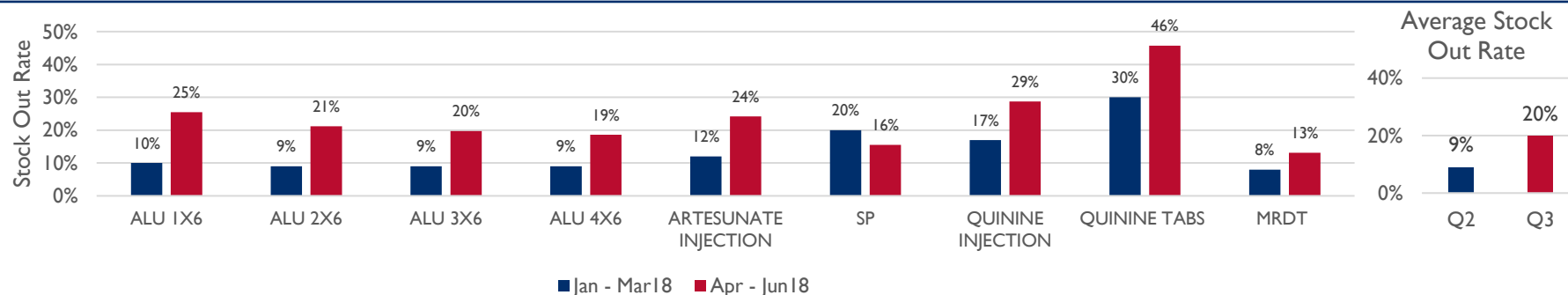
Level I & II support team: Still there are challenges for support team to regularly check in for any reported issues in the service desk due to other competing priorities. Even with the existing mechanism of email and calendar reminders, we have observed a slight decrease, which might continue with trimming of the LMU staffing which have been supporting the helpdesk as well.

### Corrective actions

Hiring two temporary support associates to support the remaining LDAs in the LMU team and enforcing reminders to frequently respond/resolve reported issues.

## 2.3.1 STOCK OUT RATE: MALARIA

### Performance trends and description



### Root cause analysis

During the quarter, the overall stock out rate of malaria commodities (as well as for most individual commodities) has doubled compared to last quarter (January-March 2018), with the exception of SP where there is a slight drop in stock out rate compared to last quarter. Quinine tablets were the most stocked out product (46%). In addition, zones have shown unavailability of Quinine injection through the Monthly Advisory Order Sheets (MAOS) and Zonal performance reports for this reporting period. Quinine tablets are procured by the MOHCDGEC through MSD, which procures quinine on demand. This is a normal saleable commodity where facilities have to purchase from MSD; insufficient funding within facility accounts likely impedes availability. The availability of SP has improved compared to last quarter across zones although some zones like Tabora zone and Tanga sales point reported stock outs. However, Tabora's stockout was due to the wrong code being ordered by facilities. Almost all zones through the Zonal performance reported high stock out rates of ALU formulations, artesunate injection, and mRDTs. In Iringa and Dar zones, the overall stock out rate of malarial commodities doubled compared to last quarter (from 10% to 23% in Iringa and from 11.3% to 27.4% in Dar). The reasons cited include: facilities not keeping all four ALU presentations when one is available; facilities may report stock out of one formulation of ALU and not order the item at MSD; inaccurate ordering of mRDTs, data quality issues such as unit of measure used in ordering such as blisters versus tablets or tests versus kits. Almost all zones attributed the high stock out rate to ALU.

### Corrective actions

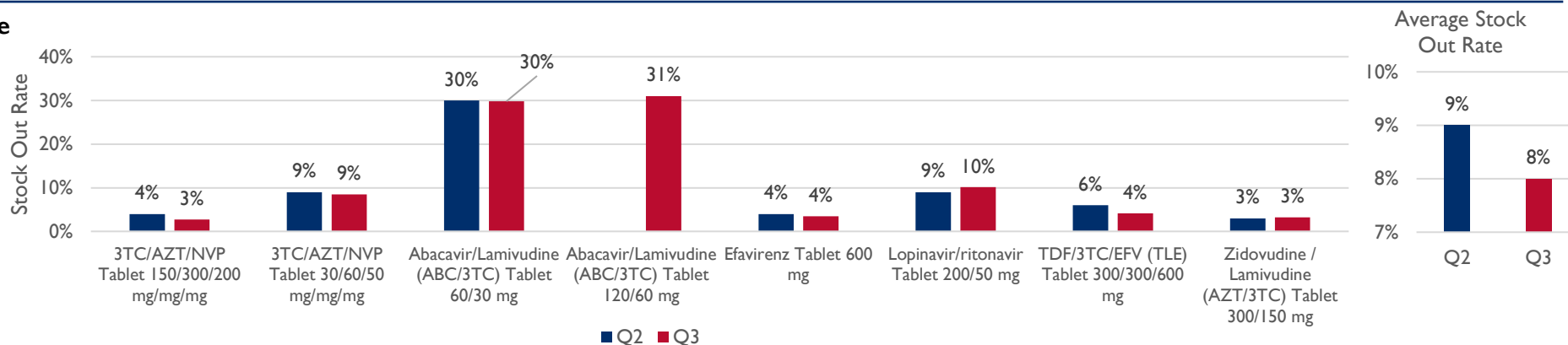
GHSC TA-TZ has continued to work tirelessly with all important stakeholders involved in malaria commodities such as NMCP, R/CHMT, LMU, PORALG, MSD and Implementing partners to improve data quality that pertain to these commodities and consequently availability at the last mile.

The following has been done

- GHSC TA-TZ through LMU has continued to monitor stocks at the zones and facilitate interzonal transfer to mitigate shortages temporarily and also minimize risk of expiry. Also, GHSC-TA-TZ supported quarterly supply plan review
- GHSC TA-TZ through demand planning specialist continued to work with NACP in monitoring the MOS already in country and in the pipeline and adjust shipments accordingly to mitigate wastage. LMU has worked with R/CHMTs and IPs to capacitate health care workers in forecasting and ordering and encouraged RCHMTs and IPs to advocate for adherence to treatment guidelines and evidence based treatment to clinicians

## 2.3.1 STOCK OUT RATE: ARVS

### Performance trends and description



### Root cause analysis

The stock out rate this quarter has remained consistent compared to last quarter. On average, there was a 1% drop in stock out rate compared to last quarter. Both ABC/3TC formulations taken into account whereas last quarter, the facilities did not report the double strength. However, when considering only the single strength, there is a 3% drop in stock out rate compared to last quarter. The stock out rate has been attributed mostly to pediatric formulations (ABC/3TC). During this reporting quarter, the newly introduced double strength formulation officially started being used. However, factors such as low awareness of this formulation and different codes in the eLMIS have contributed to the stock out rate. Despite being stocked in some zones, many facilities continued to order the single strength which was stocked out in most of the zones during the quarter such as Tabora, Dar, Mwanza, Moshi. Also, some zones were stocked out of the double strength formulation for a long time such as Tabora which had stock outs of this formulation since December 2017 and shortages in Dar zone also where most of the items had short expiry dates.

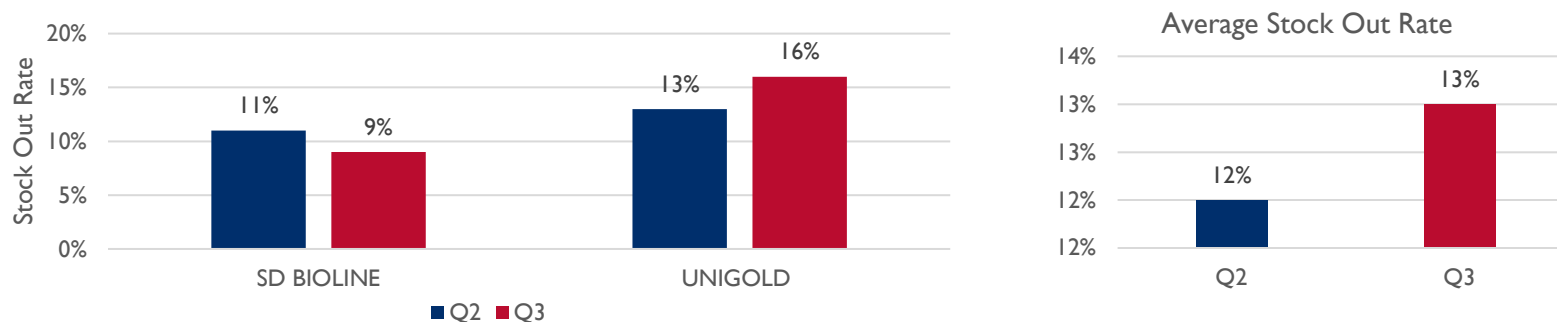
### Corrective actions

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;

- GHSC-TA-TZ supported NACP in quantification exercise for ARVs taking into account new formulations that have been introduced e.g. ABC/3TC 120/60mg. In addition, GHSC TA-TZ has also pushed for emergency shipments of ACB/3TC.
- LMU coordinated interzonal transfers and interfacility redistributions to mitigate the situation temporarily.
- For the past two quarters, GHSC –TA-TZ has been advocating to NACP for the release of circular to enforce or direct the use of the double strength formulation whose consumption has been a challenge. This has been partly a success in that NACP has distributed to all regions the current guideline (6<sup>th</sup> edition,2017) for clinicians and other health care workers to refer to while attending to pediatric clients. This alone is not enough to yield fruitful results since HCWs are already overwhelmed to start perusing the guideline. In view of this, GHSC-TA-TZ through LMU has been advocating to RHMTs, CHMTs and Implementing partners to encourage health facilities to order the new formulation to improve uptake. In addition, LMU in zones apart from guiding health facilities to order the new formulation have been rejecting R&Rs that order the old formulation by explaining to facilities to check the doses since its double strength and reorder.
- 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 1% increase in the average stock out rate of RTKs in Q3 compared to Q2. Unigold which had a stock out rate of 16%, a 3% increase compared to last quarter while SD Bioline stockouts decreased by 2%. Stock out incidences have been reported across different zones such as Dar, Tabora, and. At National level, there were shortages of RTKs in Q3 especially SD Bioline. Most of these zones reported in their performance reports that the high stock out incidences of Unigold are caused by short expiry dates as some facilities and zones like Moshi had Unigold expiring in April 2018. An important factor in the increase in stockout rates are the testing campaigns conducted by implementing partners in response to the 90:90:90 strategy. The recent Furaha yangu campaign launched by PORALG in collaboration with MSD significantly contributed to unanticipated high consumption of test kits which affected the supply.

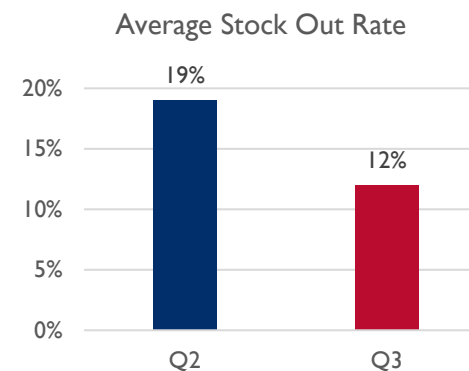
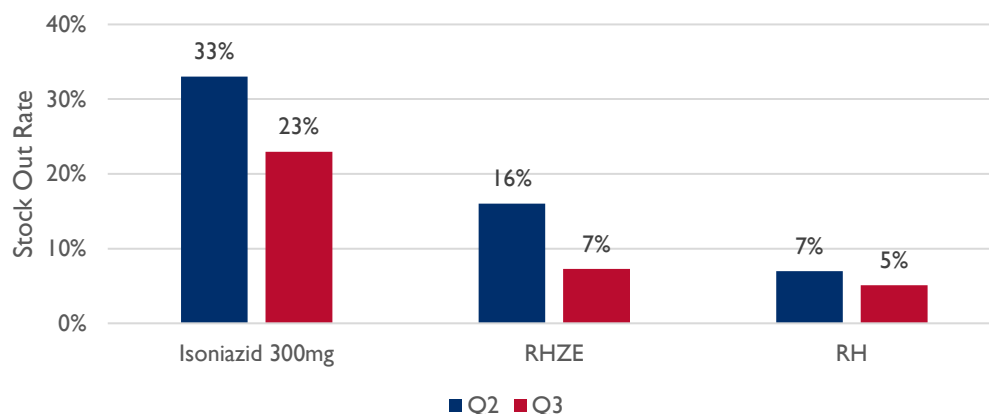
### Corrective actions

GHSC TA-TZ has continued to focus on improving data quality and use in implementation of its activities.

- GHSC TA-TZ supported NACP in quantification of laboratory commodities including RTKs this quarter
- Through LMU, GHSC has strengthened data quality checks through the review of R&Rs in collaboration with R/CHMTs to improve quality of data used to order test kits at MSD.
- On the job training conducted LMU during supervisory visits in collaboration with R/CHMTs have been focusing on improving quality of data reported for commodity needs. With RTKs, advocacy for adherence to testing protocols has been done by LMU in collaboration with R/CHMTs
- Trainings on eLMIS with a focus on data quality have been facilitated by LMU upon requests of Implementing partners and R/CHMTs
- 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. GHSC is closely working with NACP to follow up on the expected shipments of RTKs scheduled for July and August where 6 MOS of SD Bioline are expected.
- Training PORALG, R/CHMTs specifically Regional pharmacists, Regional laboratory technologists, District pharmacists and District laboratory technologists as well as Implementing Partners on IMPACT teams, a data use initiative to improve commodity availability

## 2.3.1 STOCK OUT RATE:TB MEDICINES

### Performance trends and description



### Root cause analysis

Overall, there is a 7% decrease in the stock out rate of TB medicines. Different zones have reported erratic supplies of the three commodities. However, almost all zones have mentioned Isoniazid to be the main cause of the stock out rate of TB medicines, as was the case in Q2. Despite the improvement in performance this quarter, the critical shortage of Isoniazid 300mg across zones has continued to affect availability of the commodity at service delivery points and consequently the provision of Isoniazid Preventive Therapy (IPT) to new clients on IPT and risks to those who had already started to complete the six month course. As of end of May 20018, MSD had shortages of the three items as follows: 4.1MOS, 1.6MOS and 3MOS of RH,RHZE and Isoniazid 300mg respectively. There have been poor fill rates pertaining to these commodities from central to zones. In April 2018, Dodoma zone had the highest fill rate of 71% whereas Muleba zone had 0% . Similarly in May 2018, Mwanza zone had the highest fill rate of 57% where as Muleba zone had 0%.

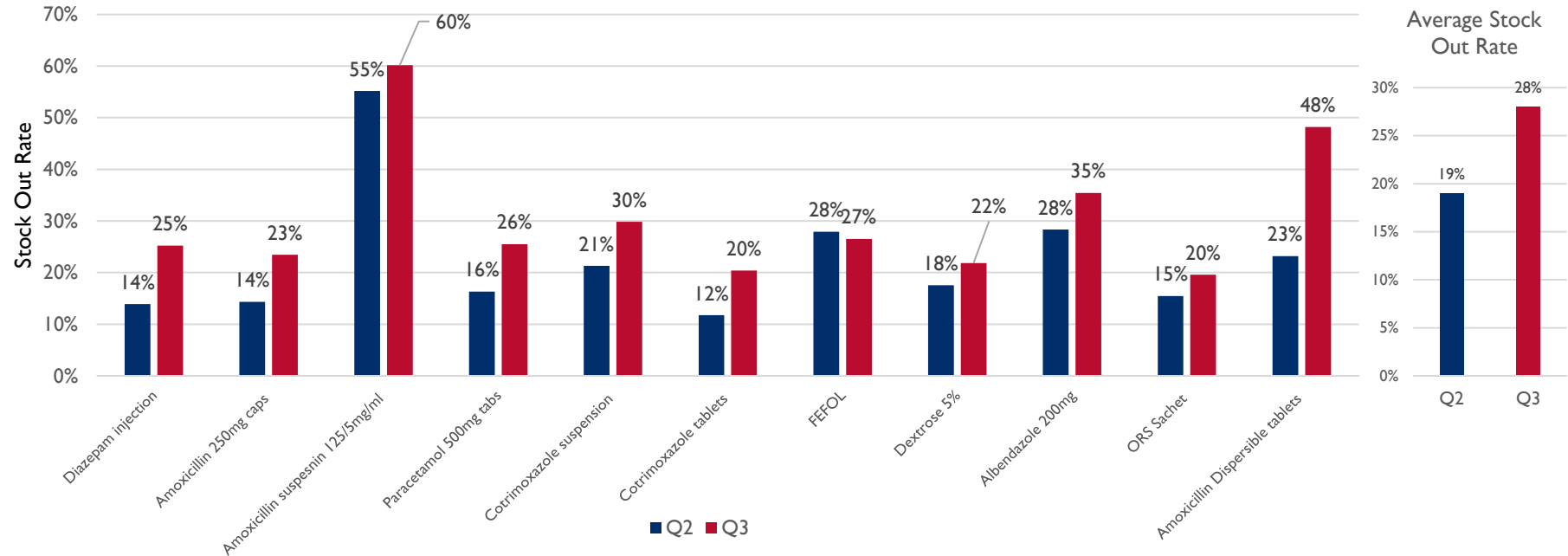
### Corrective actions

- GHSC TA-TZ continued to work closely with NTLT in following up on the availability of these items so that shipments can be expedited. There are incoming shipments of RH tabs with 13MOS, RHZE with 13.2 MOS and Isoniazid with 8.8MOS hence improvement in availability is expected in Q4 .
- LMU team collaborated with Implementing Partners and R/CHMTs to support interzonal and interfacility to curb the situation temporarily.
- Mentorship on forecasting and ordering through CHMTs as well as data quality checks and R&R reviews were done by LMU to improve availability of commodities.
- GHSC TA-TZ has supported the NTLT to disseminate the circular that was released in June 2018 to other Implementing partners and R/CHMT regarding guidance in treatment of clients with recurring infection and removal of streptomycin and RHE from the list of TB medicines used for treatment.



## 2.3.1 STOCK OUT RATE: ESSENTIAL MEDICINES

### Performance trends and description



### Root cause analysis

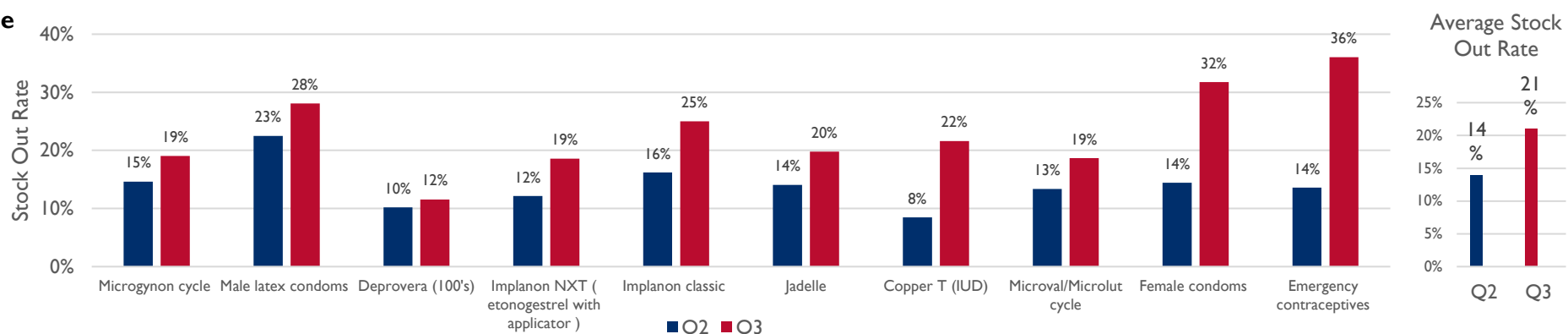
Overall, there is a 9% increase in stock out rate compared to last quarter. Amoxicillin suspension is the product with the highest stockout rate (60%); however, most facilities do not order Amoxicillin suspension especially as amoxicillin DT is being rolled out. At the same time, there are challenges in the availability of amoxicillin DT. Zones have reported financial constraints to be the cause of all the essential medicines stock outs since they are saleable except for Amoxicillin DT. In April zones like Tabora, Dodoma, Mwanza, Moshi and Dar reported stock outs of Amoxicillin DT. However in May, these zones received except for Mwanza which still reported stock outs. As of end of May 2018, MSD central and zones had 5 MOS of this item. Dodoma reported failure of facilities to pull the item as the reason. Iringa, Mbeya and Dar also reported critical shortages of the item due to rationing from central. Stock outs of FEFOL were also reported by the zones mainly attributed to shortages at central as well as budgetary constraints at facility level

### Corrective actions

- LMU supported interfacility redistributions as well as advocating to facilities through R/CHMTs to use other sources of funds to procure these saleable commodities when stocked out at MSD in line with agreed procedures such as FEFOL
- GHSC TA-TZ has continued and will continue to work with RCHS and MSD closely to ensure the received consignment of Amoxicillin DT is distributed timely to health facilities and to encourage MSD that is procuring the item to properly conduct demand forecasting prior to procurement to avoid stock out incidences. LMU has continued to advocate for data quality checks to district pharmacists particularly pertaining to submitted R&Rs to minimize poor data quality in ordering EMs

## 2.3.1 STOCK OUT RATE: REPRODUCTIVE HEALTH (RH)

### Performance trends and description



### Root cause analysis

There is a 7% increase in the overall stock out rate of RH commodities this quarter compared to the previous quarter. All individual commodities showed increases in stockout rates. Different zones have reported stock outs of different commodities attributed to a number of factors including: shortages at zonal level and data quality challenges. Mwanza, Dodoma, Dar and Tanga zones reported high stock outs of Magnesium sulphate injection due to: poor reported consumption, zero reported by district pharmacists upon rejection of the R&Rs without consulting the respective facilities (This was reported in one of the ZPRs, Tanga SP ZPR to be precise where it was reported that some facilities did not order Magnesium sulphate because they did not know how to use the commodity hence District pharmacist filled in zeros after the R&RS were rejected without consulting the facilities), and shortages at zonal level. Several zones reported male condoms to be stocked out in Q3, including Dodoma, Dar, Iringa and Tanga sales points. One reason given for stockouts for male condoms are the multiple part numbers for male condoms at MSD level; when a facility orders a part number that is not available at MSD at the time. Tanga SP also attributed stock outs of Depo-Provera as a result of multiple part numbers. As of end of May 2018, there were national shortages at MSD level of the following RH commodities as follows: Female condoms(1MOS), Microgynon (2MOS),Emergency contraceptives (3MOS),oxytocin and Magnesium sulphate injection with 2MOS each. Also during this reporting period there were poor fill rates of RH commodities to zones from central. In April 2018, Moshi and Mtwara had the highest fill rate of 46% whereas Dar had 0%. Similarly in May, Dodoma had the highest fill rate of 50% whereas Iringa had 0%

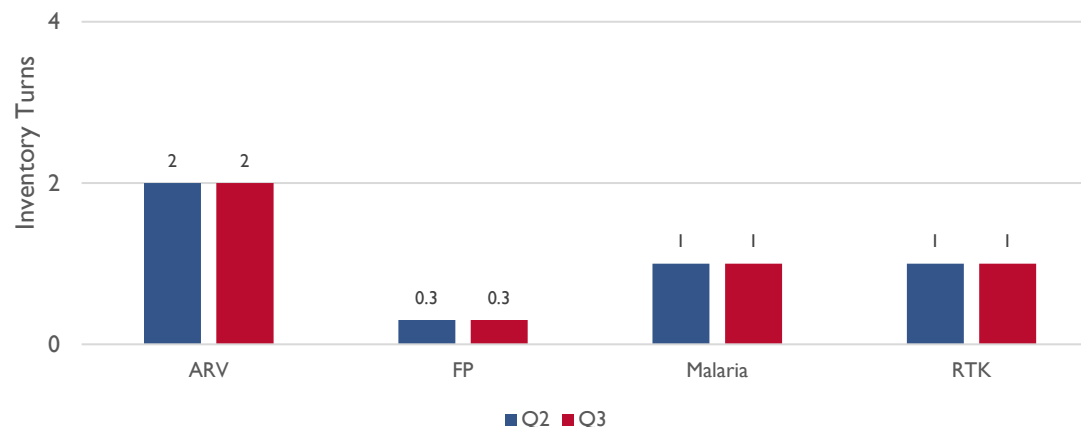
### Corrective actions

- GHSC TA-TZ through LMU continued to support interzonal transfers and interfacility redistributions to mitigate the situation temporarily.
- GHSC TA-TZ continued to work closely with RCHS through attending commodity security meetings where critical decisions on improving availability of RH commodities have been made and shipments followed up to improve availability of these commodities.
- GHSC TA-TZ through LMU, MIS, and capacity building teams has continued to monitor data quality to improve data use for decision making. Through LMU, GHSC-TA-TZ has continued to work closely with R/CHMTs and Implementing partners to facilitate trainings on eLMIS to ensure health facilities can report and order accurately as well as provision of on the job training on proper commodity management.
- GHSC TA-TZ through LMU has been and will continue to advocate to MSD sales department for improving communication with customers regarding the part numbers or codes available so that stock outs are avoided .

## 2.3.2 INVENTORY TURNS

### Performance trends and description

The graph below shows that, Inventory turns for quarter 2 and quarter 3 remain same (4) as compared with quarter 1 which was 0.4 likewise to family planning (FP) and RTK as shown below..



### Root cause analysis

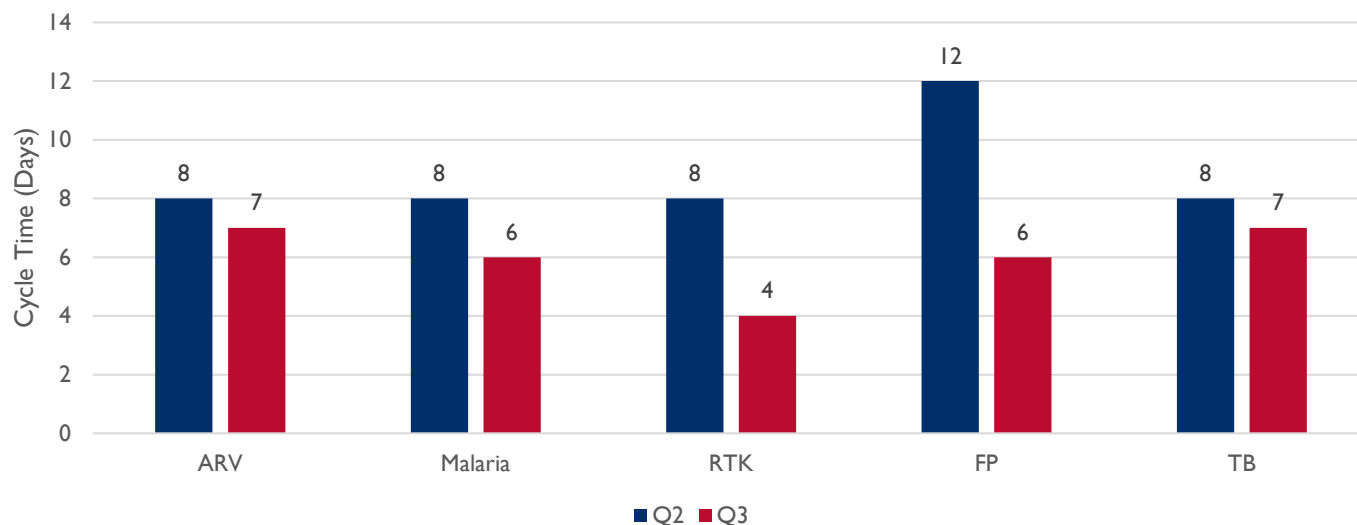
- FP: Cost of goods distributed is higher than the average inventory, this is because across all MSD zones and central there is stocks, meaning zones are not pulling from central.
- ARV: Cost of goods distributed is higher than the average inventory held in this quarter this has been due to high stock 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 April – June 2018, overall cycle time is reduced from 9 in previous quarter to 6. The graph above shows that, there is a small changes of cycle time for ARV and Malaria which reduced by 1 and 2 respectively compared with previous quarter while for RTK, FP and TB there is a large reduction whereby RTK, FP and TB reduced by 4, 6 and 8 respectively from previous quarter.

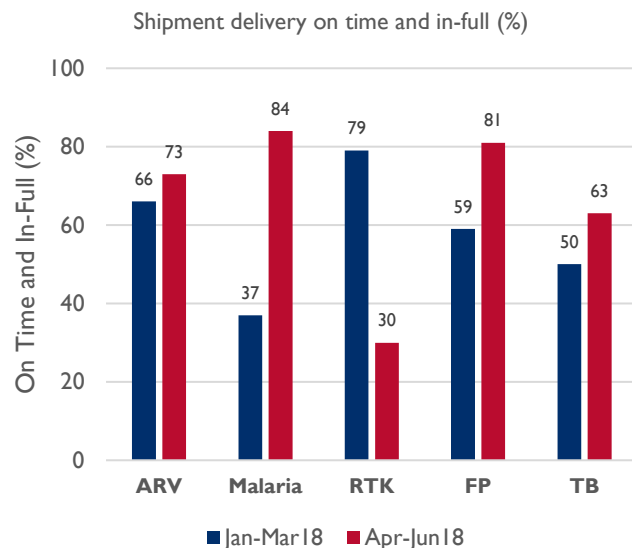
**Success:** The cycle time for all program commodities has improved due to collaborative efforts between MSD central team and LMU staff both at central and zones to ensure orders are placed, processed and shipped on time as per MSD VP distribution calendar.

### Corrective actions

- GHSC-TA-TZ through LMU 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



### Variation in order fulfillment rate (%)

Indicator	January – March 2018					April – June 2018				
	ARV	RTK	FP	Malaria	TB	ARV	RTK	FP	Malaria	TB
On-time and in full	66	79	59	37	50	73	30	81	84	63
On-time and not in full	1	0	5	6	0	3	0	0	2	7
Not on-time and in full	10	9	11	4	20	6	30	4	5	7
Not on-time and not in full	23	12	26	16	30	18	40	16	9	22

### Root cause analysis

The percentages of shipments delivered on time and in full for this quarter has improved compared to the previous quarter for all program commodities with the exception of RTK which has dropped to 30%. The low fulfillment rate has been caused by non-fulfillment of zonal orders on time. There has been staggered shipments from TB program which has resulted in poor order fill rates from central to zones. However, there is improvement compared to the last quarter.

Overall order fulfillment rate for antimalarial and Family Planning commodities has improved from the previous quarter due to commodity availability.

### Corrective actions

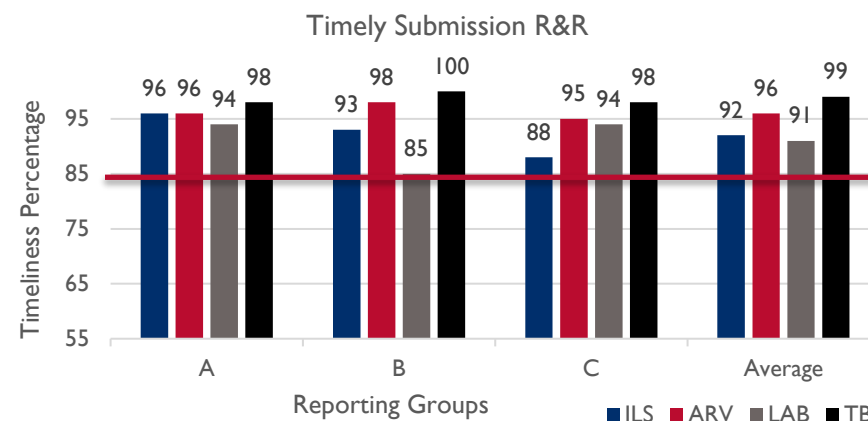
- MSD in collaboration with LMU staff will continue to carry out redistribution of commodities to avert stock outs when MSD central is facing commodity shortages
- Programs will continue providing technical support to ensure on time delivery of shipments to MSD as per supply plan and to communicate any 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

Timeliness reporting for all programs is in this quarter is averaged at 95%, above the agreed 80% threshold for timeliness reporting.

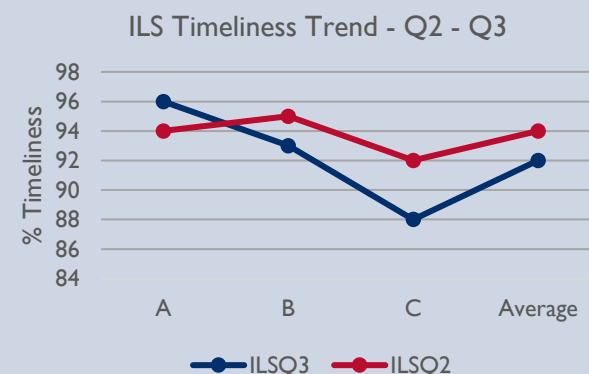
There has been a focus on the essential medicines – ILS, where there has been a progressive decrease in timeliness of reporting



### Root cause analysis

The R/CHMTs in collaboration with the LMU support timely reporting of health facilities by following up and sending reminders. Still there is a notable decrease of timely reporting of ILS program. Singida MC & DC, Mpwapwa and Lushoto are among the councils which record lower rates of timeliness between 40% - 50%.

Focusing on Lushoto experience: The facilities in the council were recently trained to enter their own R&R. Challenges of internet connection and also most facilities had reported & requested frequent emergencies hence they felt they had enough of stock and were not responsive to submitting early order at the time MSD closure.

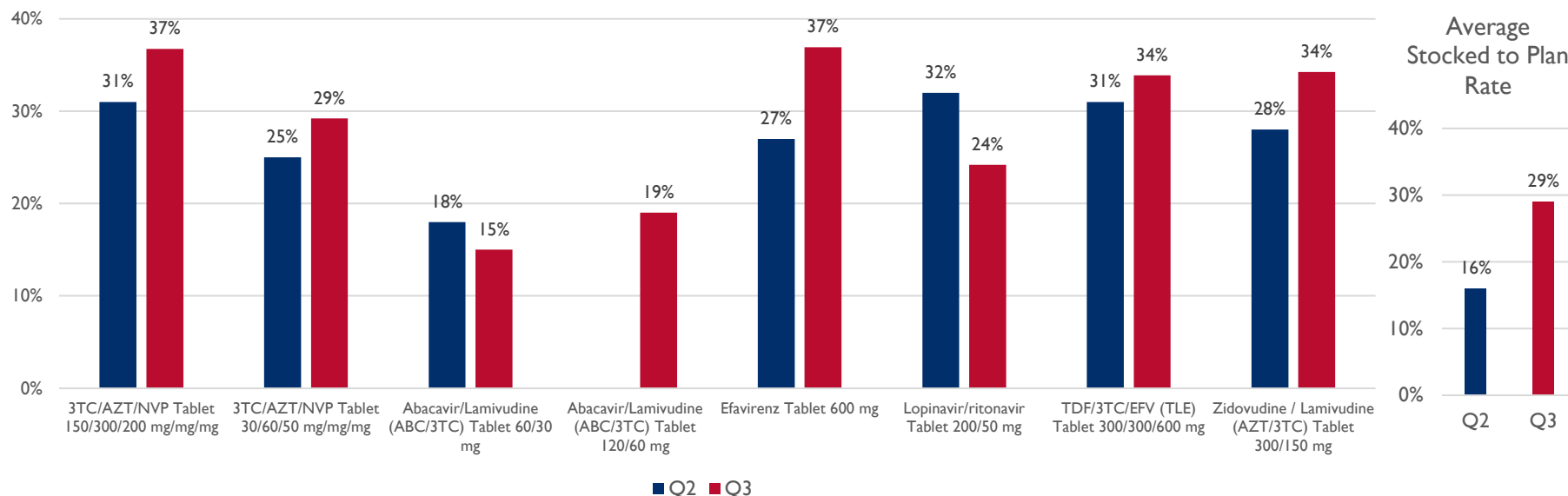


### Corrective actions

The R/CHMTs need to continue providing close follow up and ensuring facility adhere to reporting timeliness. Also plans for training facilities to enter their own R&R should ensure councils allocate budget for provision on internet connection for the health care workers to report timely. Continuous monitoring of emergency ordering.

## 2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: ARVs

### Performance trends and description



### Root cause analysis

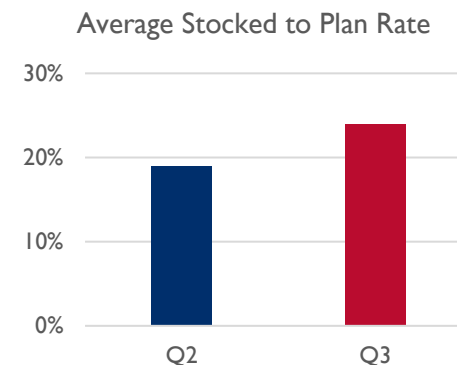
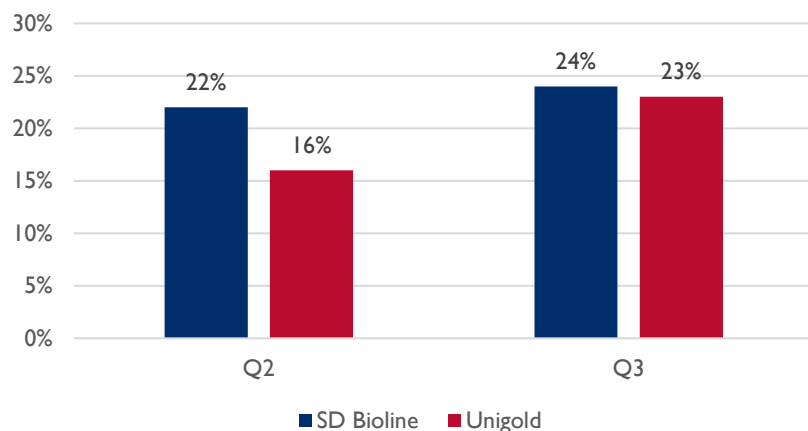
Stocked according to plan refers to stocking adequately within minimum and maximum stock levels. There is 2% decrease in stocking ARVs adequately in Q2 compared to Q1. However, the average stockout rate for ARVs was 9%, meaning that although facilities may dip below the minimum level, they do not stockout.

### Corrective actions

- The project 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 improving the 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 PO-RALG 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 5% increase in stocking RTKs adequately (within minimum and maximum stock levels) this quarter compared to last quarter. This improvement is attributed to SD Bioline which was more available compared to Unigold in Q3. The performance in general does not differ much from Quarter 2 as stock outs of Unigold have continued to be reported in Q3 where some zones like Moshi have reported Unigold with short expiry date (April 2018).

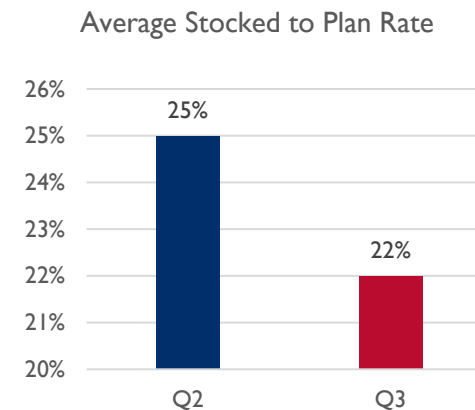
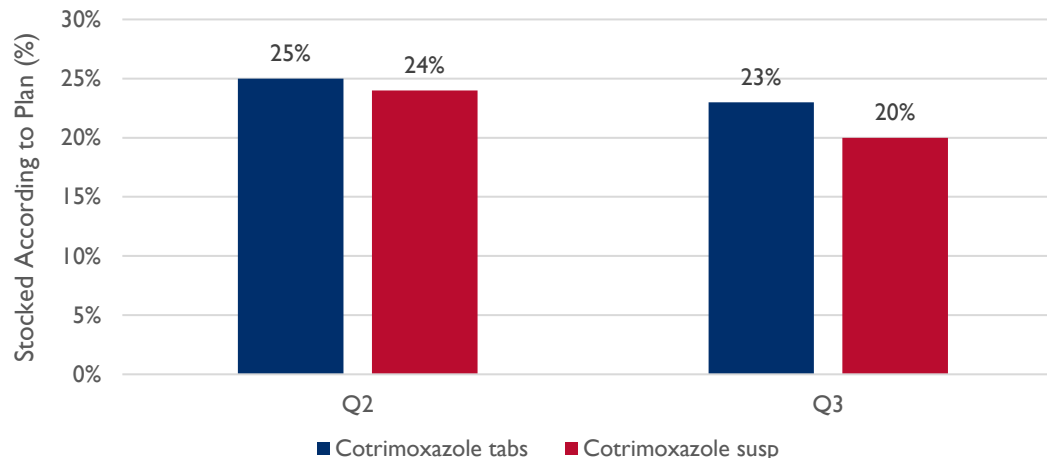
### Corrective actions

- GHSC TA-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 for health facilities. The project also suggests having a supply chain analyst team to oversee an aerial view of the overall supply chain and implement changes to the pipeline to improve commodities stock rate according to plan.
- GHSC –TA-TZ through LMU in collaboration with R/CHMTs, Implementing partners or alone has 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 improving the 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 is also finalizing a DQA protocol that will guide stakeholders in supply chain on how to embark on data quality assessments to have a standardized way .This is planned to start being used in Q4 and is envisioned to improve supply chain performance including stock availability



## 2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: COTRIMOXAZOLE

### Performance trends and description



### Root cause analysis

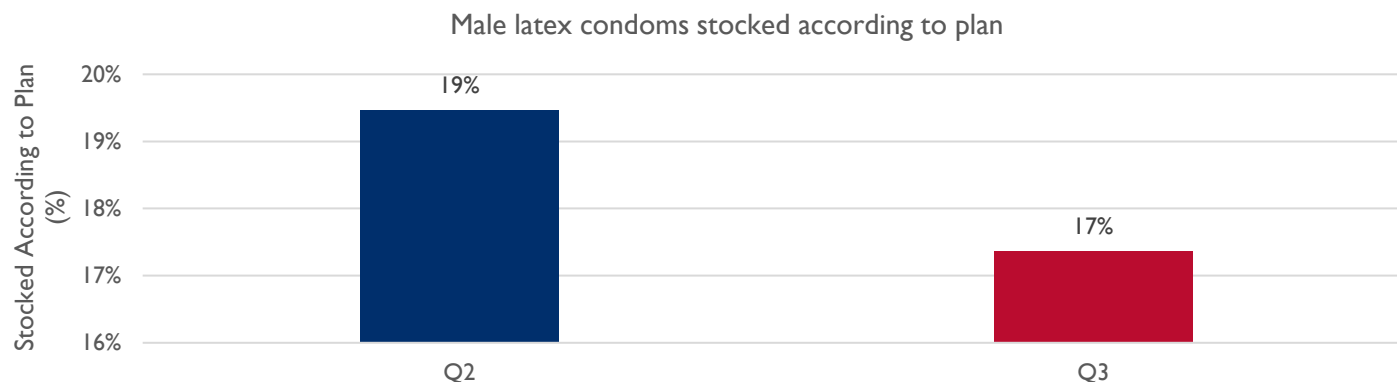
On average, there is 4% decrease in facilities adequately stocked with cotrimoxazole: a 1% decrease for cotrimoxazole tablets and 3% decrease in cotrimoxazole suspension. Some zones have reported stock out incidences of cotrimoxazole especially suspension such as Dodoma and Tabora. By virtue of being saleable items, the availability of these items is highly dependent on fund availability in the facilities MSD accounts. Zones have reported budgetary constraints to be the hindrance to adequate stocking as well as data quality issues in the eLMIS.

### Corrective actions

- GHSC TA-TZ has been and is closely advocating to health facilities through R/CHMT and PORALG to use other source of funds to purchase cotrimoxazole tablets and suspension in cases of budgetary constraints within MSD. However, more advocacy is given also to MSD to release the stock out notification to these facilities to avoid long periods of stock outs .
- GHSC TA-TZ through LMU in collaboration with R/CHMTs, Implementing Partners 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 improving the 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. 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 a drop in stocking of male condoms which could be attributed to shortages that were reported across zones as a result of part number issues and data quality issues and few shortages at zonal level which affected availability at health facility level. In some cases, facilities did not receive their orders of male condoms because the part number or item code that they used while ordering is unavailable at MSD at that particular period but male condoms in other part numbers that were not ordered are available.

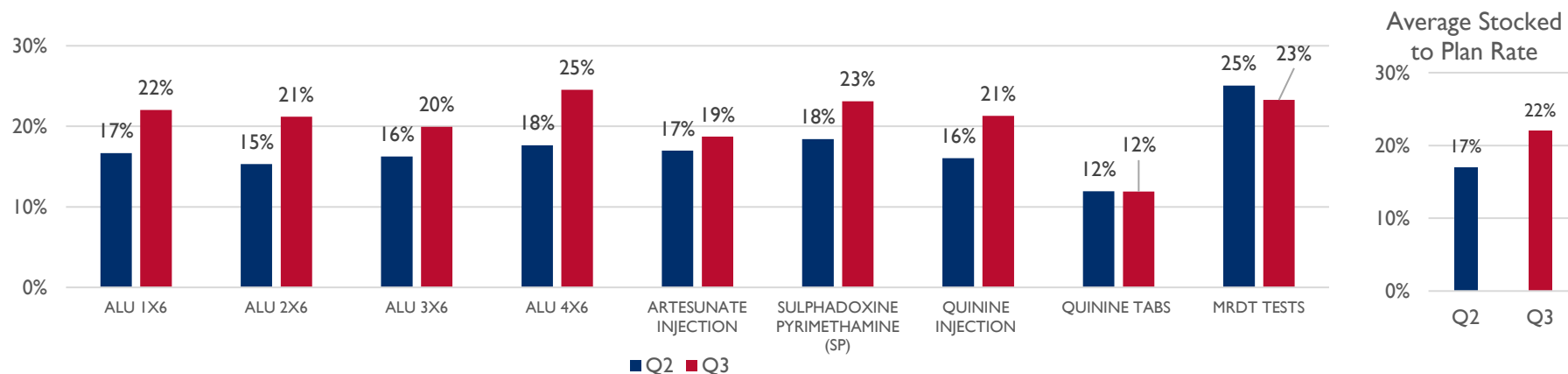
Data quality is the main challenge. Most of the facilities skip FP commodities during ordering or enter zero but in actual sense they are physically available in the stores hence false stock outs. Also some District Reproductive and Child Health coordinators as reported by LMU tell facilities to not report /order commodities in the R&Rs and that these commodities will be supplied to them by the DRCHCos. Hence on R&Rs zero appears but physically they are present.

### Corrective actions

- GHSC-TA-TZ will take relevant actions and advocate for an improved pipeline management in order to improve stock availability of male condoms
- GHSC TA-TZ has supported the RCHS in quarterly supply plan review and attended RCHS commodity security meetings focused on improving availability of RH commodities
- 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 has been and will continue to thoroughly review orders and share with sales unit at MSD the part numbers that are available and those that are not so that they can attend to customer orders using the available part numbers to minimize unnecessary stock outs.

## 2.3.7 STOCKED ACCORDING TO PLAN: MALARIA

### Performance trends and description



### Root cause analysis

On average, there is 4% improvement in stocking malaria commodities this quarter compared to last quarter. Zones have again in this quarter reported data quality issues in the eLMIS, 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.

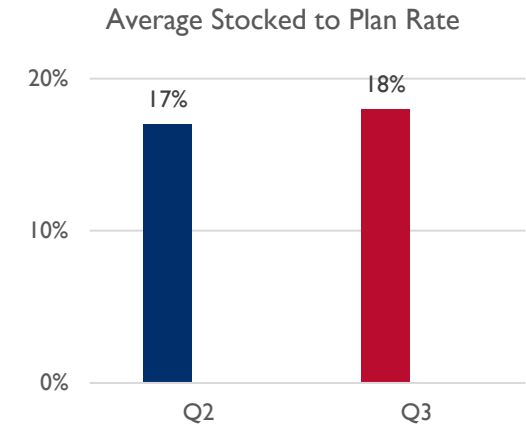
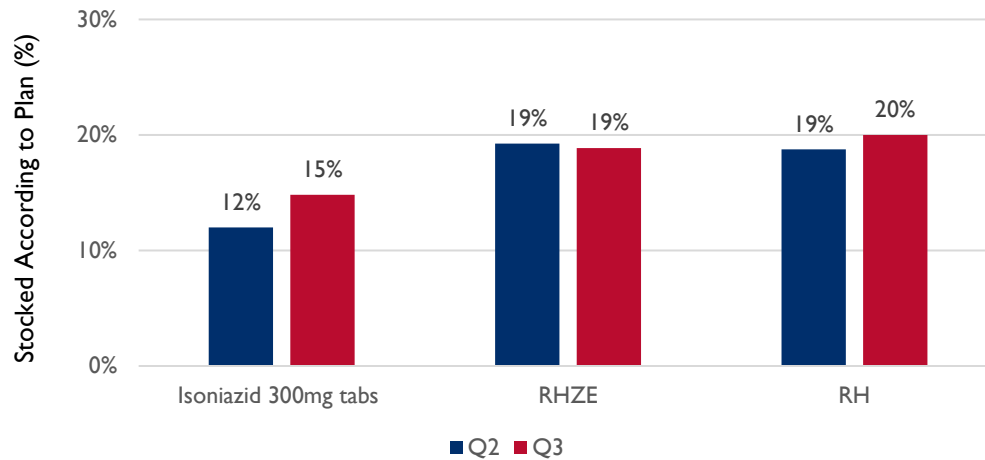
The high stock out rate and improved stocking of commodities at the same time is explained as follows as far as malaria commodities are concerned. ALU has been the culprit here in that most of the ALU presentations (2 & 4) were expiring. The reasons are there is decrease in malaria cases which has been reported by many zones especially Moshi because treatment now is evidence based (mRDT positive). In addition, the fear of expiry led to ordering mostly ALU 1&3 presentations because with these presentations all clients get their commodities for instance ALU 4 can be given 1&3. In Stock out rate, we look at all 4 presentations which is not the reality as facilities stock some presentations hence when you go to facilities clients get commodities because other presentations are available and clients are attended to. That's why there is high overall stock out rate of malaria commodities partly due to ALU presentations

### Corrective actions

- 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 improving the 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, 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 quarterly supply review this quarter, following up of arrival of commodities. All these efforts are geared towards improving availability at the last mile so that facilities are adequately stocked with commodities

## 2.3.7 STOCKED ACCORDING TO PLAN:TB

### Performance trends and description



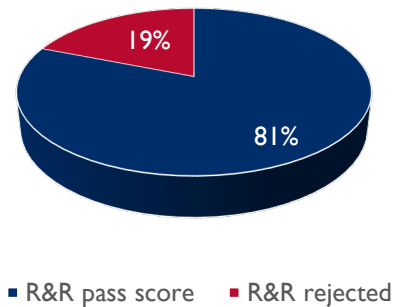
**Root cause analysis** On average, there is a slight improvement (1%) in stocking TB commodities this quarter compared to last quarter. As in Q2, Q3 has experienced critical stock outs of Isoniazid 300mg which has affected availability at health facility level and timely initiation of clients on Isoniazid Prevention Therapy (IPT). Zones have again in this quarter reported data quality issues in the eLMIS and stock outs at MSD central that has affected availability at zones and ultimately the health facilities.

- Corrective actions**
- GHSC TA-TZ through LMU in collaboration with District TB focal persons has 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 improving the 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, 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 NTLP in quarterly supply plan reviews, following up of arrival of commodities, and dissemination of the circular that directs treatment of recurring TB infection and removal of streptomycin and RHE from the list of TB infections.

## 3.2.3 PERCENT OF DATA QUALITY ASSESSMENTS THAT RECEIVE A PASSING SCORE

### Performance trends

Passing data quality assessment



### Root cause analysis

The reasons for rejection of R&R forms sent by health facilities are almost the same with previous quarter as listed below:

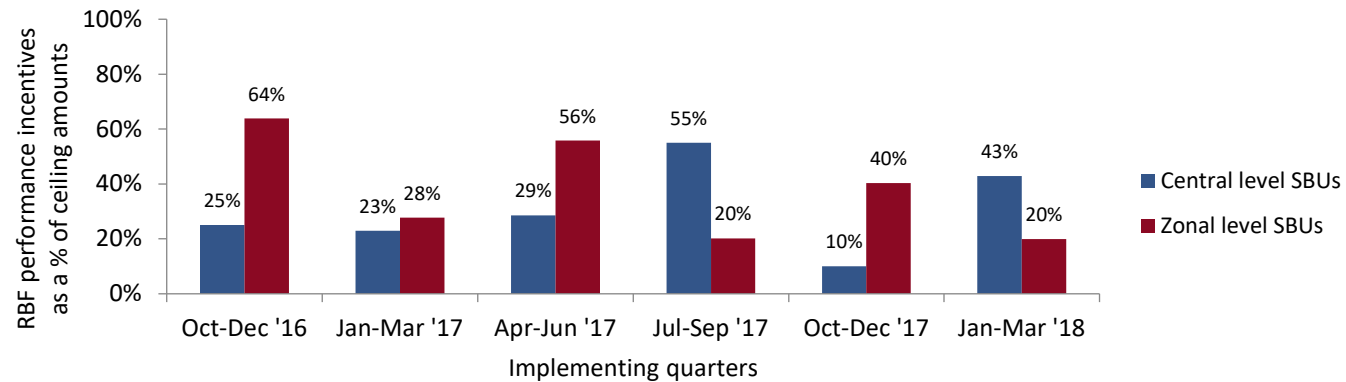
- Reporting of stock out of items while the items were full supplied
- Skipping of essential medicines to be reported in the R&Rs
- Quantities reported as receipts being indivisible by MSD's Unit of Measure
- Reporting stock out of commodities without indicating number of days whereby the items were actually stocked out
- Requesting extremely low or high quantities
- 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
- Continue 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
- GHSC-T-TZ start to track reason for R&R rejection in the eLMIS in order to determine the common reasons and develop strategies to address.
- Continuation of utilization of IMPACT teams approach to improve quality of data and utilization for decision making and actionable interventions
- Continue advocating for health facilities to directly enter their R&Rs at the council level under supervision of CHMTs

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

### Performance trends and description



There is an improvement of RBF incentive at central level in quarter two (Jan – March 18, which is 43%) as compared with previous quarter (Oct-Dec 17, which was 10%)

### Root cause analysis

Before endorsement of new verification guidelines, verifiers were interpreting the verification guideline differently. This situation raised some doubt on validity of the verification performance score at the MSD SBUs level. Now, revised of verification guideline impacted positively MSD SBUs performance in the quarter of Oct-Dec 2017. However, the performance trends is still fluctuating when Jan-Mar 2018 is compared to Oct-Dec 2017 quarter for both central and zonal SBUs. The reason of fluctuation is caused by change of baseline for each quarter where the performance of this quarter used as a baseline for next quarter.

The central SBUs have shown significant improvement in the Jan-Mar 2018, increased by 33% compared to the previous Oct-Dec 2017 quarter due to frequency on job training and closely supervision provided within MSD central responsible staff on supply chain (specifically for Vertical Program, Transport and Central SBU). For the Zonal SBUs level, performance went down by 20% compare to the last quarter of Jan-Mar '18 due poor performance at Tabora SBUs (caused by change of management and some staffs who were involved in RBF verification processes)

### Corrective actions

- The new developed verification guide has now been in use for three quarters (Jul-Sep 2017), (Oct-Dec 2017) and (Jan-Mar 2018). The project will continue to supported the incorporation into the verifiers training materials whereby new pool of verifiers were trained on the new guide.
- The project developed 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. Both zonal and central SBUs will be supported to use RBF performance reporting template from July 2018 from upcoming quarter.
- The project recommended MoH to develop schedule for supportive supervision to strengthen performance of the SBUs.
- GHSC-TA-TZ 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.

# — TRAINING AND TRAVEL REPORT



## TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC staff</b>
15 <sup>th</sup> -21 <sup>st</sup> April 2018	Participating and provided TA on ARVs national quantification exercise	Narsis Makori
24 <sup>th</sup> -28 <sup>th</sup> April 2018	Participating on Lab commodities national quantification exercise	Narsis Makori
28th May -1st June 2017	Participated in facilitating Training on Trainers on EHC quantification approach	Narsis Makori
May 8-10, 2018	Attended GSI Healthcare Conference in Ethiopia	Alfred Mchau
09 <sup>th</sup> & 10 <sup>th</sup> May 2018	Workshop to gather inputs from stakeholders on the performance reporting template, advocating data use for performance improvement and discussing proposed MSD quality indicators	Wema Kamuzora, Michael John and Diane Kibwana
11 <sup>th</sup> & 12 <sup>th</sup> May 2018	Workshop for updating training materials incorporating new verification guide, performance reporting template and proposed MSD quality indicators	Wema Kamuzora, Michael John and Diane Kibwana
14 <sup>th</sup> & 18 <sup>th</sup> May 2018	Training for new RBF verifiers.	Michael John



## TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE QUARTER

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC staff</b>
21st May to 23rd May, 2018	Impact team TOT	Wema Kamuzora, Matiko Machagge, Vicent Manyilizu
28th to 30th May, 2018	Workshop standardization of KPI – Dodoma	Wema Kamuzora, Meba Msuya, Michael Kishiwa, Peace Nyankojo, Ondo Baraka, Sharon Shayo
April 23rd to 27th, 2018	RBF verification exercise in Mwanza SBU	Wema Kamuzora
17th -23rd May, 2018	Developing laboratory equipment categorization per laboratory functions and developing respective lab equipment specification	Albertho Chengula
18th to 20th June	Attending GHSC exhibition to the parliament	Kishiwa, Mavere, Ondo, Nabila Michael Kishiwa, Mavere Tukai, Ondo Baraka, Nabila Hemed
24th to 30th June, 2018	System redesign TOT training in Dodoma	Matiko Machagge, Vicent Manyilizu
15th May, 2018	Attended the meeting on Strengthening the Quality, Accessibility and Sustainability of national laboratory services in country	Emma Msuya
May 2018	Participated at the technical meeting for all NACP staff whereby some of the key issues discussed were on implementation of the activities under Global Fund and CDC	Emma Msuya

## TRAININGS AND TRIPS UNDERTAKEN BY STTA DURING THE QUARTER

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC staff</b>
April 3-17, 2018	To summarize findings from Total Health Commodities Financial Needs Assessment and present to key stakeholders	Christine Chacko, PwC Public Sector
May 14 – 18, 2018	To plan for mid-term performance evaluation and develop year 3 work planning schedule and templates	Shabana Farooqi, PwC Public Sector
May 21 -31, 2018	Facilitate the introduction of Laboratory supply chain advisor to the following Supply chain stakeholders MSD, CDC, DSS, THPS, NACP. The introduction aimed also to articulate areas of engagements and alignment with different stakeholders	Joseph Lubega
<b>7<sup>th</sup> May – 23<sup>rd</sup> May 2018</b>	Develop a training package to be used for the TOT training trainings of the regional/district teams who will in turn train health facilities staff	Lea Teclamarian
May 15 <sup>th</sup> – June 1 <sup>st</sup> , 2018	Conduct midterm global health supply chain mid-term evaluation	William David Institute
June 18 – 27, 2018	To develop requirements for having a standardized product registry which is GSI ready, define processes for managing it and how it other systems will leverage	Josh Zamor, OpenLMIS Architect