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GLOBAL HEALTH SUPPLY CHAIN PROGRAM - TECHNICAL ASSISTANCE TANZANIA

Quarterly Report: April - June 2020 (Y4, Q3)

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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
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	People living with HIV
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
RSSH	Resilient and Sustainable Systems for Health
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
WFP	World Food Program
WHO	World Health Organization
ZNZ	Zanzibar
ZSCAP	Zanzibar Supply Chain
ZSCCAP	Zanzibar Supply Chain Costed Action Plan

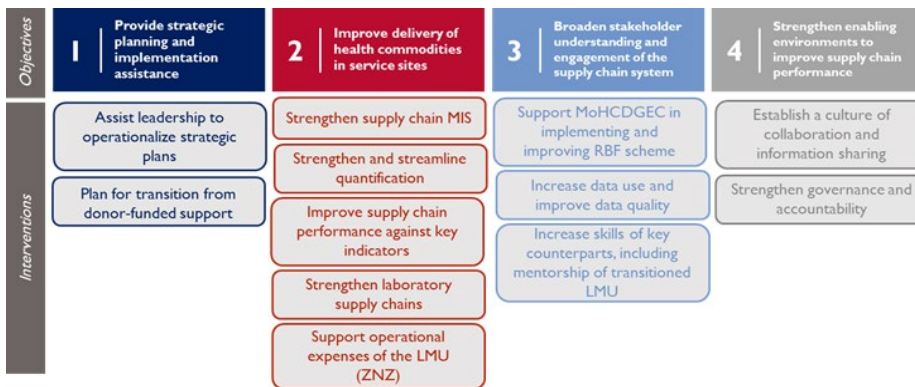
INTRODUCTION

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.

This quarter, the project’s work was significantly impacted by COVID-19. The first case of COVID-19 was reported in Tanzania on March 16th. Driven by the GoT’s COVID-19 response, the project undertook new activities (such as the development of processes and training materials for managing and reporting on COVID-19 commodities), reprioritized and modified existing activities (such as moving the MSD’s out of stock notification automation to a virtual rather than in person meeting), and delayed planned activities (such as the assessments at MSD zones to prepare for the rollout of the redesigned logistics system). Project staff began to work virtually in March. In-country and international travel were postponed, as were in-person meetings. Despite the fundamental shift in how the project operates, the project was able to successfully complete some activities; accomplishments are outlined in this report.

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

Figure 1. Objectives and Intervention



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

This quarter saw numerous accomplishments shown in Table I that will be explained in greater detail in subsequent sections.

Table I. Q3,Y4 Accomplishments

Objective 1: Provide Strategic Planning and Implementation Assistance	Continued support for COVID-19 Emergency Supply Chain (ESC) response: Printed and disseminated 1,500 copies of Tanzania's Emergency Supply Chain Operations Guide (TESCOG), customized for COVID-19 response, and created virtual training materials on ESC best practices and TESCOG use; reviewed and updated COVID-19 commodities forecast and determined supply gaps; configured eLMIS to support COVID-19 response; and continued to participate in Logistics Pillar meetings.		Identified eLMIS transition team: Identified the eLMIS transition team responsible for executing timelines and milestones as laid out in the USAID and GOT-approved eLMIS transition plan.
Objective 2: Improve Delivery of Health Commodities in Service Sites	Completed development of LEM module: Completed development of the Laboratory Equipment Management (LEM) module within eLMIS to support the visibility of equipment functionality, inventory, downtime.	Continued training on redesigned ILS: Facilitated trainings on the redesigned Integrated Logistics System (ILS) in Mtwara region and participated in the first meeting of the redesign technical team.	Completed quantification exercises: Supported annual quantification exercise for ARVs, HIV lab commodities and PrEP; monitored malaria commodities pipeline; supported resource mobilization to fund RCHS commodities supply plan; forecasted Isoniazid and other TB commodities; and participated in the first quarterly meeting of the National Quantification Team (NQT).
	Revitalized Chandarura Kliniki dashboard: Met with stakeholders in Zanzibar to share and discuss a plan to revive the Chandarura Kliniki dashboard, used to track insecticide treated nets, by August 2020.		Completed Zanzibar malaria quantification: Completed a quantification of malaria commodities for Zanzibar for the period of June 2020 – June 2022, basing the forecast on data from DHIS2 and ZAMEP.
Objective 3: Broaden Stakeholders' Understanding and Engagement with the Supply Chain System	Achieved key milestones in eLearning module design and implementation: Contracted Tanzania Training Centre for International Health (TTCIH) to develop eLearning content on select health supply chain topics; completed the <i>National eLearning Platform for Health</i> and developed a customized temporal LMS platform (staging site).	Continued automation of MSD out-of-stock (OOS) notifications: Implemented Phase 2 of automating OOS notifications from MSD to health facilities, focused on enabling data exchange between eLMIS and Epicor; health facilities can now receive notifications via eLMIS when products are stocked out at MSD.	Provided virtual training to IMPACT Teams: Remotely supported IMPACT Team trainings in Dodoma, Tanga and Arusha regions, utilizing online platforms (e.g., WhatsApp) to identify and respond to challenges

**Objective 4:
Strengthen
Enabling
Environment to
Improve Supply
Chain
Performance**

Completing the first of several deep dive data analyses and research efforts to understand supply chain performance related to RandR Rejection Reasons and comparisons of ACT Consumption between DHIS2 and eLMIS. The deep dive into the data is revealing opportunities to improve the eLMIS user experience when performing data analyses as well as identifying data accuracy issues. Resolving both will facilitate establishing a culture of information sharing and enable easier collaboration across the supply chain through data.

WORK STREAM ACCOMPLISHMENTS

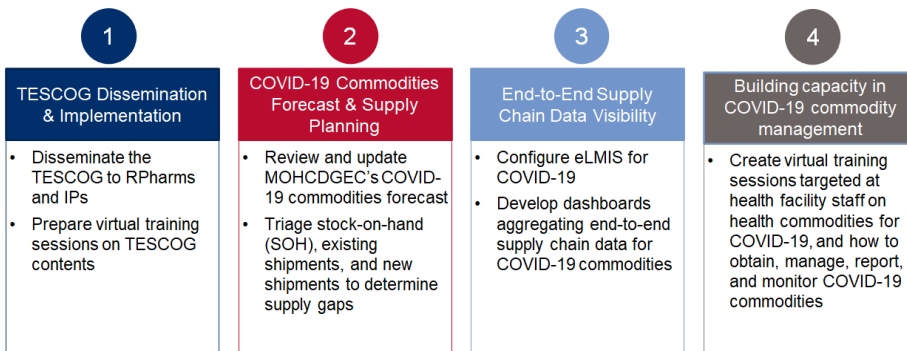
OBJECTIVE I: PROVIDE STRATEGIC PLANNING AND IMPLEMENTATION ASSISTANCE

INTERVENTION I.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. Last year, prior to the emergence of the COVID-19 pandemic, the project provided TA to MoHCDGEC to develop the Tanzania Emergency Supply Chain Operations Guidelines (TESCOG), which provides guidance on how to effectively prepare for, respond to, and recover from natural disasters, pandemics/epidemics, and other national, regional, and district-level public health emergencies.

The first case of COVID-19 was reported in Tanzania on March 16th, 2020. In response, the project, in collaboration with MoHCDGEC, the COVID-19 Logistics Pillar, and other stakeholders, began providing TA to operationalize the TESCOG, provide COVID-19-specific guidance, and align with GoT's COVID-19 contingency plan. GHSC-TA-TZ has supported GoT's COVID-19 response across four primary areas shown in Figure 2, in addition to participating in weekly Logistics Pillar and Laboratory Pillar meetings.

Figure 2. COVID-19 Support Areas

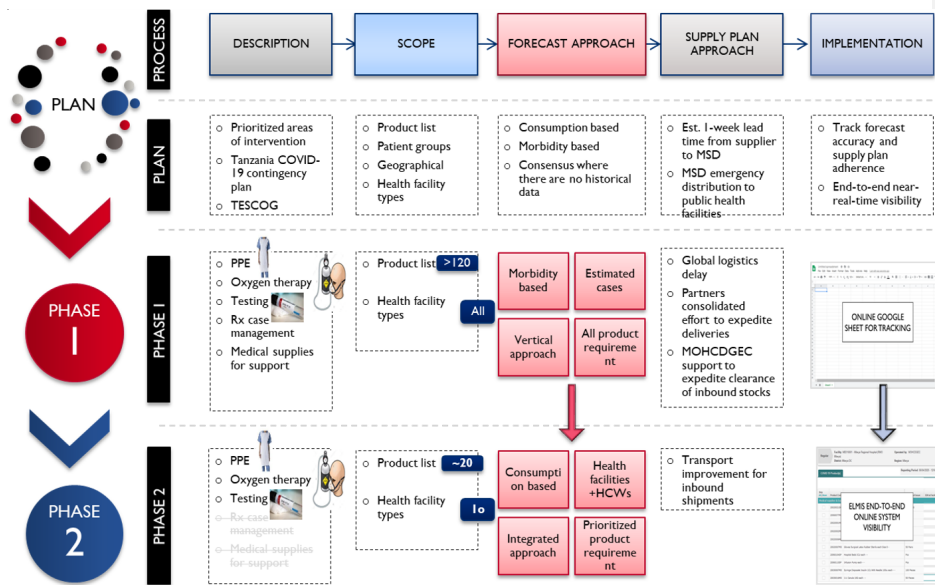


- TESCOG dissemination and implementation:** GHSC-TA-TZ printed 1,500 hard copies of the TESCOG and distributed them to key ESC stakeholders, including Regional Medical Officers, PO-RALG, MoHCDGEC, and others, across 26 regions. The project also developed and shared job aids and virtual training materials to share ESC best practices and provide guidance for ESC teams on how to use the TESCOG to respond to COVID-19.
- COVID-19 commodities forecast and supply planning:** Since the onset of the COVID-19 pandemic, GHSC-TA-TZ has continued to work with MoHCDGEC to review and update forecasts of commodity requirements, adapting an existing COVID-19 commodity forecasting tool to the Tanzanian context. The following tasks were completed:
 - Reviewed and customized the list of COVID-19 health commodities, based on WHO guidance and other reference materials, and mapped these commodities to product codes and descriptions in eLMIS, E9, and DHIS2

- Completed forecasting of COVID-19 commodity demand and identified funding gaps—with phase one based on available case projections. Presented demand forecasts for COVID-19 commodities to the Logistics Pillar for consensus and procurement planning
- Developed a forecasting tool to support COVID-19 laboratory quantification exercises. The tool included a list of commodities originating from the National Laboratory Quality Assurance and Training Center and shared through the Lab Pillar.

Note: The country's updated strategy in responding to COVID-19 pandemic has played a key role in informing this updated quantification. Whereas before it was based on estimated case projections, the national response now for COVID-19 response shifted to prioritize: protect healthcare workers, provide oxygen therapy and continue targeted testing. **The role of GHSC-TA-TZ was to provide forecasting recommendations to the MoHCDGEC.** Figure 3 summarizes the evolution of quantification during the COVID-19 pandemic in Tanzania, where a consumption-based forecast approach is used in the second phase forecast.

Figure 3. COVID-19 Quantification Activities



4. **End-to-end supply chain data visibility:** The eLMIS, as the national system for managing commodity data for public health facilities, was adapted to support the COVID-19 response (for example, by configuring the eLMIS to allow for COVID-19 commodity weekly reporting). The project provided TA to GoT to improve the collection, aggregation, and presentation of COVID-19 commodity information, including both upstream and downstream COVID-19 commodity supply chain data to inform operational decision-making. Tasks accomplished this quarter included:

- Configured the eLMIS to allow for COVID-19 commodity weekly reporting (stock on hand, consumption, and stock out data) and ordering from designated facilities
- Mapped the designated COVID-19 treatment facilities and all district hospitals prepared for COVID-19 patients

- Confirmed/validated the business process flow (how facilities receive, report, and request health products)

4. *Building capacity in COVID-19 commodity management:* As a complement to the TESCOG, the project developed virtual training materials for COVID-19 commodity management. The virtual training materials were narrated PowerPoint slides, which included knowledge checks (quizzes), interactive questions and practice sessions, including a practice session using the eLMIS. A resources tab which included materials such as the TESCOG and a list of COVID-19 commodities, was also included. A final assessment, to confirm participant understanding, was also developed. The virtual training sessions include six topics, along with an introductory session. The training covers the following objectives:

- Describe Tanzania Emergency Supply Chain Operations Guidelines and its importance in Emergency Supply Chains
- Determine health commodities required for COVID-19
- Describe modalities for obtaining health commodities for the response to COVID-19
- Describe the inventory management of COVID-19 health commodities
- Explain how and when to report on COVID-19 health commodities
- Assess stock status of COVID-19 health commodities
- Explain how to conduct tracking of COVID-19 commodities

GHSC-TA-TZ also developed job aids and distributed 420 copies to help guide health facility staff on the reporting and ordering of COVID-19 commodities. In collaboration with PSU, the project prepared for and conducted a live orientation, which provided a high level summary of the full virtual training package, including a review of objectives, how to access the full training package, and how learning is measured. **Two orientation sessions were conducted virtually: the first was an orientation for facilitators on the TESCOG with COVID-19 commodities management training package (13 participants primarily from central level/national level) and the second was an orientation to the Emergency Supply Chain (ESC) teams (80 participants from the Regional Level and staffs from designated health facilities.**

While supporting GoT's COVID-19 response was a key priority for the project this quarter, GHSC-TA-TZ also supported additional strategic planning activities. The project actively participated in writing the proposal for the Global Fund grants, including the three disease programs, focusing on the health commodity priority areas. The project was also on the writing team for health product management to represent Non - State Actors in elevating supply chain agenda. The Resilient and Sustainable Systems for Health (RSSH) grant included eight modules shown in Table 2 and represents a total budget allocation for the for 2020-2022 of \$34,103,204 USD.

Table 2. RSSH Modules

● Health products Management systems	● Integrated service delivery and quality improvement
● HMIS and M&E	● Financial management systems
● Human resources for health including CHW	● Community responses and systems
● Health Sector Governance & Planning	● Laboratory systems

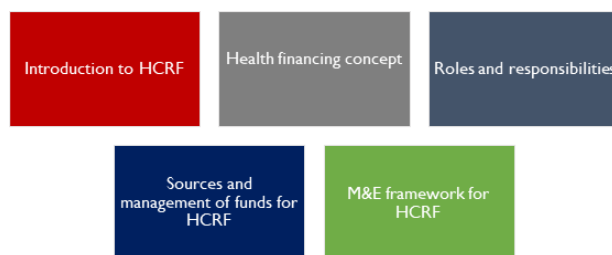
In Zanzibar, the project provided TA to develop the Zanzibar Supply Chain Costed Action Plan 2020-2025; specifically, GHSC-TA-TZ participated in a workshop to draft the thematic areas for the five-year plan. During the workshop, the project provided TA to update the former costed action plan, facilitate alignment on objectives and strategies, and propose a framework for the new action plan. GHSC-TA-TZ also built the capacity of LMU ZNZ to plan and monitor work plan implementation.

INTERVENTION I.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, and on transitioning project-managed activities to GoT management.

This quarter, the project finalized the training materials for the Health Commodities Revolving Fund (HCRF) guidelines, which will be used to orient government stakeholders. The training materials include a facilitator manual, a PowerPoint presentation on HCRF, and a participant’s manual. The training covers five main areas as indicated in Figure 4.

Figure 4. Health Commodities Revolving Fund (HCRF) Training Areas



GHSC-TA-TZ also developed a plan to roll out HCRF guidelines, which included printing and distributing 8,000+ copies of the guideline to national and regional stakeholders, down to the health facility level. Additionally, the HCRF guideline will be uploaded for MoHCDGEC and PO-RALG users to access, in both English and Swahili.

This quarter, the project also initiated the Health Commodities Financial Needs Assessment at regional, national and specialized hospitals. As a first step, GHSC-TA-TZ developed a concept note, informed by the Health Commodities Financial Needs Assessments at primary health facilities (conducted in 2018) and the DHFF analysis (conducted in 2019). The concept note has been shared with MoHCDGEC for their review.

Two other key areas of project support under this intervention include the eLMIS and LMU ZNZ transitions. Building off last quarter’s meeting with USAID and GoT representatives to review and finalize the eLMIS transition plan, this quarter, the project worked with MoHCDGEC to advance several transition activities, including the identification of the eLMIS transition team. The team, which includes staff from PSU, MoHCDGEC ICT, and GHSC-TA-TZ, will be responsible for executing the timelines and milestones as laid out in the eLMIS transition plan document. Terms of reference for the transition team were also drafted.

In Zanzibar, the project continues to train software developers in order to build the capacity required to support eLMIS. This quarter, GHSC-TA-TZ developed a document to guide capacity building on the island, describing the numbers and types of staff required to support the eLMIS. The capacity building plan will

be presented to the Chief Pharmacist's Office for review and approval, following which an eLMIS transition document will be developed, specifically for Zanzibar.

Lastly, GHSC-TA-TZ continues to provide technical and operations support to the LMU ZNZ. This quarter, LMU ZNZ's work and costs were documented and shared will be shared with Zanzibar MoH leadership to ensure the smooth transition of the LMU into RGOZ. Furthermore, the project drafted a survey to send to stakeholders to solicit feedback on LMU performance to date, and what priorities they recommend for the LMU to focus on moving forward. Results of the survey will be presented in the next quarterly report.

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. In addition to reconfiguring eLMIS to enable weekly reporting and monthly ordering of COVID-19 commodities at designated health facilities (as described under Intervention 1.1 above), 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.

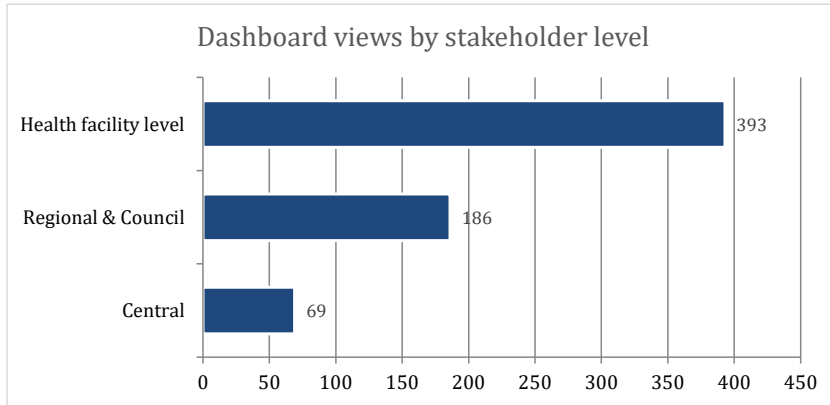
This quarter, GHSC-TA-TZ met with stakeholders in Zanzibar to discuss the revival of the Chandarua Kliniki dashboard, which used to track insecticide treated nets (ITNs) use in Zanzibar, and compare with data from eLMIS. In 2019, the DHIS2 system crashed, resulting in a loss of data, including the Chandarua Kliniki dashboard. During the stakeholder meeting, the project shared a plan to revive the Chandarua Kliniki dashboard by August 2020, and ensure Zanzibar-teams are well capacitated to use the dashboards and provide maintenance support.

GHSC-TA-TZ also continues to work with MSD to ensure order processing integration between eLMIS and Epicor is not disrupted during MSD's ongoing upgrade from Epicor 9 to Epicor 10. The introduction of Epicor 10, along with shifts to new pack sizes for several health products, has introduced significant changes to health product part numbers. GHSC-TA-TZ carried out the following tasks this quarter to help ensure eLMIS and Epicor integration:

- Confirmed MSD will maintain the current setup and configuration for order processing between eLMIS and Epicor. Once the upgrade is complete and all other business processes are functioning as expected, the integration method will be updated for both eLMIS and Epicor to move from secure file transfer protocol (sFTP) and utilize available application programming interface (APIs) in both systems.
- Mapped the new health product codes with the old product codes (old part numbers) to make sure there is continuity of reported data.

The eLMIS dashboards are operational, and eLMIS users are beginning to increasingly use them. Figure 5 shows this quarter, 648 unique users logged on to view the dashboards. Of these, 11% were from the central level, 29% from the regional and council levels, and 61% from health facility levels.

Figure 5. User Interactions with eLMIS Dashboards



Related KPIs

Indicator 2.1.1: Percentage of eLMIS issues reported and resolved within 24 hours (84%)

Indicator 2.3.2: Percentage of facilities submitting timely and complete LMIS report (92%)

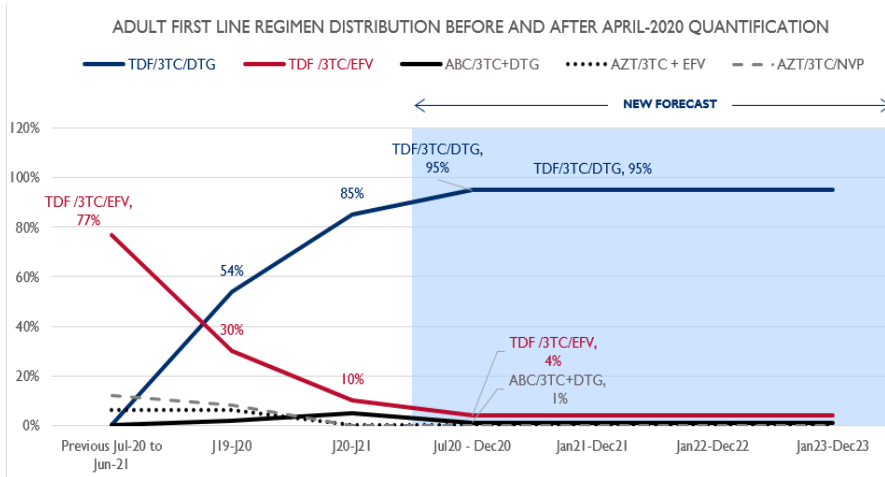
INTERVENTION 2.2 STRENGTHEN AND STREAMLINE QUANTIFICATION

GHSC-TA-TZ continues to participate and provide TA on national quantifications and reviews for vertical programs (RCHS, malaria, ARVs, TB medicines), as well as participating in the National Quantification Team and the bottom up quantification process. Additional details are provided below.

HIV

The project supported the annual quantification exercise of ARVs and HIV laboratory commodities for the forecast period July 2020 to December 2023. The TLD transition critically informed ARV quantification, with increased TLD uptake for health facilities and decreased TLE uptake (as shown in Figure 6 below). The supply planning exercise of the quantification also took into account ARV and HIV laboratory commodity shipments that have been impacted by global logistics challenges resulting from the COVID-19 pandemic.

Figure 6. TLD Transition Overview



GHSC-TA-TZ also supported MoHCDGEC in the quantification of pre-exposure prophylaxis (PrEP) commodities, which included both Tenofovir/Emtricitabine for prophylaxis and lab commodities for testing PrEP clients ([the supply plan for lab commodities for PrEP was completed after the timeframe for this quarterly report](#)). NACP intends to scale up PrEP, which was initially piloted at a number of PEPFAR facilities, with support from PEPFAR and other stakeholders. As such, the forecast approach used a logarithmic s-curve projection typical for public health programs that begin slowly and increase uptake later during implementation. The forecast also took into account continuation rates for different key vulnerable populations. Furthermore, GHSC-TA-TZ supported the review of the MoHCDGEC’s PrEP implementation framework and provided inputs to the supply chain chapter. This guidance is expected to link the PrEP program design and supply chain in the upcoming COP20 period, with the goal of uninterrupted product availability for PrEP clients.

Lastly, GHSC-TA-TZ supported the NACP program in conducting an HIV commodities analysis workshop this quarter. The analysis aimed to review the governance of multiple HIV commodity meetings/forums that are conducted, to conduct stock analysis of ARV and lab commodities, and to determine the feasibility of 6 multi-month dispensing (MMD) or 3MMD for TLD. At-risk commodities were identified and action plans were shared with suppliers for their implementation. Factors affecting feasibility and timing to resume rollout of 6MMD of TLD was on-time delivery of incoming shipments, full quantity of incoming shipments to be delivered as expected, and scheduling out 3MMD and 6MMD clients on TLD.

MALARIA

This quarter, the project worked with NMCP to closely monitor the pipeline for malaria commodities. Some of the challenges experienced were delays in incoming shipments, [primarily due to COVID-19](#). An [analysis for comparing consumption data reported in eLMIS and dispensing data reported in DHIS2 was also done which will inform future demand planning of ACT treatments](#).

RGHS

The project supported the RGHS program to conduct resource mobilization for funding RGHS commodities supply plan, as a follow-up step after the March 2020 quantification review exercise. A

- Commented [1]: Any more information on this?
- Commented [N2R1]: The first draft has been completed, and will be shared next month
- Commented [3]: When are you planning to share results of the analysis?
- Commented [N4R3]: First draft has been completed and will be shared next month.

funding gap analysis combined with potential supply risks of RCHS products was presented to donors. These risks also included status of known shipments that had already been affected by the COVID-19 pandemic. The project also worked collaboratively and continuously with the RCHS program in the April-June 2020 period to monitor incoming shipments and update the PipeLine database. One of the observations was the uncertain actual and forecasted consumption for three products, i.e. female condoms, emergency contraceptives and misoprostol. On this regard, RCHS and GHSC-TA-TZ worked together to conduct an analysis to determine the causes of the erratic consumption of these products, and the results are expected to be used in the next commodity security meeting to inform updates on forecasted consumptions, incoming shipments and projected stocks on hand.

TB

The project also provided TA in forecasting Isoniazid and other TB commodities that was conducted in late April 2020. The final forecasts and supply plans were shared by the NTLT program. NTLT aims to cover 100% of eligible PLHIV on TPT (requiring Isoniazid) by December 2020. The coverage was at 59.4% as of December 2019. The expectation is to cover the remaining 40% eligible PLHIV on ART by December 2020. However, based on observed trends, it is now assumed that only 80% of the remaining 40% will be covered by the end of 2020. GHSC-TA-TZ continues to work closely with NTLT in monitoring implementation of TPT, and incoming supplies of Isoniazid.

Commented [5]: Can this be shared?

Commented [N6R5]: We provided the Excel sheet we received from NTLT – not a full supply plan but NTLT does not use PipeLine. We can share the Quantimed extracted files from the TB quantification.

COVID-19 COMMODITIES FORECASTING

In support of GoT's response to the COVID-19 pandemic, GHSC-TA-TZ provided TA to the COVID-19 Logistics Pillar in the quantification of COVID-19 commodities, as described under Intervention 1.1 above. Annex C includes a list of tracer commodities.

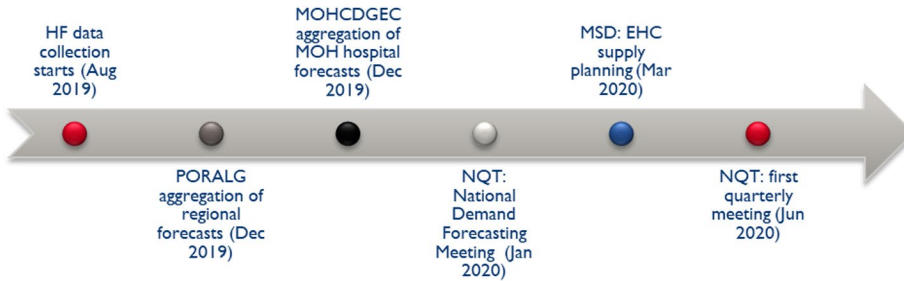
Commented [7]: is it possible to add an annex of these?

Commented [N8R7]: Yes, we have included as an annex.

ESSENTIAL HEALTH COMMODITIES BOTTOM-UP QUANTIFICATION

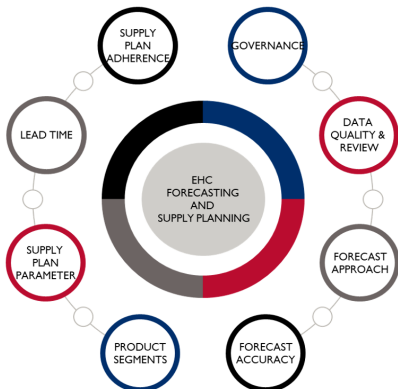
The project participated in the first National Quantification Team (NQT) which led to the national demand forecast and MSD supply plan of essential health commodities (EHC) for the forecast period July 2020 – July 2021. This quarter, the project participated in the first NQT quarterly meeting that assessed the status of action plans of the NQT meeting conducted in January 2020 and MSD supply plan developed in March 2020. The project has also been participating weekly and providing technical assistance to the NQT sub-committee meetings, a small taskforce with the purpose of preparing for the next essential health commodities quantification that will be starting on August 1st, 2020. The timeline in Figure 7 below summarizes the events leading up to the current essential health commodities quantification for the period July 2020 -July 2021.

Figure 7. Essential Health Commodities Quantification Timeline



The MoHCDGEC plans to shift all vertical program quantification approaches to the new bottom-up approach employed in forecasting essential health commodities. In the meantime, vertical programs will continue to conduct quantifications in parallel until they are integrated into the bottom up approach. The new approach will impact demand planning for ARVs, HIV-Lab commodities, malaria commodities, RCHS commodities and TB commodities, in the next year or so depending on ministry scheduling for shifting the quantification approaches.

Figure 8. Areas for Quantification Improvement



The bottom-up approach provides a new experience for MoHCDGEC, PO-RALG, and MSD to use commodity forecasts based on new guidelines for essential health commodities quantification. Data quality issues continue to affect the quality of forecasted demands and the expectation is with the new bottom-up quantification approach then there would be increased accountability and ownership of health facilities to improve data quality. GHSC-TA-TZ is working closely with the MoHCDGEC to provide technical assistance in key areas that were identified for improvement in the bottom-up quantification approach. These are shown in Figure 8.

INTERVENTION 2.3: IMPROVE SUPPLY CHAIN PERFORMANCE AGAINST KEY INDICATORS

One of the Holistic Supply Chain Review's (HSCR) 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. As of the end of June 2020, roughly 3,000 facilities have been trained on the redesigned system.

This quarter, the project participated in the first meeting of the officially appointed system redesign technical team, which will be meeting on a monthly basis going forward. Other participants included PSU Boresha Afya Southern Zone, THPS, AGPAHI, MSD and PO-RALG. Funding to train all regions except five have been committed, and internal processes at the MoHCDGEC to request funding for training are ongoing. The funding gap has not yet been addressed by the MoHCDGEC; the project continues to advocate for MoHCDGEC to address this gap, through the technical teams and other venues. This quarter,

Commented [9]: What is the anticipated impact? 2 areas are highlighted in fig 8. Can this also include potential mitigation factors? also would it help to highlight these in detail beforehand so that PEPFAR programs etc. can support adequate preparation with the service delivery IPs and GoT?

Commented [N10R9]: We plan on conducting a comprehensive assessment in Year 5, outlining areas of improvement for the quantification process, and specifically examining the potential risks and mitigations to be used when vertical program products are shifted to the bottom up quantification process.

Commented [11]: What are the plans to support these regions? In several meetings MOH has been asked to share budget to support these regions training so that other partners would see possibilities of supporting but no response has been received to date. Is this information available? If yes, can it be shared?

Commented [N12R11]: MOH is working on addressing funding gap but this has not been finalized. The project continues to push the MOH to address the gap. This is an ongoing agenda item at the technical team meetings. Text has been added.

project staff facilitated trainings in the Mtwara region, which had been postponed due to COVID-19. To date, thirteen regions have been trained on the redesigned, bimonthly system: Mwanza, Shinyanga, Simiyu, Geita, Mara, Kagera, Kilimanjaro (two councils), Manyara (one council), Kigoma, Tabora, Katavi, Tanga and Mtwara. Project staff also provided eLMIS support to participants, training 495 health care workers. Until the PO-RALG travel ban is lifted, training will be conducted at the council level. MSD has resumed distribution, but it is not clear if MSD will be delivering orders bimonthly or quarterly. GHSC-TA-TZ will provide an update to USAID when the delivery cadence is confirmed.

Last year, the project assisted the MoHCDGEC to develop the Health Supply Chain Key Performance Indicators (KPIs) Reference Manual, which describes supply chain KPIs to use in the routine monitoring of health supply chain performance and improving the availability of health commodities in Tanzania. During this quarter, the project printed and distributed the KPI manuals. A total of 2,000 copies were allocated and distributed to various stakeholders at national and regional levels. In addition, the team commenced planning a KPI orientation for regional level stakeholders scheduled for July 2020.

Related KPIs

Figure 9. Indicator 2.3.1: Stock out rate

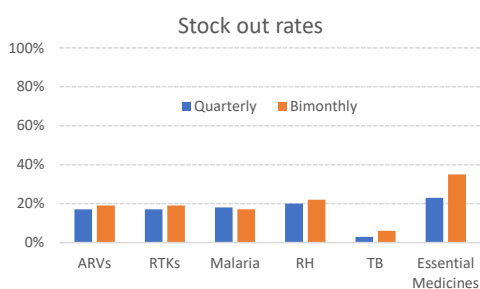
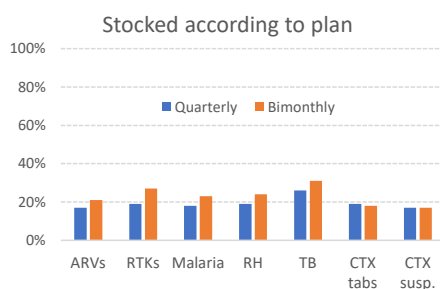


Figure 10. Indicator 2.3.4: Stocked according to plan



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. The project took part in an assumption building workshop in April 2020 to support the development of forecasts for laboratory commodities. The agreed upon assumptions were used in the development of the 24 months forecast. To develop the forecasts for chemistry and hematology, which had to align with the national equipment mapping conducted by MoHCDGEC, the quantification team collected, cleaned, and compiled the aggregated consumption for six commodities and incorporated this information into the PipeLine database. Then, the supply plan was extracted from the PipeLine database and a gap analysis was conducted, taking into account procurement lead times in developing shipment schedules. Data quality, especially for consumption data, continues to be a challenge with significant impacts to the effectiveness of PipeLine monitoring. In response to data quality challenges, GHSC-TA-TZ collaborated with the head of laboratory services and NACP to identify appropriate mitigations through supply chain meetings and laboratory ECHO meetings conducted in the country.

In addition, GHSC-TA-TZ agreed upon PrEP forecast assumptions and developed PrEP forecasts in collaboration with NACP. The project proposed to consider attrition on a monthly basis in forecast development and will participate in a quarterly PipeLine review activity where forecasts considering attrition will be presented for mutual understanding.

Commented [13]: What are the plans to finalize the remaining councils?

Commented [N14R13]: The two councils in Kilimanjaro and one council in Manyara that were trained are actually served by Tanga zone. The remaining councils in Kilimanjaro and Manyara are served by Moshi zone, and will be trained when the other facilities served by Moshi zone are trained. Dates for Moshi zone have not yet been set, but the tentative plan is that the entire country will be trained by the end of the year.

Commented [15]: Why isn't this information available? Should USAID help obtain it?

Commented [N16R15]: This is the update shared by MSD staff in the technical meeting. We understand that MSD has written a letter to the Minister that they will do quarterly distribution, but we do not have a copy of this letter, and we are following up to understand how the MOH will respond to this letter. May be helpful for USAID to ask the MOH/MSD on current plans for distribution frequency.

Commented [17]: This was a big undertaking and maybe needs a success story!

Commented [18]: I'd agree with AS- there are really some good achievements here. I would whether you would like to feature some of these either through the HSS network webinars or may be present at one of the GH call to the field (this is the USAID-wide call every Tuesday where a country team is featured). something to think about.

Commented [N19R18]: Thank you Milly and Ashley. We are happy to discuss presenting at forum

In April 2020, the project completed the development of the Laboratory Equipment Management (LEM) module, a module within eLMIS which supports the visibility of equipment functionality, equipment inventory, and equipment downtime management. GHSC-TA-TZ showcased the module to MoHCDGEC, which involved reviewing the business process framework, and demonstrating how the system is structured for utilization by various users including health facilities, vendors, MoHCDGEC, PO-RALG, R/CHMTs, and the zonal workshop (section under the office of the head of laboratory services in MoHCDGEC responsible for maintaining equipment, machines, and analyzers). MoHCDGEC recommended areas for improvement, including a direct interface between the LEM and laboratory equipment, enabling malfunction notifications to be sent by the machine to the LEM and not by facility staff.

In collaboration with MoHCDGEC and PO-RALG, the project continues to implement activities to optimize the laboratory diagnostic network. Recommendations for improvement of the existing sample referral structures/sample referral paths, as developed by the MoHCDGEC, were identified during the assessment last year. That assessment found that there were unclear paths/routes for samples referral from spokes to hubs and from hubs to testing laboratories, a number of ad-hoc hubs, and an increased number of testing laboratories, which have complicated sample referral paths. GoT advocates for the use of contracted couriers to transport samples from testing facilities to hubs and eventually to testing laboratories. To support this, clear sample referral paths are needed. The current paper-based ATLAS was developed by the MoHCDGEC in 2017; the MoHCDGEC in collaboration with GHSC-TA-TZ aims to develop an electronic ATLAS which will replace the paper based ATLAS for easier utilization and maintenance. This quarter, the project documented and shared “as-is” and “to-be” situations for the development of an e-ATLAS website to optimize the sample referral system. The project plans to hold a meeting with MoHCDGEC ICT to discuss further requirements for e-ATLAS development.

While ensuring laboratory supply chain of HIV related commodities remains unaffected, GHSC-TA-TZ attended and provided valuable input to the stock status analysis for HIV commodity meetings organized by NACP. The meetings aimed to identify challenges affecting the availability of HIV commodities, risks, and mitigations. Challenges discussed included COVID-19 related delays in upcoming shipments, the implementation of PrEP, and the rollout of 6MMD and 3MMD.

INTERVENTION 2.5 SUPPORT OPERATIONAL EXPENSES FOR LMU (ZANZIBAR)

In Zanzibar, the LMU has been successfully integrated under the Chief Pharmacist’s Office (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.

This quarter, in collaboration with ZAMEP and other stakeholders, the LMU completed a quantification of malaria commodities for the period July 2020 - June 2022. Two forecasts were completed: the first scenario is based on malaria cases from DHIS2 data and ZAMEP projections on morbidity data; the second scenario used historical consumptions data from eLMIS. As there has been an increase in malaria cases in Zanzibar, the quantification team agreed to base the forecast for ACTs on malaria cases from DHIS2 and ZAMEP projections. Required shipments were identified. A total of Tshs 995,778,995 are required for July 2020 - June 2021 and Tshs 908,382,678 are required for July 2021 - June 2022.

This quarter LMU ZnZ also facilitated quantification of health commodities required to fight the COVID-19 pandemic. The results were presented to the Ministry of Finance followed up with a resource mobilization meeting which was conducted between RGoZ and development Partners.

The LMU facilitated a workshop to improve the standard medical equipment logistics system by selecting tracer items, items to be used in stock status reports, and identifying specific equipment that constitutes various equipment sets (eg operation sets, dressing sets etc). The team also identified equipment (both new and existing) that did not have codes in eLMIS and worked with CMS to assign them codes.

The LMU completed a data validation exercise during the Jan-Mar 2020 quarter, which identified discrepancies between the reported consumption in eLMIS and the actual consumption that was documented in LMIS paper-based tools at the facilities. As a follow up, the LMU conducted a collaborative inspection with private hospital board, ZFDA, ZAECA and CMS to assess unlawful possession of public health commodities in private health care outlets.

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

INTERVENTION 3.1 SUPPORT MOHCDGEC IN IMPLEMENTING AND IMPROVING RBF SCHEME

The MoHCDGEC, in collaboration with PO-RALG, is implementing a Results-based Financing (RBF) scheme to improve quality and utilization of health services in primary care facilities. 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 virtual coaching related to measuring performance of MSD RBF indicators during a data-focused RBF verification exercise for the previous quarter (January - March 2020). The virtual coaching involved coordinating verification tools and compiling verification reports. It was observed that, in January-March 2020, delays in distribution led to increased order lead times at zonal-level SBUs, as shown in Table 3 below.

Table 3. Order Lead Time Performance

Zonal-Level SBU	Oct-Dec 2019	Jan-Mar 2020
Muleba sales point	17 days	26 days
Tabora zone	52 days	61 days
Mwanza zone	20 days	43 days
Dar es Salaam zone	55 days	69 days

Performance on order lead time at zonal level SBUs dropped from 17 days, 52 days, 20 days and 55 days in October – December 2019 to 26 days, 61 days, 43 days and 69 days in January – March 2020 quarter for Muleba sales point, Tabora zone, Mwanza zone and Dar es Salaam zone respectively.

Building on the phase one implementation of automating MSD out-of-stock notification (OOS), the project continued with phase two this quarter, in collaboration with PO-RALG, MoHCDGEC, and MSD. When MSD is unable to supply an order, they issue an OOS notification to the health facility. A health facility must receive an OOS notification from MSD before they are enabled to procure needed health commodities from alternative sources, as mandated by public procurement rules and regulations. These

regulations require MSD “within one working day of receipt of the health facility order, to issue a non-availability notice to the respective health facility.”. In 2019, GHSC-TA-TZ provided TA to conduct a rapid assessment to identify opportunities to streamline the process for notifying the health facilities when MSD is out of stock. A major recommendation from this assessment was to automate the OOS notification.

The main focus of phase two of automated OOS notification implementation was to enable data exchange between eLMIS and Epicor. In service of this objective, this quarter, the project completed the following tasks:

- Prepared environment for systems (Epicor, eLMIS and GoTHOMIS) to be ready for the integration.
- Tested data exchange flow between Epicor, eLMIS and GoTHOMIS
- Developed MSD OOS template (MSD invoice format) in eLMIS and GoTHOMIS
- Conducted end-to-end testing for notification alerts to reach the health facilities account in eLMIS and GoTHOMIS from Epicor. The testing was done first in the testing environment through developed dummy health facilities, then in the live environment (alerts went directly to the registered facility in eLMIS and GoTHOMIS)

As of the end of this quarter, health facilities can receive a notification via eLMIS when items are missing from MSD, with various explanations such as item(s) out-of-stock, rationing, insufficient funds, available at another zone, etc. shown in Figure 11. The notification is also sent via email (with attachment) to health facility staff responsible for ordering, reviewing, and approving orders in eLMIS.

Commented [20]: This is great achievement
 Commented [N21R20]: Thank you Lulu

Figure 11. OOS notification visualization in eLMIS

Mid Zone	Region	District	Facility Code	Facility Name	Invoice Number	Invoice Date	Sales Category	Order Number	Action
Dar Es Salaam Zone	Dar Es Salaam	Kigamboni	DR120046	Kigamboni Health Centre (I.S)	658162	08-06-2020	I.S Sales	Oh274797R	VIEW
Dar Es Salaam Zone	Costar	Chalinze	DR129796	Maguimetal Disp - I.S (Chalinze DC)	658125	08-06-2020	I.S Sales	Oh284582R	VIEW
Dar Es Salaam Zone	Dar Es Salaam	Temeke	DR120589	Chuo Kikuu Cha Polisi Dar Disp I.S Temeke	658069	08-06-2020	I.S Sales	Oh286137R	VIEW
Tabara Zone	Katavi	Mpanda DC	TB120541	Kalankukuku Disp- I.S (MPANDA DC)	658702	08-06-2020	I.S Sales	Ohahosp288310R	VIEW
Tanga Zone	Tanga	Bumbuli	TGS10031	Tameta I.S HVC (Bumbuli DC)	658791	08-06-2020	Normal Sales	Ohahosp295046E	VIEW

Related KPIs

3.1.1 Percent of RBF performance incentives received by MSD SBUs over specified period:

Central SBU 30%	Dar 27%,
Central VP 54%	Tabora 20%
Transport SBU 0%	Muleba 67%
Mwanza 48%	

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 (such as R/CHMTs) to use data to check progress against supply chain KPIs, conduct root cause analyses, and develop action plans for improvement.

GoT remains committed to rolling out IMPACT teams nationwide. Given the COVID-19 pandemic, project staff did not travel in-person to support the IMPACT team rollout this quarter, but instead provided virtual support. During Q3, GHSC-TA-TZ remotely supported IMPACT team trainings in Dodoma, Tanga and Arusha regions, which included three RHMTs and 25 CHMTs. The project-oriented IMPACT team training facilitators on the training modules and newly developed monitoring tools. Facilitators were taken through eLMIS reports and available dashboards as part of data use. The project also participated in discussions during the trainings using online platforms like WhatsApp to collect and respond to challenges encountered. Lastly, the project supported the development of training reports for various councils in Dodoma (three councils) and Tanga regions (three councils).

Related KPIs:

- Indicator 3.2.1: Number of people log into eLMIS (users and level type): 5028**
- Indicator 3.2.2: Percentage of R&R passing data quality check in specific period: 86%**

Commented [22]: Comparison with other quarters would be useful

Commented [N23R22]: These are included in the PMP table. Usually in the actual body of the report we only include performance for the quarter that is being covered.

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.

Since the LMS transitioned from USAID support and into GoT structures, the project has made efforts to continue capacity building to the transitioned LMS. This quarter, the project worked with the LMS to identify areas for targeted capacity building, based on the needs of current staff. The LMS team requested capacity building in the following areas:

- Data management, analysis techniques, and report writing
- MSD Epicor 9 / 10
- Quantification and supply planning of health commodities
- Risk management in supply chain and commodity management
- Level 1 and Level 2 eLMIS support
- Basic training on standardized lab machines (including reagents sets, usage ratios)
- Development of strategic plans including monitoring and evaluation (M&E) framework
- Orientation on various MIS such as GoTHOMIS, DHIS2, CTC2 Database, Pharmacy Module, FFARS
- VIP driving course for the drivers.

GHSC-TA-TZ will collaboratively plan with LMS on prioritizing and implementing these capacity building sessions.

This quarter, GHSC-TA-TZ also made key progress towards the design and implementation of an eLearning platform. The eLearning activity, which began in Y3, aims 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 contracted Tanzania Training Centre for International Health (TTCIH) to develop eLearning content on selected health supply chain modules, based on training materials and resources developed by the project and existing GoT resources. In an effort to engage stakeholders throughout eLearning activities, GHSC-TA-TZ convened a virtual meeting with PSU and MoHCDGEC Directorate of Human Resource for Health in June 2020 to jointly review the work plan submitted by TTHIC for the development and implementation of the eLearning platform.

Upon the completion of the *National eLearning Platform for Health*, accessible at <http://elearning.moh.go.tz/>, GHSC-TA-TZ participated in a national eLearning platform review meeting and orientation in Morogoro, convened by MoHCDGEC in June 2020. It was decided that the national eLearning platform will house courses spanning various technical areas for Tanzania's health workforce. During the meeting, GHSC-TA-TZ showcased virtual training materials for the TESCOG.

The project also prepared the structure of eLearning courses and prioritized three modules to begin with: bottom-up quantification, data analytics, and eLMIS use. The development and customization of the temporal LMS platform (staging site) is complete and the site can be accessed at: <http://ghsc.ttcih.ac.tz/>

Commented [24]: This has been an ongoing issue since the transition. What is the mentoring plan- for how long will it last? Is this considered an ongoing task of the project until 2023?

Commented [N25R24]: We have recently hired two staff as LMS Advisors. We plan on conducting mentorship of the LMS (and the LMU Zanzibar) until the end of the project.

Commented [26]: Great step reached

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 TWGs, 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.

GHSC-TA-TZ continues to conduct analyses of supply chain performance. This quarter, the project is comparing consumption data on malaria medicines in DHIS2 vs eLMIS. Data on malaria medicine consumption was extracted from DHIS2 and eLMIS for facilities in Muleba zone group A, which operates on the bimonthly system. Health facilities as listed in DHIS2 were mapped to health facilities as listed in eLMIS using HFR codes, facility name, and location (i.e., region and district). Key findings and recommendations from this analysis will be presented in the Y4 annual report.

GHSC-TA-TZ began an analysis of R&R rejections this quarter as well, to determine the primary reasons for routine and emergency R&R rejections. Data was extracted from eLMIS, reasons for rejection (an open text field) were translated from Swahili to English, and manually categorized into several pre-defined groups, such as “incorrect capturing of dispensed unit (e.g. ALU -Tabs/Box instead of Strips; RTKs- Kits instead of Strips/Tests, Syrup-mls instead of Bts, etc.)” or “reported stock out without indicating stock out days (R&Rs with zero beginning or zero ending balance and zero days of stock out)”, to provide a few examples. Key findings and recommendations from this analysis will also be presented in the Y4 annual report.

Commented [27]: Important information for the facility IPs for follow up and provide support/coaching

Commented [N28R27]: Yes, we will be sharing the R&R rejection analysis next quarter.

During the quantification review in March 2020, several reproductive health products were identified as requiring further analysis, specifically emergency contraceptives, female condoms and misoprostol 200 mcg. This quarter, GHSC-TA-TZ analyzed the consumption data for these select products to determine their demand and supply so as to avoid stock outs and expiries, The analysis shows the majority of health facilities neither order nor report on these products, and when these products are ordered by health facilities, MSD has a low fill rate. Recommendations from the report include RCHS units to work collaboratively with other entities to increase awareness and promote use of female condoms, emergency contraceptives; Improve reporting and ordering of selected tracer commodities by strengthening regional and district team’s ability in reviewing R&Rs to ensure that health facilities are reporting and ordering these commodities.

This quarter, project staff attended a meeting in Dodoma organized by NMCP to review malaria commodity reporting challenges and agree on a standardized day of reporting malaria commodities to improve data quality. During the meeting, it was decided that: the unit of measure of artemisinin combination treatment (ACT) will be tablets (rather than strips); moving forward, only two presentations of ACTs will be used (2x6, which will also cater for the 1x6 patients and 4x6, which will also cater for the 3x6 patients); and the ILS dispensing register and HMIS forms will be updated.

Commented [29]: Has this information already been communicated to HFs for action? And has eLMIS already been configured to accept these changes?

Commented [N30R29]: We are waiting on formal instructions from NMCP to make the change in the eLMIS. All four presentations will be included in the eLMIS until the existing stock (and any upcoming shipments) have been utilized before disabling the products in eLMIS, as facilities will need to continue reporting. We are not aware that NMCP has formally communicated this to Health facilities yet, but are following up.

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

- GHSA partners meetings
- Logistics pillar and Laboratory pillar of COVID-19 response
- Meeting with PSU on project technical support on COVID-19 response plan; meeting to discuss progress made on implementation of collaborative activities of the project’s current work plan and agree on action items to proceed with implementation
- Global Fund grant proposal writing

- Implementing Partners team leads meeting, a forum for supply chain leads from implementing partners to discuss challenges and opportunities

INTERVENTION 4.2 STRENGTHEN GOVERNANCE AND ACCOUNTABILITY

GHSC-TA-TZ works to align the public health supply chain’s myriad of stakeholders, including PO-RALG and MoHCDGEC, on supply chain priorities, roles, and responsibilities.

This quarter the project held a discussion meeting with MoHCDGEC and PSU to continue finalizing and disseminating various guidelines for the health supply chain including the Tanzania Health Supply Chain KPI Reference Manual, the Health Commodities Revolving Fund guidelines, the TESCOG, the National Health Supply Chain Partner’s Alignment & Coordination guidelines, and the IMPACT Approach Manual for health Commodities Supply Chain Improvement. GHSC-TA-TZ supported the printing and distribution of three key documents: the TESCOG, the National KPIs manual, and the HCRF guideline.

QUARTERLY IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Table 4 summarizes notable risks, challenges and associated mitigations.

Table 4. Risks, Challenges, and Mitigations

Risks and challenges	Mitigation
COVID-19 is impacting several activities in the Year 4 work plan. Driven by GoT priorities, several project staff focused on supporting the COVID-19 response over other planned activities in the Year 4 work plan. In addition, for much of the quarter, travel (both domestic travel and international STTA) were on pause, and many meetings were held virtually, with mixed success.	<ul style="list-style-type: none"> • Routinely review work plan and flag activities that are affected. • Utilize virtual meetings and training as much as possible.
Delayed arrival dates of health commodities are anticipated due to COVID-19 effects on both manufacturing and freight, which may compromise in- country availability of some health commodities	<ul style="list-style-type: none"> • 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 • Regularly communicate with country programs on any shipment updates that have been delayed due to COVID-19 related logistics challenges.
No official data on COVID-19 cases in Tanzania has been released since April 29th. The GoT has refocused on ongoing supply chain activities, and the expectation is that project staff travel as necessary and participate in in-person meetings	<ul style="list-style-type: none"> • Provide staff with necessary tools to safely travel and/or participate in meetings • Establish standards for travels and workshops to allow for social distancing, and personal protection
Several senior staff at the MoHCDGEC were replaced, including the Permanent Secretary, Chief Medical Officer, the Director General of MSD, and the Head of the National Laboratory. The project had cultivated relationships with the previous individuals in these positions; without	<ul style="list-style-type: none"> • Schedule GHSC-TA familiarization briefings for new senior stakeholders to familiarize them with the project, gather any insights, observations, and concerns they may have and establish a cadence for future briefings.

Commented [31]: so is this actually happening? or it is a recommendation?

Commented [N32R31]: Both a recommendation and is happening. For example, in the April ARV quantification update, we added an additional month of lead time for future shipments/orders. We are working with vertical programs to highlight dates by which shipments must be made.

Commented [33]: Make sure recent guideline from USAID on travel approvals is followed

Commented [N34R33]: Noted, Lulu.

support from these senior leaders, the project's work may not be as successful	
There is increasing pressure to transition the eLMIS to be fully hosted in Tanzania and managed by GoT. At the same time, the project needs to ensure the system does not crash, and that the appropriate human resources are available to manage and maintain the system.	<ul style="list-style-type: none"> ● Convene routine meetings of the eLMIS core transition team to check in on progress towards milestones ● Implement all governance structures as described in the eLMIS transition plan ● Keep higher level GoT officials updated on the progress made, and escalate issues to them as necessary ● Implement identified capacity building activities
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.	<ul style="list-style-type: none"> ● Conduct analyses to help inform the implementation of new interventions, considering current stock and upcoming shipments ● Participate in TWGs and other forum to encourage stakeholder engagement and information sharing
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	<ul style="list-style-type: none"> ● Advocate for LMS steering committee meetings ● Continue to engage PSU and LMS on support the project can provide to strengthen the LMS

FINANCIAL REPORT¹

USAID/TANZANIA Implementing Partner Actual and Planned Expenditures								For quarter ending: June 30, 2020			
Name of Organization: Guidehouse					Project Name: Global Health Supply Chain Technical Assistance - Tanzania						
Award #: AID-621- TO-16-00007		Award start date: 06/10/2016			Award end date: 02/10/2023			Total Estimated Cost of Award: \$39,516,799			
Budget Line Items	Obligated to date	Expenditures to Dec 31, 2019	Previous Quarter Expenditures			Current Quarter Expenditures			Next Quarter Projected Expenditures		
			Jan-20	Feb-20	Mar-20	Apr-20	May-20 (Proj.)	June-20 (Proj.)	Jul-20	Aug-20	Sep-20
Direct Labor	3,756,934	1,969,430	63,305	31,580	72,852	62,225	66,116	66,117	84,516	84,516	84,516
Other Direct Costs	18,772,532	13,113,863	97,092	350,305	341,028	225,667	210,211	265,223	473,737	424,742	414,419
Indirect Cost	3,525,444	2,507,869	55,358	54,411	103,844	84,600	68,732	68,091	117,762	131,600	108,473
Fixed Fee	1,480,285	1,055,569	12,945	26,178	31,063	22,350	20,392	20,045	31,395	35,387	29,000
TOTAL (USD)	27,535,195	18,646,731	228,700	462,474	548,787	394,841	365,452	419,475	707,410	676,246	636,409
			1,239,961			1,179,768			2,020,065		

Pipeline Summary		
A	Funds obligated to date (from above)	27,535,195
B	Less expenditures through current quarter (from above)	21,066,461
C	Current Pipeline: funds remaining at the end of current quarter [C = A - B]	6,468,735
D	Less: Projected expenditures by end of next quarter (from above)	2,020,065
E	Add: Projected incremental funding by end of next quarter (per AOR/COR)	
F	Projected pipeline at end of next quarter [F = C - D + E]	4,448,670
G	Monthly historical burn rate (average from past six months)	403,288
H	Monthly projected burn rate (average from next quarter's three months)	673,355
I	Current pipeline (months) based on historical burn rate [I = C/G]	16
J	Current pipeline (months) based on projected burn rate [J = C/H]	10
K	Projected pipeline (months) end of next quarter based on projected burn rate [K = F/H]	7

¹ This report is based on the latest accruals report submitted to USAID on June 14, 2020. At the time of the submission May and June and not been invoiced and therefore, are included in this report as estimates and not actual costs invoiced.

QUARTERLY PROJECT MONITORING PLAN (PMP) REPORT

Table 5 summarizes performance against project measures and targets.

Table 5. GHSC-TA-TZ Quarterly Project Monitoring Plan (PMP)

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q4 JUL – SEP 2019	Q1 OCT – DEC 2019	Q2 JAN – MAR 2020	Q3 APR-JUN 2020
I) Provide Strategic Planning and Implementation Assistance	I.1.1 Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations	100% of CIP activities carried out by GoT by 2019	Semi Annual (starting Year 2)	Indirect	43%		86%	
	I.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%			
	I.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%	83%	72%	83%
	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 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%	ARVs 16% RTKs 14% FP 22% Malaria 22% EM 27 % TB 3%
	2.3.1(b) Stock-out rate for tracer commodities (Mwanza Zone)	< 5%	Quarterly	Indirect	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%	ARVs 20% RTKs 10% FP 24% Malaria 19% EM 43% TB 15%
	2.3.2 Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	Indirect	97%	97%	97%	92%
	2.3.3 Number of Artemisinin based combination therapy (ACT), SP and mRDTs treatments purchased in any fiscal year with USG funds that	N/A	Annual	Indirect	Awaiting requested figure from GoT			

	were distributed in this fiscal year							
	2.3.4 (a) Commodities stocked according to plan	N/A	Quarterly	Indirect	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%	ARVs 16% RTKs 18% Cotri susp 18% Cotri tab 18% Male condom 18%
	2.3.1(b) Commodities stocked according to plan (Mwanza Zone)	N/A	Quarterly	Indirect	ARV 45%, RTKs 51% Cotri susp 24%, Cotri tab 30%, Male condom 24%	ARV 23% RTKs 24% Cotri susp 16% Cotri tab 19% Male condom 25%	ARVs 21% RTKs 27% Cotri susp 17% Cotri tab 18% Male condom 24%	ARVs 20% RTKs 28% Cotri susp 14% Cotri tab 18% Male condom 23%
	2.3.5 Overall health facility satisfaction rating for supply chain services	N/A	Semi-annual	Indirect	Awaiting requested figure from GoT			
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	Central SBU 75% Central VP 41% Transport SBU 0% Mwanza 69% Dar 38%	Central SBU 20% Central VP 52% Transport SBU 0% Mwanza 47% Dar 23%	Central SBU 23% Central VP 22% Transport SBU 0% Mwanza 45% Dar 33%	Central SBU 30% Central VP 54% Transport SBU 0% Mwanza 48% Dar 27%,

					Tabora 44% Muleba 89%	Tabora 0% Muleba 67%	Tabora 0% Muleba 67%	Tabora 20% Muleba 67%
	3.2.1 Number of people logging-in into e-LMIS	N/A	Quarterly	Indirect	4,649	5,225	4,945	5,028
	3.2.2 Percentage of R&R passing data quality check in specific period.	N/A	Quarterly	Indirect	85%	83%	79%	86%
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%			

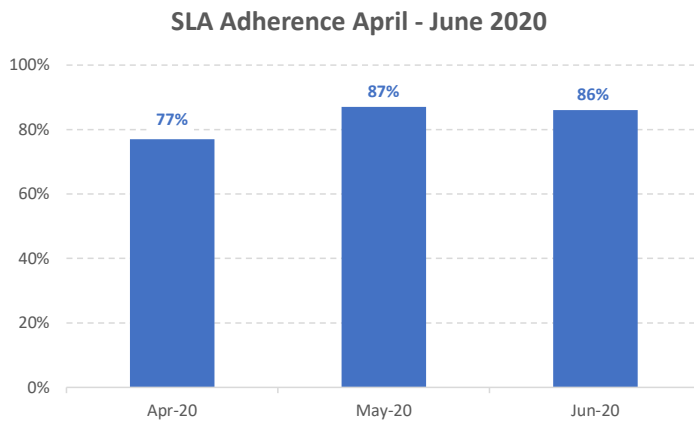
ANNEX A. ROOT CAUSE ANALYSIS FOR SELECTED INDICATORS

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

Performance trends and description:

The percentage of eLMIS issues reported and resolved within 24 hours improved to 83% compared to 73% the previous quarter. Figure 12 shows monthly SLA compliance during the quarter.

Figure 12. SLA Adherence Q3FY20



Root cause analysis:

This quarter the system redesign rollout occurred in Tanga and Mwanza zones. Typically, redesign rollout results in more users issues and a corresponding increase in help desk tickets. Rollout training sessions this quarter were altered to increase the number of level 1 and 2 eLMIS support technicians onsite during training. This proactive approach helped address numerous user issues and resulted in a lesser surge in redesign related service requests.

INDICATOR 2.3.1 STOCK OUT RATE

Stock Out Rate provides insight into the availability of health commodities within six health commodity groups: ARVS, RTKs, Malaria, RMNCH, TB, and Essential Medicines. It is one of the more important indicators for GHSC-TA as a stock out often results in a patient leaving a clinic unable to receive prescribed pharmaceuticals or other applicable health commodities. In Tanzania stock outs have a significant impact on health outcomes as not all patients are able to easily travel to another facility to obtain the required health commodities.

Performance trends and descriptions

Table 6 shows the stock out rates for each of the six tracer commodity groups.

Table 6. Tracer Commodity Stock Out Rate Status (Quarterly and Bimonthly Systems)

Tracer Commodity Group	Overall stock out rate this quarter		Improvement from previous quarter (Yes/No)		Number of tracer commodities that achieved target of <=5%	
	Quarterly System	Bimonthly system	Quarterly system	Bimonthly system	Quarterly system	Bimonthly system
ARVS	16%	20%	Yes (17%)	No (19%)	0 out of 16	1 out of 16
RTKs	14%	10%	Yes (17%)	Yes (19%)	0 out of 2	0 out of 2
Malaria	22%	19%	No (18%)	No (17%)	0 out of 9	1 out of 9
RMNCH	22%	24%	No (20%)	No (22%)	0 out of 14	1 out of 14
TB Meds	3%	15%	Same (3%)	No (3%)	3 out of 4	1 out of 4
Essential Meds	27%	43%	No (23%)	No (35%)	0 out of 10	0 out of 10

Commented [35]: Does this include ZnZ?

Commented [N36R35]: No it does not, only mainland.

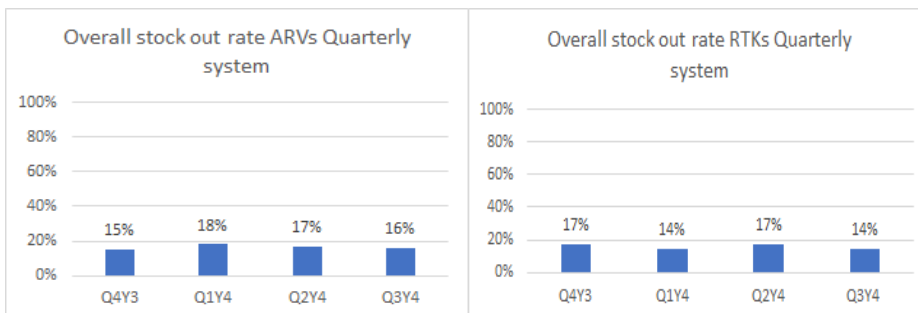
2.3.1 A) STOCK OUT RATE FOR TRACER COMMODITIES (QUARTERLY SYSTEM)

The graphs shown in Figure 13 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. Note that, the target for the stock out rate indicator is 5%. Out of the six monitored tracer commodity groups, only the overall stock out rate of TB medicines under the quarterly system met the 5% target in Q3. There is a improvement in overall stock out rate performance of ARVs and RTKs in Q3 compared to Q2, and performance of TB has remained the same as Q2. The overall stock out rates for RH commodities, malaria commodities and essential medicines were higher in Q3 compared to Q2.

Commented [37]: It is concerning that there is a trend that shows higher stock out rates in the new bi-monthly system vs. the quarterly system. If MSD distribution faces disruptions nationally, what would be the cause of the difference? At the JPPM, this trend was identified but the answer was that the quarter was not representative of a trend. Now that this is the third quarter, that may identify a trend. Suggest the project investigate this and identify any challenges and recommendations to the new supply chain design.

Commented [N38R37]: It's a bit mixed. The bimonthly system does not always have higher stockout rates.

Figure 13. Overall Tracer Commodity Group Stock Out Rates (Quarterly System)



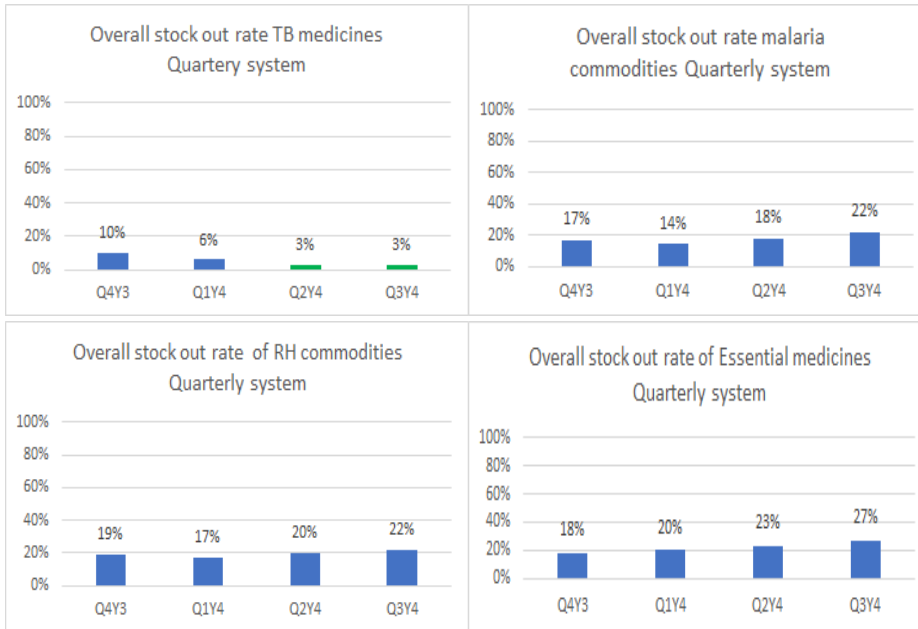
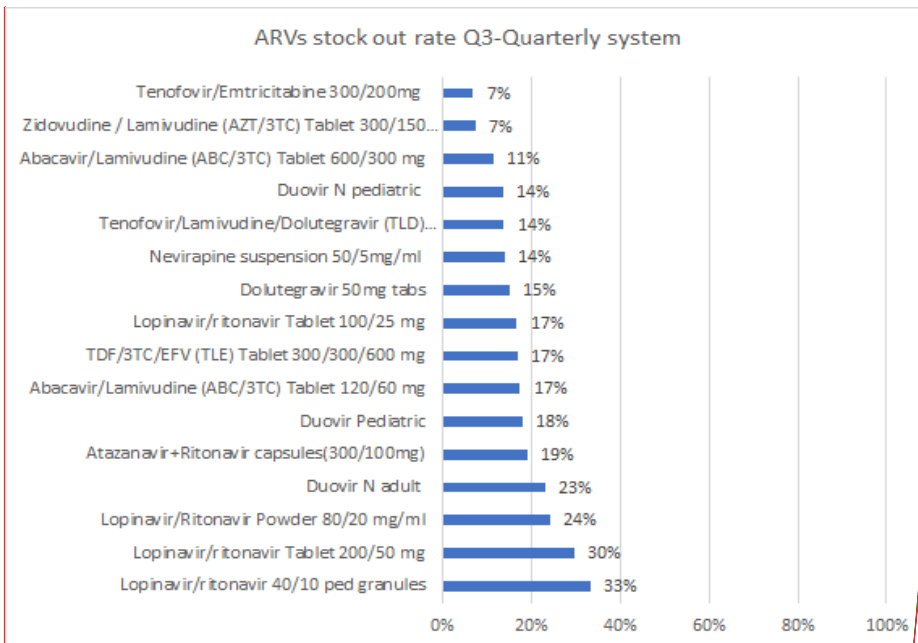


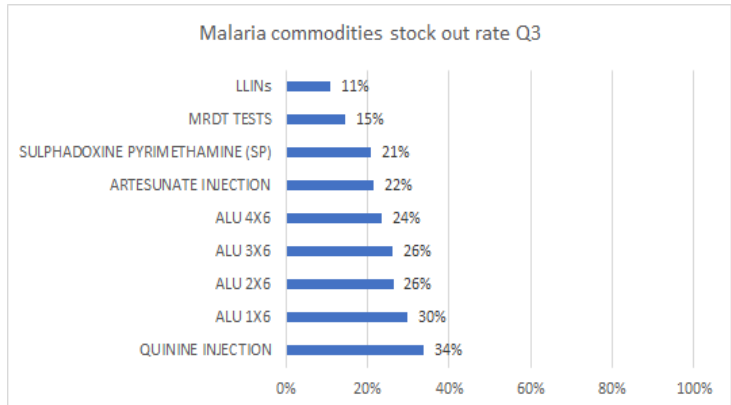
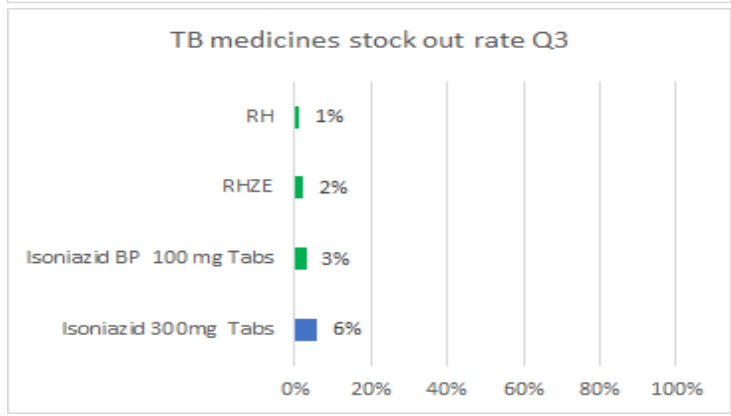
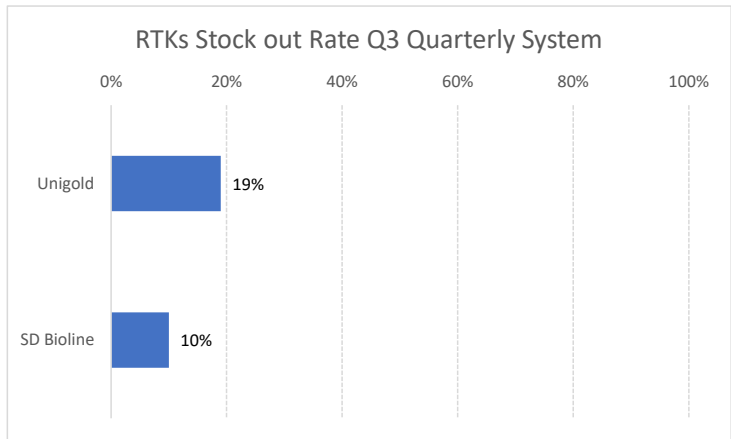
Figure 14 shows stock out rates for health commodities within each of the six tracer commodity groups.

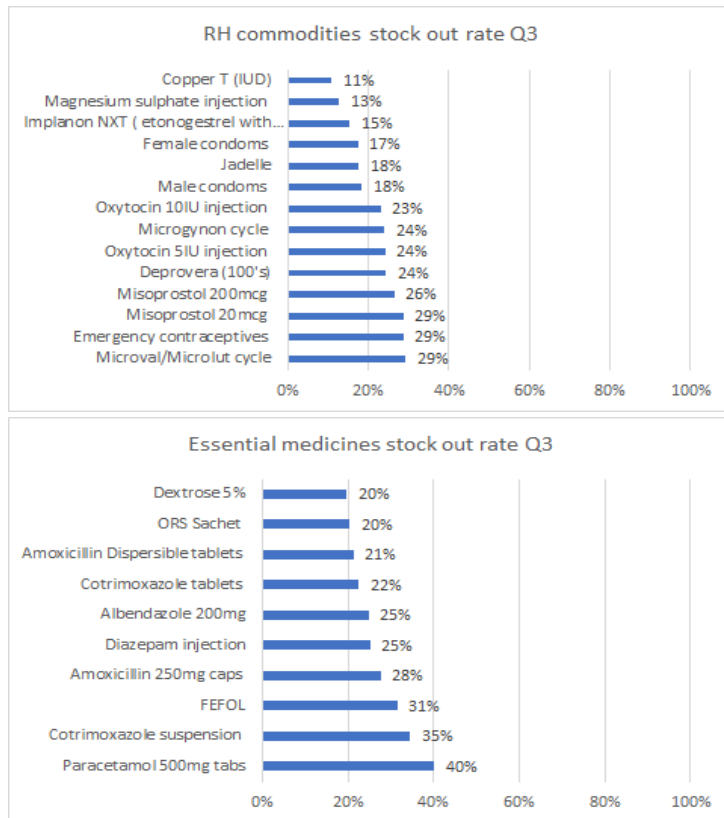
Figure 14. Tracer commodity stock out rates; Quarterly system



Commented [39]: Is the LPV/r granule stock out rate attributed to its roll out status (not rolled out yet to all facilities) or something else?

Commented [N40R39]: Yes, in part, the stockout rate is due to the fact that it was being rolled out. Also, the demand for LPV/r granules was higher than anticipated/assumed during the quantification. Explained more in the root cause analysis section.



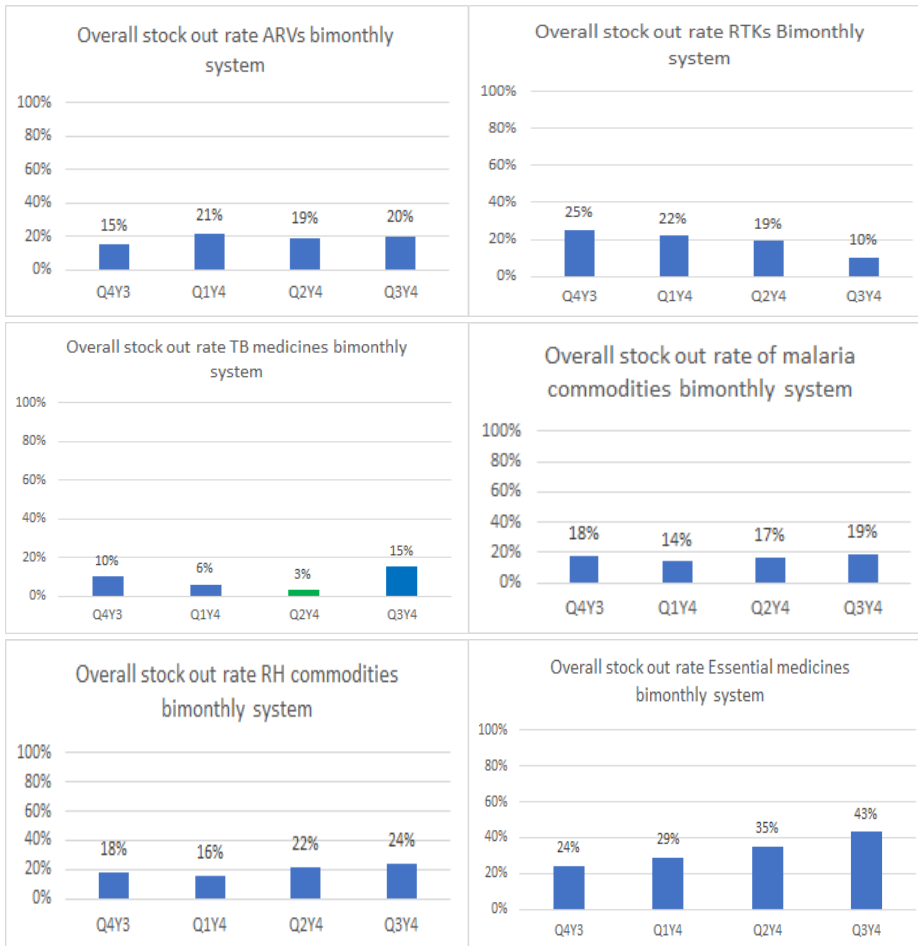


2.3.1 B) STOCK OUT RATE FOR TRACER COMMODITIES (BIMONTHLY SYSTEM)

Performance trends and descriptions:

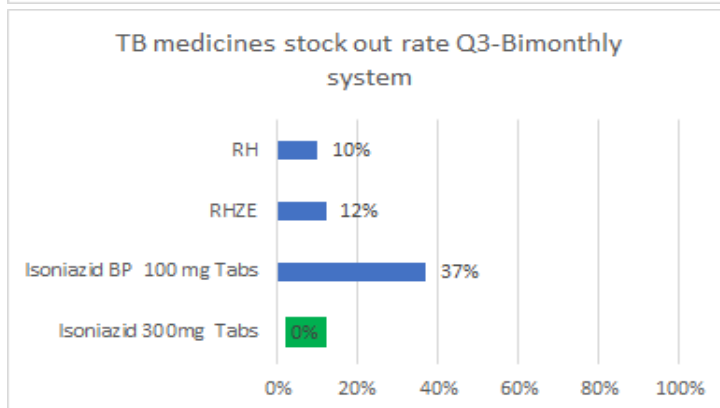
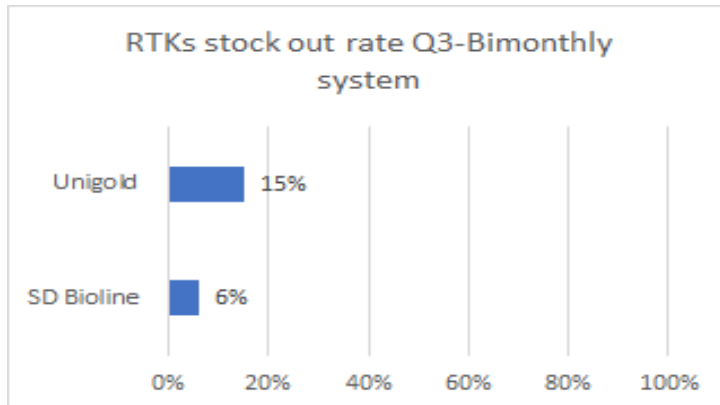
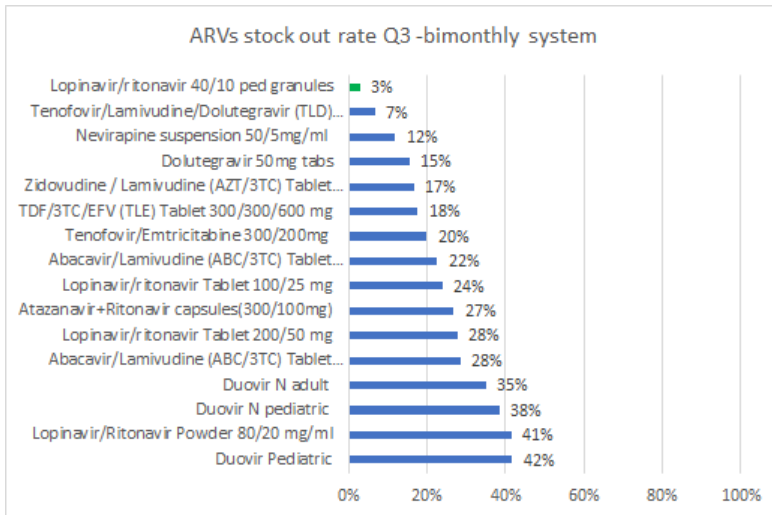
The graphs in Figure 15 depict the overall stock out rate for the past four quarters for facilities using the bimonthly system. Each graph represents one of the six tracer commodity groups: ARVS, RTKs, Malaria, RMNCH, TB, and Essential Medicines. Of the six, only the overall stock out rate for RTKs improved from Q2 to Q3.

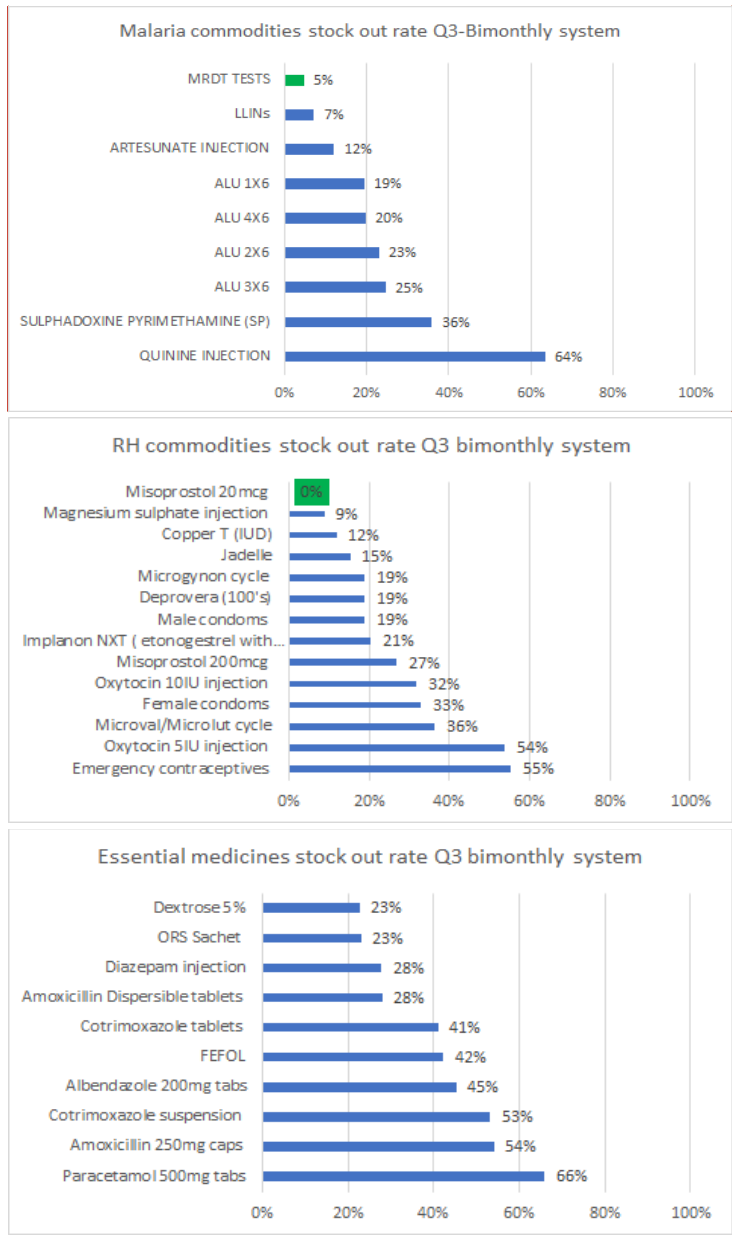
Figure 15. Overall Tracer Commodity Group Stock Out Rates (Bimonthly System)



The graphs in Figure 16 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 16. Tracer Commodity Stock Out Rates; Bimonthly System





Commented [41]: What does this mean?

Commented [N42R41]: This is showing the stockout rates of the bi-monthly systems. Of all the times that stock was reported, what percentage of those were stockouts?

INDICATOR 2.3.4 STOCKED ACCORDING TO PLAN

Table 7 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, min and max stock levels are 3 and 6; for the bimonthly system, the min and max stock

levels are 2 and 4. 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 7. Tracer Commodity Stocked According to Plan (Quarterly and Bimonthly Systems)

Tracer Commodity Group	Commodities Stocked according to Plan this Quarter		Improvement from Previous Quarter (Yes/No)	
	Quarterly system	Bimonthly system	Quarterly system	Bimonthly system
ARVs	16%	20%	No (17%)	No (21%)
RTKs	18%	28%	No (19%)	Yes (27%)
Malaria commodities	16%	23%	No (18%)	Same (23%)
Male condoms	18%	23%	No (19%)	No (24%)
TB medicines	25%	25%	No (26%)	No (31%)
CTX tabs	18%	18%	No (19%)	Same (18%)
CTX susp	18%	14%	Yes (17%)	No (17%)

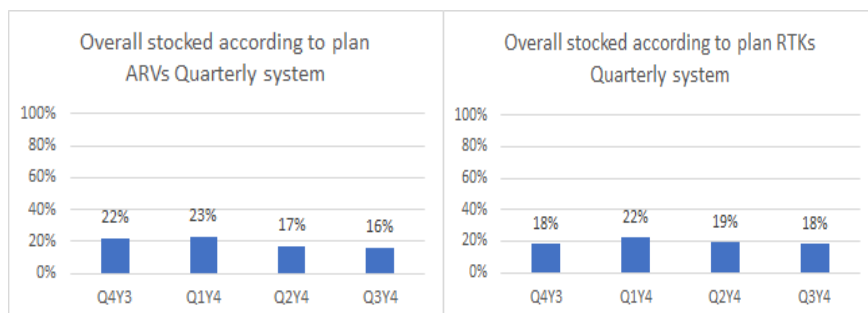
Commented [43]: why are malaria commodities put together? it is difficult to understand these percentages?

Commented [N44R43]: We show product by product stockout rates separately below and above. For the Project's PMP, we include one stockout rate per commodity group. This is the same as the stocked according to plan rate.

2.3.4 A) STOCKED ACCORDING TO PLAN (QUARTERLY SYSTEM)

The graphs in Figure 17 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: ARVs, RTKs, malaria commodities, male condoms, TB commodities, and cotrimoxazole tabs and suspension. Of those, only Cotrimoxazole suspension improved from Q2 to Q3.

Figure 17. Tracer Group Stocked According to Plan Charts (Quarterly System)



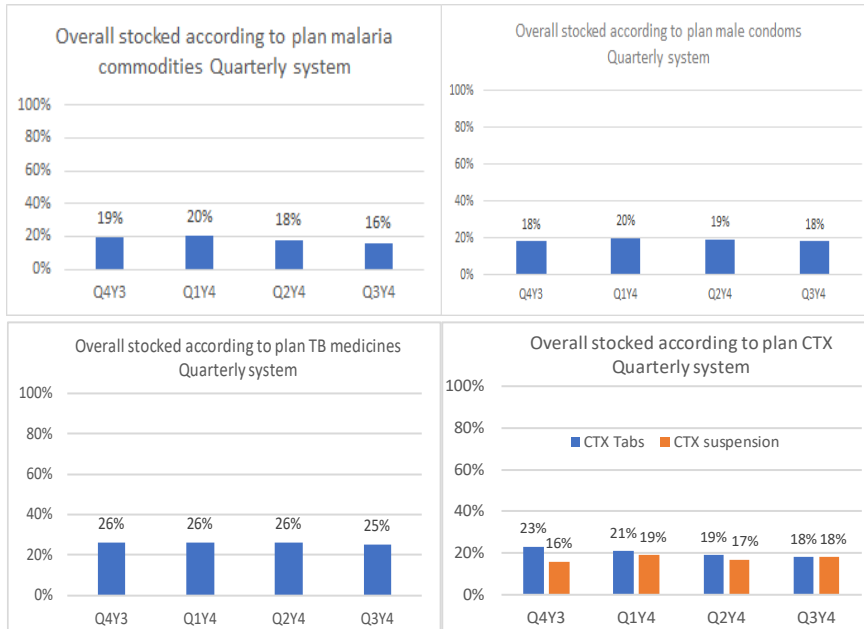
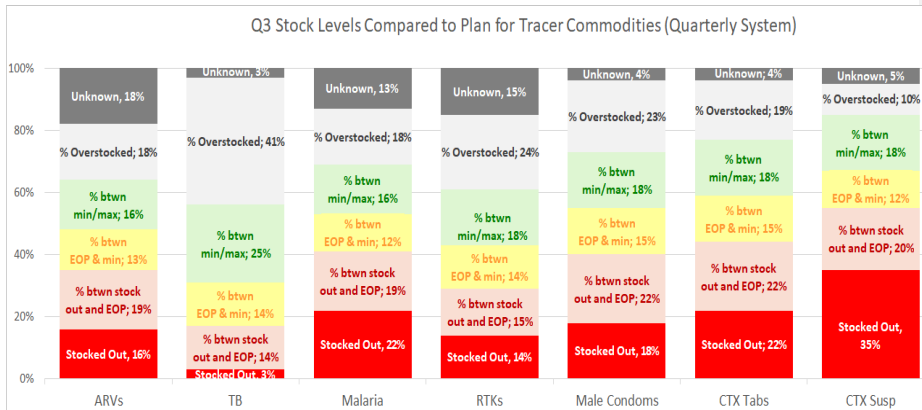


Figure 18 provides a more detailed view of Q3 quarterly system stock levels compared to plan for the six commodity groups reported via six categories:

- % **overstocked** - excess stock with potential for expiry,
- % **between minimum and maximum stock levels** (3 and 6 MOS respectively)
- % **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**

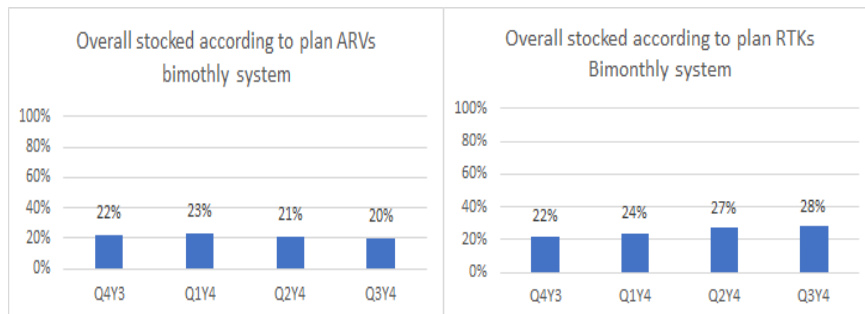
Figure 18. Tracer Group Stock Status (Quarterly System)



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

The graphs in Figure 19 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. In the bimonthly system, the overall performance of Malaria and CTX tabs was the same as that of the previous quarter. Moreover, there is improved overall performance in Q3 in regards to stocking RTKs adequately and a decline in overall performance for ARVs, Male condoms, TB medicines and CTX suspension.

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



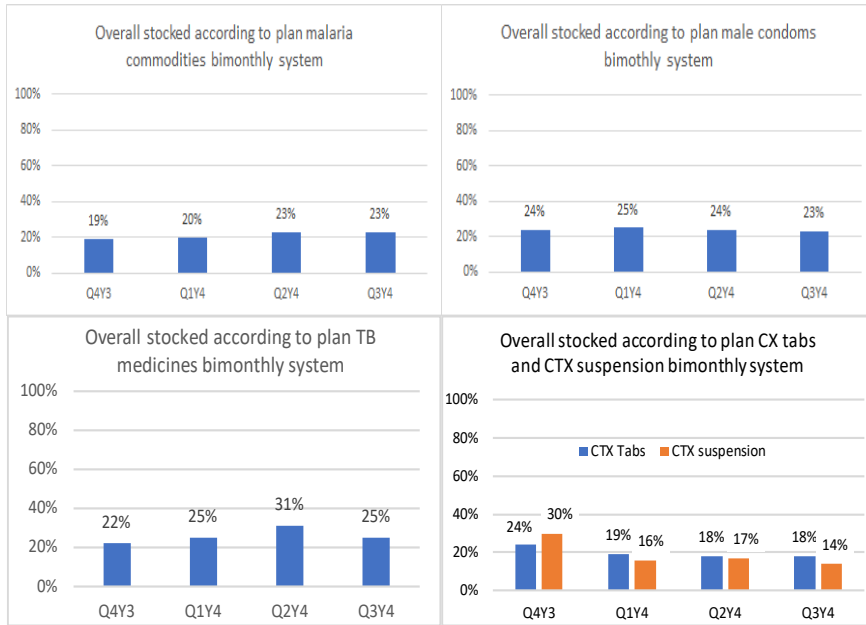
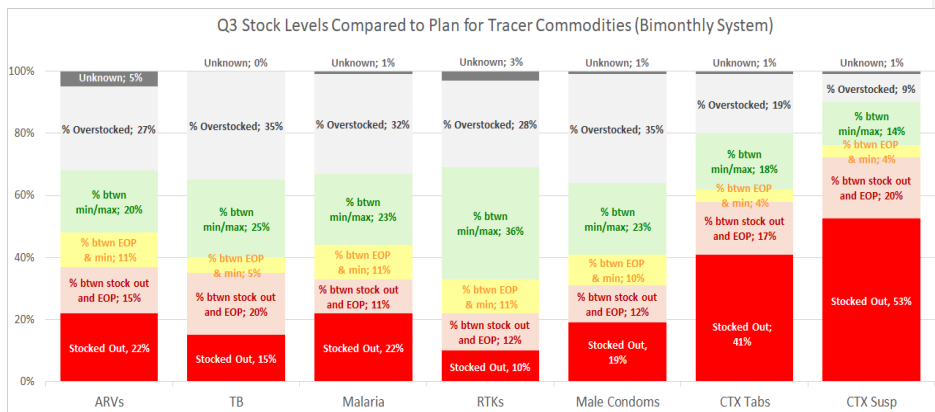


Figure 20 provides a more detailed view of Q3 bimonthly system stock levels compared to plan.

Figure 20. Tracer Group Stock Status (Bimonthly System)



Root cause analysis:

Several factors that are adversely affecting product available cut across all product groups. These factors and associated interventions are explained below:

Cross cutting factors:

- Distribution at MSD: Distribution at MSD was challenging during the quarter. As understood by the project, financial challenges at MSD have compromised their ability to do bimonthly and even quarterly distributions.
- Migration from E9 to E10: MSD is in the process of upgrading from Epicor9 to Epicor 10. During this transition, there were reports of transactions unable to be completed, which could lead to a delay in order fulfillment.
- Annual stock taking exercise at MSD: During Q3, MSD conducts their annual stock taking exercise, which involves significant organizational focus and reduces the number of MSD personnel able to respond to regular and emergency orders. The shift in resources for annual stock take has (historically) had a partial but negative impact on health commodity availability.

Cross cutting interventions

- The project routinely collaborates with technical supply chain leads from clinical implementing partners such as USAID Boresha Afya, AGPAHI, AMREF and Engender health to discuss commodity related challenges
- For each product group, the project routinely monitors PipeLine databases.
- IMPACT teams are being implemented at the regional, council, and facility levels.
- Automated data validation has been added to the eLMIS, to help improve data quality
- Strengthening regional and district team's ability in reviewing R&Rs to ensure that quality data are being entered into the system

Tracer commodity group	Root cause analysis																																																
ARVs	<p>In Quarter 3, availability challenges of Lopinavir/ritonavir 80/20mg/ml syrup have continued. As of May 2020, all zones reported stock outs with shortages shown in the MSD portal at Dar, Muleba, and Tabora zones.</p> <p>The newly introduced Lopinavir/ritonavir 40/10 pediatric granules (that facilities began receiving in March) was reported to be suffering stock outs. Initially, the item was pushed to the facilities upon introduction. Reported stock outs were in part a result of higher consumption than the originally forecasted, as higher volumes of children were transitioned to Lopinavir/ritonavir 40/10 pediatric granules than originally predicted. In the April 2020 quantification review, NACP increased the forecast of children receiving the new formulation from 4% to 8%.</p> <p>The Lopinavir/ritonavir 100/25mg formulation is experiencing overstocks country-wide. The challenge is a result of shifting of children of 20kgs and above to DTG based regimen (ABC/3TC + DTG) due to pill burden and adherence issues. In view of this, clinical partners were requested during April 2020 quantification to provide recommendations for distribution of pediatric Lopinavir/ritonavir formulations; they have been asked again during NACP's pediatric TWG meeting to continue monitoring and provide accurate distributions of preferred formulations observed for different pediatric weight bands.</p> <p>Shortages of Lopinavir/ritonavir 200/50mg occurred due to shortages of Active Pharmaceutical Ingredients (API) caused by COVID-19. This resulted in shifting of clients on Lopinavir/ritonavir 200/50mg to Atazanavir/ritonavir 300/100mg. The unforeseen increase in Atazanavir/ritonavir 300mg/mg led to stock outs.</p> <p>ABC/3TC 120/60 mg has also been a challenge across zones. However, additional shipments of ABC/3TC 120/60mg are expected in June, September, October and November 2020.</p> <table border="1" data-bbox="319 1164 1085 1332"> <thead> <tr> <th rowspan="2">Item</th> <th colspan="6">MOS</th> </tr> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> </tr> </thead> <tbody> <tr> <td>Lopinavir/ritonavir 80/mg ml syrup</td> <td>3.4</td> <td>4.0</td> <td>6.6</td> <td>7.2</td> <td>5.5</td> <td>4.4</td> </tr> <tr> <td>Lopinavir/ritonavir 40/10 paediatric granules</td> <td>21.0</td> <td>11.2</td> <td>6.8</td> <td>5.9</td> <td>8.1</td> <td>8.1</td> </tr> <tr> <td>Lopinavir/ritonavir 100/25mg</td> <td>16.0</td> <td>12.7</td> <td>9.7</td> <td>18.3</td> <td>19.1</td> <td>15.8</td> </tr> <tr> <td>Lopinavir/ritonavir 200/50mg</td> <td>4.7</td> <td>4.0</td> <td>2.3</td> <td>1.2</td> <td>2.3</td> <td>1.3</td> </tr> <tr> <td>Duovir N adults</td> <td>19.2</td> <td>17.4</td> <td>25.8</td> <td>28.5</td> <td>36.6</td> <td>54.3</td> </tr> </tbody> </table> <p>TLD transitioning was one of the reasons for observed stock out incidences of TLE and Duovir N (Adults). Some facilities did not order TLE and Duovir N (Adults) as patients shifted to TLD, and reported zero ending balances for TLE and Duovir N. This will need to be addressed system wide as some patients will remain on TLE and Duovir N as they are unable to transition to TLD. TLE shortages were compounded due to delays in deliveries; part of the Oct-19 shipment was received on Dec-19, Jan-20 and May-20.</p> <p>Duovir-N has been phased out, and the available quantities are being collected for disposal preparations. Generally, the ARVs zonal order fill rates for Jan-March 2020 period on average stood at 36% which is higher than 33% reported in Oct-Dec 2019. The GHSC-TA-TZ project has continued to work closely with NACP and provided technical support in the ARVs quantification in April 2020. The project also provided technical assistance to NACP in forecasting and supply planning for PrEP commodities including supporting a workshop for NACP to forecast and plan supplies for PrEP.</p>	Item	MOS						Jan	Feb	Mar	Apr	May	Jun	Lopinavir/ritonavir 80/mg ml syrup	3.4	4.0	6.6	7.2	5.5	4.4	Lopinavir/ritonavir 40/10 paediatric granules	21.0	11.2	6.8	5.9	8.1	8.1	Lopinavir/ritonavir 100/25mg	16.0	12.7	9.7	18.3	19.1	15.8	Lopinavir/ritonavir 200/50mg	4.7	4.0	2.3	1.2	2.3	1.3	Duovir N adults	19.2	17.4	25.8	28.5	36.6	54.3
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- Commented [45]: NACP and GHSC-TA-TZ received feedback on the pediatric weight breakdown assumptions in the quantification in mid 2019, specifically identifying this issue. The team did not change the assumptions until after the stock imbalances occurred. How can the project take this lesson learned and next time identify and mitigate a challenge rather than responding after the fact?
- Commented [N46R45]: One challenge is that the pediatric weight breakdowns were not provided by product formulation, only by regimen. For the next quantification, we will improve the collaboration with clinical partners to ensure that not only the regimen breakdown is agreed upon, but the specific formulations.
- Commented [47]: It is unfortunate that this occurred since both NACP and PEPFAR partners were warned that this would happen and that there should be supply plan adjustments.
- Commented [N48R47]: Agreed. It is unfortunate that options for adjusting the supply plan were extremely limited due to the COVID-19 pandemic. Options for expediting shipments were not available.
- Commented [49]: I am not sure if there are patients who will remain on Nevirapine based regimen. Need to confirm with guideline
- Commented [N50R49]: Thanks Lulu. We have made this edit.
- Commented [JLJ51]: Naomi you had this as strike through did you mean to mark for deletion??

RTKs	<p>Although the overall stock out rates have dropped in Q3 compared to Q2 in both systems, Unigold still continues to be the main cause of the overall stock out rate.</p> <p>The stock status has been as follows</p> <p style="text-align: center;">MOS</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> </tr> </thead> <tbody> <tr> <td>SD Bioline</td> <td>6.2</td> <td>4.5</td> <td>4.5</td> <td>3.3</td> <td>6.9</td> <td>11.2</td> </tr> <tr> <td>Unigold</td> <td>6.0</td> <td>4.1</td> <td>2.9</td> <td>2.0</td> <td>1.0</td> <td>5.5</td> </tr> </tbody> </table> <p>One challenge affecting the availability of Unigold is the pack size. Unigold unit of measure, although 20 tests/kit, is high for small or low volume facilities to keep due to the fact that they have fewer clients, but are required to have a full kit, as there is a single buffer provided per kit. This also affects the distribution of kits to all facilities as each facility requires one full kit to run the HIV testing. The manufacturer has been reached out to expedite possibilities to reduce the pack size of Unigold. However, this might be accompanied with increased cost per kit.</p> <p>With regard to the Jan-March 2020 zonal fill rates, Lab commodities which include RTKs had the lowest fill rate of 9%.</p> <p>The project has continued to support the NACP in Q3 through monthly PipeLine monitoring and the national quantification activity.</p>		Jan	Feb	Mar	Apr	May	Jun	SD Bioline	6.2	4.5	4.5	3.3	6.9	11.2	Unigold	6.0	4.1	2.9	2.0	1.0	5.5
	Jan	Feb	Mar	Apr	May	Jun																
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Malaria commodities	<p>In both systems, Quinine injection, ALU formulations and SP contributed to high stock out rates.</p> <p>Quinine injection is the most frequently stocked out commodity and has been largely phased out as artesunate injection has been phased in. Note: Though stock levels of Quinine injection will significantly decline, it will remain on the formulary for the small numbers of patients who do not tolerate artemisin-based products.</p> <p>As previously reported, ALU formulations have been a challenge as not all facilities manage all the four presentations hence do not report on all the presentations. NMCP reported plans for public health facilities to transition from managing all four ALU presentations to two ALU presentations. The retained presentations are Alu2x6 dispersible which will also cater for Alu1x6 patients and Alu4x6 which will also cater for Alu 3x6 patients. This will go hand in hand with changes to the HMIS forms. Alongside the challenge of managing all four ALU presentations, there is a challenge at facility level of reporting ACTs in strips rather than tablets. The program also has plans to change the unit of measure from strips to tablets to avoid data quality issues.</p> <p>Regarding the stock status of the malaria commodities, the MOS were as follows;</p> <p style="text-align: center;">MOS</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>ALU 1X6</th> <th>ALU 2X6</th> <th>ALU 3X6</th> <th>ALU 4X6</th> <th>SP</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>0.4</td> <td>2.9</td> <td>18.8</td> <td>13.0</td> <td>1.1</td> </tr> <tr> <td>Feb</td> <td>0.1</td> <td>1.0</td> <td>10.3</td> <td>10.1</td> <td>0.0</td> </tr> <tr> <td>Mar</td> <td>7.6</td> <td>0.1</td> <td>8.4</td> <td>8.3</td> <td>0.0</td> </tr> <tr> <td>Apr</td> <td>15.7</td> <td>5.3</td> <td>14.3</td> <td>9.8</td> <td>0.0</td> </tr> <tr> <td>May</td> <td>16.7</td> <td>4.1</td> <td>12.3</td> <td>8.4</td> <td>2.9</td> </tr> <tr> <td>Jun</td> <td>14.0</td> <td>12.2</td> <td>10.8</td> <td>10.2</td> <td>16.0</td> </tr> </tbody> </table> <p>The project has continued to monitor the pipeline of malaria commodities, attended the NMCP malaria meeting in June 2020 and is researching variances in DHIS2 and eLMIS ACT consumption data. That analysis will help to identify systemic discrepancies and data issues that may be impacting NMCP's ability to reconcile inconsistencies in the number of malaria cases and ACTs consumed--one of the objectives of NMCP's June 2020 meeting.</p>		ALU 1X6	ALU 2X6	ALU 3X6	ALU 4X6	SP	Jan	0.4	2.9	18.8	13.0	1.1	Feb	0.1	1.0	10.3	10.1	0.0	Mar	7.6	0.1	8.4	8.3	0.0	Apr	15.7	5.3	14.3	9.8	0.0	May	16.7	4.1	12.3	8.4	2.9	Jun	14.0	12.2	10.8	10.2	16.0
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Jun	14.0	12.2	10.8	10.2	16.0																																						

- Commented [52]: There is no info on ITN.
- Commented [N53R52]: We include ITNs in the stock availability rates. We have recently hired a technical advisor to specifically support data analysis for ITNs, so will include additional analysis on ITNs next quarter.
- Commented [54]: If Quinine will remain as part of formulary, does this mean there is a need to revise the average monthly consumption so that to get the actual stock out rates? The S/O rates might be attributed by the fact that it is not much used in facilities. Maybe a need to assess this
- Commented [N55R54]: Agreed, Lulu. The quinine stockout rate is distorting the overall stockout rate. We had talked about removing quinine as one of the tracer products and will propose this in our revised MEL plan which is currently in draft.

RMNCH commodities

In both systems, microval, emergency contraceptives, oxytocin injection 5IU/ml, male condoms, female condoms and misoprostol 200mcg experienced a high rate of high stock outs. The stock status of RMNCH commodities shown in MOS on hand by month is shown below:

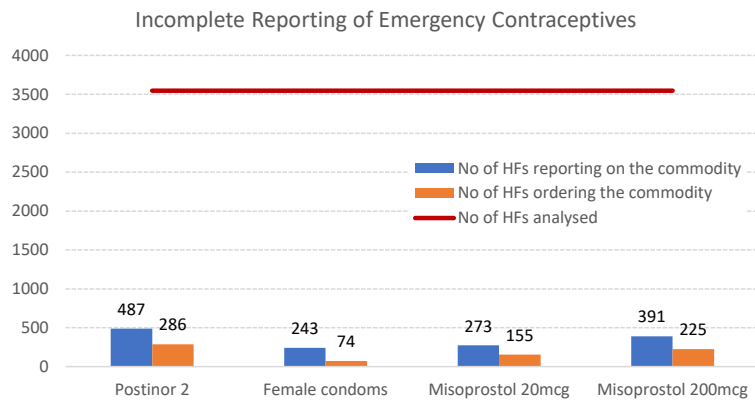
	MOS				
	Microval	Misoprostol	Male condoms	Female condoms	Emergency contraceptives
Jan	1.3	4.5	7	0.7	1.8
Feb	1.4	2.5	2.1	3.8	3.1
Mar	0.9	2.4	1.1	3.6	2.4
Apr	0	1.4	0	1.6	1.4
May	5.5	0.4	0	0.6	0.4
Jun	5.5	0	5.4	0	0

Muleba and Iringa experienced stock outs of the emergency contraceptive Postinor 2.

All zones were stocked out of Oxytocin 5IU /ml injection with few quantities available in Mbeya, Mtwara and Tanga zones.

During the RCHS quantification in April, emergency contraceptives and female condoms were discussed in detail. These products are not often reported by facilities and some HF's so not even stock these items. Reasons include low demand of these products from users as well as inadequate knowledge among health care workers on the use of commodities. The same applies to the use of Misoprostol and oxytocin for PPH as not all HF's stock these.

During Q3, GHSC-TA-TZ supported RCHS program by monitoring emergency contraceptives reporting for female condoms and misoprostol tablets with a special focus on aligning supply to demand in order to avoid stockouts and excessive expiry. In the graph below, only 487 of roughly 3,500 facilities reported on emergency contraceptives, though *all facilities* are supposed to manage the item.



The project recommended the RCHS program to work collaboratively with other entities to increase awareness and promote use of female condoms, emergency contraceptives. Also, the project recommended improving reporting and ordering of selected tracer commodities by strengthening regional and district team's ability in reviewing R&Rs to ensure that health facilities are reporting and ordering these commodities.

	<p>During this quarter, GHSC-TA-TZ responded to a request from USAID to work with Boresha Afya lake zone to conduct an analysis to determine discrepancies observed between stock out rates reported from DHIS2 versus health facility physical quantities in the lake zone region. Specifically, the analysis compared stock out rates between eLMIS and DHIS2 data for the Jan-March 2020 quarter for health facilities in Mwanza, Geita, Shinyanga, Simiyu, Kagera, Mara and Kigoma regions.</p> <p>Another challenge affecting availability of RMNCH commodities is part number or item codes. MSD usually identifies commodities on the basis of part numbers. However, one commodity may have multiple part numbers which may be attributable to the donor or source of funding for that commodity. Some RMNCH commodities such as Misoprostol, Depo Provera, Male condoms etc. have more than one part number; therefore, sometimes stock outs are not a result of unavailability at national level but due to the fact that HFs may order a certain commodity using a part number that was stocked out during the time of ordering.</p> <p>Additionally, the project collaborated with RCHS in a resource mobilization meeting to review unfunded shipments and continued to conduct pipeline monitoring of RMNCH commodities.</p>
<p>TB medicines</p>	<p>Overall, TB medicines have a higher availability than other commodity groups.</p> <p>Availability of Isoniazid 300mg and Isoniazid 100mg is critical to TB preventive therapy for PLHIV. There were 14MOS of Isoniazid 300mg as of the end of April 2020. High stock outs of Isoniazid 300mg observed in the quarterly system.</p> <p>However, there were shortages of Isoniazid 100mg in some zones throughout the quarter. As of the end of April 2020, there was only 1MOS of Isoniazid 100mg with stock outs experienced in Tabora, Muleba, Mbeya, Iringa, Tabora and Tanga zones and shortages in Mwanza zone.</p> <p>There were no challenges regarding the availability of RHZE and RH. At the National level, there were 14MOS of RH 150/75mg and 7MOS of RHZE respectively as of the end of April 2020.</p> <p>In April 2020, the project provided technical assistance to the NTLP program in forecasting needs for Isoniazid and other TB commodities.</p>
<p>Essential medicines</p>	<p>The stock out rates of essential medicines have continued to increase when compared to the previous reporting period (bimonthly system stockout rates increased from 35% to 43%; quarterly system stockout rates increased from 23% to 27%. Because these commodities are saleable at MSD, their availability is largely dependent on funding. If health facilities have not sufficiently allocated funds for the commodities, they will likely experience a stock out. In some cases, based on the 30-tracer commodity list, HFs may prioritize one commodity over another example CTX and Amoxicillin, Mebendazole and Albendazole etc. Also, MSD may not have the commodities in stock.</p> <p>In both systems, stock out rates have been attributed to Paracetamol 500mg tabs, Amoxicillin 250mg caps, FEFOL, Cotrimoxazole suspension, Albendazole 200mg tabs, Cotrimoxazole tablets, Diazepam injection and Amoxicillin DT</p> <p>The stock status has been as follows;</p>

Commented [56]: Please share summary of results of the analysis

Commented [N57R56]: The analysis will be shared next month.

Commented [58]: Has the project investigated options around product and code suggested supplements? (i.e. if a box of 100 condoms isn't available, suggest a box of 144)

Commented [59]: The project should share this and INH orders should be placed. Did the supply plan accurately reflect the lead times for these products?

Commented [N60R59]: We shared the Excel planned shipments from NTLP. Lead times were factored into those shipments. We understand the supply plan is currently being reviewed by NTLP and will share any updates.

		MOS	
		FEFOL	Amoxicillin DT
Jan	6.7	9.9	
Feb	1.9	5.1	
Mar	1.1	2.5	
Apr	0.1	1.5	
May	6.8	0.5	
Jun	5.8	0.0	

In addition to funding constraints, another major challenge that impacts essential medicines availability at HF level is the out of stock notification. The late release of the out of stock notification delays timely procurement of medicines that are unavailable at MSD since HFs receive the notification upon receipt of the ordered commodities.

In Q3, the GHSC-TA-TZ project has supported the MoHCDGEC to develop the HCRF guidelines that provide a directive to HFs to set aside funds to procure essential health commodities.

To improve availability of essential medicines at HF, the GHSC-TA-TZ project provided technical support to MoHCDGEC in collaboration with PO-RALG and MSD to automate the out of stock notification which is currently in testing phase. This is envisaged to timely notify the HFs of stock outs so that sourcing elsewhere can be done.

Commented [61]: What is the anticipated timeline for this intervention?

Commented [N62R61]: It has been completed.

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. There is a drop in performance from 97% in the previous quarter to 92% this quarter.

Figure 21. Timeliness R&R submission - Quarterly

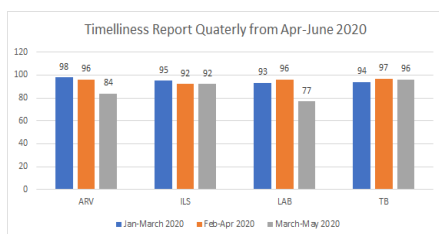
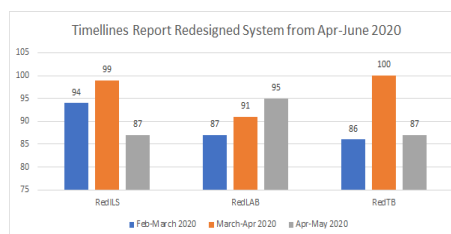


Figure 22. Timeliness R&R submission – Bimonthly



Root Cause Analysis:

While most of the health facilities reported timely above the expected target of 80%; there are others which delayed and some which didn't order at all. In Buchosa councils there are five (5) facilities which did not submit their April - May 2020 R&R at all for essential medicine (ILS). The facilities are: Buchosa hospital, Buhama Dispensary, Bukokwa Dispensary, Bulyahilu Dispensary and Maisome Dispensary. Similar scenario is seen in the Dar zone where four (4) health facilities did not submit their essential medicines R&R for the period of Jan - Mar 2020. LMS staff are responsible for following up with the District and Regional Pharmacists, with the goal of improving on time reporting.

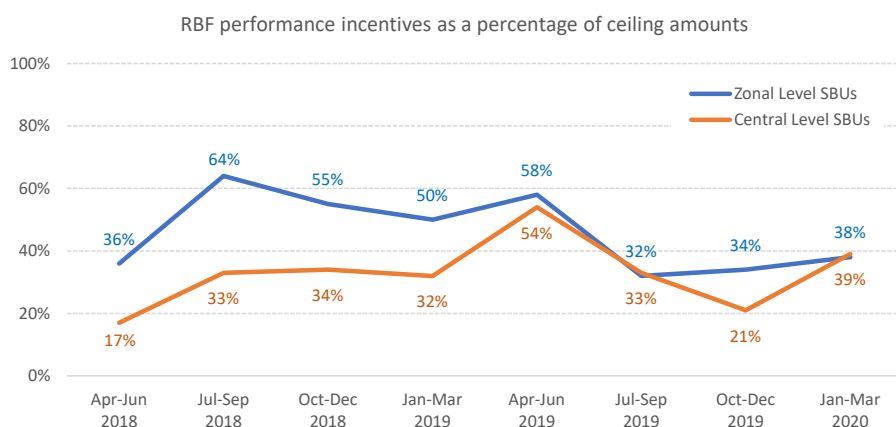
Kilombero council has the lowest timeliness of reporting of 15% (Mar - May 2020) for the essential medicine program (ILS). The LMS is following up with Kilombero District Pharmacist. By the time of extraction of this report most health facility R&Rs were still under review stages at the council.

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

Performance trends and Description:

Total performance incentive received increased at both central and zonal level SBUs in Q3. Performance at central level SBUs increased from 21% in October – December 2019 quarter to 39% in January – March 2020 quarter. At zonal level SBUs, there is slight improvement of performance from 34% in October – December 2019 quarter to 38% in January – March 2020 quarter. The figure below shows a performance trend on incentives received.

Figure 23. RBF Performance Incentive Trends



Root Cause Analysis and Remedial actions:

During this quarter, performance increase on incentive received at both central and zonal level SBUs is mainly attributed by improvement at central HQ, VP, Tabora and Mwanza zone. This improvement resulted in increased performance on order fill especially for essential commodities from zonal level to the health facilities due to utilization of basket funds received by health facilities. Despite funds distribution challenges, central VP and zonal level SBUs were able to deliver vertical program commodities at the council level through IPs support. Additionally, both zonal level SBUs encourage facilities to use their funds to cover distribution costs for delivery of health commodities as the strategy of mitigating funds distribution challenge.

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

Performance trends and Description:

This quarter, the number of users who logged into eLMIS increased slightly compared to the previous quarter and has been largely consistent since October 2019. Figure 24 and Figure 25 depict user login activity over time and by stakeholder level with the vast majority of user logins by health facility level personnel.

Figure 24. Quarterly eLMIS User Logins

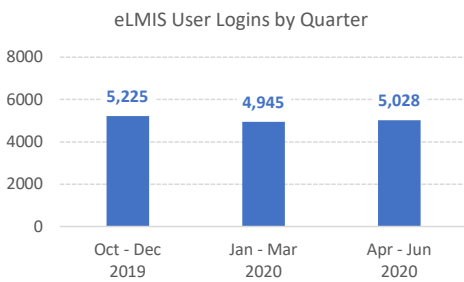
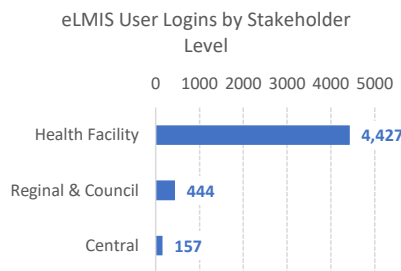


Figure 25. User Logins by Stakeholder Level Q3Y4



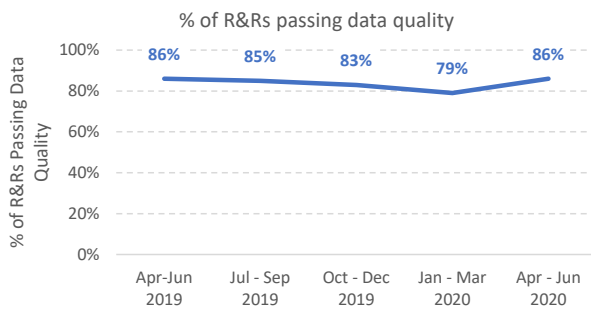
Root Cause analysis and remedial actions:

- eLMIS user logins by quarter have remained consistent despite COVID-19 and no remediation is required.

INDICATOR 3.2.2 PERCENTAGE OF R&R PASSING DATA QUALITY CHECKS

Performance trends and Description:

Figure 26. Number of R&Rs passing data quality checks



Root Cause analysis and remedial actions:

- Compared to last quarter's performance, in this reporting quarter there is improvement in R&Rs data quality from 79% to 86%.

ANNEX B. TRAINING AND TRAVEL THIS QUARTER

Date	Purpose	Responsible GHSC staff
1 - 6 April 2020	Attending to the annual HIV laboratory quantification exercise	Albertho Chengula Nabila Hemed
28 May -10 Jun 2020	To facilitate redesigned logistics system in Mtwara	Evance Nkya
15 - 19 Jun 2020	NMCP working session on DHIS2 - eLMIS data inconsistency for CT	Happiness Mberesero Alfred Mchau
23 Jun 2020	Consultative meeting Chandarua Kliniki Dashboard revival work	Alfred Mchau Mavere Tukai
11 - 24 Jun 2020	Facilitating Redesigned Logistics System training in Mtwara region.	Rachel Stephen
09 - 10 Jun 2020	Attending MoHCDEGEC National eLearning platform review meeting and orientation	Amani Minja

ANNEX C. COVID-19 COMMODITIES TRACER LIST

REVIEW PROCESS OF THE TRACER LIST FOR COVID-19 COMMODITIES

The list of 15 health products provided by the MoHCDGEC was reviewed, as summarized in the table below. This tracer list will be used for regular monitoring of availability of COVID-19 commodities and will be part of the ELMIS COVID-19 section for ordering and reporting on COVID-19 commodities. The lists below were reviewed as a result of observations of misalignments between the list used by the MoHCDGEC and that used by the logistics pillar.

FIRST REVIEW OF TOTAL TRACER LIST

#	Item Description	Unit	Remarks upon review
1	Heavy duty PPE (Complete set)	Each	
2	Mask N95	Each	Repetition, already in above PPE kit
3	Surgical Mask	Each	Repetition, already in above PPE kit
4	Face Shield	Each	Repetition, already in above PPE kit
5	Goggles	Each	Repetition, already in above PPE kit
6	Sodium Dichloro Isocunurate	T/100	
7	Burial bag	Each	
8	Boots	Each	Repetition, already in above PPE kit
9	Ventilators	Each	Not priority, does not need to be tracer.*Essential
10	Viral Transport Media (VTM)	Each	
11	Surgical Gloves	P/50	Repetition, already in above PPE kit
12	Examination Gloves	P/50	Repetition, already in above PPE kit
13	Nasal Pharyngeal swab	Each	
14	Oral Swab	Each	
15	Chlorine granules	KG	

SECOND REVIEW OF SPECIFIC PRODUCTS UNDER 'HEAVY DUTY PPE (COMPLETE SET)'

Comparison of initial and MoHCDGEC PPE list

#	Initial tracer list	#	MoHCDGEC tracer list	Unit
Key: (Blue are edits), Grey shaded cells-items missing in the other list				
PPE				
1	Gown, protective	1	Coverall	Each
2	Scrubs, tops, Non-woven Disposable	2	Gown, Surgical, Non-woven Disposable	Each
3	Scrubs, pants	3	Trousers, Surgical, Woven	Each
4	Apron, disposable	4	Apron, disposable—not heavy duty(sleeved,catIII, type 3)	Each
5	Apron, heavy duty, disposable reusable	5	Heavy duty Aprson, Protection, Plastic Disposable	Each
6	Gum boots, with cover, reusable	6	Boots Rubber/PVC, Reusable with cover	Pair
7	Gloves, heavy duty	7	Utility Gloves Heavy Duty, Rubber	Pair
8	Gloves, examination	8	Gloves Examination Non-sterile	Pair
9	Gloves, surgical			Pair
10	Goggles, protective	9	Goggles Protective	Each
11	Face shield	10	Face shield, Fog-resistant, full face-Length	Each

Commented [JLJ63]: Hey Naomi, reusable has a strikethrough....did you mean to delete that.

12	Respirator (N-95, FFP2)	11	N-95 Mask, FFP2	Each
13	Mask, medical / surgical for health worker	12	Mask surgical, Disposable	Each
14	Mask, medical / surgical for patient	13	Mask surgical, Disposable	Each
		14	Cap, Surgical, Non-woven Disp	Each
		15	Glasses, Safety Regular Size --deprioritize	Each
		16	Spray, Anti-Fog, Goggles --deprioritize	Each
		17	External Hood --deprioritize	Each

REVISED TRACER LIST FOR COVID-19 COMMODITIES

#	Revised Tracer List	Unit
1	Gown, protective	Each
2	Scrubs, tops	Each
3	Scrubs, pants	Each
4	Apron, disposable heavy duty(sleeved, cat III, type 3)	Each
5	Apron, heavy duty, disposable	Each
6	Gum boots, with cover, reusable	Pair
7	Gloves, heavy duty	Pair
8	Gloves, examination	Pair
9	Gloves, surgical	Pair
10	Goggles, protective	Each
11	Face shield	Each
12	Respirator (N-95, FFP2)	Each
13	Mask, medical / surgical for health worker	Each
14	Mask, medical / surgical for patient	Each
15	Cap, Surgical, Non-woven Disp	Each
16	Sodium Dichloro Isocunrrate	T/100
17	Viral Transport Media (VTM)	Each
18	Nasal Pharyngeal swab	Each
19	Oral Swab	Each
20	Chlorine granules	KG