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GLOBAL HEALTH SUPPLY CHAIN

TECHNICAL ASSISTANCE - TANZANIA

Quarterly Report

October to December 2018



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*GHSC TA-TZ project staff with the Chief Pharmacist, the Head of Supply Chain at PO-RALG, and the Immunization and Vaccine Department staff, at the **Global Health Supply Chain Summit in Lusaka, Zambia***

GOAL OF THE **GHSC TA-TZ** 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

Objectives	Objective 1: Strategic Planning: Provide strategic planning and implementation assistance	Objective 2: In-country logistics: Improve delivery of health commodities in service sites	Objective 3: Capacity Building: Broaden stakeholders understanding and engagement of the supply chain system	Objective 4: Strengthening enabling environment: Strengthen enabling environment to improve supply chain performance
Interventions	Assist leadership with operationalizing strategic plans	Strengthen supply chain MIS	Establish a culture of collaboration and information sharing	Support MOHCDGEC RBF unit in implementing and improving RBF scheme
	Support supply chain costing and financing strategies	Strengthen and streamline quantification	Increase data use and improve data quality	Strengthen governance and accountability
	Support the transition of LMU to GoT and GoZ structure(s)	Improve supply chain performance against key indicators	Increase skills of key counterparts	
		Strengthen laboratory supply chains		

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), Information, Communication and Technology (ICT) directorate, and 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), Zanzibar Ministry of Health, Zanzibar Central Medical Stores, Zanzibar Vertical Programs, and other partners.

— WORK STREAM ACCOMPLISHMENTS

OVERVIEW OF WORKSTREAM ACCOMPLISHMENTS

Objective 1: Provide Strategic Planning and Implementation Assistance

Operationalize Strategic Plans

- Kicked off Emergency Supply Chain (ESC) work stream
- Created concept note and TOR for ESC Core Team
- Kicked off first ESC workshop

Support Costing/Financing Strategies

- Analyzed opportunities to streamline MSD's out of stock notification process
- Completed report mapping national funding sources, and developed concept note for the Drugs Revolving Fund

Transition LMS to GoT and GoZ

- Conducted joint supportive supervision visits with Chief Pharmacist to 3 zonal teams
- LMS SOP and Charter finalized and signed

Support Zanzibar LMU

- Finalized SOPs and training curriculum for redesigned logistics systems
- Rolled out eLMIS central edition in 4 districts and trained 62 HFWs
- LMU completed supportive supervision, and assessments covering 6 CTCs and 10 health facilities

Objective 2: Improve Delivery of Health Commodities in Service Sites

Strengthen Information Systems

- Led reconfiguration of eLMIS with numerous new features and improvements
- Conducted trainings on the system with health facility staff in Mwanza and Tabora
- Finalized requirements for data exchange between Unified Solution – Muungano Gateway – HIM – eLMIS

Strengthen and Streamline Quantification

- Provided technical assistance on Zanzibar's malaria quantification exercise, uncovering a critical funding gap
- Provided technical assistance to RMNCH national quantification exercise

Improve Performance on Key Indicators

Supported refining of national supply chain KPIs through a desk review, as well as facilitating a workshop and revising the reference manual to define the processes, systems, governance, and timeline of KPI tracking.

Strengthen Laboratory Commodities

- Reviewed and revised the developed Standard Medical Laboratory Equipment Guideline (SMLEG)
- Initiated a laboratory optimization activity to create a network optimization framework for HVL/HEID testing and other diagnostics
- Supported collection of 43 data points for input in LabEQIP tool & Supply Chain Guru

Objective 3: Broaden Stakeholders' Understanding and Engagement with the Supply Chain System

Collaboration and Information Sharing

- Planned and held the first Tanzania Health Supply Chain Summit with over 200 participants across 2 days of programming
- Provided input in meetings with stakeholders across GoT, IPs, LMS and more

Improve Data Use and Quality

Drove forward the IMPACT Team approach through meetings at PO-RALG Central, within Njombe region, and through orientations with IPs and ToT with Regional and Council Staff

Improve Data Use and Quality (LMS)

Zonal LMS staff reviewed and approved 11,452 R&Rs, and rejected 1,838 back to the council level to be improved and resubmitted

Increase Skills of Key Counterparts

- Kicked off the development of an eLearning platform by gathering stakeholder feedback through an eLMIS user survey and 16 consultative meetings
- Held a partner meeting and developed a Plan of Action for platform launch

Increase Skills of Key Counterparts (LMS)

- Conducted supportive supervision visits on eLMIS at 95 facilities across 18 councils
- Conducted OJT for health facility workers on eLMIS and R/CHMTs on how to utilize the LMU supportive supervision checklist

Objective 4: Strengthen Enabling Environment to Improve Supply Chain Performance

Support the Implementation of a RBF Scheme

- Organized and provided input to a workshop focused on addressing challenges to implementing RBF for supply chain
- Provided technical assistance in developing the automation of verification tools and financial documentation
- Participated in RBF verification exercises in Dar es Salaam and Mwanza MSD SBUs

Strengthen Governance and Accountability

Finalized the Roles and Responsibilities (RORE) Document, including developing the approach for revising and refining the supply chain governance structure at PO-RALG and conducting a desk review of the TORs of various governing bodies.

OPERATIONALIZING STRATEGIC PLANS: SUPPORT TO GLOBAL HEALTH SECURITY AGENDA

Overview The project works to align stakeholders on national supply chain objectives, harmonize strategic documents with supply chain goals, and hold stakeholders accountable for their contributions towards strategic plans. In Year 3, the project began supporting a new set of activities under the Global Health Security Agenda (GHSa), focused on adapting an emergency supply chain (ESC) framework for the Tanzania context.

Activities and Impact This quarter, the project **kicked off the GHSa workstream** with key counterparts within the MoHCDGEC on ESC, which are managed under the Department of Quality Assurance. The overall goal is to prepare Tanzania to provide the most essential commodities needed to respond to and contain infectious disease outbreaks with pandemic potential. The GHSa playbook includes the overall components that the project will be completing under this workstream.

- ✓ To promote alignment across stakeholders, the project drafted an **overall concept note**, outlining the approach the project will undertake, and secured buy-in from the MoHCDGEC.
- ✓ The project also developed the **terms of reference for the ESC core team** that includes key roles and responsibilities, and participated in the meeting of the National Taskforce Team for emergency preparedness and response, where the project introduced the ESC agenda.
- ✓ In December, the project kicked off the **first ESC workshop** to review current status of ESC preparedness, identify gaps, and develop a plan to address them.

Looking Forward

- Conduct disease risk assessment for ESC to list prioritized diseases and health commodities for ESC preparedness and response
- Customize the ESC playbook to fill in the gaps identified
- Conduct validation and orientation of the National response teams on ESC playbook
- Conduct simulation exercises for ESC preparedness

Related KPIs N/A

SUPPORT SUPPLY CHAIN COSTING AND FINANCING STRATEGIES

Overview The project promotes deliberate and routine integration of costing and financing components into supply chain interventions, and alignment of stakeholders around the cost of the supply chain and available funding sources. This work is increasingly important as direct health facility financing (DHFF) takes effect. The key components of this project include: health facility financial needs assessment, identifying the implications of DHFF, and refining methodologies for calculating health supply chain costs.

Activities and Impact

- ✓ During Year 2, the project's workplan included an activity for tracking health supply chain costs. Due to several competing priorities at the MoHCDGEC, this activity could not be completed; however, the project **developed materials** that will be leveraged for a workshop once dates are set.
- ✓ Also during Year 2, the project completed a study on calculating the comprehensive health commodity financing needs at the local government authority (LGA) level. During this quarter, the project **disseminated the findings** of that study at the Joint Health Sector Review.
- ✓ The project also completed the analysis of **measuring and proposing opportunities** to streamline the MSD out of stock notification process. This analysis showed that the out of stock notification process is intertwined in the business process of delivery of stock replenishment. The project recommends separating and automating these business processes so that facilities can receive the out of stock notification prior to the delivery of resupply products.
- ✓ Finally, the project **completed a report** to map the different sources of funding at the national level, and **developed a concept note** for the Drugs Revolving Fund and shared with PSU, DPP, and PO-RALG.

Looking Forward

- Initiate activity on engaging stakeholders to review feasibility of mechanism for tapping complimentary and revolving funds to mobilize additional sources of domestic financing.
- Meet with MSD to discuss how best analysis on prime vendor SWOT can be implemented.

Related KPIs N/A

SUPPORT THE TRANSITION OF LMS TO GoT AND GoZ STRUCTURES

Overview The Tanzania mainland Logistics Management Services (LMS) is a structure that was established by the GoT, with support from USAID and the Global Fund, to coordinate supply chain activities of different MoHCDGEC programs under one unit. GHSC TA-TZ, in addition to providing technical assistance to the central level LMS, also supported the operations of the LMS at the zonal level. Project team staff are based at MSD zonal warehouses, MSD Central, and in Dar es Salaam. In Zanzibar, the Logistics Management Unit (LMU) is under the Chief Pharmacist Office (CPO) and is responsible for organizing, monitoring, and supporting all supply chain activities for all health commodities logistics systems for Zanzibar. Project team staff are housed within the CPO Data management Unit at Central Medical Store (Unguja and Pemba). 70% of Zanzibar LMU staff are compensated by the RGoZ.

Activities and Impact

- ✓ In support of transition, the project engaged PSU in developing plans for identifying skill gaps and conducting training for LMS staff in line with LMS transition plan. During **joint supportive supervision visits** with the Chief Pharmacist to three (3) LMS zonal teams in Tabora, Mbeya, and Iringa, the teams shared their zonal performance and discussed issues related to LMS transition.
- ✓ The project **supported the biannual ZLCs' meeting**; the main objectives of the meeting included sharing progress and performance of SCMT work and reviewing the implementation of activities as per GHSC TA-TZ Year 3 workplan, including LMU transition planning.
- ✓ The MoHCDGEC **hired staff for the LMU**. Out of 13 vacancies supported by the Global Fund, 11 positions were filled by the end of December. The two gaps that remain are the Logistics Coordinator-Laboratory Services (Central) and SCMA (Tabora zone).
- ✓ The LMS charter and SOP manual were **finalized and signed**.

Looking Forward

- Conduct sensitization meeting for IPs and GoT stakeholders
- Conduct sensitization meetings at MSD zones
- Kick off of training plan for newly recruited staff

Related KPIs

N/A

SUPPORT THE LOGISTICS MANAGEMENT UNIT: ZANZIBAR

Overview 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. During the last quarter of 2018, the focus was to carry out the implementation of the redesigned Zanzibar Integrated Logistics System (ZILS) across all hospitals in Zanzibar requesting their requirements on monthly basis.

Activities and Impact

- ✓ During Year 2, the project conducted a redesign workshop for the ZILS. The project **finalized the standard operating procedures (SOPs) and training curriculum** during this quarter in preparation for system rollout, which is scheduled to begin in February 2019.
- ✓ Also in support of the rollout, the eLMIS was reconfigured according to the new design parameters. The eLMIS central edition was **rolled out out at 4 districts** (Urban, West B, Micheweni and Wete), and 62 HFWs (26 Unguja and 36 Pemba) were trained. All participants passed their post training examination. This activity was supported by UNICEF.
- ✓ The LMU conducted **supportive supervision** at 6 CTCs and 10 health facilities, and **data quality assessments** were completed at 53 health facilities. **Root cause analysis** was conducted on causes of stockouts and overstocks at health facilities.

Looking Forward

- Conduct quantification of essential commodities
- Convene routine stock status meetings
- Develop PMP report
- Conduct ToT for SOPs on redesigned ZILS at district level
- Facilitate training of ZNZ team on pipeline monitoring software

Related KPIs N/A

STRENGTHEN SUPPLY CHAIN MANAGEMENT INFORMATION SYSTEMS

Overview GHSC TA-TZ supports the implementation of the electronic logistics management information system (eLMIS) to improve data visibility, the quality of data collected through automated data validation, and use of information. Support for eLMIS is done in the context of broader support to the Health Information System (HIS) architecture, and the project facilitates integration with Epicor9, DHIS2, the Government of Tanzania Hospital Management Information System (GoTHOMIS), and the Health Information Mediator and Muungano Gateway (interoperability layers).

Activities and Impact The project successfully **managed the reconfiguration of the eLMIS** and **added new features** to accommodate the requirements for the redesigned logistics system. Activities included:

- ✓ A workshop was held with representatives from GHSC TA-TZ, LMS, PSU, and MoHCDGEC-ICT to **finalize eLMIS reconfiguration**.
- ✓ The project **facilitated trainings on the reconfigured system** with all health facility staff from the Mwanza zone a portion of staff from the Tabora zone.
- ✓ **Key features of the reconfigured system** include new, printable monthly forms for ILS, Lab, and TB; improvements to product mapping as per the updated MSD catalogue, setting inventory controls and reporting groups; quality checks on number of stock-out days beyond the TB & lab system reporting period; improved data collection and transfer for R&R; option for users to specify supplemental sourcing of funding on their orders; and a new quantification report to support ECH quantification trainings.
- ✓ In collaboration with MoHCDGEC, PO-RALG, MCSP & PS3, the project finalized a requirements document and began testing data exchange between Unified Solution – Muungano Gateway – HIM – eLMIS to **facilitate information sharing**.
- ✓ The project also began working to refine the requirements for developing the **Proof of Delivery mobile**.
- ✓ Finally, the project **developed custom reports** for extracting EUV reports (e.g.: *ALU index of availability*).

Looking Forward

- Complete end-to-end testing of Unified Solution – Muungano Gateway – HIM – eLMIS
- Support go-live of redesigned system
- Conduct eLMIS capacity building with MoHCDGEC & PO-RALG developers

Related KPIs

- (2.1.1) Percentage of eLMIS issues reported and resolved within 24 hours: **89%**
- (2.3.5) Percentage of health facilities submitting timely R&R: **99%**

STRENGTHEN AND STREAMLINE QUANTIFICATION

Overview 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, improving forecast accuracy, and reduce stock imbalances throughout the supply chain.

Activities and Impact

- ✓ In October, the project provided technical assistance on the **Zanzibar malaria quantification exercise**, using a robust methodology where a variety of data sources were gathered and utilized. The RGoZ had allocated TZS 30,000,000 (USD \$13,000) for procurement of antimalarial for 2019. The quantification results show that the actual need for antimalarial for 2019 is about USD \$28,000. Zanzibar MoH is planning to mobilize more funds to cover the identified gap. Procurement of mRDT in Zanzibar is through Global Fund support.
- ✓ On the mainland, the project provided technical assistance to RCHS in the **RMNCH commodities national quantification exercise**. The project also participated in the **TB medicines quantification review**, and **developed the supply plan** considering the newly introduced TB regimens.
- ✓ In Year 2, the project developed standard operating procedures (SOPs) and training materials for the essential health commodities “bottom up” quantification approach. During this quarter, the project in collaboration with GoT and other implementing partners (IPs) **coordinated and facilitated trainings** in the Lake Zone on this new process.
- ✓ In response to challenges around procurement, GHSC TA-TZ participated in a series of meetings with the GHSC-PSM team, USAID, and GoT to share procurement challenges, and **collaboratively develop solutions** for those challenges. The project **submitted quarterly supply plans** to GHSC-PSM.

Looking Forward

- Collaborate with MoHCDGEC and other IPs in facilitating essential health commodities quantification roll out training
- Working with RCHS in coordinating RMNCH commodity security meeting
- Supply planning tool (PipeLine) training to Zanzibar LMU team
- Quarterly supply plan review

Related KPIs N/A

IMPROVE SUPPLY CHAIN PERFORMANCE AGAINST KEY INDICATORS

Overview One of the prioritized recommendations from the Holistic Supply Chain Review (HSCR) was to increase the frequency of ordering and resupply for the in-country supply chains (including ILS, HIV/AIDS and TB supply chains). GHSC TA-TZ provides technical guidance on design decisions, helps build consensus on those decisions, and works to align stakeholders on the process and approach to rollout the system.

Activities and Impact

- ✓ In Year 2, the project facilitated a design workshop, convened routine meetings of the Task Team for the redesign, drafted the SOP manual and related training curriculum, and facilitated training of trainers (ToT) workshops. Following the ToT held in September, the project **updated the SOP manual and training materials** to address comments received .
- ✓ Phase I of the rollout of the system was kicked off in Mwanza and Tabora Zone. The project supported the **training on the redesigned logistics system** (which took place alongside the training on the bottom up quantification for essential health commodities). Seven different staff participated in the trainings throughout November and December, acting as facilitators and overall technical support during the training sessions. The trainings are expected to be completed by the end of January 2019.
- ✓ The project continued work in the **refinement of national supply chain key performance indicators (KPIs)** by conducting a desk review to identify gaps that exist in the baseline data and target setting for supply chain KPIs. The analysis revealed that 4 out of 12 level-one indicators had baseline established. Following this, the project **coordinated a workshop** to define a methodology/process for obtaining baseline data and setting targets for each KPI. The workshop also focused on identifying systems to host the dashboard for routine monitoring of the KPIs; the responsibilities for populating the dashboard and management of the KPIs; and timelines for starting to report on the national supply chain KPIs. An action plan has been shared, and a **revised KPI reference manual** was completed, based on the recommendations from the workshop.

Looking Forward

- Support monitoring the implementation of the redesigned logistics system in Mwanza
- Support MSD Mwanza zone to streamline its business processes to accommodate changes brought in by the redesigned system
- Convene KPI workshop for level 2 indicators

Related KPIs N/A

STRENGTHEN LABORATORY SUPPLY CHAINS

Overview GHSC TA-TZ provides technical assistance to strengthen the in-country supply chain for laboratory commodities, focused on quantification exercises and the implementation of lab-related recommendations from the HSCR. A recommendation from the HSCR was to standardize biomedical and laboratory equipment across all levels of the health system. The project also supports the implementation of laboratory optimization in collaboration with MoHCDGEC, PO-RALG, and USG and IPs.

Activities and Impact	<ul style="list-style-type: none"> ✓ During this quarter, GHSC TA -TZ worked with MoHCDGEC –DSS, PSU and MSD to review and revise the developed Standard Medical Laboratory Equipment Guideline (SMLEG). This included reviewing laboratory test menus by tier; the methodology for each test to be performed by level, current equipment type per level and where reallocation and additions were made especially to lower level health facilities; as well as laboratory specifications per WHO recommendations, which were modified to inform the tendering process. ✓ During 2016 and 2017, the MoHCDGEC, with assistance from PEPFAR partners and other stakeholders, worked to build adequate conventional HIV Viral Load and HIV Early Infant Diagnostic (HVL/HEID) test capacity and scale up of point of care testing (POCT), as part of a comprehensive HIV prevention program. During the quarter, GHSC TA-TZ initiated the laboratory optimization activity with the goal of developing a laboratory network optimization framework for HVL/HEID testing and other diagnostics. Laboratory optimization will focus on strengthening the sample referral systems for improved service delivery and optimizing the placement of equipment and platforms across the country in line with the standardization drive. GHSC TA-TZ, in collaboration with DSS, conducted the laboratory stakeholders meeting to build consensus on activities. ✓ Following this, the project supported the data collection exercise; the data will be entered into the LabEQIP tool and Supply Chain Guru. A total of 43 data items were collected.
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Looking Forward

- Support the review of laboratory equipment bids obtained from the tendering process to generate a standard list of equipment
- Facilitate the laboratory optimization – USG interagency meeting aiming to discuss issues around laboratory optimization
- Conduct the laboratory optimization stakeholders meeting to create the baseline model of TZ HVL/HEID diagnostic network

Related KPIs N/A

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. 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. This year’s focus was to continue strengthening data utilization by sharing health supply chain data and reports with stakeholders through technical working and decision making meetings at all levels.

- Activities and Impact**
- ✓ The project **presented key issues** to be addressed in line with LMU transition at LMU Steering Committee Meeting in Dodoma.
 - ✓ Participated in a workshop and **provided input** towards the development of an integrated HVL and HEID guideline.
 - ✓ The project **participated in several additional government stakeholder meetings** included a dissemination meeting on market research for PMTCT and HIV self-testing kits in Tanzania, a supply chain subcommittee meeting organized by NACP to discuss commodity availability issues, a supply chain subcommittee meeting for HIV, and a meeting with the Head of Microbiology department at NIMR to discuss laboratory system strengthening on AMR.
 - ✓ **Engaged with supply chain IPs** by orienting THPS and University of Maryland on the IMPACT team approach, coordinating and providing support to the training of trainers for the IMPACT team approach at PO-RALG Dodoma for a group of 5 IPs and 24 R/CHMTs, and providing inputs to a study by Ifakara Health Institute on leveraging shopkeepers in the distribution of emergency health commodities in hard-to-reach areas.
 - ✓ Attended and **presented at the Global Health Supply Chain Summit** in Zambia. The project made two presentations – one on the comprehensive health commodities financial needs at the LGA level, which was presented by a PO-RALG staff, and another on utilizing interoperability layers to facilitate last mile stock visibility in Tanzania.

Looking Forward

- Continue to facilitate supply chain information sharing among key stakeholders, and promoting the use of eLMIS for evidence-based decision making

- Related KPIs**
- (3.1.1) Number of information sharing technical forums supported by providing data for decision making: **28**
 - (3.1.2) Number of program reports produced and disseminated with other supply chain stakeholders: **4**
 - (3.2.1) Number of national/subnational TWG meetings utilizing e-LMIS reports for evidence-based decision making: **12**

ESTABLISH A CULTURE OF COLLABORATION AND INFORMATION SHARING: TANZANIA HEALTH SUPPLY CHAIN SUMMIT

Overview. Currently, few opportunities exist for stakeholders across Tanzania's health supply chain community to convene and share success stories, best practices, challenges, and lessons learned. Innovative solutions are not developed in isolation, which is why the Tanzania Health Supply Chain Summit (HSCS) was formed to foster collaboration towards progress on Tanzania's most pressing supply chain challenges. This summit was envisioned as a hub for stakeholders to learn, engage, and innovate through plenary sessions, technical breakouts, networking events, and an exhibition. In sharing and replicating our best practices, public and private sector entities alike are empowered to strengthen their delivery of health commodities and improve the lives of all Tanzanians.

Activities and Impact

- ✓ The project convened a group of organizations supporting the Government of Tanzania to improve access to health commodities and strengthening the public health supply chain performance to plan and conduct the summit. Partners organizations and projects include JSI, WFP, Deloitte, UNFPA, AGPAHI and others.
- ✓ More than 200 stakeholders participated, across stakeholder groups including logistics companies, development partners, IPs, learning institutions, government, and more. The summit included panel discussions, plenary sessions, technical break-outs, networking events, and an exhibition.
- ✓ The theme for the summit was vision 2025 and beyond; key themes addressed included current supply chain global trends, linking supply chain performance with clients expectations and health outcomes, fostering private sector engagement in public supply chains, innovative approaches in supply chain and emergency humanitarian response.
- ✓ The opening session included introductory remarks by the Deputy Minister of Health, the Deputy Permanent Secretary of PO-RALG, and the Director-General of MSD, which demonstrated high level recognition of the importance of supply chain, and the intent of GoT stakeholders to align to reach common supply chain objectives.



Deputy Minister of Health officiating the opening of the Tanzania Health Supply Chain Summit 2018



Looking Forward

- Begin planning for the 2019 Tanzania health supply chain summit, coordinating leadership to other partners, with a greater leadership by the government

Related KPIs

N/A

INCREASE DATA USE AND IMPROVE DATA QUALITY

Overview GHSC TA-TZ is focused on increasing the use of supply chain data by stakeholders. To build the capacity of R/CHMTs, the project aims to improve supply chain performance by promoting data use at all levels of the supply chain. The IMPACT team approach establishes a sustainable structure to encourage commodity managers and other players in supply chain to use data to check progress, conduct root cause analysis and develop action plans for improvement.

Activities and Impact

✓ During Year 2, the project supported the kickoff of IMPACT teams in Njombe region. During this quarter, the project **supported IMPACT team meetings** in Njombe region which covered Makete DC, and follow up meeting with Ludewa DC and Njombe RHMT. Discussion topics included goal-setting, the council teams' performance improvement plans and designed action plans.

✓ Following meetings in Njombe, and to promote visibility of IMPACT teams at PO-RALG, the project **facilitated a meeting at PO-RALG Central Dodoma** to increase awareness to the management and also provide an opportunity for Njombe DC and TC impact team members to share progress and challenges on IMPACT team implementation.



IMPACT Training of Trainers in Dodoma, 4th-6th Nov 2018

✓ The project successfully **cultivated ownership and buy-in** from PO-RALG on IMPACT team implementation. To promote consistency in the implementation of IMPACT teams across partners, the project **provided orientation to various IPs** including THPS, MDH, EGPAF and InSupply. In collaboration with In Supply and IPs, the project **coordinated training of trainers** for 5 staff from IPs and 24 from Regional and Councils levels.



Njombe DC Pharmacist presenting at PO-RALG Dodoma

Looking Forward

- Coordinate implementation of IMPACT team approach roll out to the regions of Simiyu, Singida, Dar es Salaam and Kigoma
- Meeting with PO-RALG Technical and Management teams to push IMPACT Team awareness and capacity building

Related KPIs

- (3.2.2) Number of unique user logins in eLMIS: **3,245**

INCREASE DATA USE AND IMPROVE DATA QUALITY THROUGH LMS/U

Overview LMS (Mainland Tanzania) and LMU (Zanzibar) continue to play the role of improving visibility of logistics data across the different levels of the health supply chain. LMS/U has been advocating to accelerate the availability of quality data and promote a culture of using data for performance improvement and for decision making.

Activities and Impact

- ✓ For this reporting quarter of Oct-Dec 2018, a total of 11,452 R&Rs out of expected 6,891 were **reviewed and approved by the zonal LMU** before being processed by the MSD zones. The reviewing of R&Rs is important to enable quality logistics data is entered into the system for informed decision making.
- ✓ In the process of reviewing R&Rs, 16% (1,838) of R&Rs were rejected back to the councils due to data quality issues. These R&Rs were **corrected and resubmitted back to LMU** for another review before being approved and processed as orders.

Month	# of R&Rs Expected	Total # of Regular R&Rs	Total # of Emergency R&Rs	Total # of R&Rs Reviewed and Approved	Total # of R&Rs Rejected
October 2018	2,655	2,554	1,440	3,994	709
November 2018	2,288	2,235	1,714	3,945	628
December 2018	1,948	1,931	1,577	3,513	501
Total	6,891	6,720	4,731	11,452	1,838

Looking Forward

- Provide continuous support to the LMU both mainland and LMU Zanzibar
- Provide capacity building to the new LMU/LMS staff to enable them perform the roles and maintain quality of the LMU
- Provide capacity building to MSD, PO-RALG and R/CHMTs to perform their tasks

Related KPIs

- (2.3.5) Percentage of facilities submitting timely LMIS reports: **99%**
- (3.2.3) Percent of R&Rs passing data quality checks: **84%**

INCREASE SKILLS OF KEY COUNTERPARTS

Overview A focus on capacity building is integrated through most GHSC TA-TZ activities, and is intended to enhance the knowledge and skills of key health supply chain stakeholders within GoT. In Tanzania, the efficacy of traditional in-person training is limited by high costs and frequent turnover and understaffing at health facilities. The project is thus supporting the development of an e-learning platform to complement existing training efforts. The platform will allow health facility staff and other supply chain stakeholders to deepen and grow their skillsets in eLMIS, data management and use, and other critical topics through interactive and collaborative online training modules. The target audience for this platform is expected to include those currently using the eLMIS, as well as new staff seeking onboarding training, and future staff and stakeholders looking to engage with eLearning and training across all aspects of Tanzania health supply chain.

Activities and Impact

- ✓ To kick off the activity, the project **conducted a survey** of training gaps and needs, as well as preferences for the eLearning platform. Approximately 526 health facility staff, as well as district and central level staff and lps, contributed feedback.
- ✓ Following the survey, the project **held 16 consultative meetings** with identified stakeholders to explore experience, opportunities, challenges and areas for leveraging on eLearning for health supply chain. Stakeholder groups included Implementing partners (WFP, MDH and THPS), Pharmacy Council, Zonal LMU staff, COSTECH, R/CHMT (Kinondoni Municipal, Dodoma City and Region), Health facilities (Makole Health Center and Mwananyamala Hospital) PO-RALG (Health Services Section and ICT directorate), MoHCDGEC (PSU and ICT Directorate), Open University of Tanzania, MSD and COSTECH.
- ✓ The team **developed a comprehensive “Plan of Action Report”** to specify the requirements, partnership model, anticipated challenges and mitigation techniques, and next steps for the creation of the platform.
- ✓ **Facilitated a working session** with 23 key partner representatives to build consensus on project vision and activities
- ✓ The project also kicked off the **design of an eLMIS support page** and the **creation of preliminary content** (in English and Swahili) to respond to users’ most frequent questions and challenges.

Looking Forward

- Work with partners to launch Phase I of the eLearning platform, focused on District Pharmacists and Lab Technicians
- Launch the eLMIS Support Page and continue to develop content to meet user needs

Related KPIs

N/A

INCREASE SKILLS OF KEY COUNTERPARTS – THROUGH LMS

Overview Part of the LMS mandate is to help build capacity at the R/CHMT level through supportive supervision visits. These visits blend on-the-job training (OJT) with mentoring, knowledge sharing, and discussion to help build the skills and knowledge of R/CHMT member in logistics and commodity management.

Activities and Impact

- ✓ For this reporting quarter, the zonal LMU **visited a total of 21 councils**. Among those, 18 were planned for the eLMIS data driven supportive supervision, within which a total of 95 health facilities were received supportive supervision.
- ✓ LMS staff **drove capacity building** on key logistics areas to 230 health facility workers, 25 of which received OJT on eLMIS.
- ✓ Through the supportive supervision visits, a total of 22 members from the R/CHMTs were also **provided with OJT** on how to utilize the LMU supportive supervision checklist to identify problems and plan actions for improvements.
- ✓ 18 R/CHMT members **received capacity building training** on eLMIS for logistics data analysis.

Looking Forward

- Continuous capacity building to R/CHMTs on supply chain skills and use of LMU supportive supervision tool
- Monitor health commodities (including TLD) and intervene accordingly to avoid stock imbalances
- Close collaboration with supply chain stakeholders including PO-RALG in improving districts performances through feedbacks / information sharing

Related KPIs

- (3.1.3) Number of joint supportive supervisions conducted: **95**

SUPPORT THE IMPLEMENTATION OF A RBF SCHEME

Overview	<p>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. 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's central and zonal Strategic Business Units (SBUs), namely central headquarters, central vertical program, transport, Mwanza, Tabora and Dar SBUs.</p>
Activities and Impact	<ul style="list-style-type: none"> ✓ This quarter, the project organized and provided technical input for a workshop to address challenges facing the RBF scheme specifically on supply chains. The workshop covered a revised incentive calculation based on the number of health facilities served, modified the claim invoice calculator, and supported the MoHCDGEC in setting new targets and baselines in line with the MSD annual targets. ✓ In collaboration with PS3, the project provided technical assistance in developing the automation of verification tools and financial documentation. This included defining user requirements, which MSD used to develop the web-based system. The project then supported the testing of the system and the training of users. The new processes and system will be piloted in next quarter's verification activities. ✓ The project participated in RBF verification exercises in Dar es Salaam and Mwanza MSD SBUs. Performance supply chain indicators assessed included: order lead time, inventory accuracy, order fill, and expired commodity rate. Mwanza MSD SBU showed improvement on order fill rate indicator and order lead time while inventory accuracy remained unchanged. In Dar es Salaam SBU, the expired commodity rate has improved mainly attributed to initiatives to ship some commodities with short shelf life and those slow-moving regimens (regimens being phased out) to other countries like Zimbabwe.
Looking Forward	<ul style="list-style-type: none"> • The project will support MoHCDGEC by providing coaching related to measuring performance of MSD RBF indicators during data focused RBF verification exercise. • Initiate the activity of evaluating the processes of supply chain component of the RBF scheme.
Related KPIs	<p>➢ (4.1.1) Percent of RBF performance incentives received by MSD SBUs over a specified period: (Central SBU 19.2% Central VP 51.4% Transport SBU 0% Mwanza 49.6% Dar 21%, Tabora 59.6%, Muleba 77.4%)</p>

STRENGTHEN GOVERNANCE AND ACCOUNTABILITY

Overview With a range of stakeholders involved in supply chain strengthening activities, GHSC-TA-TZ works to align PO-RALG and the MoHCDGEC on supply chain priorities. The GoT has clearly stated that the MoHCDGEC has the responsibility of setting policy, while PO-RALG oversees implementation of activities nationwide. Moving forward, GHSC TA-TZ will provide technical assistance towards the important goal of outlining specific responsibilities for supply chain across not only MoHCDGEC and PO-RALG, but also across other GoT entities.

Activities and Impact During this quarter, the project **finalized the Guidelines for Roles and Responsibilities in the Health Commodity Supply Chain**, which was initially developed in Year 2. The project prepared the approach for two key activities:

- ✓ Strengthen PO-RALG oversight of health supply chain implementation. The project **developed the approach** for revising and refining the supply chain governance structure at PO-RALG and promoting supply chain tailored performance monitoring and accountability. This activity will contribute towards strengthening governance and accountability, leading to stronger enabling environments to improve supply chain performance.
- ✓ Review current supply chain governing bodies (RBF, MSD transformation SC, HCT-TWG, LMU steering committees) to improve their effectiveness. The project **conducted a desk review** of the TORs for the various governing bodies.

Looking Forward

- Work with PO-RALG to develop a health supply chain oversight mechanism
- With MoHCDGEC, disseminate the RORE matrix to relevant stakeholders

Related KPIs N/A

— ANNUAL IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges	Mitigation
<p>The rollout of system redesign, transition of LMS and reduction of LMS scope, and the introduction of TLD occurring at the same time may cause supply chain disruption.</p>	<ul style="list-style-type: none"> • Continue to support two eLMIS User support specialists. • Conduct rigorous evaluation of the redesigned system. • Work collaboratively with PSU on the LMU transition. • Work collaboratively with NACP on TLD introduction.
<p>Delay in disbursement of GF funds for supportive supervision has affected the timely execution of activities (the July-Sept 2018 supportive supervision was conducted in Nov 2018; currently, still waiting for execution of Oct-Dec 2018 SS).</p>	<ul style="list-style-type: none"> • Pro-actively communicate with Head LMS to try to plan for supportive supervision, and elevate the discussions to higher levels (Global Fund and Local Funding Agent) when necessary.
<p>Several supply chain activities require the participation of LMS staff. With the reduction of LMS staff from July 2018, there is limited remaining staff time to participate in all expected activities. This is further compounded by the lack of timely communication within LMS in the execution of activities; the team is increasingly stretched.</p>	<ul style="list-style-type: none"> • Continue to work with IPs, PSU, the Head LMS, and stakeholders to develop coordinated plans and try to allocate staff resources as appropriately as possible.
<p>There are still gaps in filling GF funded LMS positions. There will also likely be loss of staff during LMS transition.</p>	<ul style="list-style-type: none"> • Encourage CP to convene LMU Steering Committee meetings, who should be supporting the LMU transition.
<p>The LMS transition includes task-shifting to the councils, including the review of R&Rs, a crucial task to improve data quality and use.</p>	<ul style="list-style-type: none"> • Emphasize this importance to the councils and sensitize this change to LGA decision makers for governance and accountability purpose.
<p>Adherence to implementation plans as agreed during interventions designing and planning (e.g. logistics system redesigning and quantification rollout - PSU has planned to roll out the two big activities without following the originally agreed plans).</p>	<ul style="list-style-type: none"> • Communicate risks and challenges of not adhering to plans and clearly outlining what needs to be done formally via the PS-MoHCDGEC.
<p>The ongoing system redesign requirements for eLMIS are dynamic and can change over time; this may result in new requirements introduced or requested last minute before rollout.</p>	<ul style="list-style-type: none"> • Allocate responsibility of tracking and prioritizing eLMIS requirements; communicate with PSU and manage expectations of eLMIS.
<p>Suboptimal communication and coordination between MSD, PO-RALG, and PSU on supply chain activities can lead to inefficient use of resources and a lack of a holistic response.</p>	<ul style="list-style-type: none"> • Facilitate the implementation of stronger SC oversight mechanism.

IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges	Mitigation
<p>A range of activities competing for attention and buy-in from GoT counterparts, coupled with the need to cultivate ownership and facilitate sustainability means delay in timelines of implementation.</p>	<ul style="list-style-type: none"> • Share project workplan with PO-RALG, PSU, and other key stakeholders, and collaboratively develop timelines for completion. • Hold routine meetings reviewing activity progress.
<p>Delayed approval and dissemination of key documents (i.e. the RORE document) impact the supply chain and the project's role in technical assistance.</p>	<ul style="list-style-type: none"> • Hold routine meetings reviewing activity progress. • Elevate issues as appropriate.
<p>Delays in the National Health Laboratory Services Supplies List affects related laboratory activities e.g. quantification.</p>	<ul style="list-style-type: none"> • Continue to advocate for the finalization of the list.
<p>Several partners working on IMPACT teams in various regions may mean inconsistencies in implementation. At the same time, PO-RALG does not yet have the capacity and/or structure for quality implementation.</p>	<ul style="list-style-type: none"> • Work with PO-RALG on developing a governance structure, and building their skills to monitor quality of implementation of IMPACT teams, as well as measuring performance of IMPACT teams across councils/regions. • Build capacity within IPs to rollout IMPACT teams.
<p>Move of MoHCDGEC to Dodoma.</p>	<ul style="list-style-type: none"> • Increase travel to Dodoma and transition a few project staff to Dodoma.
<p>The MoHCDGEC often insists on holding workshops in Morogoro, which means staff spend significant time in transit, and increases workshop expenses.</p>	<ul style="list-style-type: none"> • Convene a high level meeting with MoH. • For each workshop/meeting planned, see if it can be held in Dodoma or Dar es Salaam to minimize travel from both locations.
<p>Transition of patients to TLD poses potential risks of expiring ARVs.</p>	<ul style="list-style-type: none"> • Participate on the national team coordinating transition of TLD and continue to identify 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. • Continue to assist shipping out of some ARVs to Zimbabwe and Uganda as efforts to address potential expiries partly contributed to by the transition.
<p>The GoT regulation to receive commodities only above 80% shelf life is a challenge for GHSC-PSM to comply with. In our role providing supply plans, at times the project is caught between these dynamics, compounded by the fact that expectations for the project can shift.</p>	<ul style="list-style-type: none"> • Finalize the MOU between GHSC-PSM and GHSC TA-TZ, and adhere to the roles and responsibilities outlined and agreed to. • Encourage PSM to liaise more directly with the programs to get clarification on any procurement-related queries.

— QUARTER ONE PROJECT MONITORING PLAN REPORT



PROJECT MONITORING PLAN: Objective I

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q1 OCT-DEC 2017	Q2 JAN-MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018	Q1 OCT – DEC 2018
1) Provide Strategic Planning and Implementation Assistance	1.1.1 Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations	100% of CIP activities carried out by GoT by 2019	Semi Annual Annual (starting Year 2)	Indirect		65%		73%	
	1.2.1 Percentage of LMU operational costs paid for by the GoT	100% by 2019 will be paid by GoT	Annual (starting Year 2)	Indirect				2.5%	
	1.2.2 Percentage of health commodity needs budgeted to be covered by MoHCDGEC	Positive trend in GOT funding for health commodities	Annual	Indirect				ARVs 0% RTKs 0% RH 11% Malaria 1% EM 75%	
	1.2.3 Percentage of MoHCDGEC budgeted amount which is actually disbursed	Positive trend in GOT disbursement for health commodities	Annual	Indirect				ARVs 0% RTKs 0% RH 7% Malaria 1% EM 89%	

PROJECT MONITORING PLAN: Objective 2

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q1 OCT-DEC 2017	Q2 JAN- MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018	Q1 OCT – DEC 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	51%	51%	66%	78%	89%
	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 83% RTKs 79% RH 70% Malaria 70% mRDT 87%	
	2.3.1 Stock-out rate for tracer commodities	< 5%	Quarterly	Indirect	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%	ARVs 6% RTKs 8% FP 20% Malaria 20% EM 14% TB 7%	ARVs 7% RTKs 5% FP 18% Malaria 12% EM 16% TB 9%
	2.3.2 Inventory turns (at MSD central)	2	Quarterly	Indirect	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	ARVs 1 FP 1.4 Malaria 0.49 RTK 3	ARVs 2 FP 1.2 Malaria 2.1 RTKs 2 TB 1.3

PROJECT MONITORING PLAN: Objective 2

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q1 OCT-DEC 2017	Q2 JAN- MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018	Q1 OCT – DEC 2018
2) Improve Delivery of Health Commodities in Service Sites	2.3.3 Cycle Time (average)	14 days	Quarterly	Indirect	19 days	9 days	6 days	14 days	9.1 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 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%	ARVs 73% RTKS 41% FP 54% Malaria 55% TB 67%	ARVs 75% RTKS 54% FP 76% Malaria 55% TB 75%
	2.3.5 Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	Indirect	95%	96%	95%	96%	99%
	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				ALU P/3 = 215,640 SP = 63562 MRDT = 307,607	
	2.3.7 PEPFAR commodities stocked according to plan	N/A	Quarterly	Indirect	ARV 30%, RTKs 18%, OI medicine 23%, Male condom 17%	ARV 28%, RTKs 19%, Cotri susp: 24% Cotri tablet: 25% Male condom 19%	ARV 29%, RTKs 24%, Cotri susp: 20% Cotri tablet: 23% Male condom 17%	ARV 23%, RTKs 23%, Cotri susp: 21% Cotri tablet: 22% Male condom 17%	ARV 25%, RTKs 17% Cotri susp 20%, Cotri tab 21% , Male condom 12%

PROJECT MONITORING PLAN: Objectives 3 & 4

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q1 OCT-DEC 2017	Q2 JAN- MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018	Q1 OCT – DEC 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	17	28
	3.1.2 Number of project reports produced and disseminate with other supply chain stakeholders	N/A	Quarterly	Direct		1	0	4	4
	3.1.3 Number of joint supportive supervisions conducted	72 supervision annual	Quarterly	Direct		23	20	13	95
	3.2.1 Number of national/subnational TWG meetings utilizing e-LMIS reports for evidence-based decision making	N/A	Quarterly	Direct		29	28	31	12
	3.2.2 Number of people logging-in into e-LMIS	N/A	Quarterly	Indirect		2261	2604	2678	3245
	3.2.3 Percentage of R&R passing data quality check in specific period.	N/A	Quarterly	Indirect	NA	86%	81%	82%	84%
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 21.2% 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%	Central SBU 51.4% Central VP 26.4% Transport SBU 0.0% Mwanza 13.3% Dar 13.3% Tabora 15.1% Muleba 46.7%	Central SBU 19.2% Central VP 51.4% Transport SBU 0% Mwanza 49.6% Dar 21%, Tabora 59.6%, Muleba 77.4%)	(results available in January 2019)
	4.2.1 Overall health facility satisfaction rating for supply chain services	N/A	Semi-annual	Indirect				Very Good 6% Good 60%, Neutral 29%, Poor 4%, Very Poor 1%	



ANNEXES



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— ACRONYMS



ACRONYM LIST (A-F)

ACT	Artemisinin-based Combination Therapy
ART	Antiretroviral Therapy
ARV	Antiretroviral
CHMT	Council Health Management Team
CIP	Costed Implementation Plan
CMS	Central Medical Store
CP	Chief Pharmacist
DHIS2	District Health Information System
DMO	District Medical Officer
DPP	Directorate Of Prevention And Planning
DQA	Data Quality Assessment
DRF	Drug Revolving Fund
EID	Early Infant Diagnosis
eLMIS	Electronic Logistics Management Information System
EM	Essential Medicines
ESP	Emergency Supply Chain
FEFO	First Expiry First Out
FP	Family Planning

ACRONYM LIST (G-M)

GHSC TA-TZ	Global Health Supply Chain Technical Assistance – Tanzania
GoTHOMIS	Government of Tanzania Hospital Management Information System
GoZ	Government of Zanzibar
HCWs	Health Care Workers
HF	Health Facility
HIM	Health information mediator
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HSCR	Holistic Supply Chain Review
HVL	HIV Viral Load
ILS	Integrated Logistics System
IMPACT	Information Mobilized for Performance Analysis and Continuous Transformation
IP	Implementing Partner
KPI	Key performance indicator
LMU	Logistics Management Unit
MoH	Ministry of Health (Zanzibar)
MoHCDEGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MRDT	Malaria Rapidly Test Kits
MSD	Medical Store Department

ACRONYM LIST (N-S)

NACP	National AIDS Control Program
NMCP	National Malaria Control Program
NPAP	National Pharmaceutical Action Plan
NTLP	National Tuberculosis And Leprosy Program
OIG	Office Of Inspector General
PMTCT	Prevention Of Mother To Child Transmission (Of HIV)
PO-RALG	President's Office Of Regional Administration And Local Governments
PS	Permanent Secretary
PSM	Procurement And Supply Management
PSU	Pharmaceutical Services Unit
QA	Quality Assessment
R&R	Report And Request
R/CHMTs	Regional Council Health Management Team
RCHS	Reproductive And Child Health Services
RUM	Rational Use Of Medicine
SCMT	Supply Chain Monitoring Team
SOP	Standard Operating Procedure
STTA	Short Term Technical Assistance
SWOT	Strength, Weakness, Opportunity And Threat

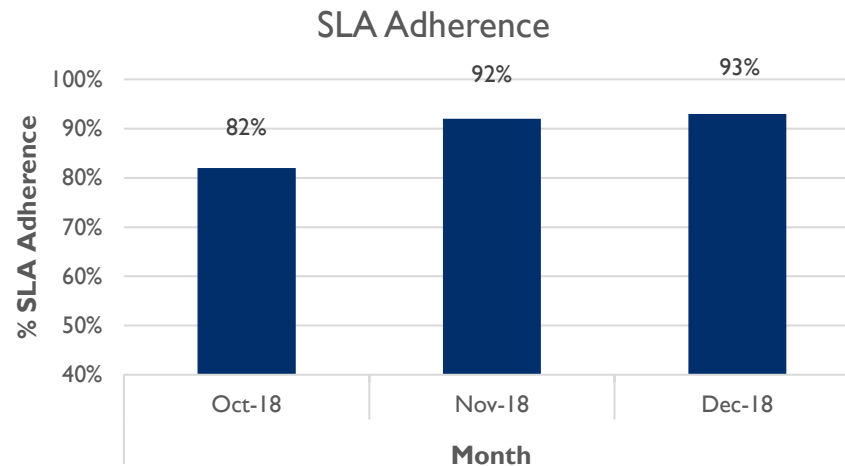
ACRONYM LIST (T-Z)

TA	Technical Assistance
TFDA	Tanzania Food And Drug Authority
TOR	Terms Of Reference
TOT	Training Of Trainers
UNICEF	United Nations Children Emergency Fund
USAID	United States Agency For International Development
WHO	World Health Organization
ZNZ	Zanzibar
ZSCAP	Zanzibar Supply Chain
ZSCCAP	Zanzibar Supply Chain Costed Action Plan

— ROOT CAUSE ANALYSIS FOR QUARTERLY REPORTED PMP INDICATORS

2.1.1 PERCENTAGE OF eLMIS ISSUES REPORTED AND RESOLVED WITHIN 24 HRS

Performance Trends and Description The average service level agreement (SLA) adherence this quarter was **89%**, with a total of 145 issues being reported. Up from last quarter's performance of 78%, SLA adherence trended upwards every month this quarter and now **exceeds the target of 80%**, indicating improved help desk response times. Overall, the most common issues users reported included the need to add new products and users.



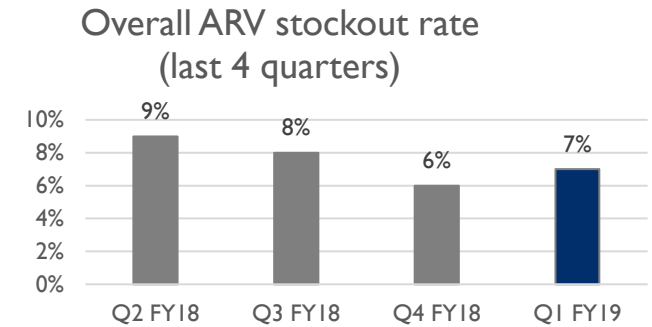
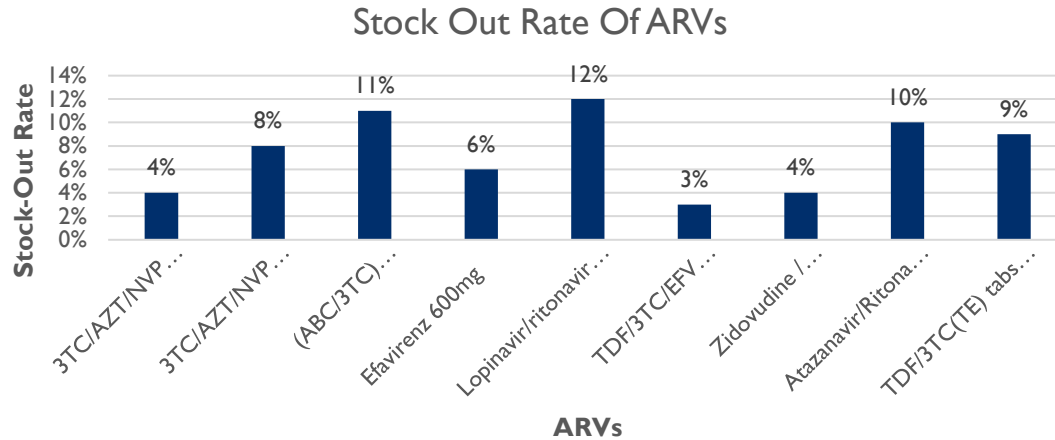
Root Cause Analysis The improvement is due, in part, to the **eLMIS User Support specialists hired by the project**. Within the quarter, there were **fewer issues reported** in December as compared to October and November 2018, which likely also helped to improve SLA adherence.

Corrective Actions

- The support team will continue to provide Help Desk service on eLMIS.
- Additionally, the planned launch of an eLMIS Support Page will allow users to address basic eLMIS questions and issues on their own before reaching out to support specialists. The new support page will also provide a more convenient and detailed form for users to contact the Help Desk, so that their issues can be triaged and addressed more efficiently.

2.3.1 STOCK OUT RATE:ARVs

Performance Trends and Description The overall stock-out rate for ARVs this quarter was **7%**; the target of **<5% has not yet been achieved**. Of the nine ARVs for which stock-out data was collected, three ARVs exceeded the target, while six have not yet met the target.



Root Cause Analysis **Issues with data quality** caused some reported stock-outs. For example, high stock-out rates of TLE were reported across zones in October 2018 due to data quality issues stemming from double reporting in both Laboratory and ILS systems. In addition, **stock-outs of ABC/3TC 120/60MG** were reported at the central level in August and September 2018, the implications of which likely extended into this quarter (i.e., Oct – Dec 2018). As of December 2018, the country had 4.8 MOS, 7.3MOS and 6.2 MOS of Atazanavir/ritonavir 300/100mg, Lopinavir/ritonavir200/50mg and ABC/3TC 120/60mg respectively. *Note:* two products, Atazanavir/Ritonavir 300/100mg and Tenofovir /Emtricitabine 200/100mg, were added to the stock-out analysis this quarter.

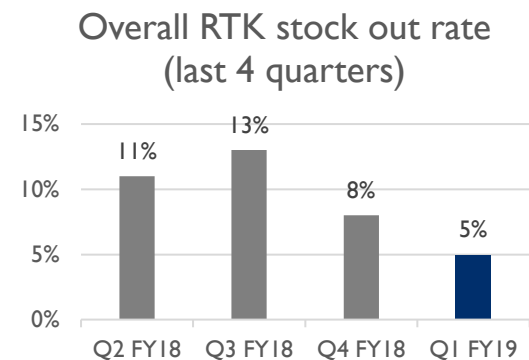
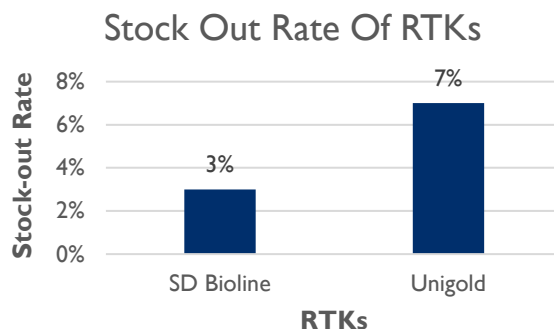
Corrective Actions

- In collaboration with NACP and MSD, the project will continue to closely monitor the stock-out status of ARVs and supplier adherence to shipment schedules. The project will also continue to provide alerts in advance of potential stock-outs and adjust shipment schedules when possible.
- GHSC TA-TZ, through LMU, will continue to facilitate inter-zonal transfers and facility redistributions to temporarily mitigate stock outs. In addition, LMU will continue to conduct DQAs during supervisory visits and collaborate with R/CHMTs to mentor staff on proper reporting and ordering.
- GHSC TZ-TZ will continue to advise on how to reduce the stock-out rate of ARVs, utilizing the outcomes of the NACP supply chain subcommittee meeting with the project team actively participated in during October and December 2018. During the aforementioned meeting, the stock-out status of ARVs, the management of ARVs at risk of expiring, and procurement status of orders were discussed.

2.3.1 STOCK OUT RATE: RTKs

Performance Trends and Description

The overall stock-out rate for RKTs this quarter was **5%**, an improvement from the **8%** rate in the previous quarter. The **target of <5% has been achieved**.



Root Cause Analysis

The key contributors to the stock-out of RTKs include inaccurate ordering by facilities, data quality issues, the expiration of large batches of RTKs in previous quarters, and the implementation of the 90:90:90 strategy. With regards to **inaccurate ordering**, the Bwawani secondary school, for example, did not request SD Bioline in the previous reporting period of April-June 2018, resulting in a stock-out during this reporting period. Facilities in the Dar zone (such as Matimbwa, Hondogo, Kigongoi, and Kongo) requested 1 kit of Unigold, however, this quantity was insufficient and resulted in stock-outs. **Data quality issues** were reported by facilities such as Nyamnyusi (Buhigwe DC) and Mgongo Dispensary (Kasulu DC), where no orders for RTKs were placed and stock-outs were observed. In addition, **significant quantities of Unigold (~30,000 kits) expired** at the MSD level between August and September 2018, the repercussions of which were felt into this quarter. Furthermore, the **implementation of the 90:90:90 strategy and the Furaha Yangu Campaign** have been reported as a root cause for the stock-out of RTKs across zones. As of December 2018, there were 2.5 MOS and 5.9 MOS of SD Bioline and Unigold respectively.

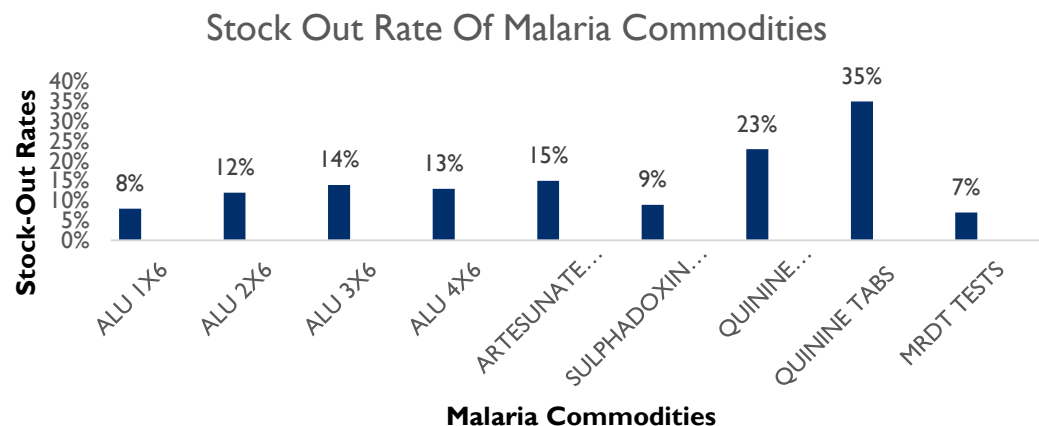
Corrective Actions

- GHSC-TA-TZ, LMU and PSU will continue to work closely with the program and MSD to confirm quantification accurately reflects the quantities of RTKs needed, and aid in the realistic planning of shipments to avoid the expiration of RTKs.
- GHSC-TA-TZ will continue to incorporate DQA in supervisory visits conducted by LMU, either alone or in collaboration with R/CHMTs or IPs. This goes hand in hand with mentoring health facility staff on proper ordering procedures, and facilitating inter-zonal transfers and inter-facility redistributions through LMU to curb shortages.
- LMU will continue to advocate for the inclusion of additional quantities of RTKs needed for mass testing initiatives, such as the UNAID 90:90:90 strategy and similar campaigns, in demand planning reports so MSD can plan for additional demand and serve its customers in a more efficient manner.

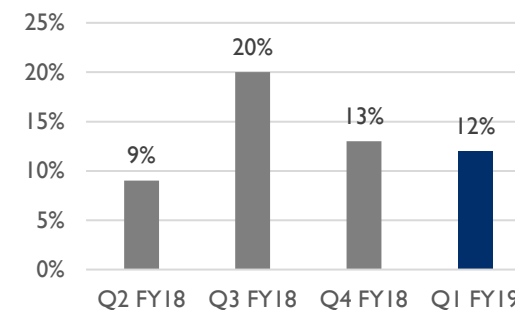
2.3.1 STOCK OUT RATE: MALARIA

Performance Trends and Description

The overall stock-out rate for malaria commodities this quarter was **12%**. While this an improvement from the 13% stockout rate last quarter, the target of **<5%** **has not yet been achieved**.



Overall malaria stock out rate (last 4 quarters)



Root Cause Analysis

Inaccurate reporting and ordering is a large contributor to the stock-out of malaria commodities. In some instances, health facilities report stock-outs of ALU formulations, yet they do not order the item from MSD. Stock-outs of ALU have also occurred because **facilities do not keep all four presentations**. In the Arusha region for example, many facilities do not keep all four presentations due to the lower prevalence of malaria. In addition, **fill rates reported through MAOS fluctuated** in October 2018; the Mbeya zone was not supplied whereas Dodoma was supplied at 50%, Dar at 33%, Tanga at 50% and Moshi at 100%.

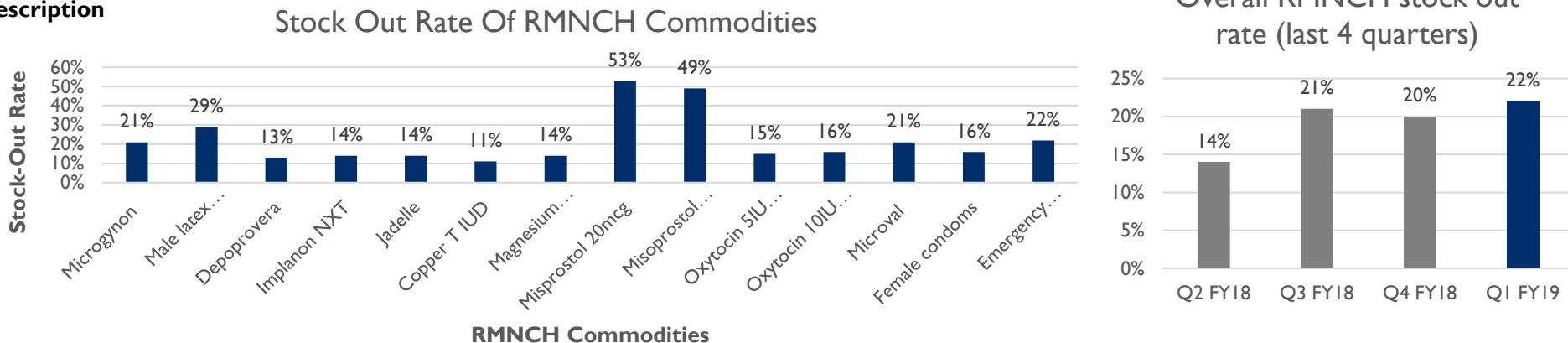
Corrective Actions

- GHSC TA-TZ worked closely with NMCP to improve adherence to treatment protocols for malaria while mitigating the risks of medications expiring. NMCP continues to advocate for artesunate injections and ensure facilities order artesunate injections over quinine injections to reduce overstocks, in alignment with treatment protocols.
- GHSC TA-TZ, through LMU both at central and zonal MSD, will continue to monitor stocks, fast track order processing, and collaborate with R/CHMTs in mentoring health facilities on proper forecasting and ordering processes. LMU, through R/CHMTs, will continue to advocate for ordering and managing all presentations of ALU, and to keep proper records.
- LMU will continue to assess data quality within eLMIS during supervisory visits with R/CHMTs and other IPs with the goal of improving data quality and the coordination of inter-zonal transfers to temporarily mitigate storages.
- GHSC TA-TZ will incorporate the outputs of a meeting with USAID, GHSC-PSM, PSU, MSD and NMCP in which stakeholders discuss delays in deliveries, stock outs, shipments and low shelf life.

2.3.1 STOCK OUT RATE: REPRODUCTIVE HEALTH

Performance The overall stock-out rate for RMNCH commodities this quarter was **22%**. The **target of <5%** has not yet been achieved.

Trends and Description



Root Cause Analysis

The largest contributors to the average stock-out rate of 22% were Misprostol 20mcg (53%) and Misprostol 200mcg (49%). These high stock-out rates can be large attributed to a **national stock-out** of Misoprostol. Male condoms had the next highest stock-out rate (29%) as they were stocked-out at MSD central, Muleba, Iringa, Mbeya, Mtwara, Mwanza, Tabora and Tanga. Emergency contraceptives (ECPs) were stocked-out in November 2018 in all zones except MSD central, Mtwara zone and Tanga, contributing to the ECP stock-out rate of 22%. In addition to national shortages, **challenges with part numbers and item codes** also contributed to stock-outs. **Fill rates for family planning commodities were also low** with fill rates of 36% in Moshi, 19% in Tanga, 19% in Dodoma, 13% in Mbeya zone, and 0% in Dar (i.e., Dar was not supplied) in October 2018.

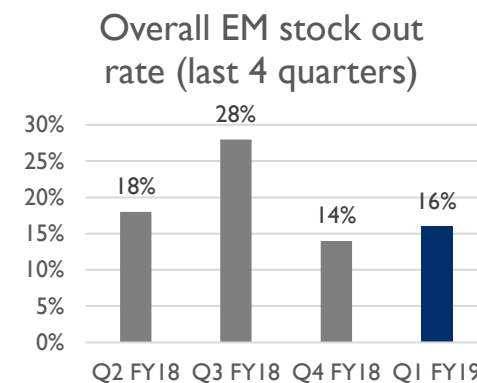
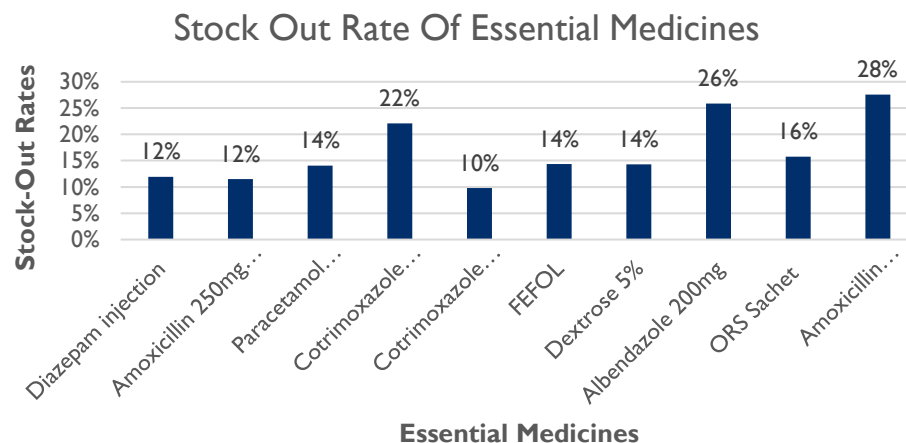
Corrective Actions

- GHSC TA-TZ will continue to work closely with RCHS in quarterly supply planning updates and commodity security meetings to provide alerts for national stock imbalances, highlight upcoming required shipments, and identify required financial resources. The project will also continue to advocate for data-informed, timely corrective measures at the program level, leveraging eLMIS reports on stock imbalances.
- GHSC TZ-TZ, through LMU, will continue to coordinate and facilitate inter-zonal transfers to temporarily mitigate RMNCH shortages. During this quarter, LMU supported the coordination of 6,000 male condoms (P/144) from Zanzibar, resulting in the rationing of condoms to all zones. In addition, when central MSD received shipments of Misoprostol and emergency contraceptives in December 2018, the LMU facilitated the timely processing of orders to help ensure facilities received timely shipments of these family planning commodities.
- LMU will continue to mentor health facilities on the correct part numbers and item codes to use when ordering family planning commodities from MSD, and will continue to advocate to the MSD sales department to improve communication with customers regarding available part numbers to avoid unnecessary stock-outs.
- GHSC TA-TZ will continue to collaborate with R/CHMTs in mentoring health facilities on proper forecasting and ordering processes for RMNCH commodities, and will continue to incorporate DQA as part of supervisory visits

2.3.1 STOCK OUT RATE: ESSENTIAL MEDICINES

Performance Trends and Description

The overall stock-out rate for essential medicines this quarter was **16%**. This was a decrease in performance from last quarter's SOR of 14%. The target of **<5% has not yet been achieved**.



Root Cause Analysis

The essential medicines most frequently stocked-out were Amoxicillin Dispersible tablets, followed by Albendazole and Cotrimoxazole suspension. These are the same items that contributed to high stock-out rates in the previous quarter. As of 28th November 2018, there were stock-outs of Amoxicillin DT in all MSD zones, sales points and central MSD except Dar zone. Albendazole and Cotrimoxazole suspension are saleable commodities whose availability depends on funding. **Funding constraints at the health facility level** have continued to hamper the availability of these commodities as well as other saleable essential medicines. In addition, numerous emergency orders requested by health facilities pertaining to essential medicines have **data quality issues** associated with **inaccurate ordering**.

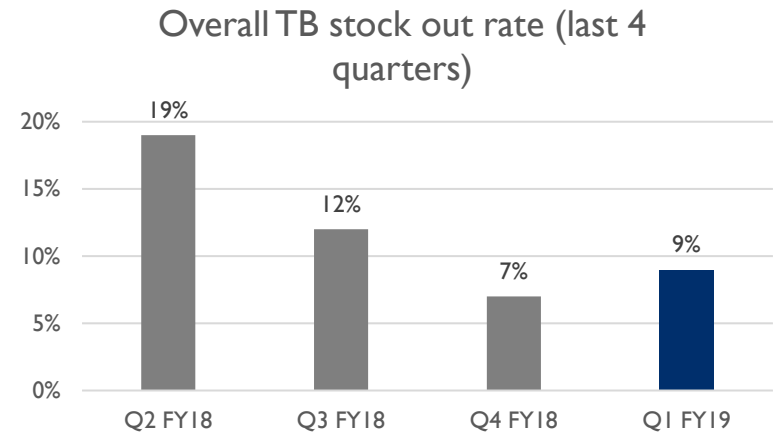
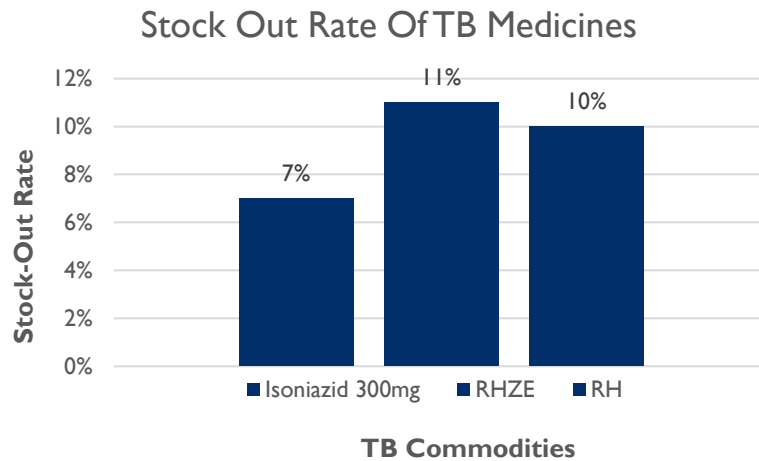
Corrective Actions

- GHSC-TA-TZ supported MOHCDGEC in facilitating the essential health commodities quantification roll out training in the lake zone as an input to the bottom up approach of quantification.
- GHSC-TA-TZ, through the LMU, will continue to support timely processing of zonal and facility orders, especially upon receipt of commodities whose availability is inconsistent.
- During facility supportive supervision visits, LMU teams, alone or in collaboration with R/CHMTs, will continue to incorporate DQA as part of the supervisory visits.
- GHSC-TA-TZ has continued to advocate to health facilities through R/CHMTs for the use of other/alternative funding sources to procure essential saleable commodities such as antibiotics, FEFEOL, and Albendazole when they are stocked out at MSD to help ensure steady availability at the health facility level

2.3.1 STOCK OUT RATE:TB

Performance Trends and Description

The overall stock-out rate for TB commodities this quarter was **9%**, a decrease in performance from last quarter's overall SOR of 7%. The target of **<5%** has not yet been achieved.



Root Cause Analysis

In October 2018, the following fill rates from central MSD were reported: Mbeya 20%, Dodoma 10%, Dar es Salaam 0% (not supplied), Tanga 11% and Moshi 28%. At the individual product level, there were improvements in availability of Isoniazid 300mg, but **declines in the availability** of RHZE and RH. As of November 28th 2018, there were 5.6MOS, 4.9MOS and 9.3 MOS of RHZE, RH and Isoniazid 300mg respectively.

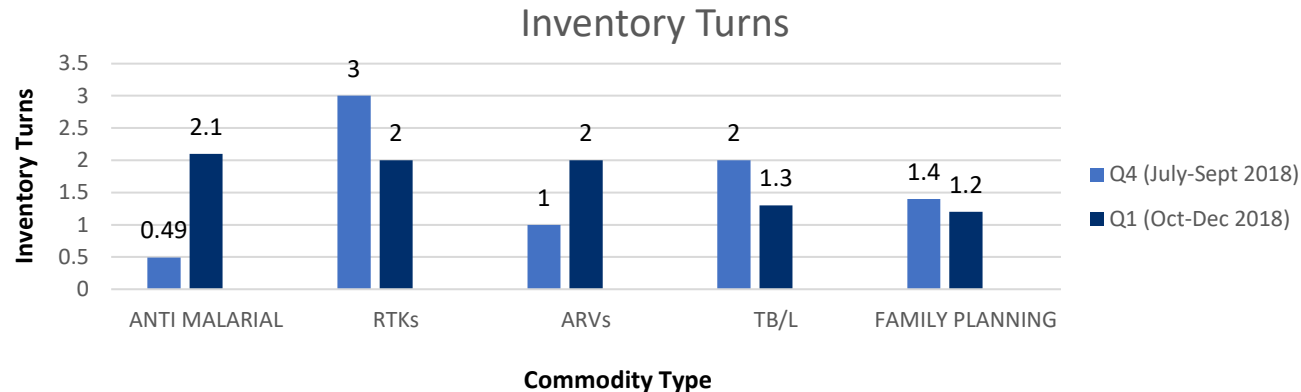
Corrective Actions

- GHSC-TA-TZ will continue to work closely with NTLT to expedite shipments of these commodities
- GHSC-TA-TZ will continue to support NTLT through participating in the review of TB medicines
- LMU will continue to support interzonal transfers to facilitate availability of TB medicines (example: Moshi received TB medicines from from Dodoma and Iringa this quarter)
- LMU will continue to provide mentorship to CHMTs on forecasting and ordering as well as data quality checks through supervisory visits, either alone or in collaboration with R/CHMTs.

2.3.2 INVENTORY TURNS

Performance Trends and Description

The average inventory turn this quarter was **1.72%**, which **exceeds the target of 2%**. From Q4 (July-Sept 2018) to Q1 (Oct – Dec 2018), inventory turns increased for some products (malaria, ARVs) and decreased for others (RTKs, TB, and family planning).



Root Cause Analysis

- **Antimalarial:** MSD is holding stocks of artesunate injection more than the required maximum level both at central and in hubs. This has become a slow moving item at MSD zonal stores and facilities. There is still a knowledge gap on its use because of the complexity in dilution.
- **RTKs:** Cost of goods distributed is higher than the average inventory. This is because across all MSD zones and central, there are stocks with short shelf life, especially Unigold, meaning zones hesitate to pull larger quantities from central MSD.
- **ARVs:** Cost of goods distributed is higher than the average inventory held in this quarter. This was due to high stock movement from central to zones and central being able to fulfill zonal orders on time with all items available at central.
- **TB/L:** Cost of goods distributed is almost equal to the average inventory; the improvement, in part, is due to the uptake of isoniazid 300mg.
- **FP:** 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 of most commodities, though some items were stocked out at central e.g. Misoprostol, Magnesium sulphate injection.

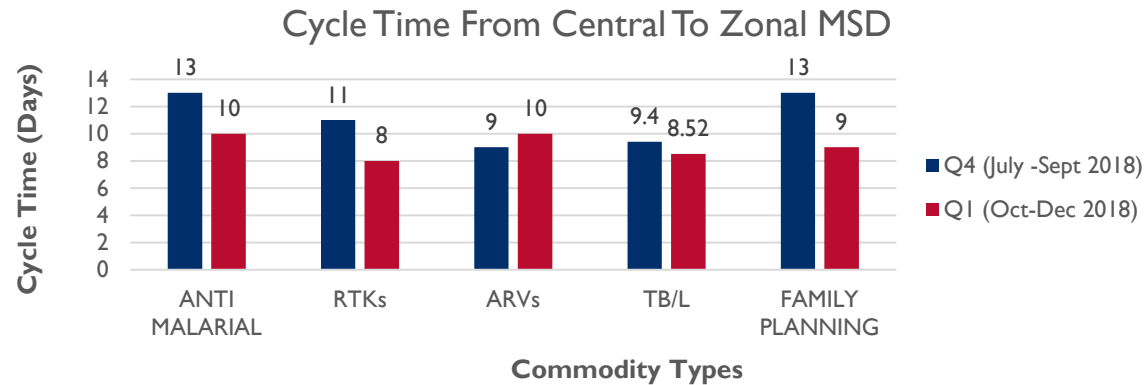
Corrective Actions

- MSD, in collaboration with LMU staff, will continue carrying out redistribution of commodities to avert stock-outs when MSD central is facing commodity shortages.
- Programs will review consumptions of slow-moving items, such as Artesunate injections, to avoid over stocks and expiries. This includes capacity building for health care workers on how to use Artesunate injections.
- MSD to ensure FEFO practice across all Zones.

2.3.3 CYCLE TIME

Performance Trends and Description

The average cycle time from central MSD to zones this quarter was **9.1 days**, which **exceeds the target of 14 days** and is an improvement from the previous quarter where the average cycle time was 11 days.



Root Cause Analysis

The cycle time for anti-malarials, RKTs, TB/L and FP has improved since the previous quarter, however, the cycle time for ARVs increased by one day this quarter. Generally, the cycle time for all program commodities has improved due to **collaborative efforts between MSD's central team and LMU staff**, both at the central and zonal levels, to confirm orders are placed, processed, and shipped on time per the MSD VP distribution calendar.

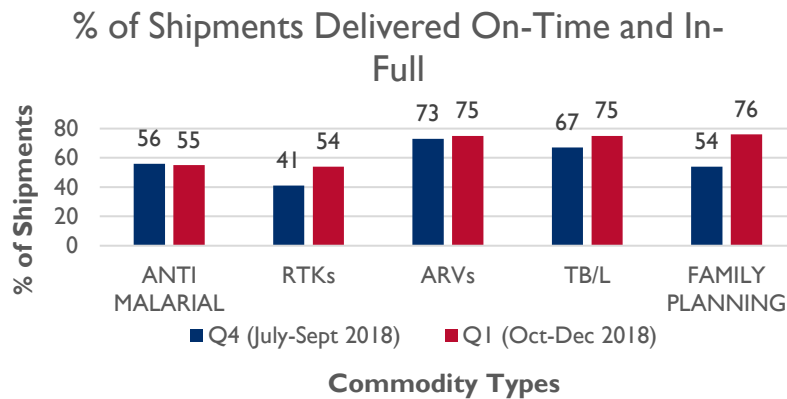
Corrective Actions

- Project staff stationed at MSD central and zones will continue to provide technical backstopping to MSD to enable on-time delivery of shipments in alignment with the supply plan. Project staff will continue to communicate any expected delays to enable proper mitigation planning to minimize stock-outs at health facilities.

2.3.4 PERCENTAGE OF SHIPMENTS DELIVERED ON TIME AND COMPLETE

Performance Trends and Description

The average percentage of shipments delivered on-time and in-full this quarter was **67%**. While up from 58.2% last quarter, the target of **80%** has **not yet been achieved**.



Variations in order fulfillment rate (%)					
Indicator	ARV	RTK	FP	Malaria	TB
On-time and in-full	75	54	76	55	75
On-time and not in full	9	30	8	25	7.4
Not on-time and in-full	16	7	12	8	14.6
Not on-time and not in full	0	9	4	12	3

Root Cause Analysis

Improved stocks at MSD central largely contributed to the increased percentage of shipments delivered on-time and in-full this quarter as compared to the previous quarter. Specifically for TB/L and ARVs, stock availability improved for RHZE,RH and ABC/3TC at central MSD. The order fulfillment rate for antimalarial commodities decreased slightly this quarter due to **shortages of some ALU presentations and SP**.

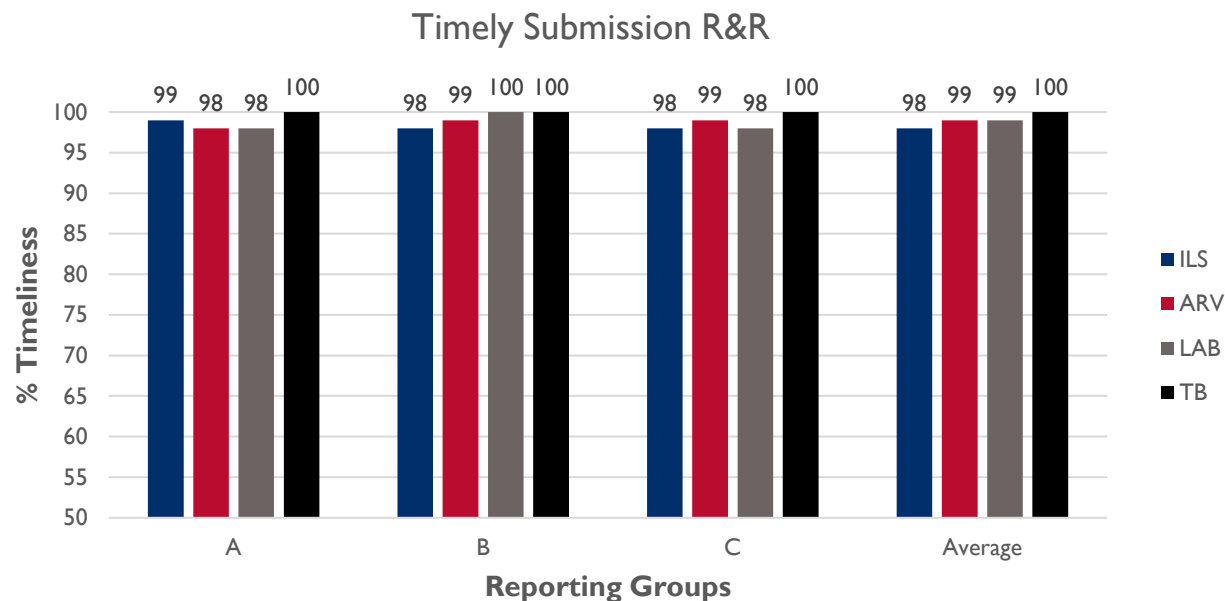
Corrective Actions

- MSD in collaboration with LMU staff will carry out the redistribution of commodities to avert stock outs when MSD central is facing commodity shortages.
- Programs will continue providing technical support to enable on-time delivery of shipments to MSD, per the supply plan, and will continue to communicate any expected delays to enable proper planning and avoid stock outs at health facilities.

2.3.5 PERCENTAGE OF HEALTH FACILITIES SUBMITTING TIMELY R&R

Performance Trends and Description

The average percentage of health facilities submitting timely R&Rs this quarter was **99%**, which **exceeds the target of 80%**.



Root Cause Analysis

The vast majority of ARV program councils meet minimum targets for the timely submission of R&R forms, with the exception of the following:

- Buhigwe council of Kigoma (50%) in Group A
- Kongwa council of Dodoma (60%)
- Mbeya City Council of Mbeya (78%) in Group B
- and Misungwi council of Mwanza (50%) in Group C

Corrective Actions

- Continue monitoring the few councils with lower timely submission percentages and encourage their improvement.

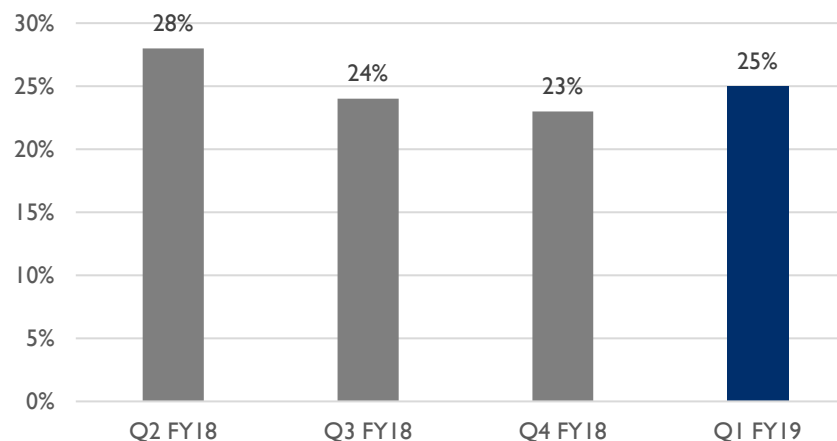
2.3.7 STOCKED ACCORDING TO PLAN*: ARVs

*Stocked according to plan refers to stocking health commodities within minimum and maximum stock levels

Performance Trends and Description

Overall, ARVs were stocked according to plan **25%** of the time.

Stocked according to plan ARVs (last 4 quarters)



Root Cause Analysis

This quarter (Oct – Dec 2018), ARVs were stocked according to plan 2% more often than in the previous quarter. This slight improvement is attributed to **improved availability of ARVs** at the national level and at health facilities, coupled with **ongoing efforts of capacitating R/CHMTs** to closely monitor health facilities.

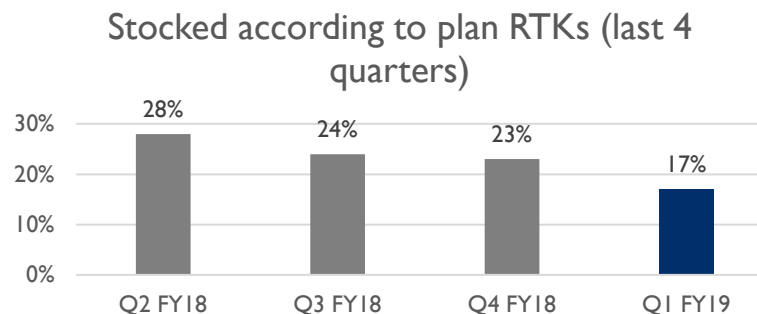
Corrective Actions

- GHSC TA-TZ, through LMU and in collaboration with R/CHMTs, will continue to mentor facility staff on good storage and ordering practices to help ensure commodities are within minimum and maximum stock levels. Findings from stock management reports will continue to be shared with central LMU at MOHCDGEC and DMO for feedback and further action.
- GHSC TA-TZ, through LMU and capacity building teams, will continue to focus on data quality and use. This includes providing mentorship to R/CHMT on how to check the data quality (on R&R forms for example) to check the proper quantities of ARVs are being ordered. To this end, GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT, that has trained R/CHMTs and CHMTs on how to implement data-driven decision making to improve stock availability in their respective areas, for which adherence to minimum and maximum stock levels is a key indicator. In year three, more regions will be trained on the IMPACT approach.
- Upon request from IPs and PORALG, LMU teams will continue to facilitate eLMIS trainings, focusing on the impact of data quality on commodity availability.
- GHSC TA-TZ will continue to promote enactment of system redesign resolutions, including the increased velocity of commodities to facilities, and increased reporting and ordering frequency (monthly reporting and bi-monthly ordering for health centers and dispensaries; monthly reporting and ordering for hospitals). This GHSC-TA-TZ supported the coordination and facilitation of a system redesign training where Mwanza , Kagera, Simiyu, Shinyanga, Mara, Geita and Tabora regions were trained.
- LMU will continue to advise MSD zones on the quantities to order through Monthly Advisory Order Sheets.

2.3.7 STOCKED ACCORDING TO PLAN: RTKs

Performance Trends and Description

Overall, RTKs were stocked according to plan **17%** of the time. The performance this quarter is worse than the previous quarter when 23% of RTKs were stocked according to plan.



Root Cause Analysis

The lesser performance this quarter as compared to the previous quarter can be largely attributed to **inadequate stocking due to fear of expiry** as the UNIGOLD available in a majority of health facilities had expiry dates in August – September 2018. Forecasts can be improved by accounting for additional needs stemming from the implementation of the UNAIDS 90:90:90 strategy as well as other testing campaigns.

Corrective Actions

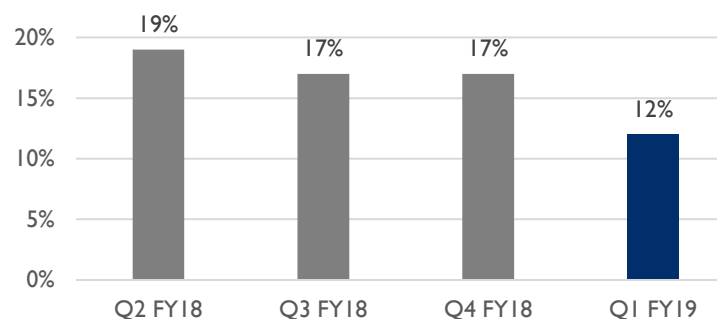
- GHSC TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to help ensure that commodities ordered and managed are within minimum and maximum stock levels. Reports on findings of stock management practices are shared with central LMU at MOHCDGEC and DMO for feedback and to take action.
- GHSC TA-TZ through LMU and capacity building teams focuses on data quality and use. This includes advocacy and mentorship to R/CHMT on data quality checks including R&R to ensure right quantities are being ordered. GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT teams that has trained R/CHMTs and CHMTs to use data for decision making to improve stock availability in their respective areas. One of the key indicators that teams have been selecting is adherence to minimum and maximum stock levels so as to improve commodity availability. In Year 3, more regions will be trained on this approach.
- Upon requests from IPs and PORALG, LMU teams facilitate eLMIS trainings with a focus on data quality to improve commodity availability
- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals . In view of this, GHSC-TA-TZ supported the coordination and facilitation of the system redesign training in Mwanza region where Mwanza, Kagera, Simiyu, Shinyanga, Mara, Geita and Tabora regions were trained.
- LMU has continued to advise MSD zones on the quantities to order through Monthly Advisory Order Sheets

2.3.7 STOCKED ACCORDING TO PLAN: MALE CONDOMS

Performance Trends and Description

Overall, male condoms were stocked according to plan **12%** of the time. The performance this quarter is worse than the previous quarter when stocked according to plan was 17%.

Stocked according to plan male latex condoms



Root Cause Analysis

The lesser performance this quarter as compared to last quarter is largely due to **stock-outs of male condoms across MSD zones**, as noted for the stock-out rate indicator. In November 2018, severe stock-outs of male condoms at MSD central, Muleba and Tanga sales points, Iringa Mbeya, Mtwara, Mwanza, and Tabora zones significantly reduced availability at health facilities. In addition, **issues with part numbers** were reported by some zones, such as in Mwanza, where in October 2018 they reported ordering male condoms using part number with no corresponding stocks at MSD, resulting in stock-outs.

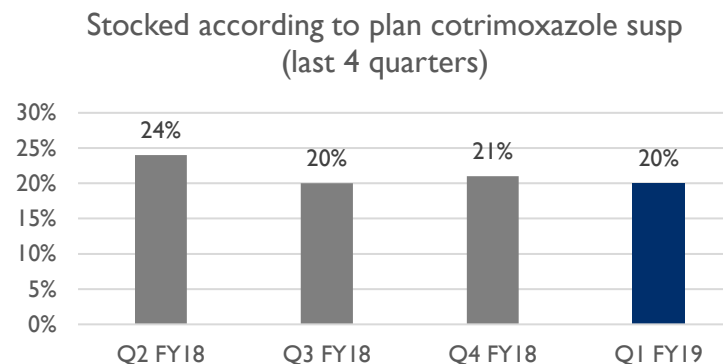
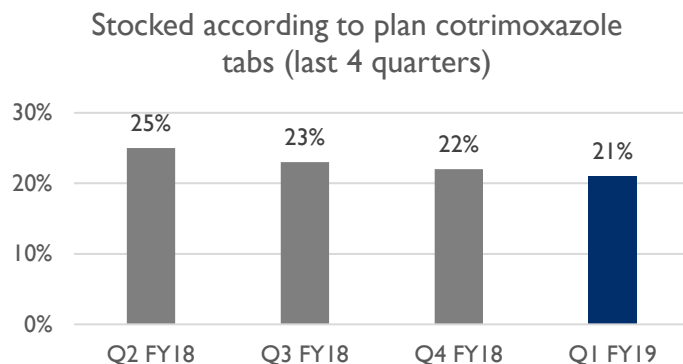
Corrective Actions

- GHSC TA-TZ will continue to emphasize the importance of improved communication by the MSD's sales department to inform customers of available part/code numbers to prevent unnecessary stock-outs
- GHSC TA-TZ, through LMU and in collaboration with R/CHMTs, will continue to mentor facility staff on good storage and ordering practices to help ensure commodities are within minimum and maximum stock levels. Findings from stock management reports will continue to be shared with central LMU at MOHCDGEC and DMO for feedback and further action.
- GHSC TA-TZ, through LMU and capacity building teams, will continue to focus on data quality and use. This includes providing mentorship to R/CHMT on how to check the data quality (on R&R forms for example) to ensure the proper quantities of ARVs are being ordered. To this end, GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT, that has trained R/CHMTs and CHMTs on how to implement data-driven decision making to improve stock availability in their respective areas, for which adherence to minimum and maximum stock levels is a key indicator. In year three, more regions will be trained on the IMPACT approach.
- Upon requests from IPs and PORALG, LMU teams facilitate eLMIS trainings with a focus on data quality to improve commodity availability
- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals . In view of this, GHSC-TA-TZ supported the coordination and facilitation of the system redesign training in Mwanza region where Mwanza , Kagera, Simiyu, Shinyanga, Mara, Geita and Tabora regions were trained.
- LMU has continued to advise MSD zones on the quantities to order through Monthly Advisory Order Sheets
- LMU teams will continue to collaborate with MSD to facilitate inter-zonal transfers and inter-facility redistributions to help ensure adequate stocks at service delivery points

2.3.7 STOCKED ACCORDING TO PLAN: COTRIMOXAZOLE

Performance Trends and Description

Overall, Cotrimoxazole was stocked according to plan **20.5%** of the time.



Root Cause Analysis

The availability of Cotrimoxazole has been dependent on funding availability as Cotrimoxazole is a normal saleable commodity at MSD. **Insufficient funds in the accounts of health facilities** has hindered the availability of this item and consequently adequate stocking.

Corrective Actions

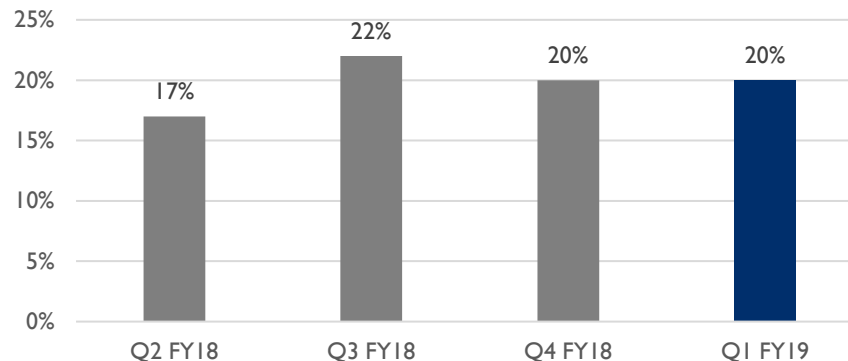
- GHSC TA-TZ will continue to advocate, through R/CHMT, for the procurement of CTX tablets and suspension tabs, among other essential health commodities, using alternative funding sources. GHSC TA-TZ embarked on an activity this quarter, in collaboration with PORALG and MSD, to review the time taken for health facilities to receive out-of-stock notifications from MSD with the aim of improving the timely receipt of out-of-stock notifications, enabling health facilities to procure needed commodities using alternative funding sources when they are stocked-out at MSD.
- GHSC TA-TZ, through LMU and in collaboration with R/CHMTs, will continue to mentor facility staff on good storage and ordering practices to help ensure commodities are within minimum and maximum stock levels. Findings from stock management reports will continue to be shared with central LMU at MOHCDGEC and DMO for feedback and further action.
- GHSC TA-TZ, through LMU and capacity building teams, will continue to focus on data quality and use. This includes providing mentorship to R/CHMT on how to check the data quality (on R&R forms for example) to help ensure the proper quantities of ARVs are being ordered. To this end, GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT, that has trained R/CHMTs and CHMTs on how to implement data-driven decision making to improve stock availability in their respective areas, for which adherence to minimum and maximum stock levels is a key indicator. In year three, more regions will be trained on the IMPACT approach.
- Upon requests from IPs and PORALG, LMU teams facilitate eLMIS trainings with a focus on data quality to improve commodity availability
- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals. In view of this, GHSC-TA-TZ supported the coordination and facilitation of the system redesign training in Mwanza region where Mwanza, Kagera, Simiyu, Shinyanga, Mara, Geita and Tabora regions were trained.
- LMU has continued to advise MSD zones on the quantities to order through Monthly Advisory Order Sheets
- LMU teams will continue to collaborate with MSD to facilitate inter-zonal transfers and inter-facility redistributions to help ensure adequate stocks at service delivery points

2.3.7 STOCKED ACCORDING TO PLAN: MALARIA

Performance Trends and Description

Overall, malaria commodities were stocked according to plan **20%** of the time. This quarter's performance is equal to the performance in the previous quarter.

Stocked according to plan malaria commodities (last 4 quarters)



Root Cause Analysis

The **availability of malaria commodities varied widely** across Tanzania. As of October 2018, Mbeya has a 0% fill rate (i.e., they were not supplied at all), Dodoma reported 50%, Dar reported 33%, Tanga 50%, and Moshi 100%. **Data quality issues**, leading to **inaccurate ordering**, is a key contributor to the inability to stock malaria commodities according to plan.

Corrective Actions

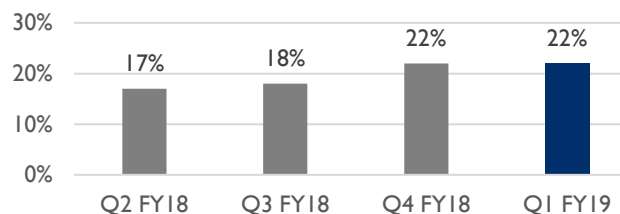
- GHSC TA-TZ, through LMU and in collaboration with R/CHMTs, will continue to mentor facility staff on good storage and ordering practices to help ensure commodities are within minimum and maximum stock levels. Findings from stock management reports will continue to be shared with central LMU at MOHCDGEC and DMO for feedback and further action.
- GHSC TA-TZ, through LMU and capacity building teams, will continue to focus on data quality and use. This includes providing mentorship to R/CHMT on how to check the data quality (on R&R forms for example) to help ensure the proper quantities of ARVs are being ordered. To this end, GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT, that has trained R/CHMTs and CHMTs on how to implement data-driven decision making to improve stock availability in their respective areas, for which adherence to minimum and maximum stock levels is a key indicator. In year three, more regions will be trained on the IMPACT approach.
- Upon requests from IPs and PORALG, LMU teams facilitate eLMIS trainings with a focus on data quality to improve commodity availability
- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities, and monthly reporting and ordering for hospitals. In view of this, GHSC TA-TZ supported the coordination and facilitation of the system redesign training in Mwanza region where Mwanza, Kagera, Simiyu, Shinyanga, Mara, Geita and Tabora regions were trained.
- LMU has continued to advise MSD zones on the quantities to order through Monthly Advisory Order Sheets.
- LMU teams will continue to collaborate with MSD to facilitate inter-zonal transfers and inter-facility redistributions to help ensure adequate stocks at service delivery points.

2.3.7 STOCKED ACCORDING TO PLAN:TB

Performance Trends and Description

Overall, TB medicines were stocked according to plan **22%** of the time. This quarter's performance is equal to the performance in the previous quarter.

Stocked according to plan TB (last 4 quarters)



Root Cause Analysis

RHZE is the TB medicine with the largest stock-out rate at the health facility level, due to **national stock-outs**. Stock-outs of Isoniazid 300mg and RH have also been reported by zones. In addition, **inaccurate reporting and ordering** has led to **data quality issues** which have hindered adequate stocking of TB commodities. The October 2018 Monthly Advisory Sheets (MAOS) from zones revealed **poor fill rates** of TB medicines as follows: Mbeya (20%), Dodoma (10%), Dar es Salaam was not supplied (0%), Tanga (11%), and Moshi (28%).

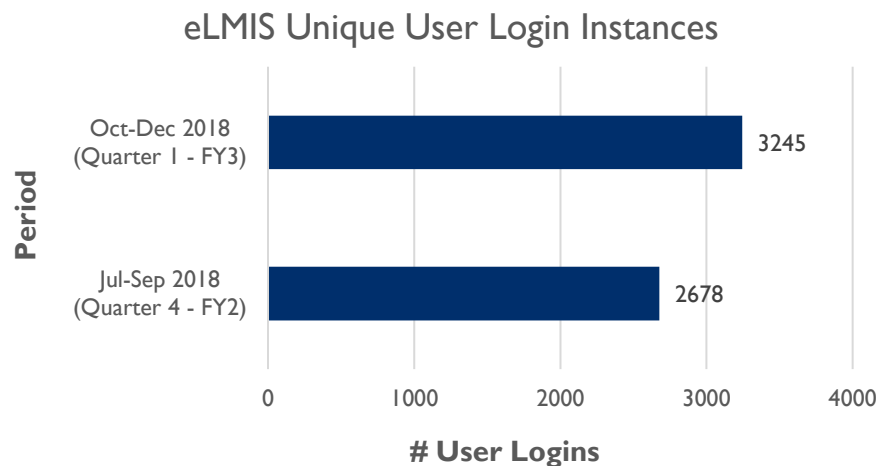
Corrective Actions

- GHSC TA-TZ will continue to support the NLTP in reviewing the quantification of TB medicines, and will continue to follow-up on incoming shipments of TB commodities such as RHZE.
- GHSC TA-TZ, through LMU and in collaboration with R/CHMTs, will continue to mentor facility staff on good storage and ordering practices so that commodities are within minimum and maximum stock levels. Findings from stock management reports will continue to be shared with central LMU at MOHCDGEC and DMO for feedback and further action.
- GHSC TA-TZ, through LMU and capacity building teams, will continue to focus on data quality and use. This includes providing mentorship to R/CHMT on how to check the data quality (on R&R forms for example) to enable that the proper quantities of ARVs are being ordered. To this end, GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT, that has trained R/CHMTs and CHMTs on how to implement data-driven decision making to improve stock availability in their respective areas, for which adherence to minimum and maximum stock levels is a key indicator. In year three, more regions will be trained on the IMPACT approach.
- Upon requests from IPs and PORALG, LMU teams facilitate eLMIS trainings with a focus on data quality to improve commodity availability
- GHSC-TZ-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi monthly ordering for lower health facilities and monthly reporting and ordering for hospitals . In view of this, GHSC TA-TZ supported the coordination and facilitation of the system redesign training in Mwanza region where Mwanza , Kagera, Simiyu, Shinyanga, Mara, Geita and Tabora regions were trained.
- LMU has continued to advise MSD zones on the quantities to order through Monthly Advisory Order Sheets
- LMU teams will continue to collaborate with MSD to facilitate inter-zonal transfers and inter-facility redistributions to help ensure adequate stocks at service delivery points

3.2.2 NUMBER OF UNIQUE eLMIS LOGINS

Performance Trends and Description

This quarter, **3,245 unique users** logged into the eLMIS system, up from 2,678 unique users in the previous quarter (i.e., a 21% increase).



Top 20 Most Frequent eLMIS Users (Ranked)

Title	# of Visits
PHLA	4550
SCMA Dar Zone	3830
LDA	3628
Registered Nurse	3598
Clinical Officer	3598
LDA	3598
SCMA Mwanza Zone	3499
CO	2585
Sn.PHLA	2585
SCMA Iringa	2526
SCMA	2514
SCMA	2432
District Pharmacist	2415
SCMA - Mbeya	2399
ZLC Dar Es Salaam and Mtwara Zone	2385
Data Analyst	2180
SCMA Mwanza Zone	2156
SCMA - Dodoma	2095
District Pharmacist	1944
District Pharmacist	1895

Root Cause Analysis

- The increased number of unique eLMIS logins is primarily due to **ongoing trainings on the redesigned system**, in which many new eLMIS users at the facility level are trained and registered in eLMIS.
- Of the top 10 most frequent users of eLMIS (i.e., the users with the most log ins) for this quarter, three were from lower health facilities and two were from CHMT (i.e., district pharmacists). The remainder of the most frequent eLMIS users were from LMU/LMS.

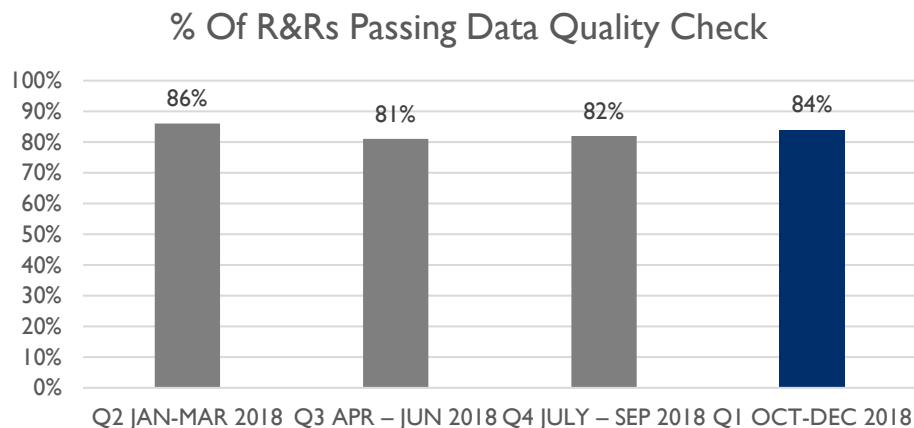
Corrective Actions

- GHSC TA-TZ will continue to advocate for the increased usage of eLMIS among R/CHMT, central MOHCDGEC, and PORALG to monitor health commodity availability and identify appropriate interventions. The project will continue to promote the use of eLMIS data during quarterly and regional data review meetings.

3.2.3 PERCENT OF R&RS PASSING DATA QUALITY CHECK

Performance Trends and Description

This quarter, **84%** of R&Rs submitted passed data quality checks. R&R forms which did not pass data quality checks were returned to health facilities for resubmission.



Root Cause Analysis

R&R forms sent by health facilities were rejected for the following reasons:

- Reporting stock-out for items when the items were fully supplied
- Omitting essential medicines from R&Rs
- Quantities reported as received being indivisible by MSD's unit of measure
- Reporting stock-out for items without indicating the number of days the item has been stocked-out
- Requesting either extremely low or extremely high quantities
- Total cost of commodities was either too high or too low compared to the expected total cost at the health facility level
- Consumption of products was either too high or too low
- Questionable losses and adjustments with no reported remarks

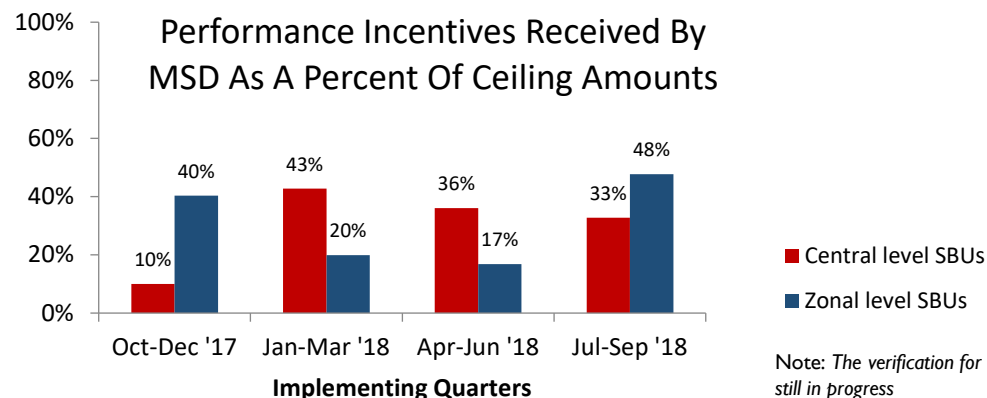
Corrective Actions

- GHSC TA-TZ will begin tracking reasons for R&R rejection in eLMIS to identify and develop strategies to address the most common reasons. This capability has already been added to eLMIS.
- The project will continue to build R/CHMT's capacity to review logistics data submitted by health facilities in eLMIS, providing feedback to CHMTs on how to improve the quality of data reported in R&Rs.
- The project team will continue the rollout of IMPACT teams to improve data quality and the utilization of data for improved decision making.
- GHSC TA-TZ will continue advocating for health facilities to directly enter their R&Rs at the council level under the supervision of CHMTs.

4.1.1 PERCENT OF RBF PERFORMANCE INCENTIVES RECEIVED BY MSD SBUs OVER A SPECIFIED PERIOD

Performance Trends and Description

On average, RBF performance incentives were received by MSD SBUs **40.5%** of the time (33% for central level SBUs and 48% for zonal level SBUs) between July and September 2018. This is up from an average of 26.5% in the previous quarter (April – June 2018).



Root Cause Analysis

- The improvement in the receipt of RBF performance incentives by MSD SBUs can be attributed to a **change in the incentive calculation**. Now, the total incentive ceiling for a zone correlates with the number of health facilities implementing RBF in that zone. In addition, the number of expired commodities has been significantly reduced in the Mwanza and Tabora zones due to the **implementation of a “first expiry out” policy**. **Treating Tabora municipal orders as emergency orders** also led the average order lead time to from 51 days in the previous quarter to 32 days in this quarter.
- While the average performance improved, the performance of central level SBUs dropped from 36% in the previous quarter to 33% this quarter. At central level SBUs, the on-time delivery rate decreased from 85% last quarter to 59% this quarter due in part to **inadequate packing materials**. Historically, SBUs across levels have faced challenges such as **fluctuating baselines, unrealistic targets, and inappropriate incentive calculations**. These challenges have contributed to fluctuating performance in the past, but going forward, performance is **expected to consistently trend upwards** as these challenges continue to be addressed.

Corrective Actions

- GHSC TA-TZ will continue to address RBF challenges for supply chain components. In this quarter, the project supported a workshop to identify and address challenges, resulting in the revision of the incentive calculation, the modification of the claim invoice calculator, and the establishment of new targets and baselines
- The project recommend MoHCDGEC develop a schedule for supportive supervision to strengthen performance of the SBUs.

— TRAINING AND TRAVEL REPORT (OCTOBER – DECEMBER 2018)



TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING QUARTER I (OCT-DEC 2018)

Dates	Purpose	Responsible GHSC staff
16 th to 18 th October 2018	Workshop on addressing challenges experienced in implementing the supply chain component of RBF scheme by MSD SBUs- <i>Morogoro</i>	Michael John, Wema Kamuzora and Regina Ndakidemi
17 th to 29 th October 2018	Zanzibar National Quantification Exercise – <i>Zanzibar</i>	Narsis Makori
5 th to 9 th November 2018	RBF verification exercise - <i>Mwanza</i>	Michael John
8 th -10 TH November 2018	Follow meeting with Makete, RHMT and Ludewa IMPACT teams at <i>Njombe DC</i>	Ondo Baraka
12 th November 2018	Meeting with PO-RALG to share experience of IMPACT teams (Njombe TC and DC) - <i>Dodoma</i>	Ondo Baraka and Vicent Manyilizu
12 th to 13 th November 2018	Consultative meetings on eLearning with PO-RALG, PSU, Makole health center, R/CHMT – <i>Dodoma</i>	Vicent Manyilizu
15 th to 16 th November 2018	GHSC-PSCM, GHSC-TA, USAID and GOT meeting - <i>Dodoma</i>	Narsis Makori
13 th to 17 th November 2018	Joint Health Sector Review Technical meeting – <i>Dodoma</i>	Regina Ndakidemi
23 rd November to 31 st December 2018	Logistics System redesign and Essential health commodities quantification roll out training – <i>Mwanza</i>	Vicent Manyilizu, Chediel Mbonea, Ian Manyama, Hassan Hussein, Evance Nkya, Rachel Stephen, Narsis Makori

TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING QUARTER I (OCT-DEC 2018)

Dates	Purpose	Responsible GHSC staff
30 th October to 2 nd November 2018	Workshop to develop integrated HIV viral load and HIV EID Guideline - <i>Kibaha Pwani</i>	Albertho Chengula
17 th November to 1 st December 2018	Stakeholders' workshop on Laboratory equipments optimization – <i>Dodoma</i>	Albertho Chengula, Mavere Tukai and Naomi Printz
28 th to 30 th November 2018	Global Health Supply Chain Summit – <i>Lusaka, Zambia</i>	Naomi Printz, Alfred Mchau, Hassan Hussein
28 th November to 1 st December 2018	Level one KPIs workshop - <i>Morogoro</i>	Wema Kamuzora, Michael Kishiwa and Nabila Hemed
4 th to 6 th December 2018	ToT impact teams training - <i>Dodoma</i>	Ondo Baraka
10 th December 2018	NACP supply chain subcommittee meeting	Albertho Chengula, Narsis Makori, Peace Nyankojo, Ramadhan Pupwa and Godfrey Odinga
10 th to 12 th December 2018	Emergency supply chain preparedness landscape assessment workshop - <i>Morogoro</i>	Michael Kishiwa and Hubert Assenga
11 th to 20 th December 2018	RCHS Quantification for 2019-2020 - <i>Morogoro</i>	Nabila Hemed
19 th to 21 st December 2018	TB Quantification review exercise - <i>Dodoma</i>	Narsis Makori