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GLOBAL HEALTH SUPPLY CHAIN PROGRAM - TECHNICAL ASSISTANCE TANZANIA

Quarterly Report: January—March 2020 (Y4, Q2)

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ACRONYMS

ACT	Artemisinin-based Combination Therapy
ART	Antiretroviral Therapy
ARV	Antiretroviral
CHMT	Council Health Management Team
CIP	Costed Implementation Plan
CMS	Central Medical Store (Zanzibar)
COP	Country Operational Plan
CP	Chief Pharmacist
CPO	Chief Pharmacist's Office
DHIS2	District Health Information System
DMO	District Medical Officer
DPP	Directorate of Policy and Planning
DQA	Data Quality Assessment
DRF	Drug Revolving Fund
DSS	Diagnostics Services Section
EID	Early Infant Diagnosis
eLMIS	Electronic Logistics Management Information System
EM	Essential Medicines
ESP	Emergency Supply Chain
FEFO	First Expired First Out
FP	Family Planning
FY	Fiscal Year
GHSC-TA-TZ	Global Health Supply Chain Technical Assistance - Tanzania
GoT	Government of 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
ICT	Information, Communication and Technology
ILS	Integrated Logistics System
IMPACT	Information Mobilized for Performance Analysis and Continuous Transformation
IP	Implementing Partner
KPI	Key performance indicator
LMU	Logistics Management Unit
MOF	Ministry of Finance
MoH	Ministry of Health (Zanzibar)
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOS	Months of Stock

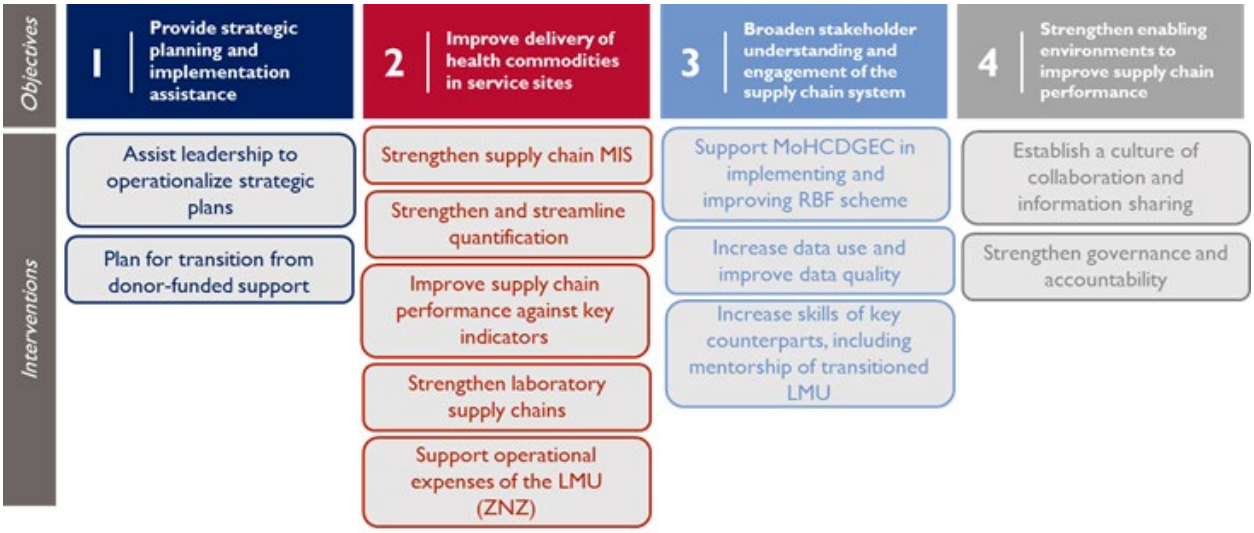
MRDT	Malaria Rapid Test Kits
MSD	Medical Stores Department
MTC	Medicine and Therapeutic Committee
NACP	National AIDS Control Program
NMCP	National Malaria Control Program
NPAP	National Pharmaceutical Action Plan
NTLP	National Tuberculosis and Leprosy Program
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	
PO-RALG	President’s Office of Regional Administration and Local Governments
PrEP	Pre-exposure prophylaxis
PS	Permanent Secretary
PSM	Procurement and Supply Management
PSU	Pharmaceutical Services Unit
QA	Quality Assessment
R&R	Report and Requisition
RCHS	Reproductive and Child Health Services
TA	Technical Assistance
THPS	Tanzania Health Promotion Support
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
WFP	World Food Program

INTRODUCTION

The Global Health Supply Chain - Technical Assistance - Tanzania (GHSC-TA-TZ) project provides specialized technical assistance (TA) to Tanzania to strengthen country supply chain systems across health elements, e.g., malaria, family planning (FP), HIV/AIDS, tuberculosis (TB) and reproductive, maternal, newborn and child health (RMNCH). In coordination with in-country and development partners, GHSC-TA-TZ assists the Government of Tanzania (GoT) health programs and stakeholders by providing technical assistance across four objectives. The project goal is to support the development of agile, robust, and sustainable health supply chains that will contribute towards improving medicines availability and ultimately the health status of Tanzanians.

Activities undertaken by GHSC TA-TZ are organized across objectives and interventions, as shown in Figure 1.

Figure 1: Objectives and Interventions



The project implements its work with a range of stakeholders in mainland and Zanzibar, embodying a collaborative approach, and integrates capacity building throughout its technical assistance activities. Key stakeholders (in addition to USAID and CDC) include: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) – specifically the Pharmaceutical Services Unit (PSU), Diagnostics Service Section (DSS), 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), Zanzibar Ministry of Health (MOH), Zanzibar Central Medical Stores (CMS), Zanzibar Vertical Programs, and other implementing partners.

KEY ACCOMPLISHMENTS DURING THIS QUARTER

Figure 2 depicts key accomplishments associated with each objective during this reporting period. GHSC-TA-TZ's support for the COVID-19 response in Tanzania, which began in March 2020, has been incorporated under Objective 1.

Figure 2: Key Project Accomplishments during Q2Y4

<table>
<tr><td><u>Objective 1</u>: Provide Strategic Planning and Implementation Assistance</td><td>Began support for COVID-19 Emergency Supply Chain response: Participated in Logistics Pillar meetings and began support for several COVID-19 response activities aimed at aligning stakeholders on the response strategy, reviewing forecasts and supply plans for COVID-19 commodities, and increasing end-to-end supply chain visibility</td><td>Obtained final approval for key documents: Obtained approval for several strategic documents including the Health Commodity Revolving Fund (HCRF) guidelines, the Partners Alignment guidelines, and the Tanzania Emergency Supply Chain Operations Guide (TESCOG).</td><td>Aided in preparations for LMU ZNZ transition: Convened a meeting with the LMU ZNZ to document achievements of the LMU to-date and outline steps required for existing LMU ZNZ staff to be absorbed into RGOZ.</td></tr>
<tr><td rowspan="2"><u>Objective 2</u>: Improve Delivery of Health Commodities in Service Sites</td><td>Configured eLMIS for the Redesigned Logistics System: Set up eLMIS to accommodate the redesigned logistics system in three additional regions, and trained/registered 686 eLMIS users</td><td>Assessed implications of Epicor upgrade: Held a meeting with MSD's ICT department to discuss the Epicor upgrade and eLMIS implications, identifying several key issues</td><td rowspan="2">Supported Quantification Exercises: Participated in the National Quantification Team (NQT) meeting to conduct a final review of the national demand forecast for health commodities, supported MSD in supply planning for essential commodities, participated in the RHCS quantification review, provided inputs to the COP 2020 and supported NACP to quantify laboratory commodities</td></tr>
<tr><td colspan="2">Developed approach to capacitate Regional Teams: Developed an efficient approach to capacitate Regional Teams to effectively review and approve R&Rs before being sent to MSD for fulfillment</td></tr>
<tr><td><u>Objective 3</u>: Broaden Stakeholders' Understanding and Engagement with the Supply Chain System</td><td colspan="3">Began automating out-of-stock notifications: Implemented Phase I of automating out-of-stock (OOS) notifications from MSD to health facilities, involving the review of current business processes/information flows and the development of requirements for automated OOS notifications</td></tr>
<tr><td></td><td colspan="3">Developed manual for IMPACT Team Approach: Supported MOHCDGEC to develop an operational manual for the IMPACT Team Approach to guide nation-wide implementation, and began developing associated training materials</td></tr>
<tr><td><u>Objective 4</u>: Strengthen Enabling Environment to Improve Supply Chain Performance</td><td colspan="2">Supported TLD Transition: Analyzed stock status of legacy ARVs and first line drug regimens to provide rough estimates to MOHCDGEC of the total costs to dispose of legacy ARV regimens</td><td>Formulated research questions: Prioritized five research questions (for exploration in subsequent quarters) aimed at providing greater insights into the determinants of supply chain performance</td></tr>
</table>

WORK STREAM ACCOMPLISHMENTS

OBJECTIVE I: PROVIDE STRATEGIC PLANNING AND IMPLEMENTATION ASSISTANCE

INTERVENTION 1.1 ASSIST LEADERSHIP TO OPERATIONALIZE STRATEGIC PLANS

GHSC-TA-TZ helps align national supply chain objectives, goals, and strategic documents, and holds stakeholders accountable for contributing to strategic plans. This quarter, the project conducted an end-to-end review of the Holistic Supply Chain Review (HSCR) Costed Implementation Plan (CIP) activities, obtained final approval/signature of several key strategic documents, and supported the Logistics Pillar's response to the COVID-19 pandemic. Additional details are provided below.

Throughout January - March 2020, the project provided inputs to the Health Sector Strategic Plan draft, ensuring supply chain priorities aligned with other policy documents, and participated in a series of meetings for the Global Fund grant application proposal process.

The project continues to monitor the implementation of Holistic Supply Chain Review (HSCR) activities as outlined in the Costed Implementation Plan (CIP). This quarter, the project conducted an end-to-end review of CIP activities and collected data from stakeholders on the implementation status of all activities. By the end of February 2020, 54% of planned activities were completed, 16% are in progress, 16% are planned, and 14% are overdue (see Annex 1 Root cause analysis for more details). The CIP ends in June 2020; it is not anticipated that all planned activities will be completed. A report detailing the findings of the end-to-end review has been drafted and the project is currently planning to convene stakeholders virtually to conduct a root cause analysis and plan for next steps.

Over recent months, the project completed several key documents, including the Health Commodity Revolving Fund guidelines, the Partners Alignment Guidelines, and the Tanzania Emergency Supply Chain Operations Guide (TESCOG). This quarter, these documents received final approval/signature, which the project ensured by participating in high-level meetings in Dodoma.

In March, Tanzania confirmed their first case of COVID-19 and shortly thereafter, declared a state of emergency. Prior to the declaration, the project continued to participate in Logistics Pillar meetings focused on Ebola Virus Disease (EVD) preparedness and response; the national EVD contingency plan was extended from March to June 2020 (to align with the government fiscal year). The project prepared a proposal to conduct EVD simulations in at-risk regions such as Kagera, Kigoma, and Katavi and follow-up on approval of an EVD vaccine. The project was asked to support the planning for the Joint East African Community EVD simulation; dates are to be shared.

Following the declaration of the COVID-19 pandemic as a national emergency in Tanzania, the project has been supporting the Logistics Pillar's response. To-date, the project has reviewed the COVID-19 response plan to ensure alignment with the TESCOG, which was adapted to include COVID-19-specific guidance. Additional project support for the COVID-19 response has been largely focused on operationalizing the TESCOG and the following three areas:

1. ***Dissemination and orientation of the TESCOG***: Development of virtual training materials to orient stakeholders to the TESCOG and emergency supply chain (ESC) response protocols,

review COVID-19 commodities and calculation of required quantities, requisition and reporting of COVID-19 commodities in eLMIS, and the use of COVID-19 reports for data-driven decision making

2. ***Quantification and supply planning***: Review, refine, and update the forecasts for COVID-19 commodities; coordinate supply planning across various donors/stakeholders

3. ***End to end COVID-19 supply chain data visibility***: Create dashboards within the eLMIS; create a COVID-19 commodity reporting and ordering form in eLMIS; link upstream and downstream information on commodities for end-to-end supply chain visibility

The project's work to support the COVID-19 response will continue to evolve with the pandemic.

Related KPIs

- Indicator 1.1.1: Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations. By the end of February, 2020, about 54% of the planned task were completed, 16% in-progress, 16% planned and 14% not yet implementation (overdue)

INTERVENTION 1.2 PLAN FOR TRANSITION FROM DONOR-FUNDED SUPPORT

GHSC-TA-TZ focuses on integrating health commodities supply chain financing strategies into Tanzania's overall health financing agenda. This quarter, the project provided TA to support the establishment of a Single National Health Insurance (SNHI), began developing materials to orient stakeholders to the Health Commodities Revolving Fund (HCRF) guidelines, finalized a plan outlining the transition of eLMIS to the GoT, and convened meetings with the Logistics Management Unit in Zanzibar (LMU ZNZ) to prepare for transition in December 2020. Additional details are provided below.

The GoT is working to establish a Single National Health Insurance (SNHI). This quarter, the project supported the review of the final actuarial study intended to inform the GoT on the services to be included in the minimum benefit package, and the costs to cover the package. A sensitivity analysis of areas currently heavily donor funded, such as HIV treatment/prevention and immunization was also included. This actuarial study includes both services and commodities, and makes estimates on how premiums may change if certain services and commodities are included in the package. For example, if HIV services are included under SNHI, how may this change the premium contributions? The actuarial study was presented to MOHCDGEC, PORALG and the Ministry of Finance (MOF) for further action. The study is still under internal review and has not yet been disseminated.

This quarter, the project also began developing the Health Commodities Revolving Fund (HCRF) orientation materials to ensure implementers understand their roles and responsibilities, HCRF revenue collection and management, the HCRF M&E framework, as well as key potential implementation issues.

Since its inception, GHSC-TA-TZ has had a focus on sustainability and government ownership, and for the past several quarters, has been supporting the transition of several historically donor-funded activities, for example, eLMIS and the LMU. The project developed an eLMIS transition plan defining eLMIS ownership, and this quarter, GHSC-TA-TZ convened a meeting with USAID and GoT representatives to review and finalize the transition plan. During this meeting, a Core Transition Management Team (CTMT)

was agreed to; following the meeting, these members were identified. The Core Transition Management Team is responsible for executing the timelines and milestones as laid out in the eLMIS transition plan document.

Furthermore, the project has invested in and continues to invest into capacity building to ensure the eLMIS can transition successfully. In Zanzibar, the project trained 8 software developers this quarter on the eLMIS code base. This will help ensure that the MOH in Zanzibar have the skills required to maintain the eLMIS, as well as make improvements according to user requirements. This is also preparing the MOH in Zanzibar for the transition of eLMIS.

Finally, the project convened a meeting with the LMU ZNZ to document achievements of the LMU to-date and outline the steps required for existing LMU ZNZ staff to be absorbed into the Revolutionary Government of Zanzibar (RGoZ). USAID has funded the operational expenses for the LMU ZNZ since its inception, and will continue to fund operational expenses through December 2020. The project will continue to aid in preparations for the transition of the LMU ZNZ from USAID-funding, and specifically intends to highlight and address capacity building needs.

OBJECTIVE 2: IMPROVE DELIVERY OF HEALTH COMMODITIES IN SERVICE SITES

INTERVENTION 2.1 STRENGTHENING SUPPLY CHAIN MANAGEMENT INFORMATION SYSTEM (MIS)

GHSC-TA-TZ supports efforts to improve eLMIS data visibility, data quality (including that collected via automated data validation), and use of eLMIS information. Support for eLMIS is done in alignment with Health Information System (HIS) architecture guidance. This quarter, the project continued to improve eLMIS dashboards, accommodate the redesigned system in eLMIS, provide routine eLMIS help desk support, facilitate eLMIS integration with other information systems, and support MSD to upgrade from Epicor9 to Epicor10. Additional details are provided below.

As part of continuing improvement of eLMIS dashboards, the project presented the dashboards to the National Quantification Team (NQT) in the presence of the Chief Pharmacist this quarter during a team meeting in Morogoro. The dashboard shown during the presentation included a map of stock availability by facilities, allowing for region and council-level drill down, and a summary of requisition status and the number of R&Rs that passed data quality checks. The NQT team recommended additional indicators as outlined in the SC KPI reference manual also be included. In response, the project incorporated a summary of national stock imbalance, reported wastage, and R&R passing data quality checks by category, for requsition analysis.

The implementation of the redesigned logistics system continues to expand, and this quarter, the eLMIS was set up to accommodate the redesigned system for the Tanga (all councils), Kilimanjaro (2 councils), and Manyara (1 council) regions. Project staff participated in the redesigned logistics system training in Tanga where 686 participants were trained and registered in the eLMIS. Until March 2020, the facilities served by Mwanza zone and Muleba sales point have been reporting bi-monthly, via the redesigned systems. The other regions that have been trained, in addition to those above, are Tabora, Kigoma, Katavi,

and Coast (few councils supported by Tanzania Health Promotion Support (THPS). All regions trained submitted their first report in April (except Coast).

The project continues to provide routine eLMIS support through Helpdesk service. This quarter, the Helpdesk team received 73 reported tickets, most of which were requests for creating new users, adding new products, and requests for creating accounts for hospital pharmacies in eLMIS. Overall, 72% of issues were either responded to or resolved within the service level agreement (SLA) of 24 hours.

GHSC-TA-TZ's also continued work to integrate eLMIS with other in-country health information systems—specifically the project supported eLMIS integration with Epicor, DHIS2, and government facility-level systems (i.e., GoTHOMIS and AfyaCare) through the Health Information Mediator and Muungano Gateway interoperability layers. In January - March 2020, the project supported AfyaCare implementation at Manyara Referral Regional, provided TA on improving the inventory management module and reporting requirements, and provided feedback on the development of pharmacy and inventory modules.

Lastly, MSD intends to upgrade from Epicor9 to Epicor10. As eLMIS has peer-to-peer linkages with Epicor9, this upgrade affects eLMIS. This quarter, project staff held a meeting with MSD's ICT department to discuss the upgrade and related consequences to eLMIS. During that discussion the following issues were identified:

- Interface between eLMIS and Epicor needs to be monitored closely during this upgrade.
- MSD will be using new product codes/identifiers on Epicor10, which will also affect eLMIS; the team is currently evaluating how this change will impact eLMIS.
- MSD will be cleaning their master facility/customer information, which may result in the freezing or merging of some facilities; effects to eLMIS and mitigation plans were discussed.
- MSD is planning to upgrade three sales points to zones (Muleba, Tanga and Manyara), which will include changing the names of Muleba sales point to Kagera Zone, and Moshi Zone to Kilimanjaro zone. These changes will not have significant impact eLMIS.

Related KPIs

- Indicator 2.1.1: Percentage of eLMIS issues reported and resolved within 24 hours (72%)
- Indicator 2.3.2: Percentage of facilities submitting timely and complete LMIS report (96.9%)

INTERVENTION 2.2 STRENGTHEN AND STREAMLINE QUANTIFICATION

GHSC-TA-TZ continues to participate in and prodive TA on national quantifications and reviews for vertical programs (RCHS, malaria, ARVs, TB medicines). This quarter, the project participated in the National Quantification Team Meeting to review the national demand forecast for health commodities, supported MSD in supply planning for essential commodities, participated in the RCHS quantification review, provided inputs to the COP 2020, and supported NACP to quantify laboratory commodities. Additional details are provided below.

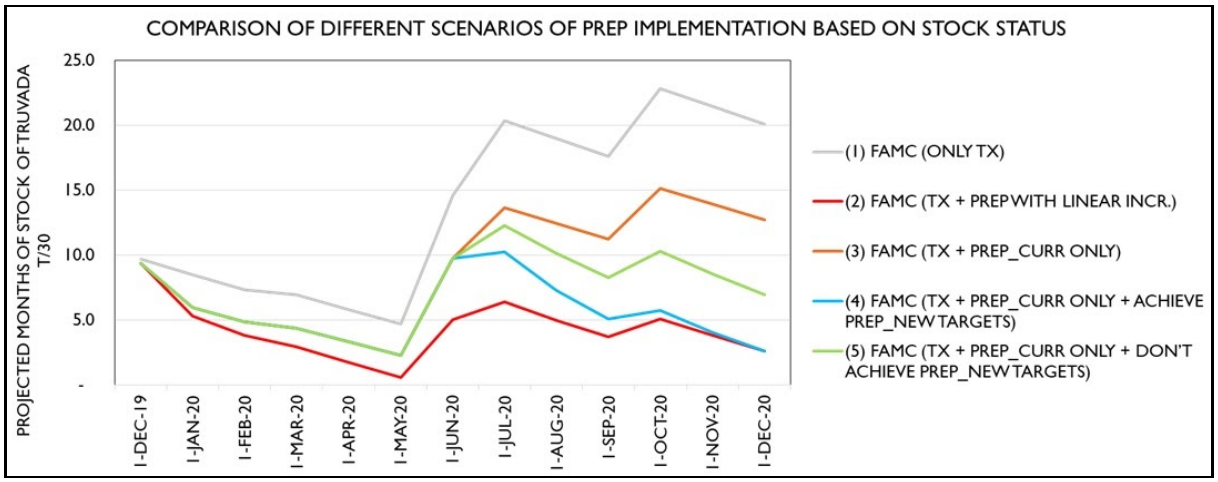
In January - March 2020, the project participated in the National Quantification Team (NQT) Meeting to conduct a final review of the national demand forecast for health commodities, which was created using the bottom-up quantification approach. The NQT meeting identified several issues affecting the quality of the bottom-up quantification process. Issues included insufficient guidance for calculating projections, as well as a lack of clarity around the NQT's role in reviewing the national demand forecast (and how NQT's role affects health facility accountability, as health facilities conduct bottom-up quantification). During the NQT meeting, it was agreed that the guidelines and tools would be updated to address identified issues prior to the next bottom-up quantification exercise (expected to begin in August 2020). In addition, it was suggested that the NQT meet quarterly, per the guidelines, to monitor the progress of forecasted essential medicines.

The project also supported MSD to conduct their supply planning exercise for essential health commodities, in alignment with the national demand forecast that was provided by the NQT. The supply planning exercise successfully met the following objectives: aggregated the approved demand requirements from Tanzania Mainland and Zanzibar for GOT financial year (FY) 2020-2021; reviewed categories of items to be procured; reviewed MSD price catalogue; and developed supply plan for Medicines, Pharmaceuticals, Medical and Diagnostics supplies.

Furthermore, the project participated in a quantification review exercise RCHS convened in March 2020 in which the project provided TA on data gathering and analysis, session facilitation, forecasting, and supply planning. NACP participated in the forecast for condoms (using a different methodology than used for other RMNCH products) to enable the production of a consolidated national forecast of condoms. In addition, shipments which needed to be funded for 2020 and 2021 were identified. For 2020, there is a gap of $5,694,075 USD for family planning and a gap of $2,673,244 USD for MNCH products. For 2021, the gap is $19,613,906 USD for family planning and $4,578,853 USD for MNCH. Potential stock disruptions for 2020 were also identified. Products identified at risk of a stock disruption include male condoms, female condoms, emergency contraception, amoxicillin DT, FeFol, misoprostol, oxytocin, and Zinc/ORS co-pack. RCHS intends to convene a resource mobilization meeting in April 2020 to address identified gaps.

The project also provided inputs to demand planning priorities for HIV commodities this quarter, during the COP20 (Country Operations Plan 2020) PEPFAR (President's Emergency Plan for AIDS Relief) stakeholders meeting. This included analyzing Pre-exposure prophylaxis (PrEP) requirements, and identifying supply chain considerations and appropriate actions for the PrEP program long-term. Figure 3 below summarizes various scenarios that were analyzed to assess the effect of different PrEP models on projected status of Truvada. Using these analyses, PrEP meeting participants discussed potentially using available stock of PLHIV for PrEP, however, after factoring in the shortage of PLHIV and resulting potential for stockouts in May 2020, participants agreed to prioritize the limited available Truvada stock for PLHIV treatment. The use of Truvada for PrEP will continue according to stock availability at PrEP-IP stores. A follow-up meeting to discuss the modality of distribution for Truvada for PrEP is expected to be held, preferably before June 2020. The follow-up meeting will also include discussions on how the overall system design can support community outreach programs like PrEP.

Figure 3: Comparison of different scenarios of PrEP implementation based on stock status



Finally, the project supported NACP in the ARV and Lab quantification this quarter for the forecast period of July 2020 - December 2023. The available time for preparations was short, however, the team collected as much information as possible to inform the assumptions building meeting that was held on 25 March, before the quantification exercise kicked off. The quantification exercise was completed in April 2020.

INTERVENTION 2.3: IMPROVE SUPPLY CHAIN PERFORMANCE AGAINST KEY INDICATORS

One of the HSCR's highest priority recommendations was increasing the frequency of ordering and resupply for in-country supply chains, including the ILS, HIV/AIDS and TB supply chains. GHSC-TA-TZ supports efforts to accelerate order and resupply frequency, including building consensus on design decisions. This quarter, GHSC-TA-TZ supported a number of activities in line with the implementation of the redesigned logistics system, including an MSD zone assessment, the development of an efficient process to capacitate Regional Teams to review R&Rs, and participation in a System Redesign Oversight Committee meeting . Additional details are provided below.

This quarter, GHSC-TA-TZ concluded Phase 2 of the MSD zones assessment at MSD's zonal warehouse in Dar es Salaam. The assessment aimed to identify areas for MSD to improve their adherence to the parameters of the redesigned logistics system, and findings were presented to MSD's Executive Management Team. Next, the project met with MSD to discuss the implementation of the recommendations and next steps, during which it was agreed that GHSC-TA-TZ and Deloitte will collaborate to support the E9 to E10 upgrade. GHSC-TA-TZ will work with Deloitte to ensure good warehouse management practices are strengthened. incorporated into the Epicor upgrade, and reflected in the capacity building of MSD staff.

The project also facilitated a meeting with Regional Teams from Dodoma, Manyara and Singida to collect feedback on regional level involvement in R&R approvals, as R&Rs must be approved by Regional Pharmacists before they can be sent to MSD for fulfillment. Feedback received was considered during the development of an efficient approach to capacitate Regional Teams to effectively review and approve R&Rs as the redesigned system is rolled out country-wide.

Lastly, the project participated in a System Redesign Oversight Committee meeting. Highlights included:

- MSD has stopped implementing six-times-delivery (i.e., delivering to health facilities six times per year, or every two months) due to financial constraints, however, this is temporary and once finances are stable, six-times-delivery should resume.
- PSU has submitted the budget requirements for implementing six times delivery, per the MOF's request. PSU is advocating for budget approval, and remains optimistic at this time.
- It was agreed that the rollout of training for implementers will continue during the COVID-19 pandemic (for the time being), as the redesigned system provides increased delivery frequency and monthly stock-on-hand data, enabling better data-driven decision making during the COVID-19 response.

Related KPIs

Figure 4 and Figure 5 show the stockout rate and stocked according to plan in the quarterly and bimonthly systems.

Figure 4: Indicator 2.3.1: Stock out rate

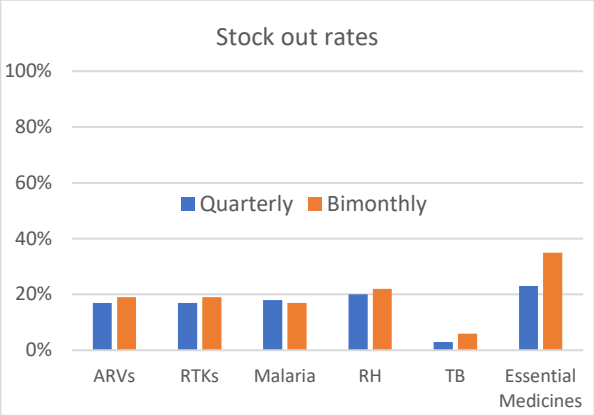
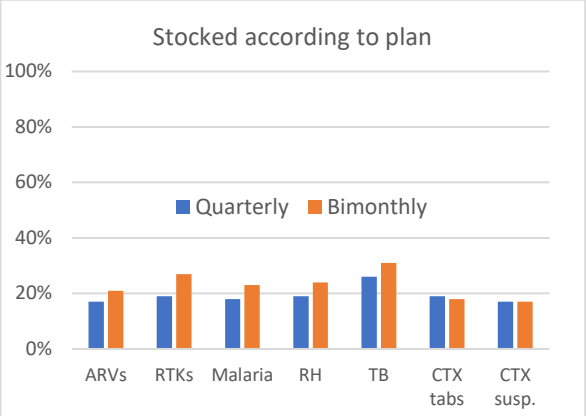


Figure 5: Indicator 2.3.4: Stocked according to plan



INTERVENTION 2.4 STRENGTHEN LABORATORY SUPPLY CHAIN

Under intervention 2.4, GHSC-TA-TZ continues to provide TA and capacity building on the quantification of laboratory commodities, and work to implement recommendations from the laboratory network optimization activity (conducted in Year 3). Additional details are provided below.

This quarter, the project attended the National Quantification Team workshop to review the results of the bottom-up quantification approach, which included laboratory commodities' forecasts. One significant challenge in forecasting laboratory commodities in Tanzania, is the lack of standardized laboratory equipment at the facility level, meaning forecasts cannot be completed based on a standardized laboratory equipment list. Instead, forecasts are developed based on the number of health facilities, the type of laboratory equipment that is (or will be) installed, and anticipated demand. Although the lab standardization guidelines have been developed, and MSD was to procure and place the new machines to sites, the process has been slow, and will continue to be delayed as equipment are not yet in the country.

Equipment rentals were also part of the equipment master list (an appendix to the lab standardization guidelines), however changes in leadership at the MOHCDGEC may require further discussions on rentals.

GHSC-TA-TZ also attended the Regional Laboratory Technologist meeting this quarter to share updates on the implementation of the laboratory logistics system. Data use for decision-making and issues Regional Laboratory Technologists are facing with the ILS were key discussion topics. During the meeting, the project advocated for the development and implementation of a Laboratory Equipment Management (LEM) module (which the project is planning to execute) and collected feedback on areas of system improvement.

Furthermore, the project provided an overview of laboratory supply chain strengthening activities at a laboratory coordination meeting with the Head of Laboratory Services this quarter, where a key area of focus was the LEM module implementation status and next steps. The project's work on laboratory network optimization was also presented and future activities such as the development of the National Sample Referral Atlas (detailing the sample referral pathways from sample collection sites to hubs to testing laboratories) were discussed. The implementation status of the recommendations from the lab network optimization report was shared at the National Laboratory Technical Working Group where PEPFAR, MOHCDGEC, PO-RALG and other implementing partners attended. Presentation was done by the Head of Laboratory Services.

As always, the project provided TA to NACP on the laboratory supplies' forecasting and supply planning. This quarter specifically, the project worked with NACP to update the PipeLine database with stock status, actual consumption, and shipments. The project also supported the assumptions development meeting for the laboratory quantification covering the July 2020 to December 2023 period.

INTERVENTION 2.5 SUPPORT OPERATIONAL EXPENSES FOR LMU (ZANZIBAR)

In Zanzibar, the LMU has been successfully integrated under the CPO and is responsible for organizing, monitoring, and supporting Zanzibar's supply chain activities and logistics systems. Four GHSC-TA-TZ staff currently provide operational and technical support to LMU ZNZ, and this quarter, they supported quantification exercises, continued training new eLMIS users, selected tracer commodities for essential medicines and laboratory commodities, and were trained on the Global Health Supply Chain Maturity Model assessment tool. Additional details are provided below.

This quarter, GHSC-TA-TZ supported the LMU ZNZ to conduct the quantification for essential medicines, medical supplies and laboratory commodities. The forecast, which covered a one year period from July 2020 to June 2021, determined the total budget required for the 2020/2021 period to be TZS 19,394,622,779.97. The project also provided TA on the quantification of Zanzibar national malaria commodities, producing a two-year demand forecast for June 2020 to June 2022.

Furthermore, the project continued to increase logistics visibility and ensure the use of data by LMU ZNZ and the CPO for decision-making. Specifically this quarter, the GHSC-TA-TZ supported LMU ZNZ to continue the rollout of eLMIS Central Edition by training central-level staff (who had not yet received training) and newly hired staff at hospitals and health facilities; in total, 40 staff in Unguja and Pemba were tained. LMU ZNZ continues to enable eLMIS users by providing routine eLMIS support and by solving challenges at central and health facility levels.

To increase supply chain data quality, the project supported LMU ZNZ to conduct data quality assessments in four districts within Unguja and Pemba this quarter, visiting a total of 26 health facilities. GHSC-TA-TZ also supported a workshop to select tracer commodities, ultimately selecting 32 tracer items for essential medicines and three tracer items for laboratory commodities.

Lastly, the LMU ZNZ participated in a training on the Global Health Supply Chain Maturity Model assessment tool this quarter, in an effort to improve supply chain performance. The tool, which guides a holistic assessment of all supply chain components across all levels, helps to identify bottlenecks and prioritize improvement areas in order to attain accreditation to supply health commodities.

OBJECTIVE 3: BROADEN STAKEHOLDER UNDERSTANDING OF AND ENGAGEMENT IN THE SUPPLY CHAIN SYSTEM

INTERVENTION 3.1 SUPPORT MOHCDGEC IN IMPLEMENTING AND IMPROVING THE RESULTS BASED FINANCING (RBF) SCHEME

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. Specifically, Tanzania's RBF model links payment of cash upon verification of predetermined performance indicators. GHSC-TA-TZ supports the implementation of RBF at MSD central and zonal Strategic Business Units (SBUs), namely central headquarters, central vertical programs, central transport, and Mwanza, Tabora and Dar zonal SBUs.

This quarter, the project provided TA to implement Phase I of an automated out-of-stock (OOS) notification, a high-priority recommendation from the rapid assessment the project conducted: "*Opportunities to Streamline the Process of Notifying Health Facilities when MSD is Out of Stock*". Phase I aims to clearly identify the challenges associated with MSD's OOS notification process and how identified challenges can be addressed through an automated process. Specific objectives of Phase I were:

- Review existing business process on the development of new business flows for OOS notifications
- Develop OOS requirement specifications
- Align MSD's new business flow for OOS notifications with existing public procurement guidelines

The new business flows for OOS notifications are shown below in Figure 6 and Figure 7 which illustrate the ordering process information flow from eLMIS to Epicor and the Out of Stock (OOS) notification process flow respectively. The second Phase I output--OOS requirement specifications--will be used to inform systems integration in Phase II.

Figure 6: Ordering process information flow from eLMIS to MSD

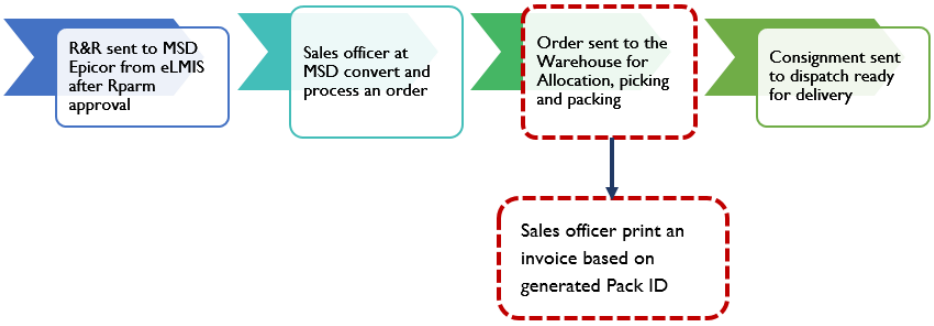
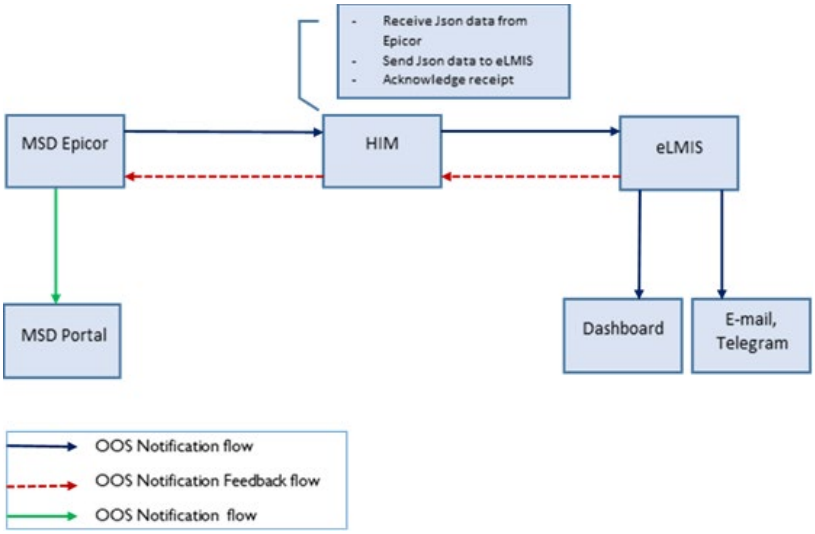


Figure 7: Out of Stock OOS Notification Process Flow



Lastly, the project trained internal auditors at MOHCDGEC this quarter on how to use MSD's RBF web-based system to support verification exercises, providing a system overview and step-by-step guidance. During the training, the project emphasized the preparation of verification reports, and root cause analysis of performance on verified indicators.

Related KPIs

3.1.1 Percent of RBF performance incentives received by MSD SBUs over specified period - Q2 Result: Central SBUs 23.0%, Central VP 22%, Transport Unit SBU 0.0%, Mwanza 45.0%, Dar33.3%, Tabora 0.0% Muleba 66.7%

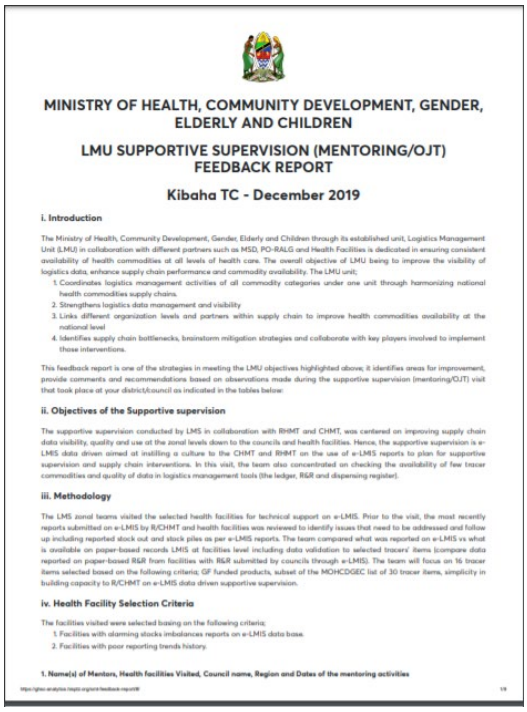
INTERVENTION 3.2 INCREASE DATA USE AND IMPROVE DATA QUALITY

GHSC-TA-TZ aims to increase the use of data for decision making by stakeholders at all levels of the public health supply chain, to ultimately improve supply chain performance. Starting in Year 2, the project began implementing the IMPACT team approach--a sustainable structure that encourages commodity managers and other stakeholders (like R/CHMTs) to use data to check progress against supply chain KPIs, conduct root cause analyses, and develop action plans for improvement.

This quarter, the project supported MOHCDGEC (at PORALG's request) to develop an operational manual for the IMPACT team approach, suited to the Tanzanian context. The IMPACT Approach Manual will be used to guide the implementation of the IMPACT team approach nation-wide. The first draft of the manual was developed during a collaborative, five-day workshop, and included representatives from MOHCDGEC, PORALG, MSD, LGAs and IPs such as THPS and inSupply Health. During the workshop, an orientation was given to participan

ts on various health information systems used in Tanzania (included eLMIS EPICOR 9, VIMS, DHIS2, GOTHOMIS, Pharmacy Module and paper-based LMIS forms), as data from these systems is analyzed and used by IMPACT teams to inform key decisions. Participants provided input on which data to include in the manual, and recommended including specific guidance on how to extract and use data from these sources. The draft manual was presented to the Chief Pharmacist's Office (CPO) and MOHCDGEC for their inputs and recommendations.

Figure 8: Sample Supportive Supervision Feedback Report



MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

LMU SUPPORTIVE SUPERVISION (MENTORING/OJT) FEEDBACK REPORT

Kibaha TC - December 2019

i. Introduction

The Ministry of Health, Community Development, Gender, Elderly and Children through its established unit, Logistics Management Unit (LMU) in collaboration with different partners such as MSD, PO-RALG and Health Facilities is dedicated in ensuring consistent availability of health commodities at all levels of health care. The overall objective of LMU being to improve the visibility of logistics data, enhance supply chain performance and commodity availability. The LMU unit;

1. Coordinates logistics management activities of all commodity categories under one unit through harmonizing national health commodities supply chains.
2. Strengthens logistics data management and visibility
3. Links different organization levels and partners within supply chain to improve health commodities availability at the national level
4. Identifies supply chain bottlenecks, brainstorm mitigation strategies and collaborate with key players involved to implement those interventions.

This feedback report is one of the strategies in meeting the LMU objectives highlighted above; it identifies areas for improvement, provide comments and recommendations based on observations made during the supportive supervision (mentoring/OJT) visit that took place at your district/council as indicated in the tables below:

ii. Objectives of the Supportive supervision

The supportive supervision conducted by LMS in collaboration with RHMT and CHMT, was centered on improving supply chain data visibility, quality and use at the zonal levels down to the councils and health facilities. Hence, the supportive supervision is e-LMIS data driven aimed at instilling a culture to the CHMT and RHMT on the use of e-LMIS reports to plan for supportive supervision and supply chain interventions. In this visit, the team also concentrated on checking the availability of few tracer commodities and quality of data in logistics management tools (the ledger, R&R and dispensing register).

iii. Methodology

The LMS zonal teams visited the selected health facilities for technical support on e-LMIS. Prior to the visit, the most recently reports submitted on e-LMIS by R/CHMT and health facilities was reviewed to identify issues that need to be addressed and follow up including reported stock out and stock piles as per e-LMIS reports. The team compared what was reported on e-LMIS vs what is available on paper-based records LMIS at facilities level including data validation to selected tracers' items (compare data reported on paper-based R&R from facilities with R&R submitted by councils through e-LMIS). The team will focus on 16 tracer items selected based on the following criteria; GF funded products, subset of the MOHCDGEC list of 30 tracer items, simplicity in building capacity to R/CHMT on e-LMIS data driven supportive supervision.

iv. Health Facility Selection Criteria

The facilities visited were selected basing on the following criteria;

1. Facilities with alarming stocks imbalances reports on e-LMIS data base.
2. Facilities with poor reporting trends history.

1. Name(s) of Mentors, Health facilities Visited, Council name, Region and Dates of the mentoring activities

As the manual includes the establishment of a national-level IMPACT team, this quarter, the project began developing training materials for a national-level IMPACT team. GHSC-TA-TZ also supported MOHCDGEC to develop a presentation for the National Medicine Therapeutic Committee on the IMPACT approach.

Lastly, the project further improved an e-checklist for LMS supportive supervision visits. The e-checklist, which was originally developed last year (2019) for the LMS team to improve data quality and efficiency, was updated based on feedback from LMS teams to include summary reports, which are to be provided to District Pharmacists. A sample feedback report is shown in Figure 8.

Related KPIs:

- Indicator 3.2.1: Number of people log into eLMIS (users and level type): 9,313
- Indicator 3.2.2: Percentage of R&R passing data quality check in specific period: 79%

INTERVENTION 3.3 INCREASE SKILLS OF KEY COUNTERPARTS, INCLUDING MENTORSHIP OF TRANSITIONED LMU

Capacity building cuts across many GHSC-TA-TZ activities to enhance the knowledge and skills of stakeholders in Tanzania's public health supply chain, IP staff, and the broader health supply chain community. In Year 3, the project began developing an eLearning platform to enable online learning across the Tanzanian health supply chain ecosystem, providing direct support to health supply chain staff while reducing the costs associated with in-person training and enhancing sustainability. This quarter, the project

participated in a meeting called by the Directorate of Human Resources for MOHCDGEC to discuss the eLearning platform's use for health and to review the use of eLearning in the provision for continuous education of healthcare workers. Furthermore, the project conducted several meetings with the eLearning vendor (Tanzania Training Center for International Health - Ifakara-TTCIH) to align on the overall plan for the development and implementation of the eLearning platform, and key next steps. It was agreed that TTHIC should develop and share a detailed workplan with the project to guide the eLearning activity, as detailed in the terms of the RFP.

In addition, the project held a meeting with MOHCDGEC/PSU this quarter to discuss follow-on support for the transitioned LMS, specifically capacity building needs for transitioned LMS staff. Continued collaboration between the project and MOHCDGEC/PSU is necessary to ensure the continued success of the transitioned LMS.

OBJECTIVE 4: STRENGTHEN ENABLING ENVIRONMENTS TO IMPROVE SUPPLY CHAIN PERFORMANCE

INTERVENTION 4.1 ESTABLISH CULTURE OF INFORMATION SHARING

Collaboration with in-country stakeholders is central to the project's approach to supply chain strengthening, decision-making, and management. Coordination mechanisms, such as Commodity Security Meetings and technical working groups (TWG), facilitate the sharing of supply chain data, alignment on objectives, and the effective management of commodity-related resources throughout the health supply chain. The project provides both quantitative and qualitative data on supply chain performance to promote information sharing and the use of data for decision-making.

The project routinely conducts analyses to assist in program implementation, taking into account both clinical and supply chain data. This quarter, the project performed analyses to support Tanzania's transition of first line ART patients to TLD. To ensure supply chain alignment with the TLD transition, the project determined the stock status of legacy ARVs and first line drug regimens, and assessed ordering trends. The analyses provided rough estimates to MOHCDGEC of the total costs to dispose of legacy ARV regimens; it was later agreed that Global Fund and PEPFAR will be responsible for funding the disposal of legacy ARV regimens.

In addition, NACP plans to commence six-month dispensing to ARV clients and the project conducted analyses this quarter to help determine when exactly 6MMD may be able to start considering patient levels, stock on-hand, and upcoming shipments. As of the end of the quarter, 6MMD has been rolled out in the Dar es Salaam region and NACP plans to capture lessons learned from this rollout before planning to rollout to the rest of the country.

The project also prioritized five research questions this quarter, for exploration in subsequent quarters. The research questions aim to provide greater insights into the determinants of supply chain performance, for example, one research question seeks to compare consumption data of ACTs as reported in eLMIS vs DHIS2 to reveal potential data quality issues. To date, ACT consumption data has been extracted from eLMIS and data cleaning has begun.

Lastly, the project continues to advocate for the sharing and use of supply chain data in collaborative meetings with a wide array of stakeholders. Meetings in which GHSC-TA-TZ promoted data sharing and use this quarter include:

- ***Consultative meeting for PEPFAR and Implementing Partners on Quantification***. The project organized this meeting with the key objective of establishing a common understanding on best approaches for managing the quantification process, including stakeholder roles and responsibilities, accountability and governance. The project facilitated a healthy discussion on concerns, challenges and opportunities for improving quantification exercises, and key inputs were taken for improvement. Some of these recommendations including increasing active participation in quantification exercises and integration of program setup and supply chain early on during the design phase.

- ***Supply chain stakeholders meeting in Mwanza, convened by AGPAHI***. Key recommendations included: strengthen efforts for addressing stock imbalances by sharing monthly stock statuses at council/regional levels (clearly indicating months of stocks and stock-on-hand); conduct health commodities' audits and share findings at regional levels; implement strategies for improving logistics data use and quality; improve mechanisms for the dissemination of SOPs and Guidelines to improve use by target audiences; and strengthen functionality of Medicine and Therapeutic Committees (MTC) at all levels for improved ordering and commodity management.

- ***Emergency meeting in Zanzibar, organized by ZAMEP.*** Following a spike in malaria cases, the project, in collaboration with LMU ZNZ and Central Medical Stores (CMS), conducted an analysis of stock status and consumption trends for anti-malaria commodities, rapid diagnostic tests, and bed nets. The analysis, presented by the warehouse manager of CMS, was used to enable better decision-making by participants.

- ***HIV supply chain sub-committee meeting.*** The meeting discussed three key issues: TLD transition, PrEP, and the wastage plan for legacy ARV regimens. The introduction of TLD as the first line ARV drug for the treatment of HIV/ AIDs has brought forward several challenges such as reduced consumption of legacy ARV drugs and increased risk of expiry for legacy ARVs with a short shelf life.

- ***IPs team leads meeting***. These meetings, which used to be held routinely, had become dormant. The main objective at this quarter's meeting was to discuss how best this forum can help eliminate duplication of activities that IPs implement with government counterparts.

- ***NTLP external review briefing in Dodoma (28th Feb 2020)***. NTLP visited several stakeholders, including GHSC TA-TZ, on successes and challenges for the TB supply chains; during the briefing in Dodoma, NTLP presented the feedback from stakeholders, and included key inputs from the project. Key successes included: availability of 1st & 2nd line TB medicines and Leprosy medicines at health facilities; successful transition from a push to a pull inventory control system; integration of storage and distribution of first line TB and Leprosy medicines with other essential medicines at all levels; and enhanced logistics data visibility and data-driven decision-making as a result of the implementation of e-LMIS. Key challenges included: processing of import permits and port clearances for NTLP

commodities; distribution system for MDR TB medicines; and data visibility at the facility level, where paper-based LMIS tools are used.

INTERVENTION 4.2 STRENGTHEN GOVERNANCE AND ACCOUNTABILITY

GHSC-TA-TZ works to align the public health supply chain's myriad of stakeholders, including PORALG and MOHCDGEC, on supply chain priorities, roles, and responsibilities. Particularly at PORALG, the project works to institutionalize roles and responsibilities, and strengthen supply chain oversight. This quarter, GHSC-TA-TZ provided TA to the Directorate of Health Services (DHS) at PORALG to strengthen PORALG oversight of supply chain intervention implementation. Building upon a report previously shared with PORALG, the project held two consultative meetings with PORALG this quarter to prioritize and further refine the recommendations from the previously shared report. Key outputs from these meetings are to be presented to the Director of Health Services and other directorates, after which an implementation plan will be developed. The recommendations, once implemented, aim to:

- Increase PORALG's ability to provide supply chain oversight to regions
- Increase accountability, thus increasing efficiency and improving data quality, visibility and use
- Inspire greater adherence to the guidelines such as DHFF and CCHP
- Enhance collaboration, governance and coordination, increasing synergies and the sharing of resources
- Enhance alignment in supply chain policies/guidelines
- Standardize implementation reporting

QUARTERLY IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and challenges	Mitigation
COVID-19 is impacting several activities in the Year 4 workplan. Due to shifting GoT priorities, several project staff have shifted their level of effort toward those activities that are more tightly aligned with Government's COVID-19 response priorities. This shift in focus is also paired with travel restrictions (both domestic travel and international STTA) which have limited or cancelled some in-person meetings and events.COVID-19 is impacting several activities in the Year 4 workplan shown in ANNEX 3.	• Routinely review workplan and flag activities that are affected • Utilize virtual meetings and trainings as much as possible
Delayed arrival dates for commodities are anticipated due to COVID-19 effects on both manufacturing and freight, which may compromise in- country availability of some health commodities	• Place orders in advance as much as possible • Monitor supply plans and stock levels frequently, alert to potential stock disruptions, and help prepare any rationing plans as necessary
Success of the redesigned logistics system is compromised by infrequent steering committee meetings, readiness of MSD, and lack of a visible, coordinated plan for rolling out the system	• Provide remote STTA support to MSD to identify actions/changes required in order to support the rollout of the revised system • Continue to advocate for steering committee meetings • Plan with PSU on schedule/timing of rolllout of the system
Rollout of interventions such as PrEP and MMD, and TLD may not adequately incorporate supply chain considerations; implementing MMD and the TLD transition within the same time frame may cause supply chain disruptions. Furthermore, planning for these interventions has become further complicated by delays in shipments due to COVID-19.	• Conduct analyses to help inform the implementation of new interventions, considering current stock and upcoming shipments • Participate in TWGs and other forum to
Availability of GoT staff to support MIS efforts as outlined in the eLMIS transition plan may be limited; success of transitioning the eLMIS is dependent on human resources being dedicated to supporting the eLMIS	• Establish and implement the governance structures described in the transition plan and ensure they are monitoring progress in addressing identified risks/issues
Since the transition of the LMS, the project has not had visibility in zonal-specific supply chain challenges, and struggling to ensure the LMS maintains its role as a key provider of supply chain data and convener of supply chain stakeholders	• Advocate for LMS steering committee meetings • Continue to engage PSU and LMS on support the project can provide to strengthen the LMS
MSD has experienced delays in receiving full payments/reimbursements from MOHCDGEC (for logistics expenses) and from PORALG facilities. This may have prevented MSD from being able to distribute health commodities based on the	• Noting that there are no formal communications to stakeholders on the MSD financial situation; GHSC-TA-TZ through various forums such as the Redesign Oversight committee, has continued to highlight risks of

agreed distribution cycles, affecting both, essential health commodities and vertical programs commodities, and likely increasing stock out incidences.	failure of MSD to adequately serve health facilities as expected. In addition, the project advised MOHCDGEC on effects of partial implementation of redesign rollout due to the current MSD fiancial situation.

PROJECT MONITORING PLAN (PMP)

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q3 APR – JUN 2019	Q4 JUL – SEP 2019	Q1 OCT – DEC 2019	Q2 JAN – MAR 2020
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 (starting Year 2)	Indirect		43%		86%
	1.2.1 Percentage of health commodity needs budgeted to be covered by MoHCDGEC	Positive trend in GOT funding for health commodities	Annual	Indirect		RTKs 0% ARV 4% MNCH 3% Family Planning 6% Malaria 1% EC 42%		
	1.2.2 Percentage of MoHCDGEC budgeted amount which is actually disbursed	Positive trend in GOT disbursement for health commodities	Annual	Indirect		RTK 0% ARV 0% MNCH 29% Family Planning 32% Malaria 176% EC 59%		

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	86%	86%	83%	72%
	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		84.8%		
	2.2.2 Percent forecast accuracy (by commodity group)	70%	Annual	Direct		ARV 53% RH 81% Malaria 79% RTK 94%		
	2.3.1(a) Stock-out rate for tracer commodities	< 5%	Quarterly	Indirect	ARVs 11% RTKs 12% FP 22% Malaria 12% EM 22% TB 7%	ARVs 15% RTKs 17% FP 18% Malaria 17% EM 18% TB 10%	ARVs 18% RTKs 14% FP 17% Malaria 14% EM 20% TB 6%	ARVs 17% RTKs 17% FP 20% Malaria 17% EM 23% TB 3%

	2.3.1(b) Stock-out rate for tracer commodities (Mwanza Zone)	< 5%	Quarterly	Indirect	ARVs 14% RTKs 10% FP 13% Malaria 15% EM 22% TB 11%	ARVs 15% RTKs 25% FP 18% Malaria 18% EM 24% TB 17%	ARVs 21% RTKs 22% FP 16% Malaria 14% EM 29% TB 10%	ARVs 19% RTKs 19% FP 22% Malaria 18% EM 35% TB 6%
	2.3.2 Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	Indirect	96%	97%	97%	97%
	2.3.3 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		Awaiting requested figure from GoT		
	2.3.4 (a) Commodities stocked according to plan	N/A	Quarterly	Indirect	ARV 18% RTKs 18% Cotri susp 14% Cotri tab 20% Male condom 13%	ARV 31% RTKs 16% Cotri susp 23% Cotri tab 16% Male condom 18%	ARV 19% RTKs 22% Cotri susp 19% Cotri tab 21% Male condom 20%	ARVs 17% RTKs 19% Cotri susp 17% Cotri tab 19% Male condom 19%
	2.3.1(b) Commodities stocked according to plan (Mwanza Zone)	N/A	Quarterly	Indirect	ARV 28% RTKs 21%	ARV 45% RTKs 51%	ARV 23% RTKs 24%	ARVs 21% RTKs 27%

					Cotri susp 24% Cotri tab 21% Male condom 15%	Cotri susp 24% Cotri tab 30% Male condom 24%	Cotri susp 16% Cotri tab 19% Male condom 25%	Cotri susp 17% Cotri tab 18% Male condom 24%
	2.3.5 Overall health facility satisfaction rating for supply chain services	N/A	Semi-annual	Indirect		Awaiting requested figure from GoT		N/A – activity was paused by MSD
3) Broaden Stakeholders' Understanding and Engagement of the Supply Chain System	3.1.1 Percent of RBF performance incentives received by MSD SBUs over a specified period	Positive trend on percentage received of the RBF performance	Quarterly	Indirect	N/A	Central SBU 75% Central VP 41% Transport SBU 0% Mwanza 69% Dar 38% Tabora 44% Muleba 89%	Central SBU 20% Central VP 52% Transport SBU 0% Mwanza 47% Dar 23% Tabora 0% Muleba 66.7%	Central SBU 23% Central VP 22% Transport SBU 0% Mwanza 45% Dar 33% Tabora 0% Muleba 67%
	3.2.1 Number of people logging-in into e-LMIS	N/A	Quarterly	Indirect	4008	4649	5225	9313
	3.2.2 Percentage of R&R passing data quality check in specific period.	N/A	Quarterly	Indirect	86%	85%	83%	79%
4) Strengthening Enabling Environments to Improve Supply Chain Performance	4.1.1 Overall rating from key stakeholders on project collaboration and information sharing	N/A	Annually	Indirect		*To a "great or very great" extent, GHSC TA-TZ:* Influences stakeholders to share data: 79%		

						Shares decision-worthy data: 78% Collaborates with partners: 83%		

ANNEX 1. ROOT CAUSE ANALYSIS FOR SELECTED INDICATORS

INDICATOR 1.1.1 PERCENT OF ACTIVITIES CARRIED OUT IN ACCORDANCE WITH COSTED IMPLEMENTATION PLAN (CIP) FROM HOLISTIC SUPPLY CHAIN REVIEW (HSCR) RECOMMENDATIONS

Performance trends and description:

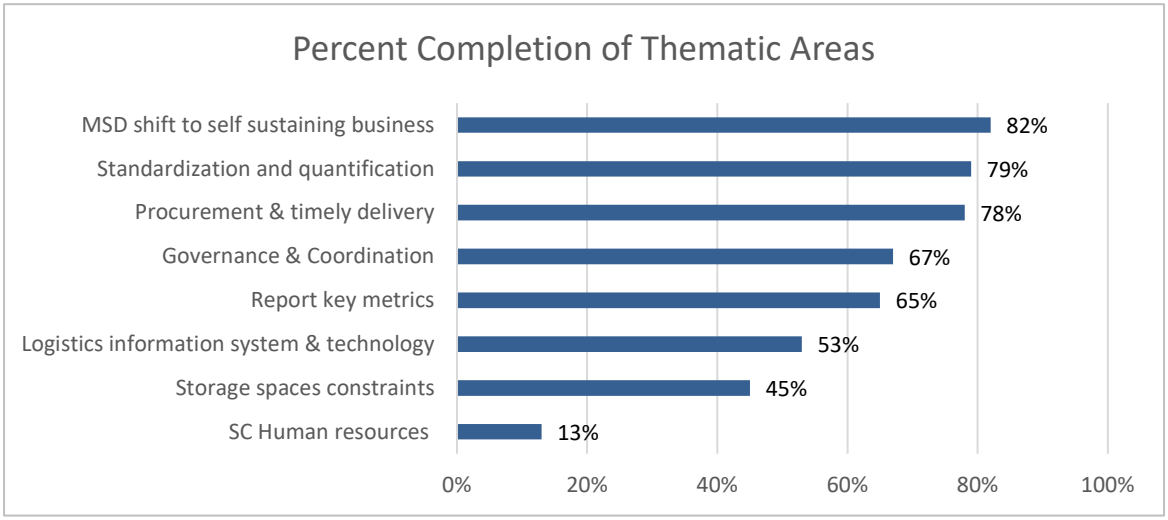
Since launching HSCR CIP 2017-2020, MOHCDGEC has continued to implement activities in the CIP. By the end of February 2020, ~54% of planned tasks were completed, 16% in-progress, 16% planned and 14% not yet implemented (overdue).

Key success factors included alignment and integration of the planned interventions into various programs and continuous advocacy of the planned activities among supply chain stakeholders.

Status	#	Total Activities	%
Completed	**68**	**127**	54%
In-Progress	**20**	**127**	**16%**
Planned	20	127	16%
Overdue	**19**	**127**	**14%**

The review also evaluates completion by the thematic areas shown in Figure 9 with two of eight, Storage Space Constraints and Supply Chain Human Resources, currently below 50%.

Figure 9: Percent Completion of Thematic Areas

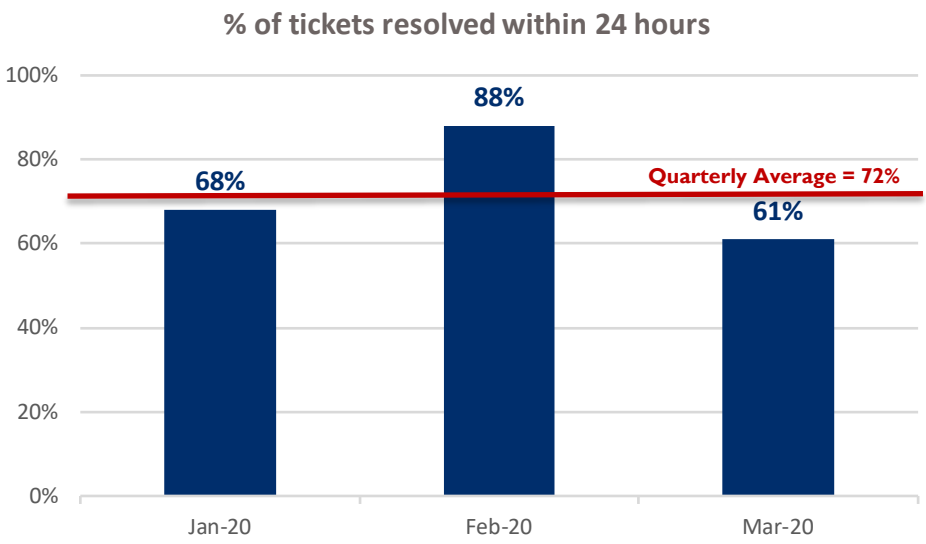


INDICATOR 2.1.1 PERCENTAGE OF ELMIS ISSUES REPORTED AND RESOLVED WITHIN 24 HOURS

Performance trends and description:

This quarter, the help desk team received 73 tickets. The average percentage of tickets resolved within 24 hours during the quarter was 72% with monthly values shown in Figure 10.

Figure 10: Help Desk Ticket Resolution SLA Adherence



Root cause analysis:

Ticket resolution time varies, depending on the type of request: with user rights, user access, and new product related tickets requiring considerably less time to resolve than the creation and establishment of hospital pharmacies as independent facilities. The latter typically requires a greater degree of communication and coordination with councils to ensure they understand the ramifications of adding a pharmacy as an independent facility. Doing so changes the denominator for total facilities reporting within a council which has the potential to impact reporting rate performance.

INDICATOR 2.3.1 STOCK OUT RATE & INDICATOR 2.3.4 STOCKED ACCORDING TO PLAN

Stock Out Rate and Stocked According to Plan provide insight into the availability of health commodities within six health commodity groups: ARVS, RTKs, Malaria, RMNCH, TB, and Essential Medicines. These indicators are closely linked as stock-outs drive lower scores on stocked according to plan.

INDICATOR 2.3.1 STOCK OUT RATE

Performance trends and descriptions:

Table 1 shows the overall stock out rates (for quarterly and bimonthly systems) for each group of tracer commodities. This quarter, only TB medicines at facilities reporting via the quarterly system met the overall stock out rate target of ≤5%.

Table 1: Tracer Commodity Stock Out Rate Status (Quarterly and Bimonthly Systems)

	Overall stock out rate this quarter		Improvement from previous quarter (Yes/No)		Number of tracer commodities that achieved target of <=5%	
Tracer Commodity Group	**Quarterly System**	**Bimonthly system**	**Quarterly system**	**Bimonthly system**	**Quarterly system**	**Bimonthly system**
ARVS	**17%**	**19%**	**Yes** (18%)	**Yes** (21%)	1 out of 17	0 out of 17
RTKs	**17%**	**19%**	No (14%)	**Yes** (22%)	0 out of 2	1 out of 2
Malaria	**17%**	**18%**	No (14%)	No (14%)	1 out of 9	2 out of 9
RMNCH	**20%**	**22%**	No (17%)	No (16%)	0 out of 14	0 out of 14
TB	**3%**	**6%**	**Yes** (6%)	**Yes** (10%)	3 out of 4	3 out of 4
Essential Meds	**23%**	**35%**	No (20%)	No (29%)	0 out of 10	0 out of 10

2.3.1 A) STOCK OUT RATE FOR TRACER COMMODITIES (QUARTERLY SYSTEM)

The graphs shown in Figure 11 depict the overall stock out rate for the past four quarters for facilities following the quarterly system. Each graph represents one of the six tracer commodity groups. Stock out rates for two of the six commodity groups, ARVs and TB medicines, were lower in Q2 compared to the previous quarter.

Figure 11: Tracer Commodity Group Stock Out Rates (Quarterly System)

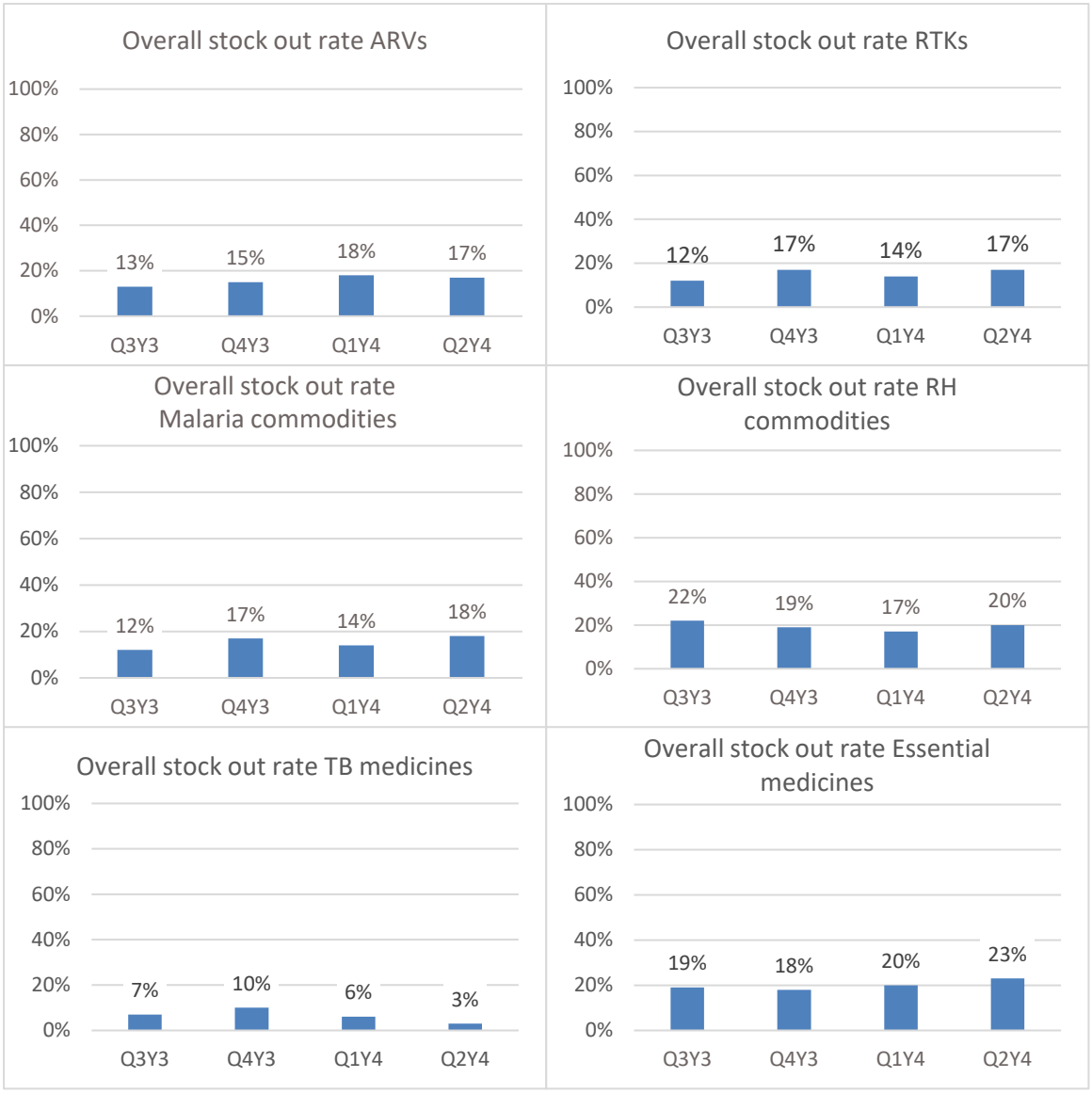
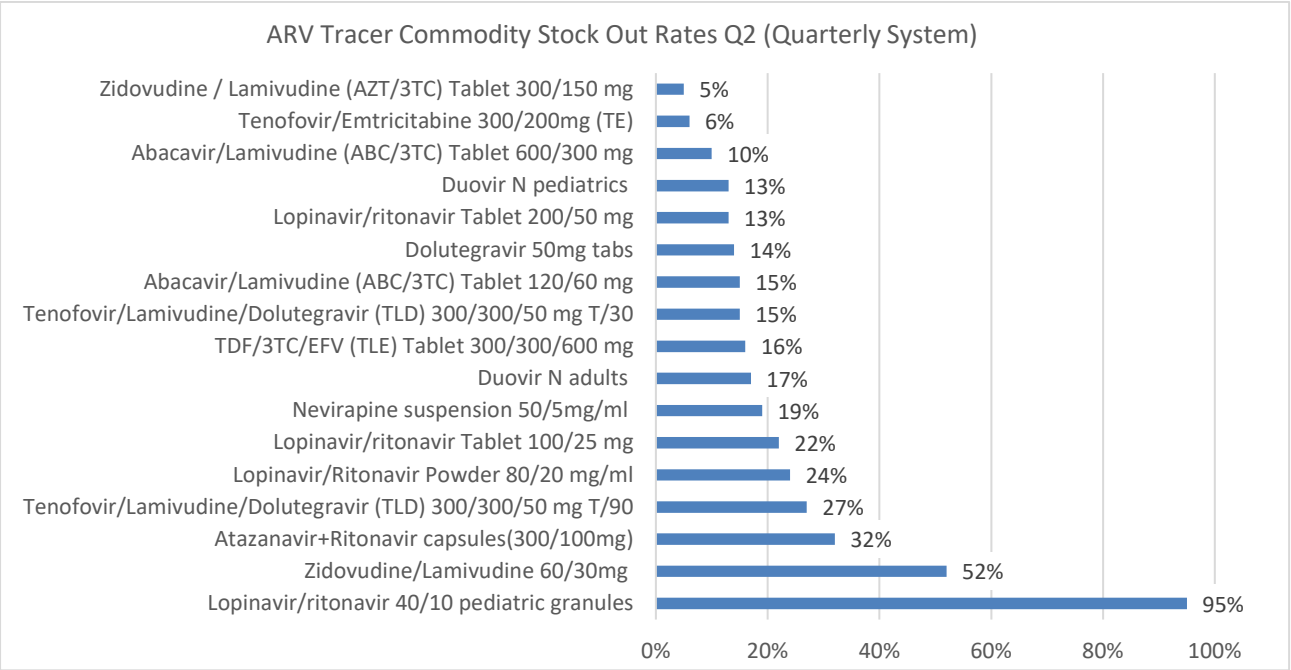
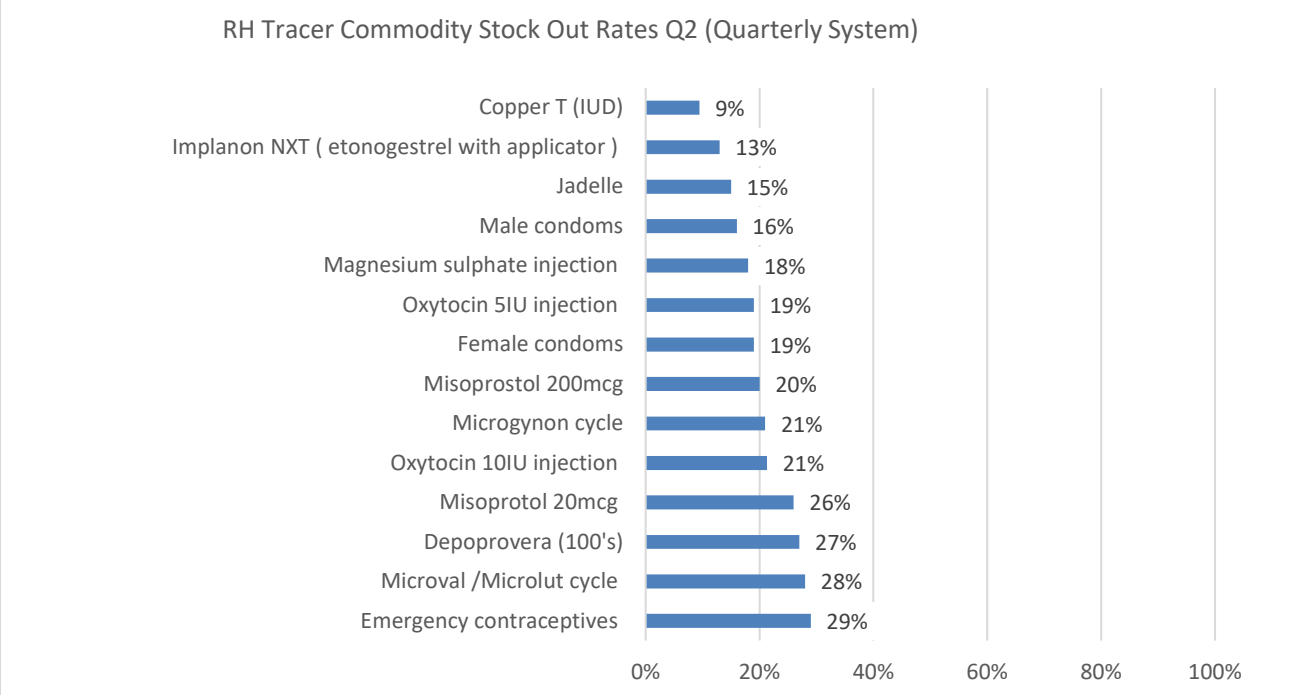
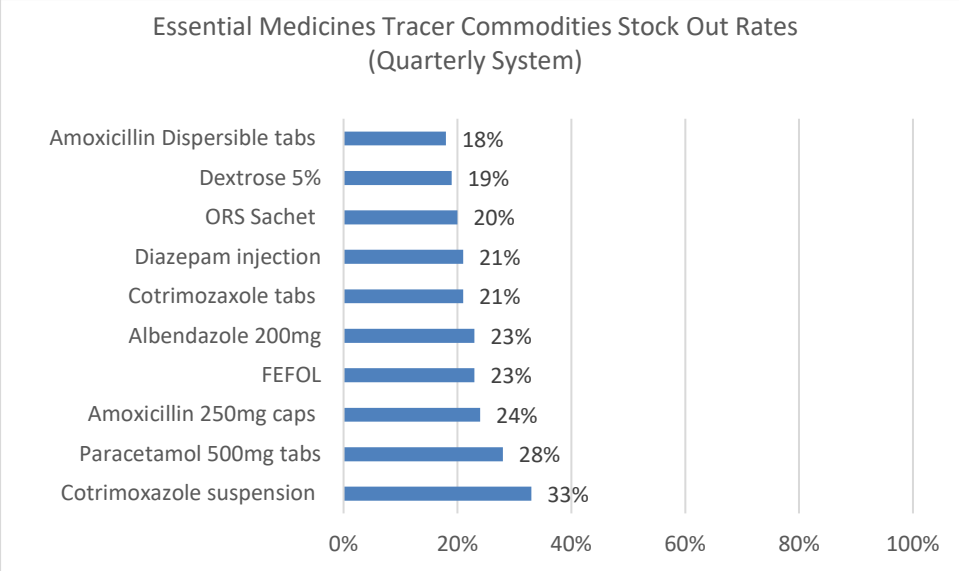


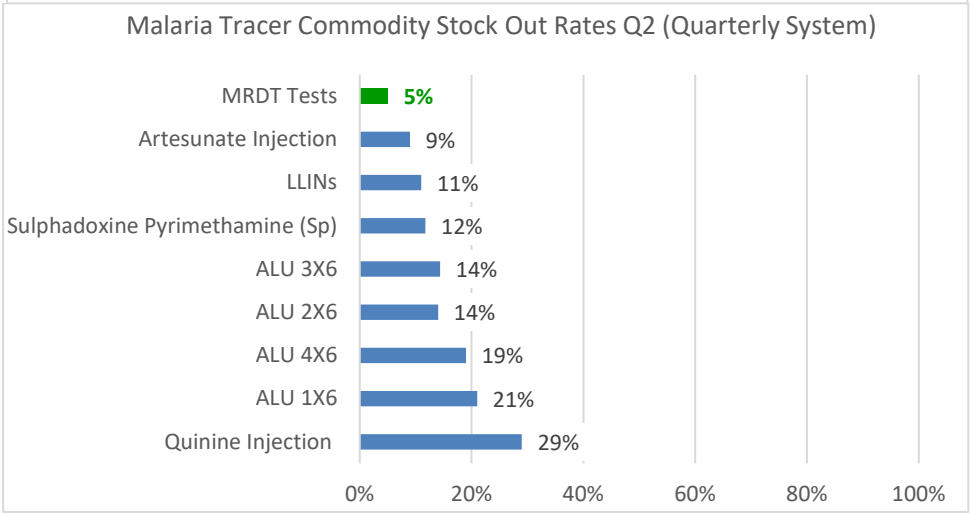
Figure 12 shows health commodity stock out rates for each of the six tracer commodity groups.

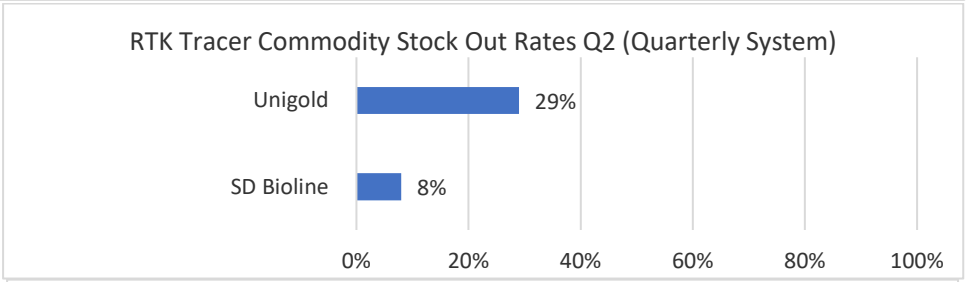
Figure 12: Tracer Commodity Stock Out Rates (Quarterly System)

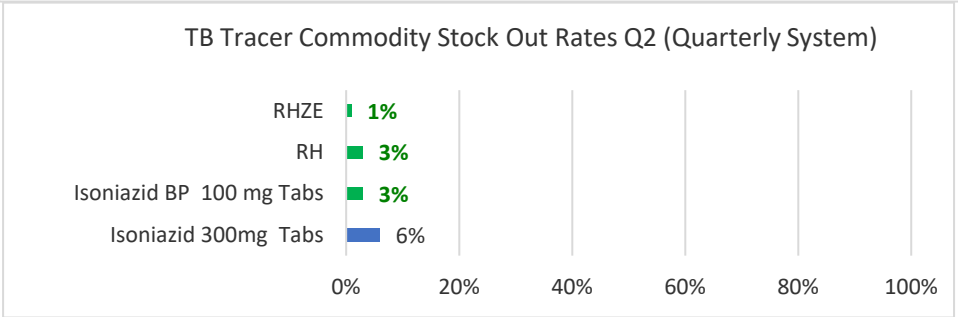





Essential Medicines Tracer Commodities Stock Out Rates (Quarterly System)
Amoxicillin Dispersible tabs 18%
Dextrose 5% 19%
ORS Sachet 20%
Diazepam injection 21%
Cotrimozaxole tabs 21%
Albendazole 200mg 23%
FEFOL 23%
Amoxicillin 250mg caps 24%
Paracetamol 500mg tabs 28%
Cotrimoxazole suspension 33%
0% 20% 40% 60% 80% 100%


Malaria Tracer Commodity Stock Out Rates Q2 (Quarterly System)
MRDT Tests 5%
Artesunate Injection 9%
LLINs 11%
Sulphadoxine Pyrimethamine (Sp) 12%
ALU 3X6 14%
ALU 2X6 14%
ALU 4X6 19%
ALU 1X6 21%
Quinine Injection 29%
0% 20% 40% 60% 80% 100%


RTK Tracer Commodity Stock Out Rates Q2 (Quarterly System)
Unigold 29%
SD Bioline 8%
0% 20% 40% 60% 80% 100%


TB Tracer Commodity Stock Out Rates Q2 (Quarterly System)
RHZE 1%
RH 3%
Isoniazid BP 100 mg Tabs 3%
Isoniazid 300mg Tabs 6%
0% 20% 40% 60% 80% 100%

2.3.1 B) STOCK OUT RATE FOR TRACER COMMODITIES (BIMONTHLY SYSTEM; MWANZA ZONE)

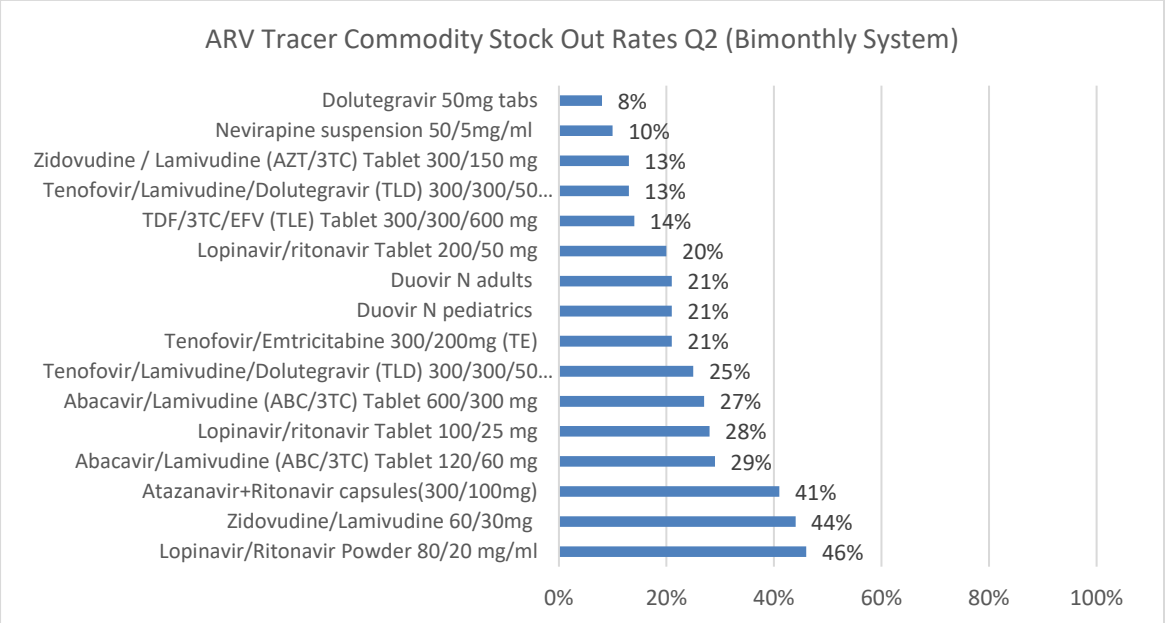
Performance trends and descriptions:

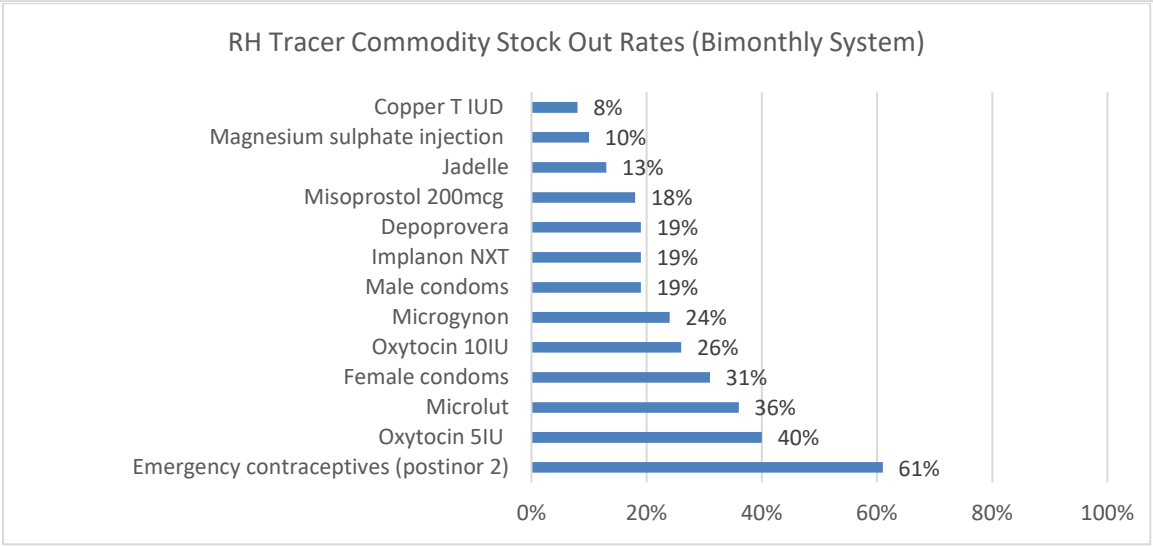
The graphs show in Figure 13 depict the overall stock out rate for the past four quarters for facilities using the bimonthly system. Each graph represents one of the six tracer commodity groups: ARVS, RTKs, Malaria, RMNCH, TB, and Essential Medicines. Of the six, overall stock out rates for ARVs, RTKs, and TB medicines declined (improved) in Q2 compared to the previous quarter.

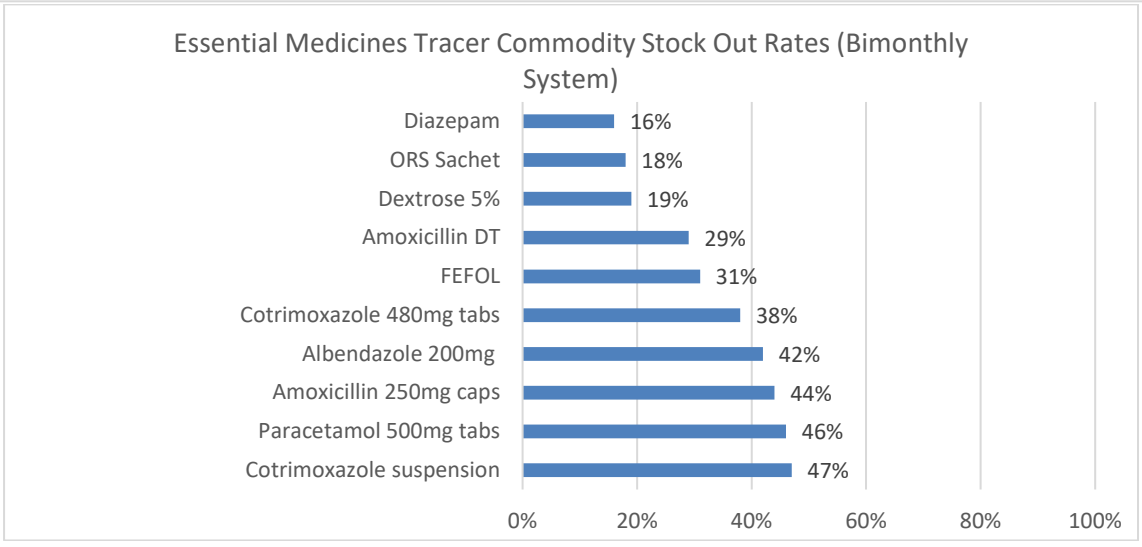
Figure 13: Tracer Commodity Group Stock Out Rates (Bimonthly System)

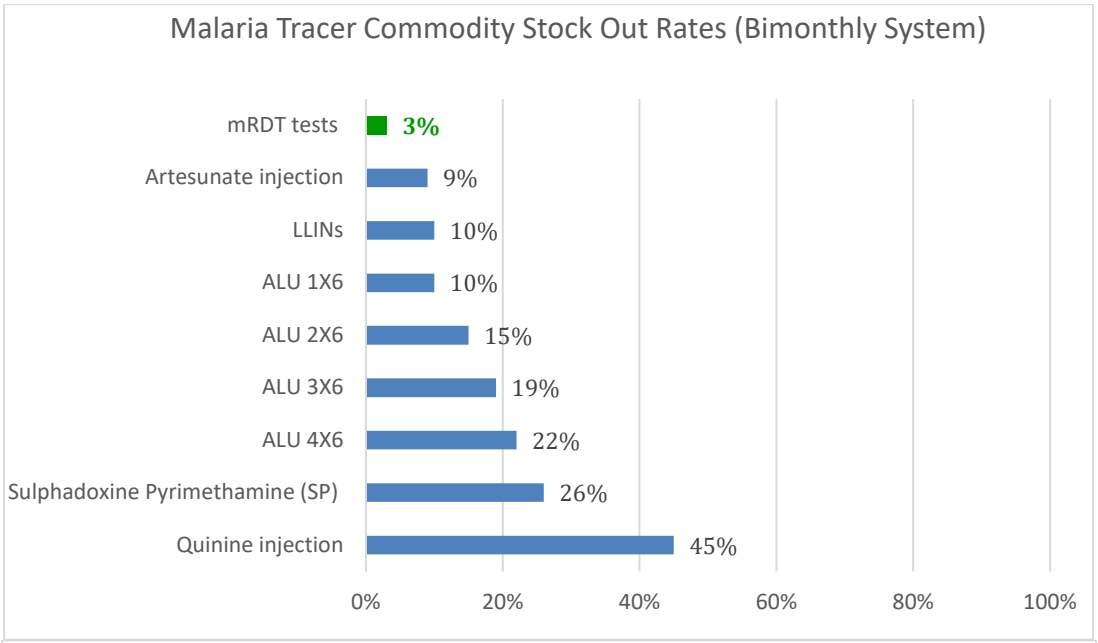
The graphs in Figure 14 show stock out rates for health commodities within each of the six tracer commodity groups for facilities using the bimonthly system. Any individual tracer commodities which achieved the target of <5% stockout are highlighted in green.

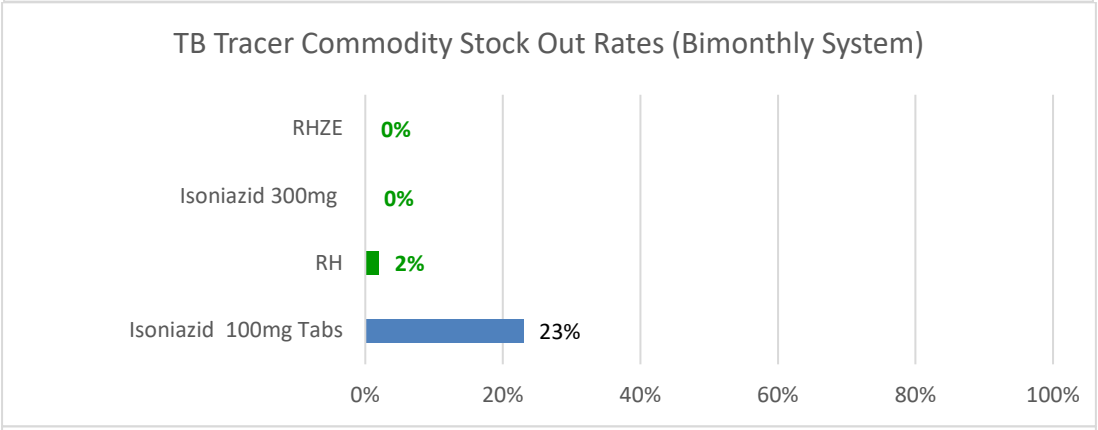
Figure 14: Tracer Commodity Stock Out Rates (Bimonthly System)

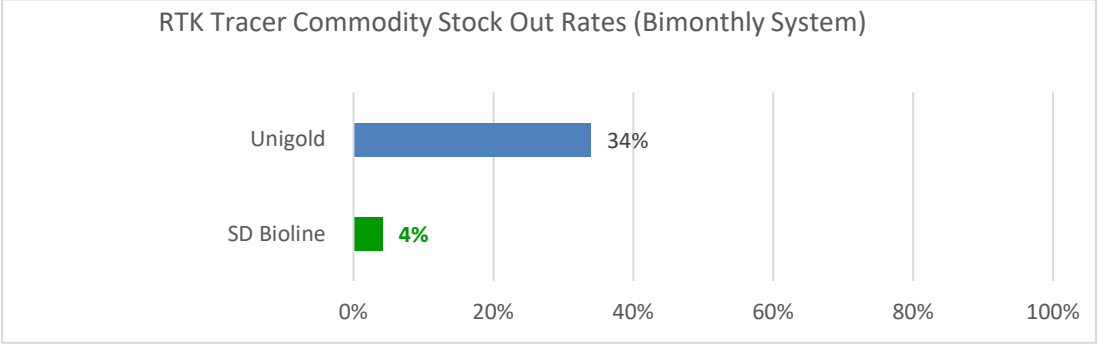












INDICATOR 2.3.4 STOCKED ACCORDING TO PLAN

Table 2 shows the percentage of health commodities stocked according to plan (i.e., stocked within the established min/max stock levels which is commonly referred to as being "Adequately stocked"). For the quarterly system the min and max stock levels are 3 and 6; for the bimonthly system, the min and max stock levels are 2 and 4. However, for RMNCH commodities and Essential medicines, Male condoms and Cotrimoxazole in tablets and suspension dosage forms are considered instead of all commodities in their entirety.

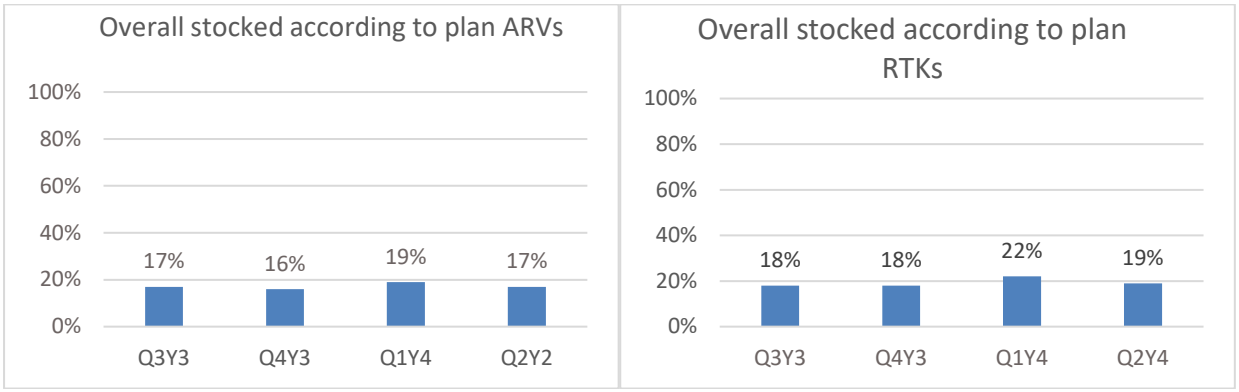
Table 2: Tracer Commodity Stocked According to Plan (Quarterly and Bimonthly Systems)

	Commodities stocked according to plan this Quarter		Improvement from previous quarter (Yes/No)	
Tracer Commodity Group	**Quarterly System**	**Bimonthly system**	**Quarterly system**	**Bimonthly system**
ARVS	17%	21%	No (19%)	No (23%)
RTKs	19%	27%	No (22%)	**Yes** (24%)
Malaria	18%	23%	No (20%)	**Yes** (20%)
Male condoms	19%	24%	No (20%)	No (25%)
TB	26%	31%	No (26%)	**Yes** (25%)
CTX tabs	19%	18%	No (21%)	No (19%)
CTX suspension	17%	17%	No (19%)	**Yes** (16%)

2.3.4 A) STOCKED ACCORDING TO PLAN (QUARTERLY SYSTEM)

The graphs in Figure 15 show the overall percentage of tracer commodities stocked according to plan in the quarterly system for the previous four quarters. The charts show the performance of the monitored tracer commodity groups namely ARVs, RTKs, malaria commodities, male condoms, TB commodities, and cotrimoxazole tabs and suspension.

Figure 15: Tracer Commodity Group Stocked According to Plan (Quarterly System)



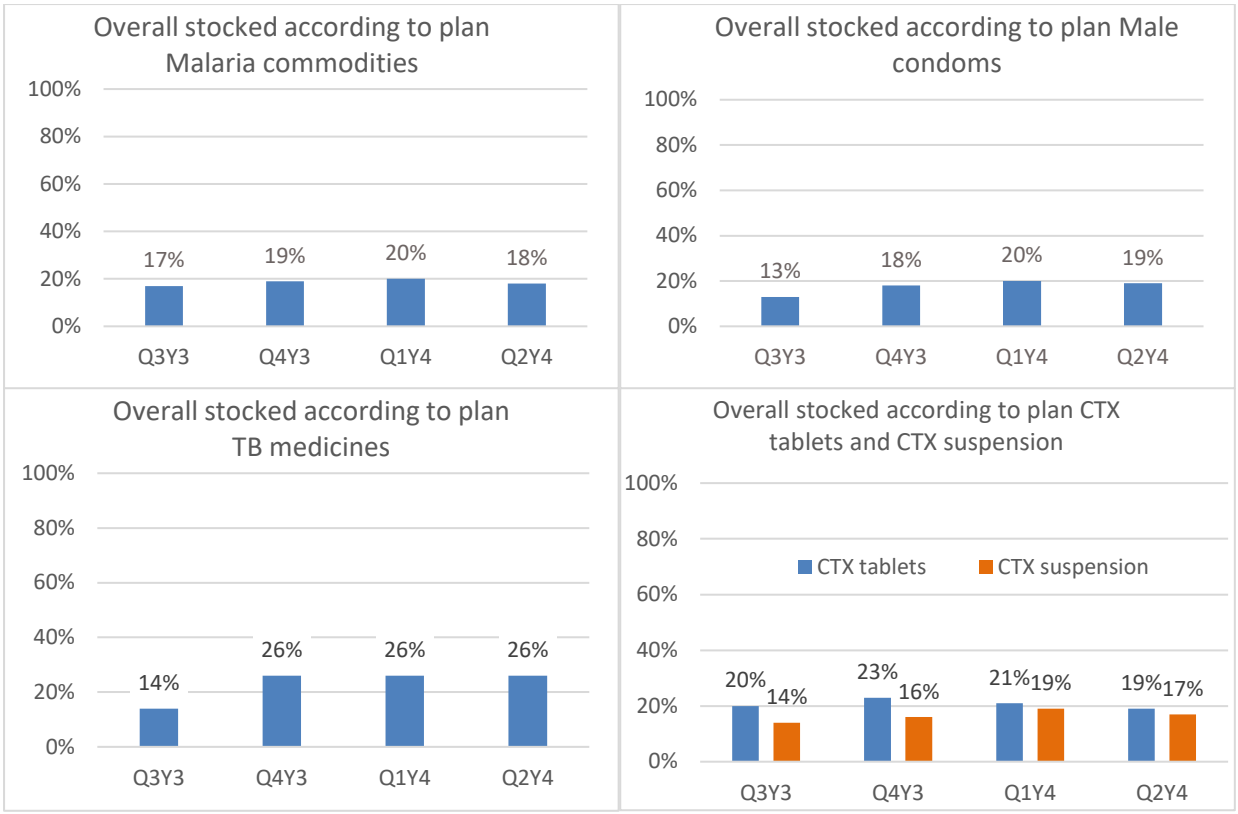
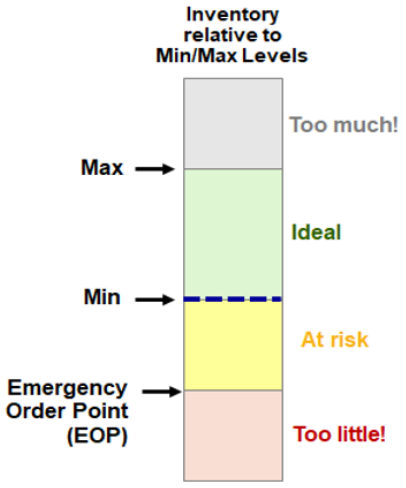


Figure 16 explains the relationship between inventory relative to min/max levels and the Emergency Order Point (EOP). Figure 17 provides a more detailed view of Q2 stocked according to plan for select commodities within each of the six tracer groups. Stocked according to plan for each is descibed using six categories:

Figure 16: Inventory relative to Min/Max Levels

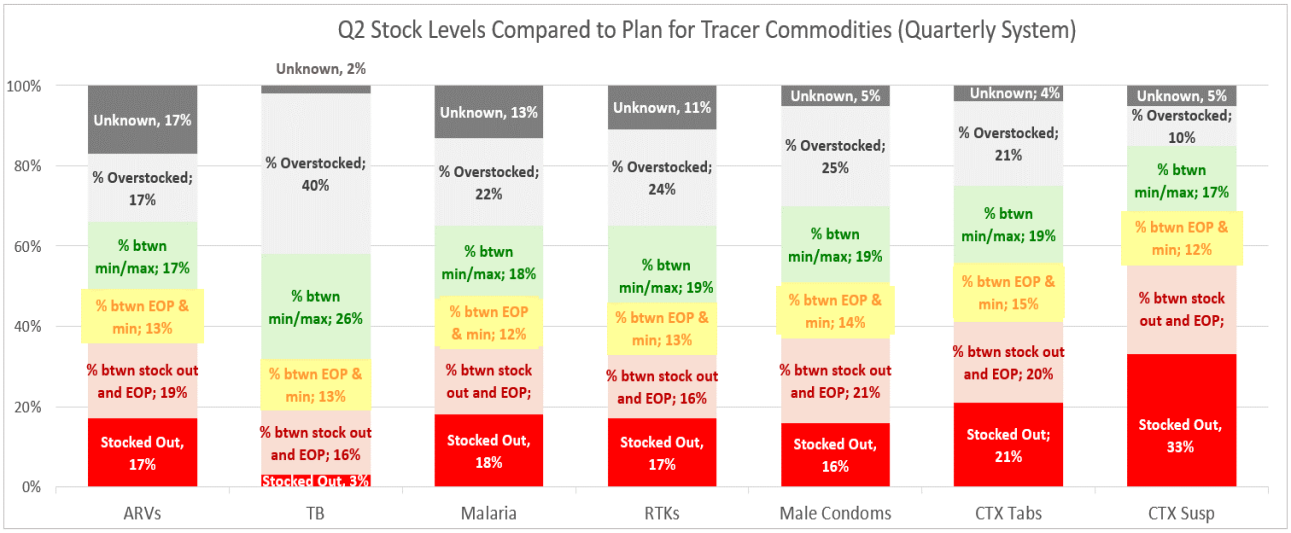


- **% overstocked** - excess stock with potential for expiry,
- **% between minimum and maximum stock levels** (3 and 6 MOS respectively), also referred to as Cycle Stock,
- % understocked (below Min) split into two categories:
  - **% between minimum and the emergency order point (EOP)**
  - **% below emergency order point (EOP)** of 1.5 MOS
- **% Stocked Out**
- **% Unknown**

In an ideal world, facilities should maintain stock levels between Min and Max (cycle stock range), with occasional forays into Buffer Stock (below Min but above the EOP) while new replenishment orders are

enroute. Stock levels that fall below the EOP into the Safety Stock range represent risk of stock out and are most often the result of an atypical variance in demand or other outlier such as items being on sustained back order.

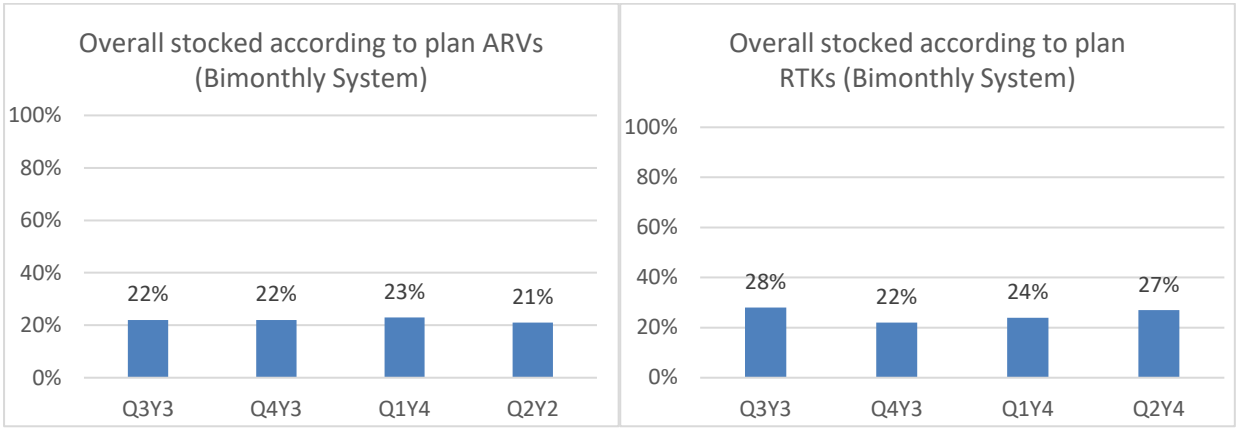
Figure 17: Tracer Commodity Stocked According to Plan (Quarterly System)



2.3.4 B) STOCKED ACCORDING TO PLAN (BIMONTHLY SYSTEM; MWANZA ZONE)

The graphs in Figure 18 show the overall percentage of tracer commodities stocked according to plan in the Bimonthly system for the previous four quarters for the six tracer commodity groups.

Figure 18: Tracer Commodity Group Stocked According to Plan (Bimonthly System)



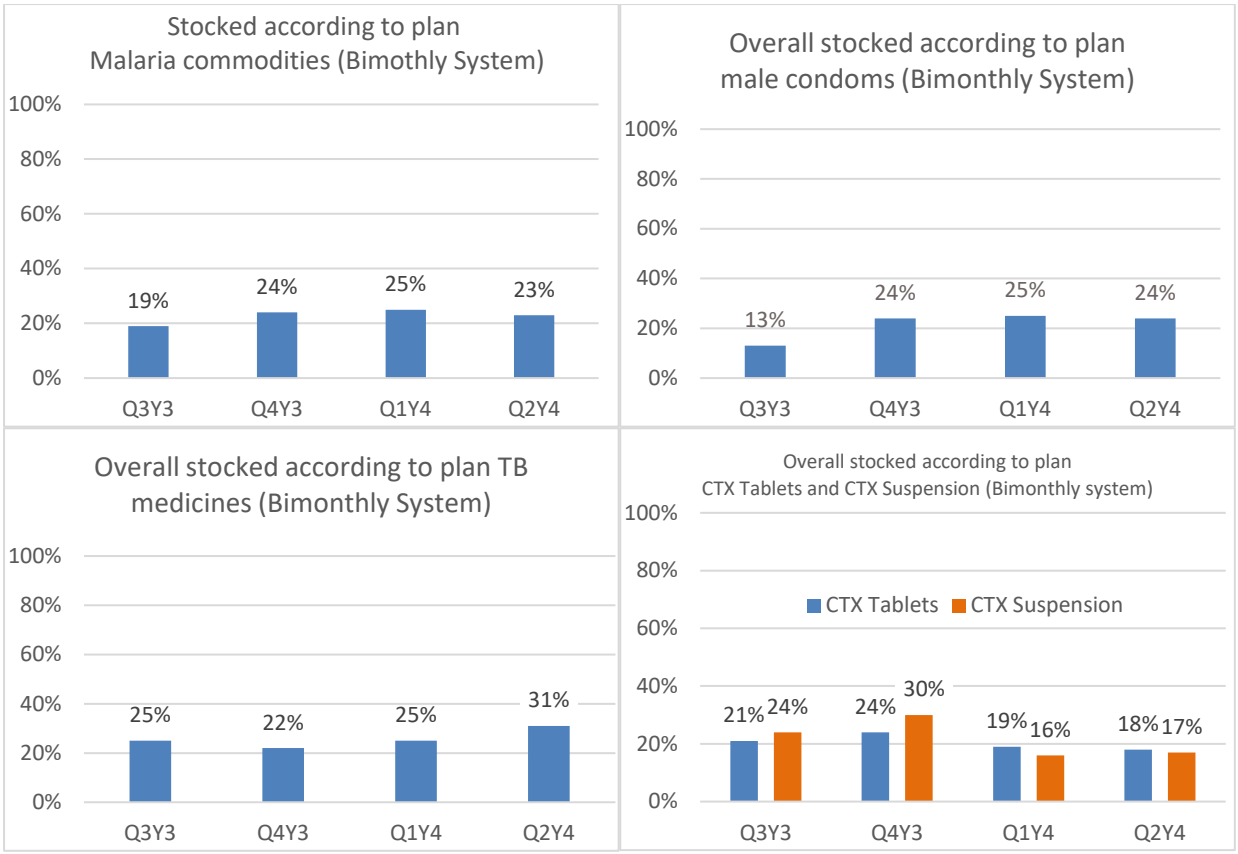
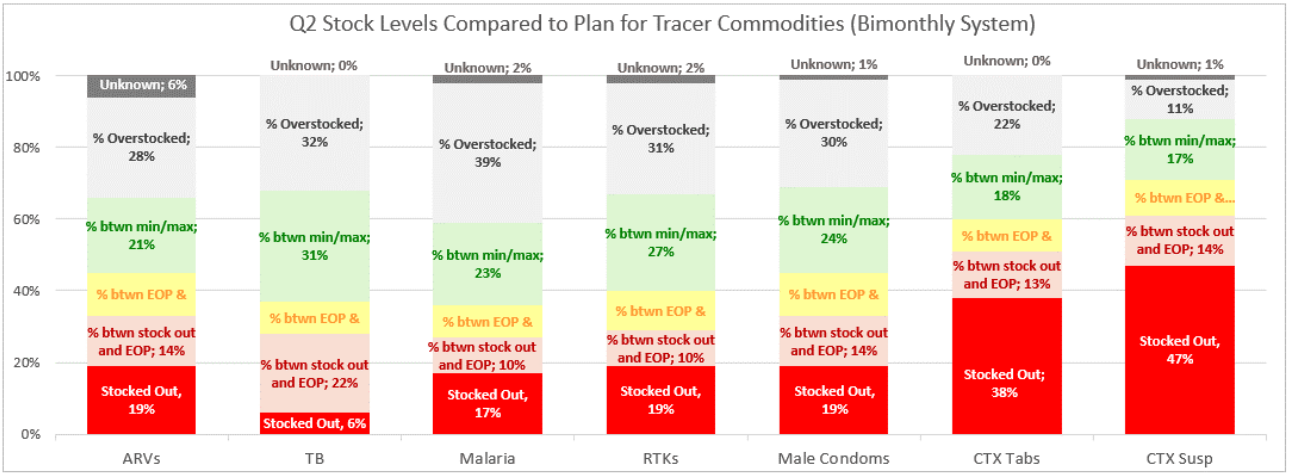


Figure 19 provides a more detailed view of Q2 stocked according to plan for select commodities within each of the six tracer groups.

Figure 19: Tracer Group Stocked According to Plan (Bimonthly System)



Root cause analysis:

Root cause analyses of tracer commodity group stocked status are explained in Table 3.

Table 3: Tracer Commodity Group Stock Status Root Cause Analyses

Tracer commodity group	Root cause analysis
ARVs	The ARVs with the highest stockout rates across both systems were: the various Lopinavir/ritonavir pediatric formulations (including 40/10 granules, 80/20 syrup, and 100/25mg tablets), Zidovudine/lamivudine 60/30mg, Abacavir/lamivudine 120/60mg, and the adult formulations Atazanavir/ritonavir and TLD. Availability of all formulations of Lopinavir/ritonavir was limited, due to a limited global availability coupled with the rollout of optimized paediatric regimens where LPV/r is a key component. As of March 30th 2020, all MSD zones except Muleba sales point were stocked out of Lopinavir/Ritonavir 80mg/ml and all zones were stocked out of Lopinavir/Ritonavir 40/10mg/ml sachets (circular was issued in January but the actual distribution to zones occurred in March 2020). In addition, all zones except Tanga were stocked out of Lopinavir/Ritonavir 200/50mg tabs. Similarly, 7.9 MOS of Lopinavir/Ritonavir 200/50 were expected and plans to expedite the shipment are underway but there is a possibility of delays due to global shortages. Rollout for TLD continues; it is possible that facilities reporting no availability of TLD were not yet transitioned to TLD. Although TE was not in the products with the highest stockout rates, the availability of TE is in part due to the rollout of PrEP, where TE may have been used for PrEP patients. Rollout of PrEP is currently on hold, until sufficient stocks are available to resume. TLD P/30 had 0.1MOS as of the end of March 2020 and 4.2 MOS of P/90. P/30 is being phased out to be replaced by P/90. From April – June, 1.4 MOS of P/30 is expected, and 5.4 MOS of P/90 is expected. In addition, 4.6 MOS of TE was supposed to arrive in March 2020 but the shipment has been delayed to April 2020 as a result of COVID-19. GHSC-TA-TZ performed the following in Q2 (January-March 2020): • Participated in the HIV/AIDS commodities subcommittee meeting chaired by MOHCDGEC in collaboration with PORALG and other IPs to discuss the TLD transition including commencing six month, multi-month dispensing (MMD) in Dar-es-Salaam, PreP, and the wastage plan for legacy ARVs being phased out. • Conducted joint quarterly pipeline reviews with .NACP for ARVs including updating stock status, shipments and actual consumption • Began the ARVs and Laboratory quantification for July 2020 to December 2023. GHSC-TA-TZ is closely working with NACP to revise and monitor the pipeline in response to global production and distribution delays related to COVID-19.

Tracer commodity group	Root cause analysis
RTKs	National shortages of Unigold continued in Q2 which impacted availability at health facilities. As of March 2020, there were 2.9 MOS of Unigold in stock system-wide. In response, GHSC-TA-TZ undertook the following: • Collaborated with the LMS Coordinator and MSD to support rationing of Unigold to ensure quantities are evenly distributed. • Conducted joint quarterly pipeline reviews with NACP on laboratory commodities including updating stock status, shipments, and actual consumption. • Supported NACP's Laboratory Quantification for July 2020 to December 2023 throughtout the process, from assumptions buidling, analysis of historical data, assessing and analyzing stock status, determining future consumption and identifying shipments required.
Malaria	Compared to the previous quarter, higher stock out rates of malaria commodities in Q2 for quarterly and bimonthly facilities were driven by stock outs of Quinine injection, all four ALU presentations, and SulphadoxinePyrimethamine (SP). Specific challenges include: • SP is procured by the GoT, and has been largely unavailable for the past several months. As of 30th March 2020, all zones were stocked out of SP. On March 12, MSD central received 173 P/90, (around .5 MOS). By the end of March, the consignment was still in receiving status and thus unable to be distributed. • Not all facilities manage all presentations of ALU, which continues to be a challenge. As of March 30th 2020, there were 5.7 MOS, 0.1 MOS, 7.1 MOS, and 7.7 MOS of ALU 1x6, 2x6, 3x6, and 4x6 respectively. • Differences in units of reporting continue to create data quality issues. • Quinine and SP are saleable commodities at MSD that facilities must pay for, and facilities may not prioritize purchasing these commodities. The project also assisted NMCP to update the PipeLine database with stocks on hand, consumption, and upcoming shipments.
RMNCH (family planning)	A portion of the RMNCH stock out problem is due to the emergency contraceptive Postinor2 that is often not reported by facilities--a potential formulary consistency issue with some facilities believing they should not stock it. From a medicine availability perspective, this results in an addition to the denominator, with no corresponding value in the numerator--thus distorting the calculation. However, MSD also had shortages of the commodity where at the end of March 2020 there were 2 MOS available. Postinor 2 is a standing agenda item at RCHS commodity security meetings. At the recent quantification, it was agreed to closely monitor consumption of this product, including the percent of facilities that are reporting on this product. National shortages continue to affect availability of RMNCH commodities such as Oxytocin, Microlut, Misoprostol, Microgynon, Male condoms and Female condoms in Q2. As of 30th March 2020 the status of these commodities at MSD was:

Tracer commodity group	Root cause analysis
	• Microval 1 MOS, • Female condoms 4 MOS, • Misoprostol 200mcg 2 MOS, • FEFOL 2 MOS, and • Complete stock outs of Oxytocin 10IU/ml(0 MOS). During Q2 GHSC-TA-TZ participated in the following: • Supported RCHS in Quantification review of RMNCH commodities • Participated in the RCHS commodity security meeting where stock statuses of RMNCH commodities , incoming shipments, and funding gaps were discussed and the way forward to improve the RMNCH commodities availability.
TB	Compared to the previous reporting period, during Q2, the overall stock out rate for TB medicines improved for both Quarterly and Bimonthly systems. Improved availability and higher quantities of TB medicines in the supply chain contributed to the reduction in stock outs. As of 30th March 2020: • Isoniazid 100mg = 7.6 MOS • Isoniazid 300mg = 12 MOS • RHZE = 7 MOS • RH = 14 MOS Despite the improved months of stock, six zones were stocked out of Isoniazid 100mg at the end of March 2020: Bimonthly and Quarterly systems have reported Isoniazid 100mg and 300mg as the main causes of the overall stock out rates, which are key for the implementation of TB Preventive therapy. GHSC-TA-TZ supported NTLP and GDF in providing information on reporting rate and reporting timeliness by facilities for 2019, and the percentage of districts that reported availability of TB tracer medicines. GHSC-TA-TZ also participated in NTLP's external review meeting in Dodoma where areas needing support for improving supply chain management of TB medicines were discussed
Essential medicines	The Q2 stock out rate for essential medicines was attributed in part due to most essential medicines being MSD saleable items for which health facilities must pay. If health facilities do not allocate sufficient funds for the purchase of essential medicines, the likelihood of experiencing stock outs increases. The commodities that contributed to the overall high stock out rate include:

Tracer commodity group	Root cause analysis
	• Cotrimoxazole suspension • Cotrimoxazole tablet • FEFOL • Paracetamol 500mg tabs • Amoxicillin 250 mg caps Explanations for the shortfalls and stockouts as of March 30, 2020 include: • All MSD zones were stocked out of Cotrimoxazole suspension and Cotrimoxazole tablets • All zones were stocked out of FEFOL • At facility level, Amoxicillin and Cotrimoxazole are considered as one item in the 30 monitored essential medicine tracer commodities, hence facilities can opt to stock Amoxicillin instead of Cotrimoxazole. Also, Cotrimoxazole is not necessarily prioritized when facilities purchase essential medicines using complementary funds During Q2, GHSC-TA-TZ supported the following activities:; • Provided technical support/guidance to the National Quantification Team to review the results from the "bottom up" quantification exercise • Supported MSD in carrying out a supply planning exercise for Essential health commodities (Medicines and Medical supplies) per guidance from the National Quantification team • Supported the review of MSD catalogue • Supported training rollout for the redesigned system in Same and Tanga which is critical to ordering essential medicines commodities under the ILS system

INDICATOR 2.3.2 PERCENTAGE OF FACILITIES SUBMITTING TIMELY AND COMPLETE LMIS REPORTS

Performance trends and description:

Timely reporting by health facilities across all programs exceeded the 80% target.

Figure 20: Reporting Timeliness (Quarterly System)

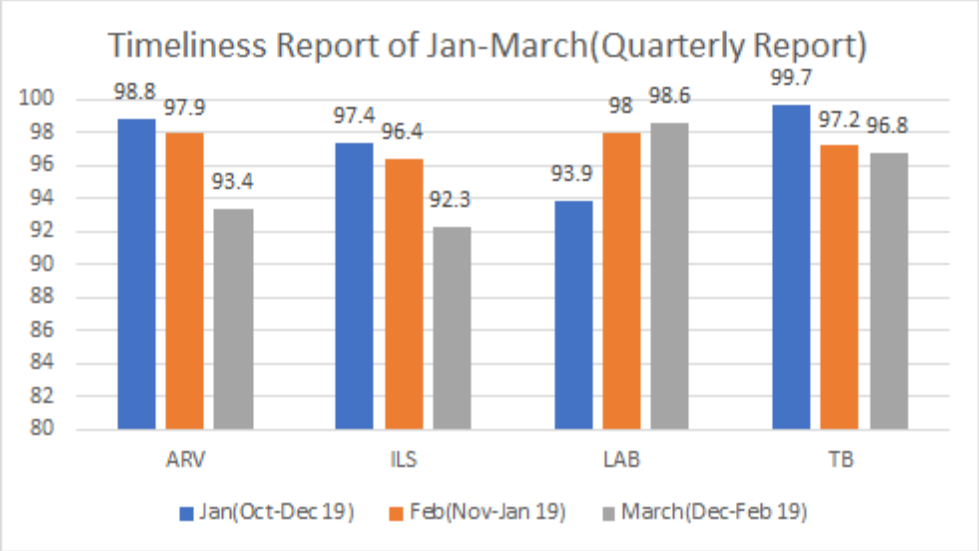
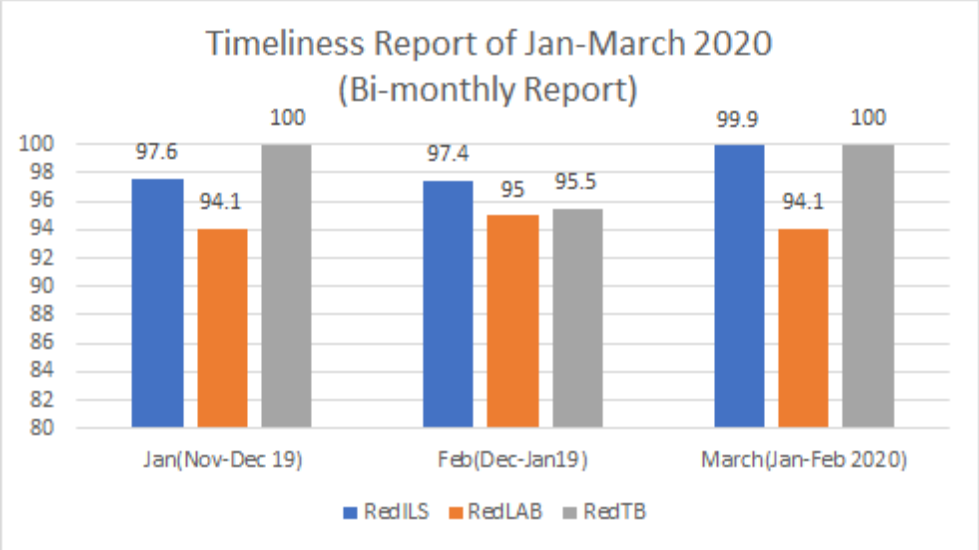


Figure 21: Reporting Timeliness Bimonthly System



Root cause analysis:

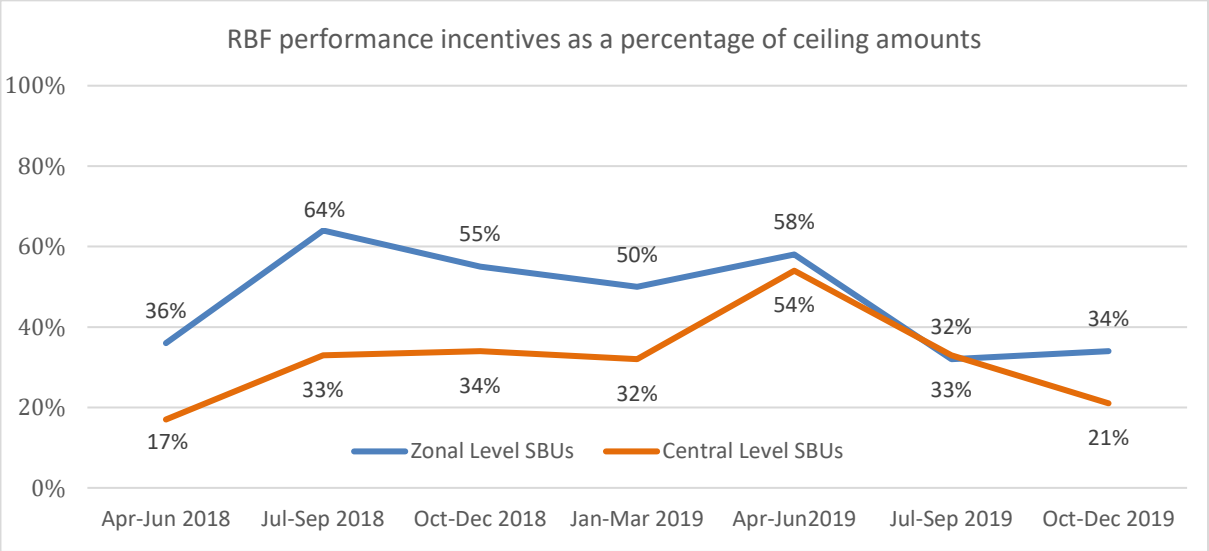
In the quarterly system, the ILS program had the lowest of the percentages of 92.3. For this quarter Kilombero and Mvomero councils in Dar zone had lowest timely reporting of 62% and 66% respectively. Also, Mbulu TC and Kiteto councils in Moshi zone had the lowest timely reporting of 30% and 55% respectively.

INDICATOR 3.1.1 PERCENT OF RBF PERFORMANCE INCENTIVES RECEIVED BY MSD SBUS OVER SPECIFIED PERIOD

Performance trends and description:

The central level SBUs include central HQ, VP and transport unit while zonal level SBUs include Mwanza zone, Dar zone, Tabora zone and Muleba sales point. The percentage of total incentive received at central level SBUs dropped to 21% in October – December 2019 quarter from 33% in July – September 2019. For zonal level SBUs, performance slightly increased from 32% in July – September 2019 quarter to 34% in October – December 2019 quarter. Figure 22 below shows the performance trend on incentives received.

Figure 22: Results Based Financing (RBF) Performance Incentive Trends



Root cause analysis and remedial actions:

The Q2 decline of incentives received at central level SBUs was attributed to Central HQ, Vertical Program, and Transport units being unable to perform above baseline in select indicators such as order fill rate and fleet utilization. Poor performance on order fill rate at Vertical Program warehouse was due to stock outs of select ARVs, RTKs (Unigold), Malaria and TB commodities.

While overall zonal SBY level performance improved, order fill rates did decline at Tabora, Dar es Salaam, Mwanza and Muleba. This decline was driven by insufficient funds in health facilities accounts at MSD resulting in late disbursements of receipt in-kind funds from the government.

Both central and zonal level SBUs reported late disbursement of approved incentives--something that has occurred since MOHCDGEC began RBF restructuring. However, efforts are being made to rectify this and close the payment backlog:

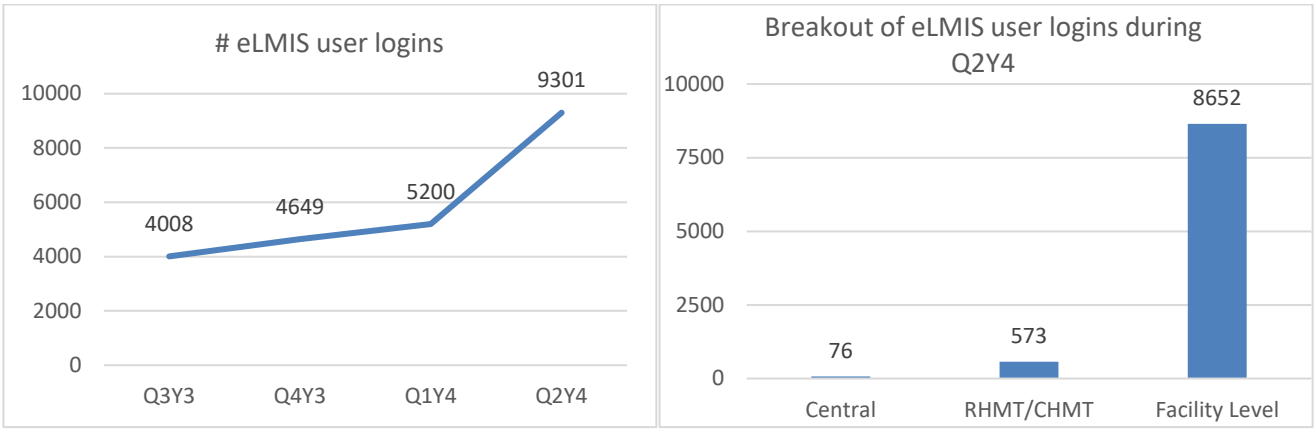
- Late in February 2020, the ministry paid all zonal level SBUs three quarters of incentives: April – June 2018, July – September 2018, and April – June 2019. Efforts to reimburse remaining past due incentive payments at zonal level SBU continue.
- All previously approved and unpaid quarterly incentives for Central SBU were paid with the exception of the verified October – December 2019 quarter.

INDICATOR 3.2.1 NUMBER OF PEOPLE WHO LOG INTO ELMIS (USERS AND LEVEL TYPE)

Performance trends and description:

Figure 23 shows an increased number of eLMIS user logins in indicating a continued use of the systems. Notable trends include increases in numbers of health facility staff and R/CHMTs combined with a decline in use among central staff.

Figure 23: Number and type of eLMIS user logins



Root cause analysis and remedial actions:

The significant increase in logins by health facility and R/CHMT personnel is attributed to two factors:

- Continued rollout of logistics system redesign has encouraged health facilities to enter the R&R into eLMIS directly rather than submitting a paper-based R&R form to a district pharmacist who would then enter the information in eLMIS.
- The IMPACT team initiative has introduced large numbers of R/CHMT personnel to managing with data and has promoted eLMIS use. As people become more comfortable accessing, analyzing and working with data, they log into eLMIS more frequently to obtain data that informs their supply chain decision making.

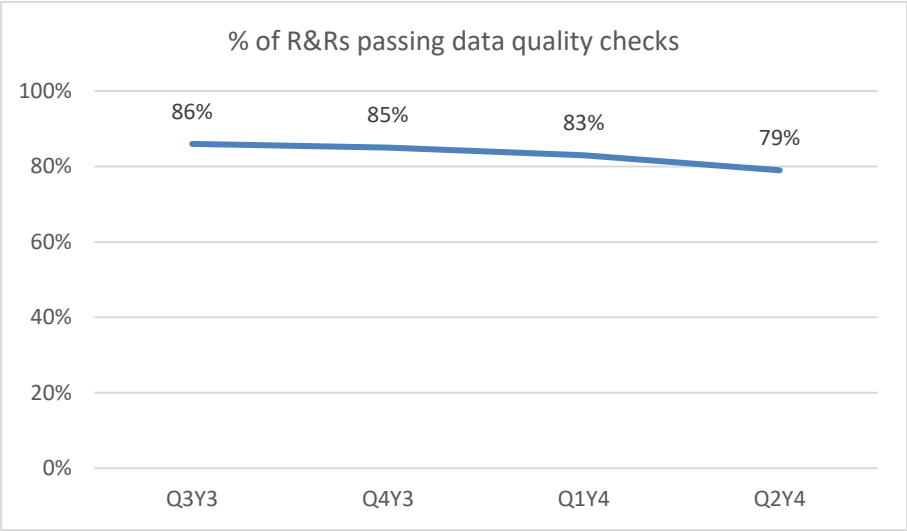
For this quarter there is a continued decrease in central team logins which needs to be improved.

INDICATOR 3.2.2 PERCENTAGE OF R&R PASSING DATA QUALITY CHECK IN SPECIFIC PERIOD.

Performance trends and description:

Figure 24 shows the percentage of R&Rs passing data quality check for the period of Jan-Mar 2020 is 79%.

Figure 24: Percentage of Report and Requisition forms (R&Rs) passing data quality checks



Root cause analysis and remedial actions:

Challenges still exist with the quality of data reported in the R&Rs by health facilities. Compared to last quarter's performance, this reporting quarter the data has dropped from 83% to 79%. When looking at the two logistics systems (quarterly and bimonthly), the Quarterly regions passed data quality checks 80% of the time compared Bimonthly regions at 74%.

Several of the more common reasons for rejections include:

- incorrect capturing of dispensed units for some items (e.g. ALu Tabs/Box instead of strips, RTKs - kits instead of strips),
- reported quantities received being indivisible by MSD UoM,
- questionable consumption (too high/too low compared to previous orders),
- high consumption of ALUs compared to MRDTs,
- high usage of Unigold compared to HIV SD Bioline,
- reported stock out days (90/60 days) while the facility had some stock,
- reported stock out of items which were in full supply,
- questionable Losses & Adjustments,
- reported stock out without indicating stock out days,
- requesting quantities below minimum or above maximum level (due to conversion or data entry typing error),
- reporting on wrong period,
- skipped managed health commodities,
- requesting items in the wrong program, and
- R&R's total cost being too high without indicating alternate source of funds.

ANNEX 2. TRAINING AND TRAVEL DURING Q2

Table 4: Q2 Training and Travel SUmmary

Date	Purpose	Responsible GHSC staff
5-Jan to 11-Jan-2020	IMPACT Approach operational Manual Development workshop in Morogoro led by MOHCDGEC in Collaboration with PORALG, MSD, LGA, THPS, inSupply Health and GHSC	Ondo Baraka Peace Nyankojo Wema Kamuzora Evance Nkya Peter Sangu
15-Jan to 20-Jan-2020	Supported and participated in the National Quantification Team meeting for final forecast review of the Essential Health Commodities quantification exercise.	Nabila Hemed Albertho Chengula Mavere Tukai
30-Jan to 3-Feb 2020	Supported demand forecasting and provided inputs in demand planning priorities during the COP20 PEPFAR-stakeholders meeting	Nabila Hemed Mavere Tukai,
31-Jan-2020	To participate in an urgent ZAMEP meeting in Zanzibar regarding spike in malaria cases	Hubert Assenga
24-Jan-2020	To present and discuss with PORALG recommendations for improving supply chain oversight at PORALG with technical teams	Hubert Assenga, Mavere Tukai, Nabila Hemed
31-Jan to 1-Feb-2020	IMPACT Approach Manual Orientation to Chief Pharmacist MOHCDGEC in Dodoma	Ondo Baraka
29-Jan to 30-Jan-2020	Lake Zone Supply Chain Stakeholders meeting for sharing experience in Mwanza	Vicent Manyilizu
13-Jan-2020	Training to Internal Auditors (MOHCDGEC) on how to use RBF web system - Dodoma	Michael John
3-Feb to 7-Feb-2020	RBF verification exercise at MSD Dar-es-salaam zone	Wema Kamuzora
4-Feb-2020	Hold a meeting with Director of Health Services on recommendations to strengthen PO-RALG oversight in implementation of health supply chain interventions	Hubert Assenga; Mavere Tukai
20-Feb to 21-Feb-2020	Heald a meeting with Head of laboratory services at Dodoma aiming to update the office on GHSC-TA-TZ laboratory activities i.e. LEM and DNO	Albertho Chengula
10-Feb to 14-Feb-2020	OOS notification automation workshop in Dodoma	Michael John and Hassan Hussein
3-Feb to 7-Feb-2020	RBF verification exercise at MSD Mwanza zone	Michael John
15-Feb-2020	Regional Teams meeting to receive feedback on the regional level involvement in R&R approval	Peace Nyankojo, Alfred Mchau and Vicent Manyilizu
26-Feb-2020	System Redesign Oversight Committee meeting in Dodoma	Vicent Manyilizu,Mavere Tukai,Alfred Mchau
28-Feb-2020	NTLP external review briefing in Dodoma	Vicent Manyilizu

Date	Purpose	Responsible GHSC staff
18-Feb to 21-Feb-2020	Participated in the HIV supply chain sub-committee meeting where three key issues were discussed; this was followed by our participation in the TLD transition task team meeting.	Nabila Hemed Happiness Mberesero
2-Mar to 6-Mar-2020	GHSC-TA-TZ supported MSD to conduct the supply planning exercise for essential health commodities per the national demand forecast that was provided by the National Quantification Team.	Nabila Hemed Albertho Chengula.
10-Mar to 13-Mar-2020	Participated in the RMNCH quantification review that was conducted in Dodoma	Naomi Printz Happiness Mberesero Nabila Hemed
9-Mar-2020	Participated on selection of laboratory tracer commodities for Zanzibar	Albertho Chengula.
10-Mar to 14-Mar-2020	GHSC-TA-TZ also conducted joint quarterly pipeline review with NACP for ARVs and Lab commodities, in Morogoro	Nabila Hemed Albertho Chengula
22-Mar to 31-Mar-2020	Participated in the NACP Annual quantification exercise for ARVS and laboratory commodities, in Dodoma	Nabila Hemed Albertho Chengula

ANNEX 3. WORKPLAN ACTIVITIES IMPACTED BY COVID-19

Activities listed below are impacted due to several COVID-19 related constraints including but not limited to:

- travel restrictions,
- the activity requires workshops or large group meetings and or training, or
- STTA travel is required to support the activity.

Much of the impact will be on specific sub-activities assocated with higher level activities shown in .The project has reviewed activity implementation and is working to consider mitigating actions that enable us to move forward such as holding virtual trainings/workshops rather than in-person instruction.

Objective 1 -- Strategic Planning: Provide Strategic Planning and Implementation Assistance	
1.1	Assist leadership to operationalize strategic plans
1.1.1	Support updating of policy documents (supply chain components) and conduct routine reviews of implementation plans
1.1.2	Provide support to MOHCDGEC on emergency supply chains in support of GHSA
1.2	Plan for transition from donor-funded support
1.2.1	Provide TA in harmonization, implementation and mentorship on use of health commodities revolving fund (HCRF), a key activity for sustainability
1.2.2	Conduct supply chain financing analyses
1.2.4	Provide TA in transition of LMU to GoT and RGoZ structure(s)
1.2.6	Build capacity for local software development and OpenLMIS
Objective 2 -- In-Country Logistics: Improve Delivery of Health Commodities in Service Sites	
2.1	Strengthen supply chain MIS
2.1.1	Promote standardization and use of Master data
2.1.3	Support eLMIS upgrade to the latest version
2.2	Strengthen and streamline quantification
2.2.1	Provide TA and build capacity and ownership of quantification process by counterparts
2.2.2	Support the transition and scale-up of newly introduced ARV regimens, including TLD and optimal pediatric regimens
2.3	Improve supply chain performance against key indicators
2.3.1	Support implementation of redesigned logistics system
2.3.2	Assist MSD to identify and address improvements needed to implement redesigned logistics system
2.4	Strengthen laboratory supply chains

2.4.2	Support implementation of laboratory equipment management module for machine functionality data visibility
2.4.3	Support implementation of recommendations from laboratory network optimization activity
Objective 3 -- Capacity Building: Broaden Stakeholder Understanding and Engagement of the Supply Chain System	
3.1	Support MOH RBF unit in implementing and improving RBF scheme
3.1.1	Support implementation of the RBF scheme
3.2	Increase data use and improve data quality
3.2.1	Roll out the IMPACT teams approach and monitor performance of the IMPACT teams and build capacity of R/CHMTs in using data
3.2.2	Refine the Supportive Supervision e-checklist to accommodate the standardized supportive supervision tools, and build capacity on DQA protocol
3.3	Increase skills of key counterparts
3.3.1	Support development of a supply chain eLearning initiative to facilitate virtual, sustainable capacity building for supply chain stakeholders
3.3.3	Mentor and build capacity in transitioned LMU
Objective 4 -- Strengthen Enabling Environments to Improve Supply Chain Performance	
4.1	Establish a culture of collaboration and information sharing
4.1.1	Foster collaboration, information sharing , coordinating and leveraging of resources among relevant stakeholders and implementing partners
4.1.2	Support the implementation of supply chain information sharing repository
4.1.3	Convene the annual Tanzania Health Supply Chain Summit
4.2	Strengthen Governance and Accountability
4.2.1	Provide technical support to strengthen supply chain governance