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# GLOBAL HEALTH SUPPLY CHAIN – TECHNICAL ASSISTANCE - TANZANIA

ANNUAL REPORT 2018





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

Support the development of agile, robust and sustainable health supply chains that will contribute towards improving medicines availability and the health status of Tanzanians

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

**Timeframe** – June 2016 – June 2021\*  
 (3 year base and 2 year option years)

**Geographic focus** – mainland + Zanzibar  
 Around 7,000 public sector health facilities

Key stakeholders (in addition to USAID): Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) – specifically the Pharmaceutical Services Unit (PSU), Information, Communication and Technology (ICT) directorate, vertical programs – including National AIDS Control Program (NACP), National Malaria Control Program (NMCP), Reproductive and Child Health Services (RCHS) Program, and National Tuberculosis and Leprosy Program (NTLP), Medical Stores Department (MSD) - central and 10 zones, President’s Office of Regional Administration and Local Governments (PO-RALG) (comprised of 186 councils, 168 districts, and 26 regions), Zanzibar Ministry of Health, Zanzibar Central Medical Stores, Zanzibar Vertical Programs, and other partners.

# SUMMARY OF ACCOMPLISHMENTS

Provide strategic planning and implementation assistance	Support Supply Chain Costing and Financing Strategies	Support the Logistics Management Unit (LMU)	Strengthen Supply Chain Information Systems and Improve Data Visibility
<ul style="list-style-type: none"> <li>• Incorporated Holistic Supply Chain Review (HSCR) recommendations into National Pharmaceutical Action Plan (NPAP) and supply chain plans and submitted to MoHCDGEC</li> <li>• Developed national supply chain KPIs to have unified way of measuring supply chain performance</li> <li>• Developed initial supply chain roles and responsibilities (RORE) that will be used to clarify roles and responsibilities of each player in the public supply chain universe</li> <li>• Developed dashboards for monitoring implementation of Zanzibar Supply Chain Action Plan (ZSCAP) and mainland Costed Implementation Plan (CIP)</li> </ul>	<ul style="list-style-type: none"> <li>• Developed M&amp;E framework, supervision and mentorship guide, and performance enhancing tools for national master trainers which will help management of direct health facility financing (DHFF) implementation in a comprehensive manner</li> <li>• Completed analysis estimating facility level total health commodity financial needs, funds available and financial gaps including recommendations for funding allocation and use.</li> <li>• Finalized report on DHFF implication health supply chain</li> </ul>	<ul style="list-style-type: none"> <li>• Supported revision of LMU charter, SOPs, and finalization of a high level staff absorption plan</li> <li>• Develop a roadmap for LMU Zanzibar transition with Zanzibar Ministry of Health through the Chief Pharmacist's Office</li> <li>• Reviewed and approved 39,556 R&amp;R of which an average of 18% (7,016) were rejected back to the councils due to data quality issues</li> <li>• Visited 1,003 health facilities in 96 councils and provided on-the-job-training for 1,960 electronic logistics management information system (eLMIS) users, 770 ILS gateway users and 501 health care workers on supply chain management</li> </ul>	<ul style="list-style-type: none"> <li>• Supported eLMIS reconfiguration to support the monthly reporting and bi-monthly requisitioning as recommended in supply chain redesign</li> <li>• Supported integration of supply chain data from various health information systems such as DHIS-2, MSD ERP and FFARS using standardized health information exchange</li> <li>• Improved standardization and linkages to facility level systems such as the Unified Solution (GoTHOMIS - EMR)</li> </ul>
against key indicators	quantification	quality	results based financing scheme
<ul style="list-style-type: none"> <li>• Supported re-design of logistics system, updated LMIS tools, development of SOP manual and training materials</li> <li>• Facilitated national training of trainers (TOT) for the system redesign; participants were from PSU, PORALG, LMU and R/CHMTs</li> <li>• Facilitated cost analysis for changing distribution of health commodities from quarterly to monthly in Zanzibar</li> </ul>	<ul style="list-style-type: none"> <li>• Provided technical assistance on national ARVs, HIV and related lab quantification; developed three year (Jan 2019 to Dec 2021) forecast and supply plan</li> <li>• Supported development of essential health commodity (EHC) quantification guidelines, SOP and training materials; Trained 5 national TOT trainers and updated quarterly supply plan</li> <li>• Developed master quantification calendar to support programs to finalize and submit supply plans on time to better inform PSM and GF on the upcoming supplies and shipment plans</li> <li>• Supported PSU and DSS to finalize standardization of laboratory equipment and supplies</li> <li>• Finalized PPMR and PPMRm reports</li> </ul>	<ul style="list-style-type: none"> <li>• Introduced and initiated implementation of the IMPACT concept with the following efforts completed: <ul style="list-style-type: none"> <li>○ Supported a workshop to agree on design for mainland IMPACT team</li> <li>○ Developed SOPs and training materials for mainland IMPACT teams</li> <li>○ Supported a TOT workshop to create a national pool of trainers for IMPACT team approach. A total of 17 trainers successfully completed the training and will be used in the subsequent training</li> <li>○ Supported second meeting for Zanzibar National IMPACT team where they reviewed the scope, indicators and performance plan</li> <li>○ Trained 23 PORALG staff on eLMIS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Supported development of MSD Strategic Business Unit (SBU) performance report template which was endorsed by MoHCDGEC and shared to Results Based Financing (RBF) implementing MSD SBUs for use</li> <li>• Finalized report on commodity availability in RBF implementing regions</li> <li>• Finalized report on opportunities to streamline RBF activities (verification) to reduce cost</li> <li>• Assisted in development of MSD quality indicators</li> <li>• Supported RBF quarterly external verification exercise to counter-check the quality of internal MSD verification results</li> </ul>

# — ANNUAL WORK STREAM ACCOMPLISHMENTS



# PROVIDE STRATEGIC PLANNING AND IMPLEMENTATION ASSISTANCE

**Overview** The project works to align stakeholders on national supply chain objectives, to harmonize strategic documents with supply chain goals, and to hold stakeholders accountable for their contributions towards strategic plans.

- Activities and impact**
- GHSC TA-TZ supported PSU to align supply chain plans to national supply chain priorities, as reflected in the Costed Implementation Plan (CIP) from the Holistic Supply Chain Review (HSCR). GHSC TA-TZ also incorporated HSCR recommendations into the National Pharmaceutical Action Plan (NPAP). GHSC TA-TZ facilitated tracking of CIP activities to monitor implementation progress in order to hold stakeholders accountable, and developed a dashboard to assist in this process.
  - For Zanzibar, GHSC TA-TZ developed a dashboard for monitoring the Zanzibar Supply Chain Action Plan (ZSCAP) 2017-2020, and trained members from the Chief Pharmacist's Office on using the dashboard.
  - GHSC TA-TZ facilitated development of standardized National Health Supply Chain Key Performance Indicators (KPIs), which will be used to measure supply chain performance. The standardized KPIs reference guide was submitted to PSU for endorsement. There are 21 total KPIs; 12 of which are level 1 (priority) and 9 of which are level 2. The activity was led by PSU, and involved a range of stakeholders including MOHCDGEC, PO-RALG, WHO, TFDA, and implementing partners (IPs).

## National Health Supply Chain Key Performance Indicators

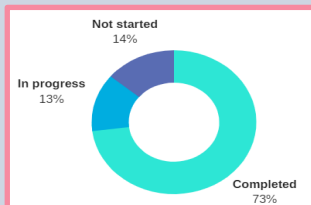
• Forecast Accuracy	• Order fill rate	• On Time Delivery	• % of key position vacant (related to supply chain)
• % of items procured that are in approved standard commodity list	• Stock Availability	• DQA Pass Rate (R&R that pass quality check)	• Reliability rate of lab equipment
• % of product procured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

**Looking forward**

- Develop stakeholders engagement strategy and its implementation

**Related KPIs**

- Percent of activities carried out in accordance with Costed Implementation Plan (CIP) = 73%



73% of activities were carried out in accordance with the Costed Implementation Plan (CIP) which was developed from the HSCR recommendations

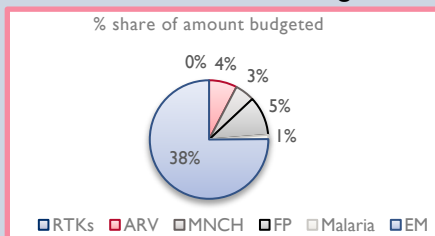
# SUPPORT SUPPLY CHAIN COSTING AND FINANCING STRATEGIES

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

- Activities and impact**
- GHSC TA-TZ conducted an assessment to estimate the total health commodities financial needs at primary health care facilities, the amount of available funds to cover those needs and the financial gap. Additionally, the study estimated the share of MSD in covering those needs as way to advocate for visibility of its share as it works towards revising its business process to tap into complimentary funds available at the health facilities. Preliminary results indicate that the unmet health commodities needs for dispensaries, district hospitals and health centers are on average of 36%, 28% and 27% respectively. On average, 36% of the financial needs are covered by MSD.
  - Following two cycles of disbursement of Health Basket Funds directly to health facilities accounts in line with DHFF, the project, in collaboration with MoHCDGEC, and PO-RALG , PS3 and other implementing partners, analyzed the implications of DHFF on the supply chain, and identified changes in roles and responsibilities and service delivery. GHSC TA-TZ provided technical assistance in the development of Monitoring and Evaluation (M&E) framework, supervision and mentorship guide for regional and council management teams and performance enhancing tools for health facilities and health facility governing committees with a special focus on health commodities availability. GHSC TA-TZ also developed a paper identifying the implications of DHFF on the health supply chain.
  - GHSC TA-TZ drafted a supply chain costing tool and methodology. This activity aims to enable the GoT to identify supply chain cost drivers, determine supply chain costs that will be routinely collected, and develop cost-cutting/efficiency strategies. The finalization of the tool and methodology will be completed in Year 3.

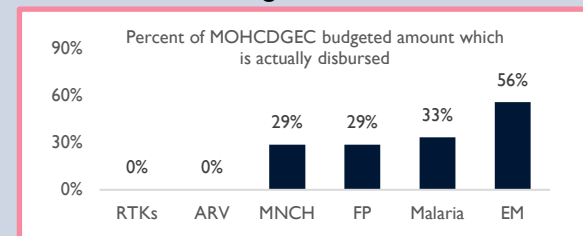
- Looking forward**
- In Year 3, GHSC TA-TZ will provide technical support to the GoT to:
- Establish a mechanism for implementing a drug revolving fund (DRF) and tap into complementary funding for health commodities
  - Conduct analysis on the impact of DHFF in availability of health commodities
  - Support MSD to conduct SWOT analysis of the MSD business model in relation to Prime Vendor Model
  - Finalize the supply chain costing tool and methodology

**Related KPIs** 1.2.2 Percent of MoHCDGEC budget secured for health commodities



**NB:** The % budgeted amount have been prepared in relation to total MOH budget to health commodities which is 260

1.2.3 Percent of MOHCDGEC budgeted amount which is actually disbursed



Source: Budget speech and disbursement records

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

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

- Activities and impact**
- In Tanzania Mainland, the project engaged stakeholders (MOHCDGEC, PORALG, Global Fund, MSD) to reach consensus on the future state of LMU. As a result, the LMU charter was revised to incorporate the new scope of LMU (with name change to Logistics Management Services, LMS) to support the Tanzania health supply system more sustainably, effectively and efficiently and is undergoing approval processes at MOHCDGEC. The charter includes also a high level staff absorption plan and an estimated annual operation costs of TZS 1,988,468,491.77 TZS (Equivalent to 903,849.31 USD) when the LMU is fully transitioned to GoT structures by December 2020.
  - GHSC TA-TZ also developed a communication strategy and plan which will provide a tactical approach to launching and managing communications throughout the transition process and advocating for retention of skilled staff.
  - In Zanzibar, GHSC TA-TZ engaged the Zanzibar Ministry of Health through the Chief Pharmacist Office to develop a roadmap for LMU Zanzibar transition, outlining all the issues that need to be addressed for full absorption into RGoZ structures by 2020.

- LMU high level absorption plan (Tanzania mainland)**
- Total staff for the new LMS (formally LMU) will be 53.
  - By end June 2019, USAID will phase out support to LMU, including 30 staff supported through GHSC TA-TZ mechanism.
  - By June 2020, 31 staff and 22 staff will be supported by Global Fund and GoT respectively.
  - From December 2020, 53 staff will be absorbed into GoT structures.

Seven functions currently supported by the LMU that will continue in the revised LMS Charter

- i. Logistics Data Management and Utilization
- ii. Quantification Coordination
- iii. Monitoring & Evaluation
- iv. Coordination and Collaboration
- v. Supply Chain Intervention Planning
- vi. Supply Chain Capacity Building And Supportive Supervision

**Revised Scope: What's different?**

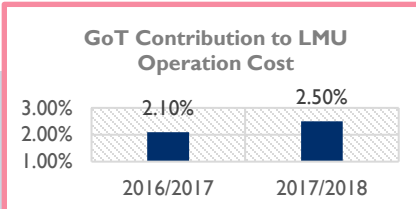
- Increased emphasis on data management and utilization
- Reduced tasks (for example, routine facility supportive supervision visits)
- Aligned supply chain activities across programs to avoid duplication (for example, DQAs)



Requiring fewer staff and reducing cost will facilitate sustainability

- Looking forward**
- Support LMU Mainland and Zanzibar field Operations and monitor the transition progress, including staff absorption into GoT
  - Begin discussions around implementation of the agreed LMU Zanzibar transition roadmap
  - Sensitize supply chain stakeholders on the revised LMU scope and associated changes and how they will be impacted

**Related KPIs** 1.2.1: Percentage of LMU operational costs paid for by the GoT is 2.5%





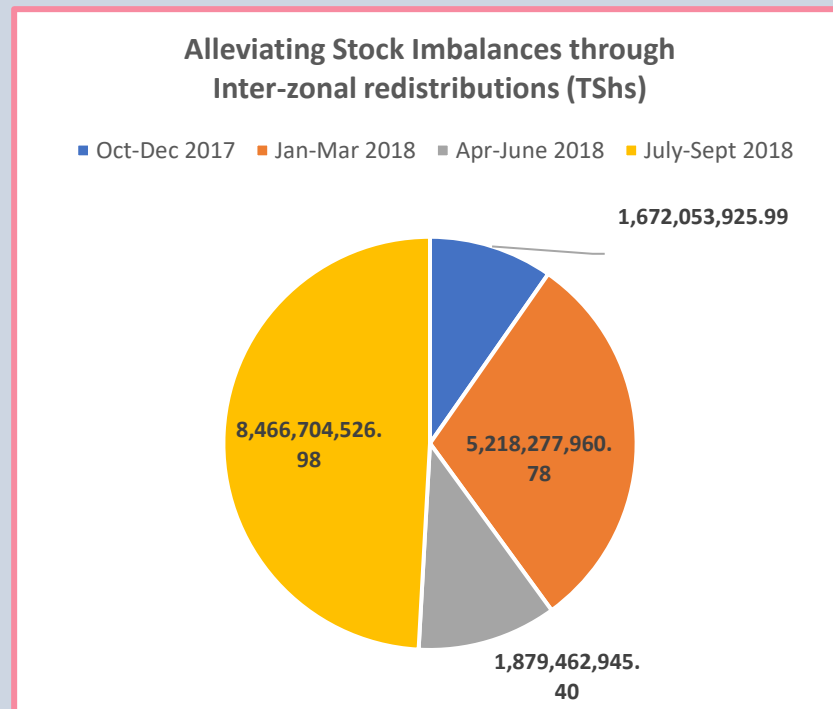
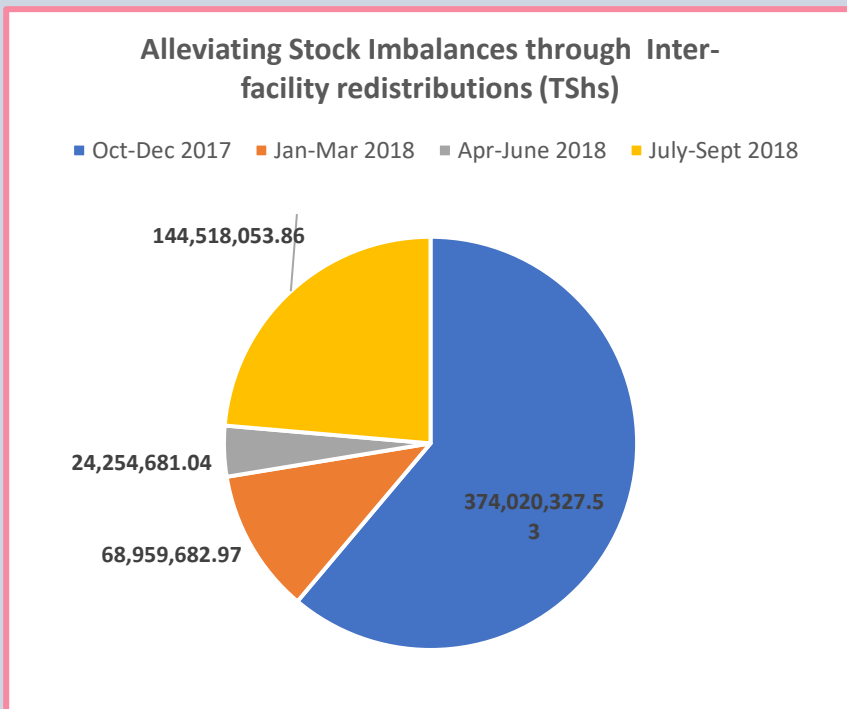
# SUPPORT THE LOGISTICS MANAGEMENT UNIT – ALLEVIATING STOCK IMBALANCES

**Overview** The LMU provides alerts to potential system break downs that might either cause massive stock piles posing risks of expiry or stock outs that may lead to national shortages. In situations where there are inadequate stocks of health commodities, then LMU provides advice to ration the products considering various factors including consumption data from the eLMIS .

- Activities and impact**
- Between July-Aug 2018, LMU provided technical advice and worked with MSD, IPs, and lab managers from the councils and regions to rescue laboratories reagents worth TShs 510,173,132/- from expiry
  - LMU identified stock imbalances and took remedial action as needed to rescue overstocks and shortages; as a result health commodities worth TShs 611,752,745.40/- and TShs 17,236,499,359.15/- were rescued through interfacility redistribution and interzonal transfers respectively

**Looking forward** More data analysis from the eLMIS and timely dissemination of commodities to the health facilities, R/CHMTs, IPs and MSD for interventions to minimize wastage and expiries and alleviate shortages when needed.

## Impact Highlights



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

**Overview** The LMU identifies councils and health facilities that require supportive supervision visits, and provide targeted, data-driven supportive supervision to health care workers (HCWs) in public and some private facilities, where on-the-job training is provided to HCWs and health management teams. Facility supervision visits are conducted with staff from R/CHMTs. The LMU coaches R/CHMTs and health facilities staff on responding to findings related to the quality of logistics data found in eLMIS and advocates for R/CHMTs to secure resources to build the capacity of their own HCWs to improve commodities management and logistics data quality. For this quarter, the focus was to build the capacity of R/CHMTs to be able to conduct supportive supervision, improve data quality, and increase data utilization through joint supervision visits.

**Activities and impact** For this reporting period of October 2017 to September 2018, the LMU achieved the following:

- Visited a total of 1,003 health facilities in 96 councils and provided supportive supervision including capacity building sessions to health care workers
- Provided on-the-job training to 1,960 health care workers on key logistics area to impart and reinforce supply chain skills and knowledge
- Trained 736 health workers on eLMIS and 501 on ILS/ILS Gateway
- Participated in more than 150 occasions as the LMU including supply chain meetings, DMO feedback meetings, trainings and workshops

## Impact Highlights

*LMU coverage has included the following:*

- *Downtrend on the statistics of councils' and health facilities' visited by the LMU as well as the number of HCWs provided with OJT as there is a shift on LMU's scope and reduction of field visits from monthly to quarterly basis*
- *Ongoing collaboration between LMU and various supply chain stakeholders in identifying capacity buildings gaps and planning for joint supportive supervision*
- *Effective utilization of meetings, forums and other platforms to discuss issues related to supply chain, data quality, performance, and commodity availability*
- *Advocacy to IPs and CHMTs to solicit funds for the trainings and district mentorships so as to improve quality of logistics data*

## LMU Coverage including Councils and Health Facilities visited to provide capacity building to health care workers (HCWs)

	Oct-Dec 2017	Jan-Mar 2018	Apr-June 2018	July-Sept 2018	Total
No. of Councils visited	38	23	22	13	96
No. of Health Facilities visited	689	177	86	51	1,003
No. of HCWs that were provided OJT on key logistics areas	1,292	329	201	138	1,960
No. of HCWs that were trained on eLMIS	161	220	270	85	770
No. of HCWs that were trained on ILS/ILS Gateway	333	124	44	0	501

**Looking forward** Per the revised LMU scope and draft LMU transition plan, the supportive supervision function will be transitioned to R/CHMTs. As such, the role of the LMU will be to build capacity of the R/CHMTs to perform this function.

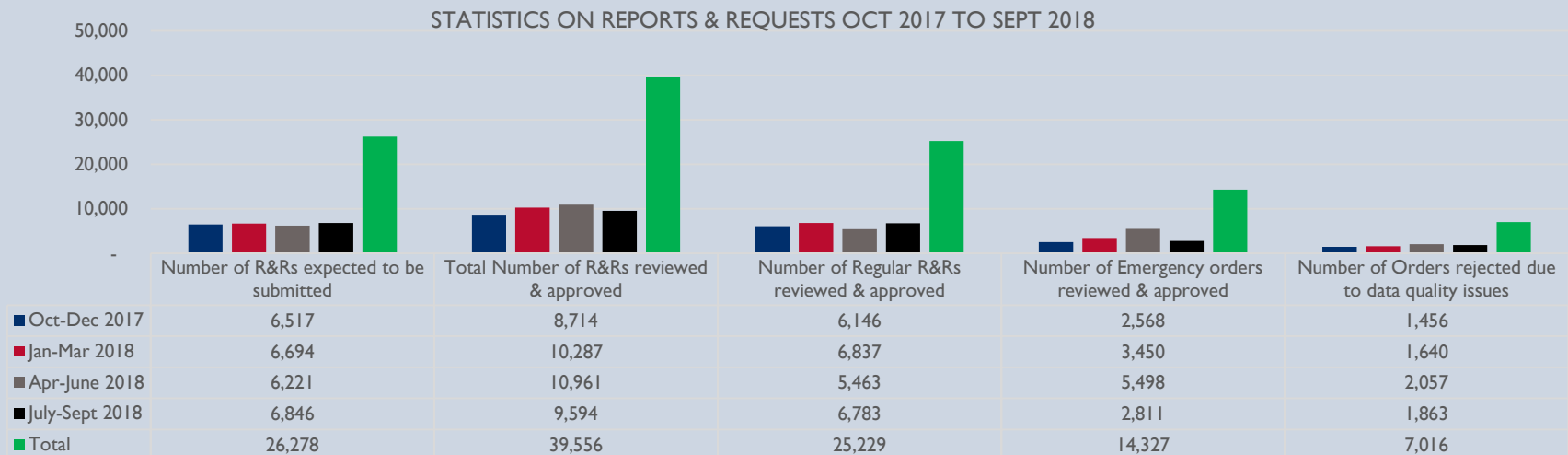
# SUPPORT THE LOGISTICS MANAGEMENT UNIT - IMPROVING DATA VISIBILITY & QUALITY

## Overview

One of the key roles performed by the LMU is logistics data management, ensuring timely, high quality logistics data is available and used for decision-making. Zonal LMU staff complete thorough analysis of Reports and Requests (R&Rs) from the councils and health facilities, reviewing for accuracy and completeness. LMU staff submit the R&Rs to MSD for order fulfilment. The focus for this year was to continue improving the data quality of the R&Rs and continue providing technical backstopping to MSD to proceed with succeeding steps such as picking, packing and delivery to the last mile.

## Activities and impact

For the period of 2017/2018, a total of 39,556 R&Rs out of an expected 26,278 were reviewed and approved by the LMU before being processed by the MSD zones. In the process of reviewing R&Rs, an average of 18% (7,016) of R&Rs were rejected back to the councils due to data quality issues. These rejected R&Rs were corrected and resubmitted back to LMU for another review before being approved and processed as orders, due to data quality issues reported by health facilities, one R&R may be reviewed and rejected more than once by the LMU.

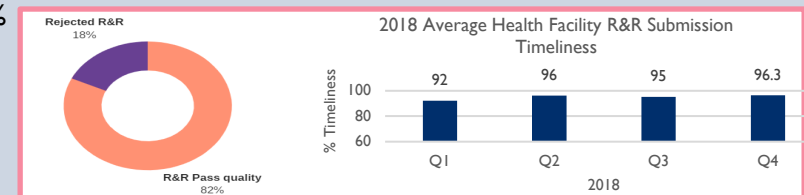


## Looking forward

- Continue collaboration and information sharing with PORALG, R/CHMTs and health facilities with regards to their performance.
- Provide timely feedback to the councils and health facilities with regards to data quality issues for performance improvement.
- Increase advocacy on supply chain governance and accountability among various supply chain stakeholders for data quality improvement.
- Build additional capacity for the LMU to analyse and visualize more data for systemic and structural performance improvement.

## Related KPIs

2.3.5: Percentage of health facilities submitting timely R&R (LMIS report): 96.3%  
3.2.3: Percent of R&R passing data quality check: 82%



## SUPPORT THE LOGISTICS MANAGEMENT UNIT: ZANZIBAR

<b>Overview</b>	<p>Zanzibar's MOH has successfully integrated the role of the LMU into the functions of the Chief Pharmacist Office (CPO). LMU-ZnZ carries out its activities in accordance to the Zanzibar Supply Chain Strategic Plan of 2017-2020 (and the related Zanzibar Supply Chain Costed Action Plan), which is used to develop their annual workplans. Four LMU staff in Zanzibar are supported through GHSC TA-TZ. During the last quarter of 2018, the focus was to carry out the implementation of the redesigned Zanzibar Integrated Logistics System (ZILS) across all hospitals in Zanzibar requesting their requirements on monthly basis.</p>
<b>Activities and impact</b>	<ul style="list-style-type: none"> <li>• The GOZ through MOH intended to implement electronic tools to have real-time stock data visibility from health facilities. Automating processes was expected to reduce human errors, improve data quality and the timeliness of data. The first step was to conduct a survey and the LMU team provided technical backstop during the survey exercise.</li> <li>• Conducted a workshop to revise the Zanzibar Integrated Logistics System (ZILS). The workshop included participants from CMC, LMU, Diagnostic Services section, Integrated TB/HIV Program and Mnazi Mmoja hospital. Key consensuses reached during the workshop are:             <ul style="list-style-type: none"> <li>○ Integrating ARVs into ZILS</li> <li>○ Integrating lab commodities for primary health facilities (PHCU&amp;PHCU+) into ZILS to improve data on laboratory commodities availability and data visibility for laboratory commodities, which will improve overall efficiency of the laboratory commodities supply chain</li> <li>○ Establishing a standardized ordering form for Lab commodities for all hospitals and removing the district level in the flow of TB medicines</li> <li>○ Setting Max- Mins for the ZILS, Lab and TB commodities</li> <li>○ Setting timelines for order preparation, processing and delivering of health commodities</li> </ul> </li> <li>• The project team conducted a desk review assessment and cost analysis to determine the cost required for system changes of implementing reporting on a monthly basis instead of quarterly. The assessment determined requirements for vehicle distribution at both Unguja and Pemba, and human resource needs (customer care, pickers, dispatch) at different work stations at CMS. The report from this assessment will tell CMS what resources are needed to implement monthly distribution and processing of commodities to all of the health facilities in Zanzibar. The assessment report is available and awaiting to be presented to ZLTWG.</li> </ul>
<b>Looking forward</b>	<ul style="list-style-type: none"> <li>• Pilot eCheck list for supportive supervision</li> </ul>

# STRENGTHEN SUPPLY CHAIN INFORMATION SYSTEMS AND IMPROVE DATA VISIBILITY

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

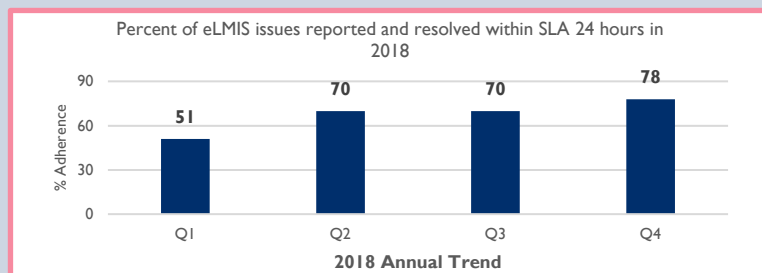
**Activities and impact**

- In support of the redesign of supply chains, GHSC TA-TZ reconfigured the eLMIS to accommodate changes. This includes the shift from quarterly reporting to monthly reporting and bi-monthly ordering. The project team participated in a TOT for the redesign, to demonstrate the re-configuration, test developed features, and gather feedback for improvement.
- GHSC TA-TZ provided ongoing eLMIS Helpdesk support and documented and addressed requests for enhancements and features. A data use assessment conducted by the project team in 2018 pointed out the need for documenting user (both health facility and central level) requirements for dashboards and visualizations which has been completed by the project team.
- The HSCR highlighted the need for a Product Registry. GHSC TA-TZ hosted a TA provider to document the needs for a Product Registry – a standardized way of uniquely naming, coding, and sharing health product information across systems.
- Significant work was done in support of integration of various HISs. Notable progress was made on the standardization and integration between eLMIS and the Unified Solution (GoTHOMIS-EMR). Specifically, focus has been on improving a centralized repository for GoTHOMIS since it already has more than 300+ facilities. As a first attempt, the integration for a facility level system was tested with the GoTHOMIS centralized repository which sends data to Muungano Gateway and then onto eLMIS. The intended goal is for GoTHOMIS to share data elements for the first part of the R&R 'Report' and for eLMIS to complete the request. The next step is reconfiguring the HIM so that data from Muungano Gateway passes through it and into eLMIS. Integration work was also completed on specific data points between eLMIS and Epicor9 through the HIM.
- GHSC TA-TZ continued the alignment of identified government leads for the eLMIS transition and planning for a consultative meeting.
- The project team developed and submitted a draft questionnaire to PSU for review which would gather opinions from eLMIS users on the eLearning platforms for eLMIS in line with the redesigned system.

**Looking forward**

- Finalize eLMIS setup (product mapping) and deploy changes into the production (Live) instance to use in the phase implementation period
- Conduct the first consultative meeting with stakeholders to secure approval for eLMIS transition plan

**Related KPIs** 2.1.1 % of eLMIS issues reported and resolved within SLA 24 hours in 2018



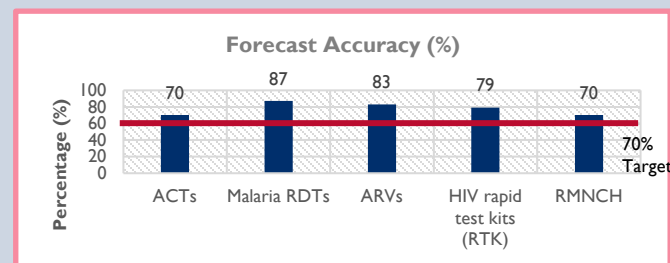
# STRENGTHEN AND STREAMLINE QUANTIFICATION

**Overview** GHSC TA-TZ provides technical assistance and builds capacity in quantification for MOHCDGEC Tanzania mainland and MOH Zanzibar, with the goals of increasing ownership and sustainability of quantification exercises for vertical programs and essential health commodities, and improving forecast accuracy.

- Activities and impact**
- GHSC TA-TZ continues to provide technical support on national quantification exercises. The ARV quantification exercise included a three year (Jan 2019 to Dec 2021) forecast and supply plan. Funding requirements based on the quantification results were 109 million USD, 145.3 million USD and 165.6 million USD for 2019, 2020 and 2021 respectively. There is no funding gap for 2019; rather, there is surplus given already committed funding support for procurement of ARVs from Global Fund and PEPFAR. The quantification exercise considered 18 months of TLD transition. The project provided technical input into the TLD transition plan. The national HIV-related lab commodities quantification exercise included a three year (Jan 2019 to Dec 2021) forecast and supply plan. Funding requirements based on the lab commodities quantification results were 67.82 million USD, 71.16 USD and 71.07 million USD for 2019, 2020 and 2021 respectively.
  - In addition to national quantification exercises, GHSC TA-TZ provided technical support in quarterly supply planning updates with NACP, NMCP, NTLT and the bi-annual quantification review of RMNCH commodities.
  - The HSCR recommended that the process for and approach to essential health commodities quantification be revised and streamlined. The project team through collaboration with PSU, PO-RALG and other stakeholders worked to develop essential health quantification guidelines, SOPs and training material. The intent of this approach is that health facilities become the source of forecasts for essential health commodities. GHSC TA-TZ co-facilitated a 5 day TOT for trainers who will be facilitating the rollout trainings.
  - GHSC TA-TZ facilitated the development of a national quantification calendar.
  - With regards to procurement and demand-planning, GHSC TA-TZ continued collaborating with GHSC-PSM and RMI.

- Looking forward**
- Support the execution, refinement, and institutionalization of the EHC quantification activity
  - Continue to provide technical input to national quantification exercises, with a renewed focus on strengthening quantification in Zanzibar, work with vertical programs to conduct quarterly supply plan reviews, and submit supply plans to GHSC-PSM
  - Provide technical input to the annual quantification reviews for laboratory commodities and will build capacity to MOHCDGEC, including those from the LMU, to use data driven to close monitor pipelines for laboratory commodities.

- Related KPIs**
- 2.2.1 Level of country counterpart ownership in quantification and supply planning, 81.8%
  - 2.2.2 Percent forecast accuracy (by commodity group) as shown on right



# IMPROVE SUPPLY CHAIN PERFORMANCE AGAINST KEY INDICATORS

<b>Overview</b>	One of the prioritized recommendations from the HSCR was to change the frequency of ordering and resupply for the in-country supply chains (including ILS, HIV/AIDS and TB supply chains). The project provides technical guidance on design decisions, helps build consensus on those design decisions, and aligns stakeholders on the process and approach to rollout the system. The same approach was used in the revision of the Zanzibar Integrated Logistics System (ZILS), increasing the frequency of reporting and resupply, which is a key activity included in the Zanzibar SCAP.
<b>Activities and impact</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ co-facilitated a design workshop with PSU. The workshop brought together a range of stakeholders to agree on key system design decisions, including how capture consumption of actual data, a refined business process flow, and clarification on roles and responsibilities.</li> <li>• Following the workshop, the project updated/developed LMIS tools, an SOP manual, and training materials with the redesigned system.</li> <li>• To cultivate buy-in on the new system, the project convened a stakeholders meeting to share the redesigned system. The meeting highlighted key anticipated challenges to the implementation of the redesigned system and explored how the various invited stakeholders can support the implementation through identified areas such as training, provision of computers and internet, storage facilities improvement and printing of LMIS tools. The project continued to convene routine meetings of the system design coordination team.</li> <li>• GHSC TA-TZ supported and facilitated TOT for the redesigned system. A total of 17 participants including district and regional pharmacists, laboratory technologists, implementing partners, PSU, PORALG and LMU were trained and deemed competent for conducting TOT to R/CHMTs on the redesigned system. The training was also used to validate the training materials and SOP manual. Also the project team facilitated another system redesign TOT training organized by PSU that served as a forum for exploring and using the configured eLMIS (user acceptance test). This training was led by PSU and funded by GF, total of 19 participants attended the training.</li> <li>• In Zanzibar, GHSC TA-TZ facilitated a ZILS revision workshop. The workshop brought together a range of stakeholders to agree on key system design decisions, supported the desk review of the requirements needed and cost for moving from quarterly to monthly distributions, and facilitated the workshop for developing a draft SOP manual for the redesigned system.</li> </ul>
<b>Looking forward</b>	<ul style="list-style-type: none"> <li>• Continue to support the implementation of the redesigned system in the mainland, working hand in hand with the system redesign coordinating team to monitor the phase one implementation of the system in Mwanza zone and conducting the evaluation after four months of implementation (Note: GHSC TA-TZ will extend its technical assistance on planning and coordination of the roll out of the system)</li> <li>• Continue to support Zanzibar in finalizing the SOP manual, development of the training materials, and implementation of the revised ZILS and the other logistics systems</li> </ul>
<b>Related KPIs</b>	None

## STRENGTHEN LABORATORY SUPPLY CHAINS

**Overview** GHSC TA-TZ provides technical assistance to strengthen the in-country supply chain for laboratory commodities. Technical assistance is focused on quantification exercises as well as the implementation of lab-related recommendations from the HSCR. This year, the project onboarded a new Laboratory Supply Chain Advisor based in the Masaki office. The focus for 2017/2018 was to engage health supply chain stakeholders to support MOHCDGEC through the DSS unit to standardize laboratory equipment and through NACP to monitor and manage the laboratory pipeline.

**Activities and impact**

- GHSC TA-TZ conducted a meeting with HVL/HEID coordinator with the purpose of determining service data and wastage data which will inform the pipeline on what was actually consumed
- In collaboration with DSS and PSU, the project team conducted a workshop to standardize laboratory equipment and supplies. The following key tasks were completed:
  - Reviewed the laboratory test menu by tier and levels along with reviewing the methodologies for each test to be performed
  - Reviewed the current equipment types per level to make recommendations for reallocation or additions, especially to lower level health facilities.
  - Categorized the laboratory equipment into two main groups (equipment and axillary equipment). A total of 11 groups of machine functionality were defined.
  - Created standard laboratory specifications per WHO recommendations which will be used in the tendering process.
- Created and shared the HIV RTK , HVL, HEID Supply plan for Q3 2018 with PSM

**Looking forward**

- Finalize laboratory optimization SOW
- Conduct the data laboratory optimization stakeholders meeting
- Perform data collection, cleaning, verification for importation into labEQIP
- Support pipeline management
- Support laboratory standardization activity

**Related KPIs** None



# ESTABLISH A CULTURE OF COLLABORATION AND INFORMATION SHARING

**Overview** Collaboration with in-country stakeholders is central to the project's approach to supply chain strengthening, decision-making, and management. Coordination groups (such as commodity security meetings and technical working groups) provide a mechanism to share supply chain data, align objectives, and facilitate the effective management of commodity-related resources across stakeholders. The project provides quantitative and qualitative data on supply chain performance to these groups to promote information sharing and the use of data for decision making. The focus for this year was to continue strengthening data utilization by sharing health supply chain data and reports to supply chain stakeholders through technical working and decision making meetings at all levels.

Activities and impact	Stakeholders	Meetings
	USG/PEPFAR meetings	<ul style="list-style-type: none"> <li>JPPM Meeting conducted in Zanzibar where the project guided ZAMEP and other programs on what is required to have an effective supply chain.</li> <li>GHSC-TA-TZ coordinated and participated in the JPPM meeting whereby project shared progress, achievements and plans.</li> </ul>
	Gov Stakeholder Meetings	<ul style="list-style-type: none"> <li>GHSC TA-TZ participated in Health commodities health technical working group conducted by PSU and chaired by chief pharmacist to discuss updates regarding availability of commodities.</li> <li>RCHS commodity security meeting and meetings with MSD and programs, particularly NACP for discussing supply imbalances and making action plans to address them to avoid expiries and stockouts.</li> <li>Meetings with DSS and NACP discussing laboratory pipeline particularly stock status, consumption and shipment of health laboratory commodities.</li> <li>Routine meeting with GHSC-PSM, the mission and vertical programs, to discuss issues related to shipments on order</li> <li>Meetings with R/CHMTs through LMU to discuss stock status and data quality issues in health supply chain.</li> <li>Meetings with health supply chain stakeholders to institutionalize redesigned system and update LMIS tools.</li> <li>Meetings with PSU and PO-RALG to review progress on the priority activities such as finalization of the KPIs, system redesign, lab standardization, harmonization of supportive supervision tools, standardization of DQA protocol, eLMIS and LMU transition, and harmonization of supply chain roles and responsibilities.</li> <li>Meetings with MSD, and programs, particularly NACP for discussing supply imbalances and making action plans for addressing them, to avoid expiries and stockouts</li> </ul>
	Supply chain IPs meetings	<ul style="list-style-type: none"> <li>Project team participated in regional Supply Chain experience sharing meeting with other stakeholders such as AGPAHI</li> <li>Project team participated in the HIV commodities management meeting organized by WVRP to share plans of commodities performance review and discuss area of collaboration</li> <li>Supply Chain Implementing Partners Group meeting established to align partners on supply chain activities, in an effort to reduce duplication and complement ongoing activities including planning for the upcoming Supply Chain Summit</li> </ul>
	Cross-cutting meetings	<ul style="list-style-type: none"> <li>World Malaria Day at Kasulu-Kigoma whereby GHSC TA-TZ had an opportunity to share with the community, government and partners on GHSC's contribution toward to supporting malaria interventions for commodity availability and data visibility for decision-making</li> </ul>

**Related KPIs**

- 3.1.1: Number of information sharing technical forums supported by providing data for decision making (Q4 Result; 17)
- 3.1.2: Number of program reports produced and disseminated with other supply chain stakeholders (Q4 Result; 5)

# INCREASE SUPPLY CHAIN SKILLS OF KEY COUNTERPARTS

**Overview** Capacity building is integrated throughout most of the project activities, and is intended to enhance the supply chain knowledge and skills of our key stakeholders within GOT. GHSC TA-TZ has seconded staff to the NACP, MSD, and NTLP, to build the supply chain skills within the programs. These secondments ended in June 2018, and project staff were transitioned off. Key activities include:

Program	NACP	NTLP	MSD
<b>Activities and impact</b>	<ul style="list-style-type: none"> <li>Supported NACP to analyze OI medicines availability and develop recommendations to address OI availability challenges including initiating the process for Cotrimoxazole procurement</li> <li>Provided technical inputs to finalize the development of the operational plan for HSHSP IV</li> <li>Provided technical inputs for the development of the indicator matrix for Laboratory HIV Viral Load (HVL) and HIV Early Infant Diagnosis Testing (EID); an exercise that was held at CEEMI</li> <li>Supported implementation of the revised care and treatment guideline, the program participated in the development of SOP for health workers to provide care and treatment service</li> </ul>	<ul style="list-style-type: none"> <li>Conducted mentoring and coaching to identified regions and districts with poor data reporting in TB and leprosy medicine logistics systems</li> <li>Provided technical support in preparation of annual Global fund performance updates on pharmaceutical category. The reports include stock status, price and quality report (PQR) as well as medicine availability</li> <li>Delivered technical backstop for the revision of price quote/pro-forma invoices from supplier “Global Drugs Facility (GDF)” for procurement of TB medicines and laboratory commodities worth 5,788,708.84 USD under quarter 2 &amp; 4 2018 Global Fund support</li> <li>Supported the Program in quarterly quantification review and updating supply plan for first line, second line TB medicines and laboratory commodities</li> <li>Supported NTLP program to coordinate and launch of the new TB pediatric formulations</li> <li>Provided technical backstopping to NTLP program to follow-up and facilitate timely clearing and distribution of first TB Medicine from MSD central to MSD zones</li> </ul>	<ul style="list-style-type: none"> <li>Liaised with NACP and MSD on incoming shipments and gave feedback particularly for commodities that were above maximum levels, so that action could be taken on time to avoid over stock and expiries</li> <li>Supported MSD’s operational and supply chain efficiency by monitoring the inventory held at MSD to ensure that the stocks that are received, are being distributed on time, to avoid expiries and minimize inventory holding costs</li> <li>Provided technical support in updating training material which incorporated in the new verification guide, performance reporting template and quality indicators for MSD SBUs</li> <li>Continued support of MSD’s operational and supply plan to ensure that stock is available at MSD HUB’s with regards of FEFO</li> <li>Conducted exercise to identify slow moving item commodities which had more than required stock level and share the result with VPM and responsible programs for distribution and make any adjustment of shipment plan if necessary. (Project team in collaboration with MSD)</li> </ul>
<b>Looking forward</b>	<ul style="list-style-type: none"> <li>Transition staff to government</li> </ul>	<ul style="list-style-type: none"> <li>Transition staff to government</li> </ul>	<ul style="list-style-type: none"> <li>Transition staff to government</li> </ul>

# INCREASE DATA USE AND IMPROVE DATA QUALITY

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

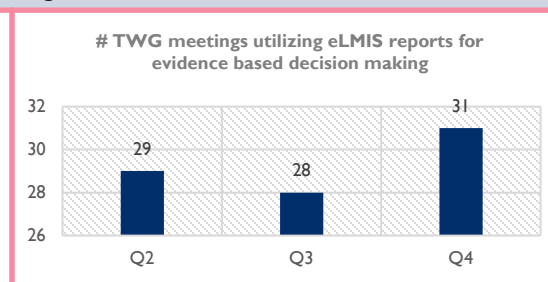
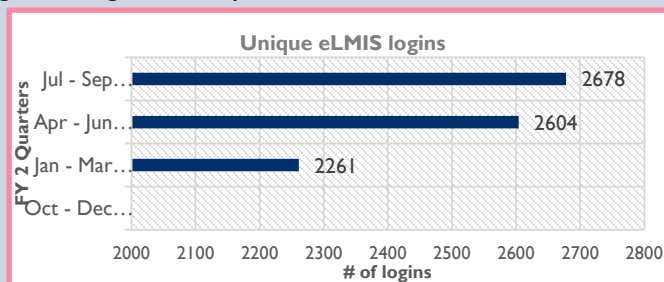
- Activities and impact**
- GHSC TA-TZ launched the IMPACT team approach in Tanzania mainland. A key element to the approach was securing buy-in and ownership from PORALG for IMPACT teams. A design workshop was conducted followed by the development of SOPs and training materials. GHSC TA-TZ conducted a TOT training for national level trainers on IMPACT teams approach which a total of 17 TOTs trainers successfully completed the training and qualified to provide IMPACT team subsequent training.
  - Njombe region was selected as the first region for implementation. GHSC TA-TZ collaborated with PORALG to conduct orientation sessions on IMPACT teams in Njombe region covering all six councils of the region and a total of 12 IMPACT teams were established. GHSC TA-TZ supported first IMPACT teams meetings in four councils of Njombe (Makambako, Wanging'ombe, Njombe DC and Njombe TC) and the following activities were conducted;
    - Baseline performance on health commodities management was conducted,
    - Action plans developed and
    - Indicators for monitoring performance refined.
  - In Zanzibar, GHSC TA-TZ continued to provide technical assistance to established IMPACT teams and participated in 2 meetings with national IMPACT teams in Unguja.
  - In collaboration with PORALG and GHSC TA-TZ conducted analysis of current knowledge, use, attitudes, and usability of the systems to identify underlying causes of lack of use to inform subsequent interventions to ensure efficiency and effectiveness.

- Looking forward**
- Continue supporting the meetings in Njombe IMPACT teams and widen the engagement with implementing partner in Njombe to leverage resources
  - Rollout IMPACT teams to three regions, widen stakeholders involvement and streamline the collaboration towards improved performance of teams
  - Continue supporting the national IMPACT team in Zanzibar and engage the MOH Zanzibar to establish district level IMPACT teams

**Related KPIs**

3.2.1: Number of national/subnational TWG meetings utilizing eLMIS reports for evidence-based decision making: 31

3.2.2: Number of people who log into eLMIS: 2678



# SUPPORT THE IMPLEMENTATION OF A RESULTS BASED FINANCING SCHEME

**Overview** The MOHCDGEC, in collaboration with PO-RALG, is implementing a Results-based Financing (RBF) scheme to improve the quality and utilization of health services in primary care facilities. Tanzania's RBF model links payment of cash upon verification of predetermined performance indicators. Currently, the scheme is being implemented in eight regions, and the MSD zones supporting these regions in Tanzania mainland. GHSC TA-TZ has been supporting the implementation of RBF at MSD central Strategic Business Units (SBUs) and zonal SBUs (namely central headquarters, central vertical program, transport, Mwanza, Tabora and Dar SBUs).

**Activities and impact**

- GHSC TA-TZ provided both technical assistance and participated in the routine quarterly RBF verification exercises. With the implementation of the new verification guide the process has been simplified and more objective results across verifiers are anticipated in the coming year.
- In the spirit of continuous improvement, the project team provided technical assistance in the development of MSD SBU performance report template which was endorsed by MoHCDGEC and shared to RBF implementing MSD SBUs for use. Also, the project team reviewed and identified opportunities to streamline RBF activities (verification) to reduce cost.
- GHSC TA-TZ documented RBF supply chain performance trends over time to better inform decisions by the GoT and development partners supporting the scheme on indicator change and justification of addition of quality indicators. The project team provided technical support on the development of MSD quality indicators and shared them with USAID and World Bank to escalate them to the RBF steering committee for decision making.
- GHSC TA-TZ conducted analysis on assessing performance on commodity availability in RBF implementing regions against non-RBF implementing regions where by results showed that;
  - For RBF regions, commodity availability increased by 7% from 2015-2018 while In non-RBF regions, commodity availability increased by 4% from 2015-2018. Since RBF started, there is a slight difference of 0.2% between RBF regions against non-RBF regions.
  - On average, vertical program health commodities are leading in terms of commodity availability (ARV, TB, Malaria and RCHS) with average of 80% and above, compared to essential medicines.
  - Essential medicines availability remains challenging. There was only 1% increase after RBF established (across RBF and non-RBF implementing regions). Within RBF implementing regions, there was a 2% increase.

**Looking forward**

- Conduct a process evaluation of the supply chain component of the RBF scheme
- Refine RBF verification tools, guidelines, indicators and incentives calculation model, and targets and baseline used per each indicator
- Provide coaching related to measuring performance of MSD RBF indicators during data focused RBF verification exercise
- Improve RBF invoicing and financial documentation for MSD (for example, claim invoice and order lead time indicator automation)

**Related KPIs** 4.1.1 Percent of RBF performance incentives received by MSD SBUs over a specified period: (Q2 Result: Central SBU 51.4% Central VP 45.6% Transport SBU 0.0% Mwanza 13.3% Dar 13.3%, Tabora 15.1%, Muleba 46.7%)

# STRENGTHEN GOVERNANCE AND ACCOUNTABILITY

**Overview** GHSC TA-TZ works to strengthen governance and accountability for supply chain by elevating supply chain onto the national health agenda, clarifying roles and responsibilities, and accelerating transition of key supply chain tasks to government counterparts.

- Activities and impact**
- GHSC TA-TZ led the harmonization of supply chain roles and responsibilities (RORE) through a series of interviews that were conducted at different levels of the supply chain as well as a workshop that brought different various supply chain stakeholders for discussion of gaps and duplicates that were identified in the supply chain roles and responsibilities. This activity aimed to harmonize the coordination and accountability of supply chain processes at the institutional level.
  - In collaboration with MoHCDGEC, GHSC TA-TZ began discussions and assessment of key ingredients of eLMIS transition to the GoT. This included resources that the GoT needs to manage eLMIS, the governance structure during the transition of eLMIS, and anticipated timeline for transition.
  - GHSC TA-TZ works to increase supply chain accountability and visibility at the following levels:
    - Community level: participated with MoHCDGEC (NMCP) on world malaria day to connect with the community in Kigoma region on supply chain and malaria control.
    - Parliament level: participated in the parliament led activity of building political willingness to address the HIV 90-90-90 targets. This activity allowed GHSC to connect with members of parliament and discuss ways they can support supply chain issues such as data quality and health facility reporting rates.
    - National level: The project led the preparation for the first annual Tanzania Health Supply Chain Summit, which was conducted on 10-11 October 2018 with over 200 participants from the public and private sector. The summit gained high government support as seen by the opening ceremony conducted by the Deputy Minister of MoHCDGEC and the closing ceremony conducted by the Deputy Minister of PORALG. This activity had high impact as it drastically increased visibility and credibility of GHSC TA-TZ to government counterparts.

- Looking forward (Year 3 activities)**
- Using RORE matrix, orient stakeholders on roles and responsibilities for supply chain management at different levels 1) to promote accountability of supply chain stakeholders; 2) monitor adherence of supply chain stakeholders to supply chain roles and responsibilities matrix; 3) Define and support implementation of a supply chain governance structure at PORALG; 4) and Review current supply chain governing bodies (RBF, MSD transformation SC, HCT-TWG, LMU steering committees) to improve their effectiveness.
  - Promote supply chain tailored performance monitoring and accountability through building political willingness and commitment by building supply chain capacity for MPs and provide input on supply chain component for performance-based contracts for PORALG staff.

**Impact highlights** World Malaria Day: Presenting GHSC TA-TZ objectives and activities to the Minister of Health



90-90-90 Parliament event: Mr. Ondo Baraka presenting to the Speaker on how GHSC TA-TZ contributes to the HIV 90-90-90 strategy



Tanzania Health Supply Chain Summit: Deputy Minister of Health officiating the supply chain summit 2018

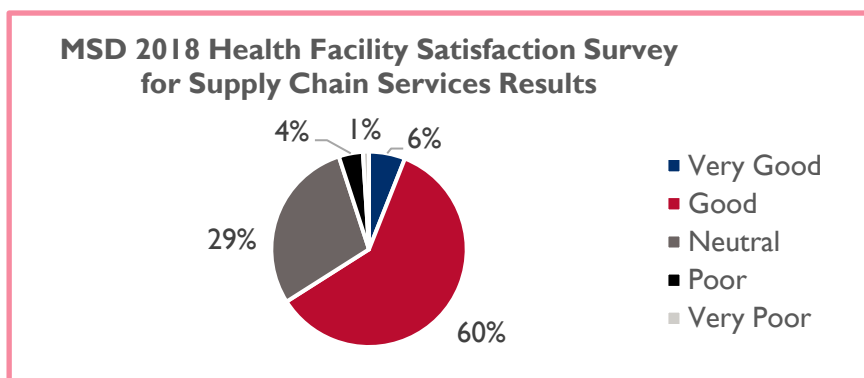


Tanzania Health Supply Chain Summit: Deputy Minister of PORALG closing the supply chain summit 2018



# ASSESS AND SUPPORT HEALTH FACILITY SUPPLY CHAIN SERVICES

<b>Overview</b>	GHSC TA-TZ continued to provide technical assistance to MSD to collect customer satisfaction feedback on the delivery services provided and support PSU to harmonize the supply chain DQA protocol which will be used to ensure quality of supply chain data.
<b>Activities implemented</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ supported MSD to conduct a customer satisfaction survey through the following activities:             <ul style="list-style-type: none"> <li>○ Review and update survey data collection tool</li> <li>○ Develop survey SOP which shows step by step on how to collect mobile data through mobile phone</li> <li>○ Develop survey training guide</li> <li>○ Develop mobile application and enable survey tools to run through mobile example android and smartphone</li> <li>○ Support data analysis using statistical package (STATA)</li> <li>○ Compile data report</li> </ul> </li> <li>• GHSC TA-TZ coordinated learning visits for MSD IT staff to Ifakara Health institute with the purpose of learning how to digitize, collect and use a statistical package to analyze satisfaction data</li> <li>• The project team conducted a workshop to harmonize the supply chain DQA protocol and draft DQA tool developed. The workshop was led by PSU and attended by different supply chain stakeholders including AGPAHI, MDH, EGPAF, PORLAG, and Vertical Programs. The compiled protocol and tools are still under review.</li> <li>• The project team reversed project indicators, realigned the results framework with the USAID Country Development Cooperation Strategy (CDCS), and updated the MEL plan.</li> </ul>
<b>Related KPIs</b>	4.2.1: Overall health facility satisfaction rating for supply chain services



# GHSC TA-TZ MID-TERM REVIEW AND WAY FORWARD

<b>Overview</b>	GHSC TA-TZ engaged a short term technical assistance (STTA) provider to conduct a mid-term performance evaluation of how the project has met (or is on track to meet) the four main objectives of the project. The focus of the evaluation was to review the technical support provided by the GHSC TA-TZ to MOHCDGEC and PO-RALG with the purpose of developing recommendations for project performance towards achieving the intended objectives, and identifying course-correcting actions to ensure the project will meet its objectives prior to completion.
<b>Activities implemented</b>	<p>GHSC TA-TZ completed a quasi-independent midterm review to assess if the project is on track to meet its four objectives and to identify any course-correcting actions necessary to ensure the project will meet its objectives prior to completion. Priority recommendations included:</p> <ul style="list-style-type: none"> <li>• Investing resources in automating and simplifying downstream data capture, validation, and analysis tasks, particularly within the current scope of LMU teams.</li> <li>• Defining a clear end-state, post-transition vision for the GHSC TA-TZ project, and an overall set of core capabilities that will help the project achieve that vision.</li> <li>• Incorporating a more analytical approach to supply chain management, including bench-marking performance of key stakeholders, identifying root-cause issues, and continually rethinking how supply chain functions should be carried out.</li> <li>• Developing a data-driven advocacy strategy that focuses on long-term, high-value objectives like 1) eliminating facility staff involvement in supply chain data capture, 2) securing supply chain performance-based contracts within GoT ministries, and 3) outsourcing supply chain functions to private service providers.</li> </ul>
<b>Looking forward</b>	<ul style="list-style-type: none"> <li>• Interview candidates for advertised supply chain analyst position</li> <li>• Follow-up on submitted year 4&amp;5 TEC increase justification that is aligned to mid-term review recommendations e.g. KM person, advocacy component, additional efforts on IMPACT teams, data focused interventions, etc.</li> </ul>
<b>Related KPIs</b>	None

# — ANNUAL IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES



# IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

Risks and Challenges	Mitigation
<p>Significant risk to supply chain data quality driven by the confluence of three parallel events:</p> <ul style="list-style-type: none"><li>• Rollout of system design</li><li>• Transition of LMU and reduction of LMU scope</li><li>• Ending of LDA positions means limited support on eLMIS</li></ul>	<ul style="list-style-type: none"><li>• Retain two eLMIS user support specialists to support revised system during phase I rollout and to respond to other eLMIS requests from users</li></ul>
<p>Delays in hiring of GF supported LMU staff</p>	<ul style="list-style-type: none"><li>• Continue follow up with Chief Pharmacist on fulfilling the vacant GF positions and elevating the issue to LMU steering committee</li></ul>
<p>Loss of key LMU staff during transition</p>	<ul style="list-style-type: none"><li>• Develop training package for new LMU staff</li></ul>
<p>Capacity (time and skills) of R/CHMTs to conduct effective supportive supervision and improve data quality</p>	<ul style="list-style-type: none"><li>• Develop and implement structured program for building capacity of R/CHMTs.</li><li>• Strengthen collaboration with PO-RALG central and advocate for implementation of IMPACT teams approach that will improve performance of regions/councils and health facilities</li></ul>
<p>Adherence to implementation plans as agreed during interventions designing and planning e.g. logistics system redesigning and quantification rollout (PSU has planned to roll out the two big activities without following the originally agreed plans)</p>	<ul style="list-style-type: none"><li>• Communicate risks and challenges of not adhering to plans and clearly outlining what needs to be done formally via the PS-MOHCDGEC</li></ul>
<p>Project technical guidance sometimes not accepted by GoT counterparts (for example, system design decision around how to obtain consumption data from facilities)</p>	<ul style="list-style-type: none"><li>• Support a rigorous monitoring and evaluation of phase I implementation, and include design decisions that went against project guidance</li><li>• Pilot in Mwanza and revise the system based on findings and recommendations</li></ul>

# IMPLEMENTATION CHALLENGES, RISKS, AND MITIGATION MEASURES

## Risks and Challenges

## Mitigation

Most facilities using the Unified Solution (GoTHOMIS and EMR) are required to manually sync data to the central server (repository). For best practices facility level systems should be sharing transactional data consistently & timely for better analysis hence pro-active interventions.

- Continue to advocate for provision of reliable internet connection for deployment to all facility level systems to be able to sync to the central server(s) at least once a day (nightly). This approach and consistency will support the Enterprise Architecture purpose of having interoperable systems that seamlessly connect and share standardized information. Progress so far is the establishment of a centralized repository for the GoTHOMIS installations (300+), effort led by PORALG.
- Support PORALG to develop a plan for infrastructure improvements to enable facilities to sync and store data

Facility level systems often create or update product information rather than pulling from a standard product registry; this poses risks to successful integration.

- Continue to advocate for all Unified Solution (GoTHOMIS and EMR) installations to use a single source to get product information. To begin this process, we have already begun guiding MOHCDGEC the need to have a product registry that can uniquely identify, collect and share health commodity information. This registry will be part of the Health Information Exchange conceptual model to be utilized by other systems. Both PORALG and MOHCDGEC together are ensuring use of standardized processes and registries to facilitate system information sharing.

Transition of patients to TLD poses potential risks of expiring ARVs.

- Participate on the national team coordinating transition of TLD and continue to identify priorities that need to be in place e.g. advocacy and communication plan to clients and health facilities, re-quantifying, updating pipeline, capacity building, tools updates and close monitoring of the current stock of ARVs
- Continue to assist shipping out of some ARVs to Zimbabwe and Uganda as efforts to address potential expiries partly contributed to by the transition

Move of MoHCDGEC to Dodoma

- Increase travel to Dodoma and transition a few project staff to Dodoma

Potential decline in forecast accuracy with the rollout of the “bottom up” approach for EHC quantification

- Document performance and identify recommendations for refining process during phase I rollout

# — ANNUAL PROJECT MONITORING PLAN REPORT



# PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN-MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY-SEPT 2017	Q1 OCT-DEC 2017	Q2 JAN-MAR 2018	Q3 APR - JUN 2018	Q4 JULY - SEP 2018
1. Provide Strategic Planning and Implementation Assistance	1.1.1: Percent of activities carried out in accordance with Costed Implementation Plan (CIP) from HSCR recommendations	100% of CIP activities carried out by GoT by 2019	Semi Annual Annual (starting year 2)	Indirect	55%		63%		65%		73%
	1.2.1: Percentage of LMU operational costs paid for by the GoT	100% by 2019 will be paid by GoT	Annual (starting year 2)	Indirect			2%				2.5%
	1.2.2: Percentage of health commodity needs budgeted to be covered by MOHCDGEC	Positive trend in GOT funding for health commodities	Annual	Indirect			ARVs 0% RTKs 0% RH 0.02% Malaria 7% EM 36%				ARVs 0% RTKs 0% RH 11% Malaria 1% EM 75%
	1.2.3: Percentage of MOHCDGEC budgeted amount which is actually disbursed	Positive trend in GOT disbursement for health commodities	Annual	Indirect			ARVs 0% RTKs 0% RH 60% Malaria 0% EM 103%				ARVs 0% RTKs 0% RH 7% Malaria 1% EM 89%

# PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN - MARCH 2017	Q3 APR-JUNE 2017	Q4 JULY- SEPT 2017	Q1 OCT- DEC 2017	Q2 JAN- MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018
2. Improve Delivery of Health commodities in Service sites	2.1.1 Percent of eLMIS issues reported and resolved within 24 SLA defined performance period	80%	Quarterly	Direct	52%	56%	43%	51%	51%	66% <sup>1</sup>	78%
	2.1.2: Percentage of e-LMIS hosting/operational cost supported by GoT	Positive trend in GoT funding	Annual	Indirect			0%				0%
	2.2.1 Level of country counterpart ownership in quantification and supply planning	75%	Annual	Direct			81.8%				81.8%
	2.2.2: Percent forecast accuracy (by commodity group )	70%	Annual	Direct			ARVs 75.5% RTKs 82% RH 68.3% Malaria 82.2% mRDT 98.5%				ARVs 83% RTKs 79% RH 70% Malaria 70% mRDT 87%
	2.3.1: stock-out rate for tracer commodities	< 5%	Quarterly	Indirect	ARVs 15% RTKs 10% FP 21% Malaria 47% EM 37%	ARVs 13% RTKs 10% FP 23% Malaria 16% EM 34%	ARVs 11% RTKs 11% FP 20% Malaria 15% EM 27%	ARVs 7% RTKs 8% FP 5% Malaria 9% EM 20%	ARVs 9% RTKs 11% FP 5% Malaria 9% EM 18% TB 19%	ARVs 8% RTKs 13% FP 21% Malaria 20% EM 28% TB 12%	ARVs 6% RTKs 8% FP 20% Malaria 20% EM 14% TB 7%
	2.3.2: Inventory turns (at MSD central)	2	Quarterly	Indirect	ARVs -, FP 0.05, Malaria 0.7	ARVs -, FP 0, Malaria 0.5	ARVs 0.15, FP 0.26, Malaria 0.33	ARVs 0.4 FP 0.2 Malaria 3	ARVs 2 FP 0.3 Malaria 1 RTK 1	ARVs 2 FP 0.3 Malaria 1 RTK 1	ARVs 1 FP 1.4 Malaria 0.49 RTK 3

# PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN - MARCH 2017	Q3 APR- JUNE 2017	Q4 JULY- SEPT 2017	Q1 OCT-DEC 2017	Q2 JAN- MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018	
2. Improve Delivery of Health commodities in Service sites	2.3.3: Cycle time (average)	14 days	Quarterly	Indirect	15 days	17 days	8 days	19 days	9 days	6 days	14 days	
	2.3.4: Percent of shipments delivered on time and complete within an agreed upon window (Central to Zonal level only)	80%	Quarterly	Indirect	ARVs 59% RTKS 79% FP 76% Malaria 38%	ARVs 43% RTKS 25% FP 62% Malaria 55%	ARVs 88% RTKS 62% FP 94% Malaria 69%	ARVs 84% RTKS 31% FP 87% Malaria 55%	ARVs 66% RTKS 79% FP 59% Malaria 74% TB 50%	ARVs 73% RTKS 30% FP 81% Malaria 94% TB 63%	ARVs 73% RTKS 41% FP 54% Malaria 55% TB 67%	
	2.3.5: Percent of facilities sending timely and complete LMIS reports to the central level	80%	Quarterly	Indirect	95%	97%	94%	95%	96%	95%	96%	
	2.3.6: Number of Artemisinin based combination therapy (ACT), SP and mRDTs treatments purchased in any fiscal year with USG funds that were distributed in this fiscal year	N/A	Annual	Indirect			1,796,520					ALU P/3 = 215,640 SP = 63562 MRDT = 307,607
	2.3.7: PEPFAR commodities stocked according to plan	N/A	Quarterly	Indirect			ARV 20%, RTKs 18%, OI medicine 22%, Male condom 17%	ARV 30%, RTKs 18%, OI medicine 23%, Male condom 17%	ARV 28%, RTKs 19%, Cotri susp: 24% Cotri tablet: 25% Male condom 19%	ARV 29%, RTKs 24%, Cotri susp: 20% Cotri tablet: 23% Male condom 17%	ARV 23%, RTKs 23%, Cotri susp: 22% Cotri tablet: 22% Male condom 17%	

# PROJECT MONITORING PLAN

OBJECTIVE	MEASURE	TARGET	REPORTING FREQUENCY	DIRECT OR INDIRECT	Q2 JAN - MARCH 2017	Q3 APR- JUNE 2017	Q4 JULY- SEPT 2017	Q1 OCT-DEC 2017	Q2 JAN-MAR 2018	Q3 APR – JUN 2018	Q4 JULY – SEP 2018
3. Broaden Stakeholders' understanding and engagement of the supply chain system	3.1.1: Number of information sharing technical forums where the project provided data for decision making	N/A	Quarterly	Direct					14	11	17
	3.1.2: Number of project reports produced and disseminate with other supply chain stakeholders	N/A	Quarterly	Direct					1	0	4
	3.1.3: Number of joint supportive supervisions conducted	72 supervision annual	Quarterly	Direct					23	20	13
	3.2.1: Number of national/subnational TWG meetings utilizing e-LMIS reports for evidence-based decision making	N/A	Quarterly	Direct					29	28	31
	3.2.2: Number of people logging-in into e-LMIS	N/A	Quarterly	Indirect					2261	2604	2678
	3.2.3: Percentage of R&R passing data quality check in specific period.	N/A	Quarterly	Indirect	NA	NA	NA	NA	86%	81%	82%
4. Strengthening enabling environments to improve supply chain performance	4.1.1 Percent of RBF performance incentives received by MSD SBUs over a specified period	Positive trend on percentage received of the RBF performance	Quarterly	Indirect	Central SBU 21%, Central VP 15%, Transport SBU 85%, Mwanza 28%	Central SBU 12%, Central VP 44%, Transport SBU 33%, Mwanza 90%, Dar 22%	Central SBU 33.6% Central VP 63.3% Transport SBU 42.9% Mwanza 38.6% Dar 9.6%, Tabora 10.1%, Muleba 47.2%	Central SBU 21.2% Central VP 0.3% Transport SBU ,0% Mwanza 50.7% Dar 23.3%, Tabora 46.4%, Muleba SP 53.0%	Central SBU 31.2% Central VP 45.6% Transport SBU 100% Mwanza 23.8% Dar 22.3%, Tabora 3.9%, Muleba 60.3%	Central SBU 51.4% Central VP 26.4% Transport SBU 0.0% Mwanza 13.3% Dar 13.3%, Tabora 15.1%, Muleba 46.7%	N/A (results available in January 2019)
	4.2.1: Overall health facility satisfaction rating for supply chain services	N/A	Semi-annual	Indirect			Very Good 10% Good 70%, Neutral 19%, Poor 1%, Very Poor 0%				Very Good 6% Good 60%, Neutral 29%, Poor 4%, Very Poor 1%



# ANNEXES



**USAID**  
FROM THE AMERICAN PEOPLE



# — ACRONYMS



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# ACRONYM LIST

<b>ACT</b>	Artemisinin-based combination therapy
<b>ART</b>	Antiretroviral therapy
<b>ARV</b>	Antiretroviral
<b>CHMT</b>	Council Health Management Team
<b>CIP</b>	Costed Implementation Plan
<b>CMS</b>	Central Medical Store
<b>CP</b>	Chief Pharmacist
<b>DHFF</b>	Direct Health Facility Financing
<b>DHIS2</b>	District Health Information System
<b>DMO</b>	District Medical Officer
<b>DQA</b>	Data Quality Assessment
<b>EID</b>	Early Infant Diagnosis
<b>eLMIS</b>	electronic Logistics Management Information System
<b>EM</b>	Essential Medicines
<b>FEFO</b>	First Expiry First Out
<b>FP</b>	Family Planning
<b>GHSC TA-TZ</b>	Global Health Supply Chain Technical Assistance – Tanzania
<b>GF/SC</b>	Global Fund / Supply Chain
<b>GoTHOMIS</b>	Government of Tanzania Hospital Management Information System
<b>GoZ</b>	Government of Zanzibar

# ACRONYM LIST

<b>HCWs</b>	Health Care Workers
<b>HF</b>	Health Facility
<b>HIM</b>	Health Information Mediator
<b>HIS</b>	Health Information System
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSCR</b>	Holistic Supply Chain Review
<b>HVL</b>	HIV Viral Load
<b>ILS</b>	Integrated Logistics System
<b>IPs</b>	Implementing Partners
<b>KM</b>	Knowledge Management
<b>KPI</b>	Key Performance Indicator
<b>LMU</b>	Logistics Management Unit
<b>MIS</b>	Management Information System
<b>MOH</b>	Ministry of Health (Zanzibar)
<b>MOHCDGEC</b>	Ministry of Health, Community Development, Gender, Elderly and Children
<b>MOP</b>	Malaria Operational Plan
<b>MRDT</b>	Malaria Rapidly Test Kits
<b>MSD</b>	Medical Stores Department
<b>NACP</b>	National AIDS Control Program
<b>NMCP</b>	National Malaria Control Program

# ACRONYM LIST

<b>NPAP</b>	National Pharmaceutical Action Plan
<b>NTPP</b>	National Tuberculosis and Leprosy Program
<b>OIG</b>	Office of Inspector General
<b>PMTCT</b>	Prevention of Mother to Child Transmission (of HIV)
<b>PO-RALG</b>	President's Office of Regional Administration and Local Governments
<b>PHCU</b>	Primary Health Care Units
<b>PQR</b>	Price and Quality Report
<b>PS</b>	Permanent Secretary
<b>PSM</b>	Procurement and Supply Management
<b>PSU</b>	Pharmaceutical Services Unit
<b>QA</b>	Quality Assessment
<b>R/CHMTs</b>	Regional Council Health Management Team
<b>RCHS</b>	Reproductive and Child Health Services
<b>RACI</b>	Responsible, Accountable, Consulted, or Informed
<b>R&amp;R</b>	Report and Request
<b>RUM</b>	Regional Use of Medicine
<b>SCMT</b>	Supply Chain Monitoring Team
<b>SOP</b>	Standard Operating Procedure
<b>STTA</b>	Short Term Technical Assistance
<b>TA</b>	Technical assistance

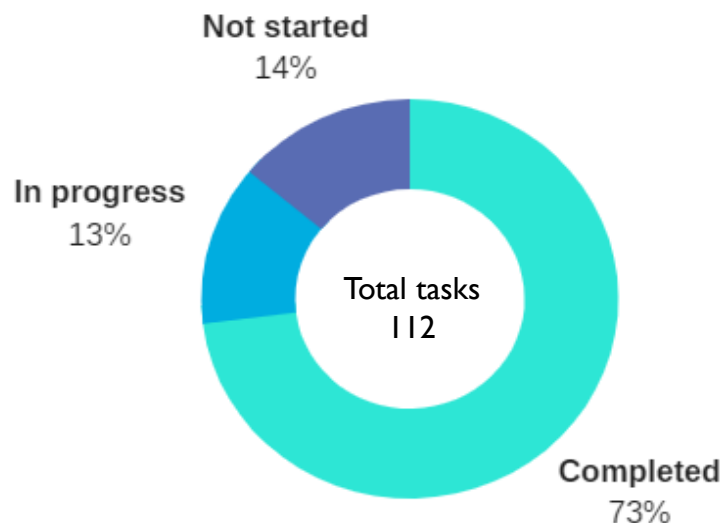
# ACRONYM LIST

<b>TFDA</b>	Tanzania Food and Drug Authority
<b>TOT</b>	Training of Trainers
<b>TFNC</b>	Tanzania Food and Nutrition Centre
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization
<b>ZSCAP</b>	Zanzibar Supply Chain Action Plan
<b>ZSCCAP</b>	Zanzibar Supply Chain Costed Action Plan
<b>ZILS</b>	Zanzibar Integrated Logistics System

# — ROOT CAUSE ANALYSIS FOR ANNUAL PMP INDICATORS

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

## Performance trends and description



<b>Root cause analysis</b>	<p>In the CIP, a total of 112 activities were scheduled for the last nine months (July 2017 to June 2018), of which 73% were completed by the end of June 2018 (Note: Tracking timeline ended in June because data was reported by the Government counterpart based on GoT financial year which starts in July and ends in June). Contributions to this success are alignment of plans for LMU, MSD and PORALG to implement the HSCR recommendations. 14% of the activities have not yet started for several reasons including change of strategies which has made some activities obsolete. For example, MSD procured 181 vehicles, therefore, there was no need for MSD to engage 3PLs. Also, MSD started implementing direct procurement from manufacturers which has lowered the prices of health commodities on average by 40% for the public. 13% of the planned activities were reported in progress which includes those items which were delayed due to the approach used and those awaiting approval. This includes activities which depend on the system redesign and EHC quantification. Furthermore, the activities which require recruitment of staff at PSU and PORALG are indicated as regular tasks which are reported as in progress and some have not yet started as they were not in the Council annual plans. In addition, there several activities which are long term such as the eHealth initiatives which include integration of the eLMIS and development of the HIM to improve data visibility.</p>
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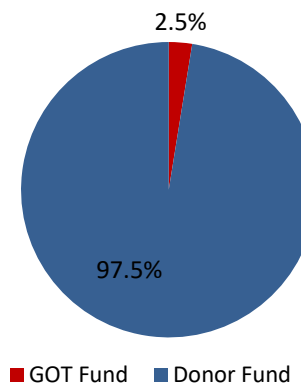
**Corrective actions** GHSC TA-TZ to share the progress report to stakeholders to promote alignment of planned interventions in supply chain.

## I.2.1: PERCENTAGE OF LMU OPERATIONAL COSTS PAID FOR BY GOT

### Performance trends and description

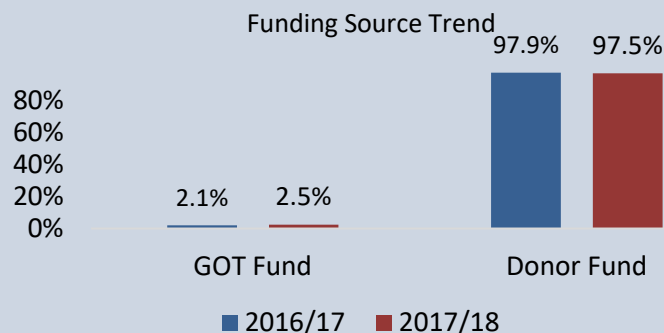
In fiscal financial year 2017/2018, the GoT contribution to the funding of LMU increased from 2.1% (2016/2017) to 2.5% (2017/2018). By September 2018, the funding source share was 2.5% from GoT, 19.6% from Global Fund (GF), and 77.9% from USAID.

LMU Funding Sources



### Root cause analysis

Although the GoT contribution increased slightly by 0.4% by the end of September 2018, the increase was contributed to primarily by the reduction of USAID supported staff from 50 to 30 and disposal of seven (7) USAID supported vehicles, which happened by the start of July 2018 in line with the new agreed LMU scope. There has been no change in the GoT or GF contribution. The delay in reaching consensus on the future scope of LMU by stakeholders delayed implementation of the transition plan including the staff absorption plan to GoT structures.



Source: LMU cost report (figures 2016/17)

### Corrective actions

GHSC TA-TZ to continue involvement and support of LMU transition activities.



# I.2.2: PERCENT OF HEALTH COMMODITY NEEDS BUDGETED TO BE COVERED BY MOHCDGEC

## Performance trends and description

In fiscal financial year 2017/2018, MoHCDGEC budget allocated for health commodities increased by 3.4% from TZS 251.1 billion to TZS 260 billion.

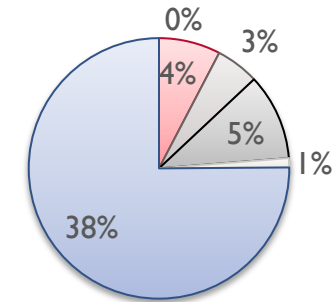
### Essential medicines

Total amount of TZS 98.1 billion was projected to cover essential commodities financial needs to the facilities.

### Vertical programs

The GoT budgeted TZS 32.5 billion for vertical programs commodities, however, this budget is not sufficient. Donors cover more costs compared to the Government. For the year 2017/2018, MoHCDGEC allocation was 38% 4%, 3%, 5%, 1% for EC, ARV, MNCH, Family Planning and Malaria respectively.

% share of MOHCDGEC budget allocated for health commodities 2017/2018

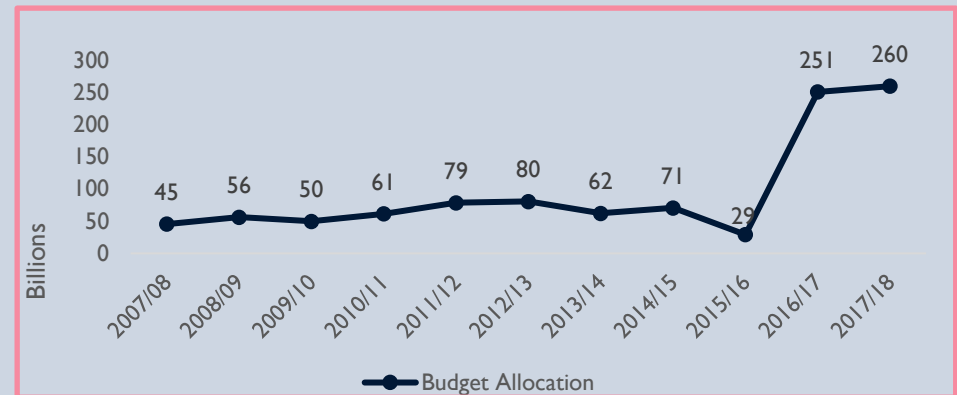


■ RTKs ■ ARV ■ MNCH ■ FP ■ Malaria ■ EM

## Root cause analysis

Budget allocation for the health commodities showed improvement from 2008 to 2018. There was an increase of 3.4% of the MoHCDGEC budget for health commodities in financial year 2017/2018. This is due to the general increase of budget for health including vertical programs with a specific focus on ARVs and family planning. However, allocation for malaria went down by 6.43% compared to last year due to the reduced focus on Sulphadoxine + Pyrimethamine, SP Tablets.

MoHCDGEC budget for health commodities for the financial year 2017/18 disbursed and deposited in health facility accounts located at the MSD increased by 20% from 36% in year 2016/17 to 56% in 2017/18. However, of the budget allocated for vertical program commodities (TZS 32.5 billion), only 19.7% (TZS 6.5 billion) was disbursed.



## Corrective actions

GHSC TA-TZ conducted an assessment to determine the total health commodity financial needs at the primary facility level covering year 2016/2017, with the aim of informing GoT. Since the GoT budget allocation on health commodity has shown great improvement for the last two years, GHSC TA-TZ will support the GoT to establish a mechanism for a Drug Revolving Fund.

## I.2.3: PERCENT OF MOHCDGEC BUDGETED AMOUNT WHICH IS ACTUALLY DISBURSED

### Performance trends and description

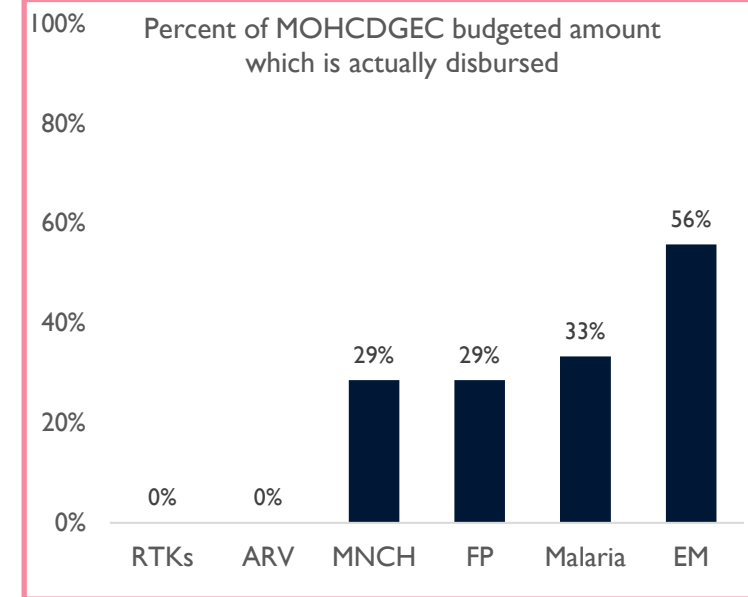
In fiscal financial year 2017/2018, MoHCDGEC budget allocated for health commodities increased by 3.4% from TZS 251.1 billion to TZS 260 billion in 2017/2018.

### Essential medicines

Total amount of 98.1 billion was projected to cover essential commodities financial needs to the facilities. Out of that amount, 56% (TZS 54.7 billion) was disbursed to the health facility accounts located at the MSD.

### Vertical programs

The GoT budgeted TZS 32.5 billion for vertical programs commodities. For the year 2017/2018, MoHCDGEC disbursement was 0%, 0%, 29%, 29%, and 33% for RTKs, ARV, MNCH, Family Planning and Malaria respectively out of the budgeted amount for each program.



### Root cause analysis

Budget disbursement for the health commodities showed improvement from 2008 to 2018. However, funds for ARVs and RKTs were not disbursed. Also, the funds for MNCH, FP and Malaria disbursed were less than 50% of the allocated budget. The low disbursement for the VPs may be due to a higher priority placed by GoT on essential commodities.

### Corrective actions

As assessment was conducted to determine the total health commodity financial needs at the primary facility level for year 2016/2017, with the aim of informing the GoT. Since the GoT budget allocation on health commodity has shown great improvement for the last two years, GHSC TA-TZ will support the GoT to establish a mechanism for a Drug Revolving Fund.

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

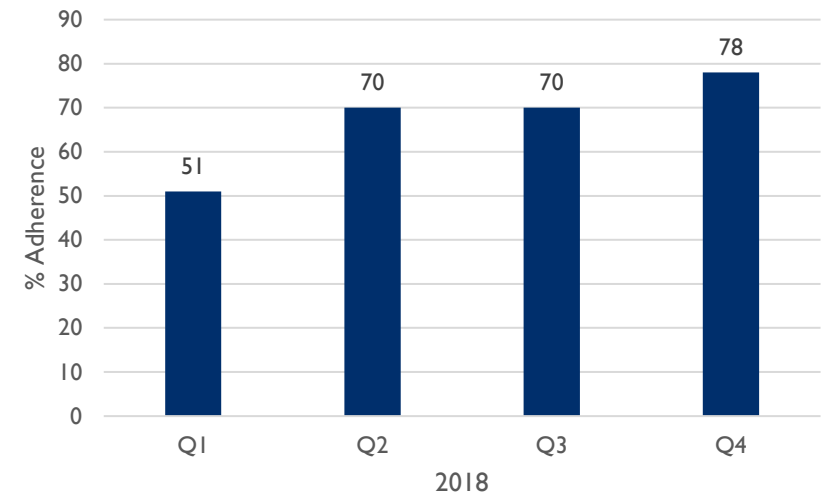
### Performance trends and description

The help desk received over 341 reported issues in year 2017/2018 of which 209 (61%) were resolved based on the agreed Service Level Agreement (SLA).

Overall, there has been improvement in the responsiveness and customer service provided to eLMIS users by the team.

Commonly reported issues for this quarter were registration of new products and resolution of a system bug that appeared to alter pack sizes with greater than two items.

SLA 2018 ANNUAL TREND



### Root cause analysis

At the beginning of the year, there was less responsiveness from the support team due to a limited number of dedicated staff to manage the helpdesk service. Also, the initial SLA was set and agreed to 8 hours for response and resolution of an issue. This tight SLA ideally meant that a dedicated team was needed rather than LDAs with other duties assigned to them. An improvement was noted starting from quarter two of this year based on an agreed upon change to increase the SLA window to 24 hours. Coupled to this, in quarter 4 the MIS team received additional staff with dedicated time to support the eLMIS redesign work and helpdesk services at large. Most helpdesk issues are related to requirements for product registration and lapses after editing is stagnant for more than 24 hours as users are in consultation with MSD.

### Corrective actions

The responsiveness between Q3 and Q4 has been greatly improved with the addition of dedicated resources to support the helpdesk. To maintain progressive improvement, the eLMIS support desk needs to have a dedicated team of at least two resources that can ensure business continuity and better user satisfaction.

## 2.1.3 LEVEL OF COUNTRY COUNTERPART OWNERSHIP IN QUANTIFICATION AND SUPPLY PLANNING\*

### Performance trends

The level of ownership by country counterparts in quantification and supply chain in Year 2 was 81.8% (shared or whole participation in 9 of 11 activities), which was same as year 1 compared to the target of 75%.

\*This indicator is calculated by looking at the various activities that comprise quantification exercises and supply plan updates and determining the level of leadership (wholly counterpart led, shared counterpart led, shared project led or wholly project led).

Phase	Activities	Participation Level	Score
Quantification Exercise	1)Initiation of and management of processes	WC	1
	2) Data collection for forecasting and supply planning	SC	1
	3)Data validation and analysis	SC	1
	4) Generation of long term forecasts (24 months)	SS	0
	5) Preparation of a 12 – 18 month supply plan	SS	0
	6)Document inputs, assumptions and outputs	WC	1
	7)Coordination of sourcing for planned shipments	SC	1
Supply Plan Updates	1)Data collection for supply plan updates	SC	1
	2)Data validation and analysis	SC	1
	3)Update supply plan mechanism	SC	1
	4) Generation and sharing (with procurement mechanism) of updated and extended supply plan	SC	1

### Legend

Wholly Counterpart = WC  
 Shared: Counterpart leads = SC  
 Shared: GHSC leads = SS  
 Wholly GHSC = WS

### Root cause analysis

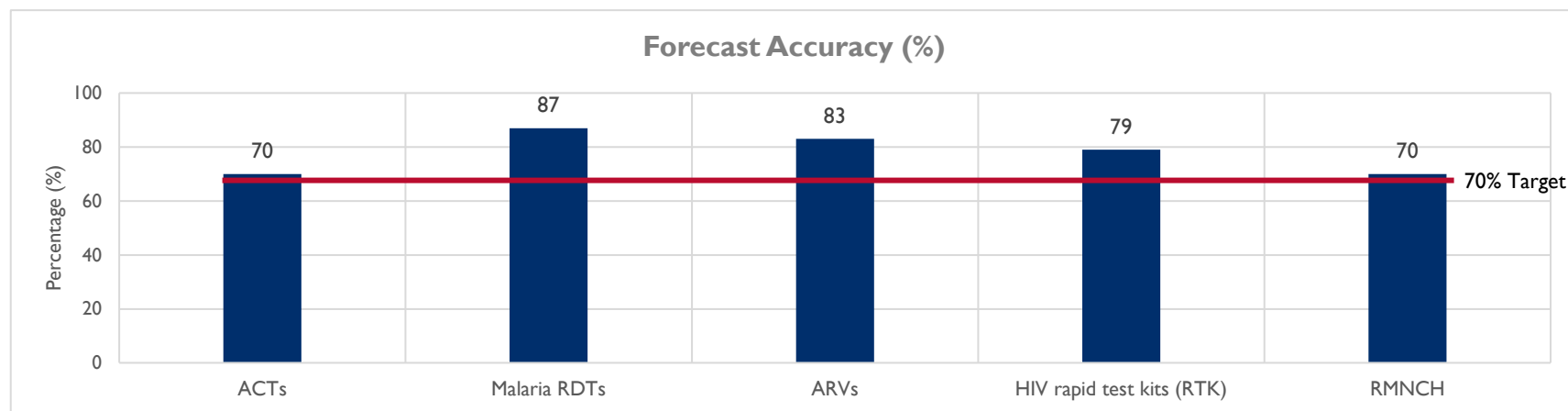
A lack of human resources restricts the ability to be engaged in all activities. For example, with the Malaria and RCHS programs, there is only 1 pharmacist on staff. Also, staff turnover may affect the program including trained staff shifting to other programs.

### Corrective actions

GHSC TA-TZ will continue providing on-the-job technical support and fully engage government staff.

## 2.2.1 FORECAST ACCURACY (BY COMMODITY GROUP)

### Performance trends and description



### Root cause analysis

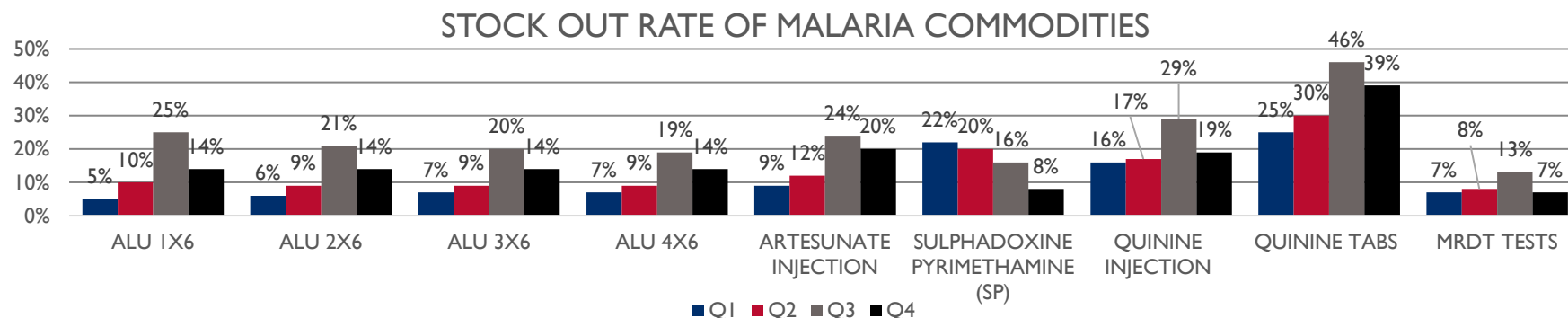
- **Malaria:** Forecast accuracy for ACTs is 70%, while for mRDT is 87% . Source of consumption data for ACT is DHIS2 dispensing data while the source of consumption data for other products including mRDT is eLMIS. Consumption data for ACT from eLMIS had quality issues. For this reason, the team chose to use consumption information from DHIS2 as shared by NMCP.
- **ARVs:** The consumption data source is eLMIS for the period of 6 months Jan-June 2018. The forecast accuracy is 83% which exceeds the target of (70%). Actual consumption (Jan-June 2018) for Lopinavir for adults has been low as most second-line patients were given Atazanavir/ritonavir which is currently the default second line Protease Inhibitor (PI) ARV.
- **RTKs:** Average forecast accuracy for HIV RTK is 79% which exceed the target (70%). The forecast accuracy for SD bioline is below the target 66%. At the beginning of 2018, there were several unplanned HIV testing campaigns which raised the usage of SD bioline as a screening test. Conversely, the forecast accuracy for UniGold is much better at 92%.
- **RH:** The forecast accuracy is 70% . During the analysis, three products were excluded as outliers: Jadelle, Implanon and Depo-provera injection. There is a possibility that facilities are mixing data for implanon and jadelle during reporting; raw data for Depo-provera appears to also have quality issues (there are problems in recording of the data measurement).
- Regarding Copper T (IUD), the uptake is very low as it seems there are some facilities with no skilled personnel to use that methodology.

### Corrective actions

- GHSC TA-TZ will continue to ensure all testing campaigns (targets) are included during the quantification exercise especially for HIV RTK.
- The project team will continue advocating and facilitating data quality improvement which can affect the forecast accuracy.
- During product transition (phase in /phase out), the project team will encourage stakeholders to ensure realistic targets are set and communicated to other stakeholders, and follow-up to ensure monitoring occurs.

## 2.3.1 STOCK OUT RATE: MALARIA

### Performance trends and description



### Root cause analysis

In Quarter 1, the stock out rate for malaria commodities was attributed to shortage of SP due to delays in the PMI funded consignment which was received in Quarter 2. In Quarter 2, zones still reported SP challenge as a result of data quality issues in the eLMIS. In addition, Quinine tablets showed the highest stock out rate in Quarter 2 as zones reported unavailability of the commodity through zonal performance reports and monthly order advisory sheets. Quinine tablets being a normal saleable item also impedes availability due to funding constraints at Health facility level. Quarter 3 had the highest overall stock out rate which was attributed to Quinine tabs, Quinine and Artesunate injections, ALU presentations and mRDT. One reason is because facilities are not adhering to treatment protocols with regard to antimalarial ordering where items like quinine tabs and injections are reserved for pregnant women during first trimester. However, facilities are ordering quinine instead of artesunate because of challenge with dilution process. For ALU presentations, facilities may not keep all the four presentations when one is available and may report stock out of ALU formulation but not order the item from MSD. Stock out rates in Quarter 4 are due to quinine tablets, Quinine injection and artesunate injection, as in Quarter 3. The positive improvement is due to 1) Central MSD improved zonal fill rates by ensuring stocked commodities shied on time 2) all zonal submitted report on time to central supply chain management and 3) improved fleet availability and coordination by transport unit which enabled fast track delivery and 4) GHSC-TA-TZ/LMU/RCHMT/ORLAG and IPs continue advocating for quality data for decision making.

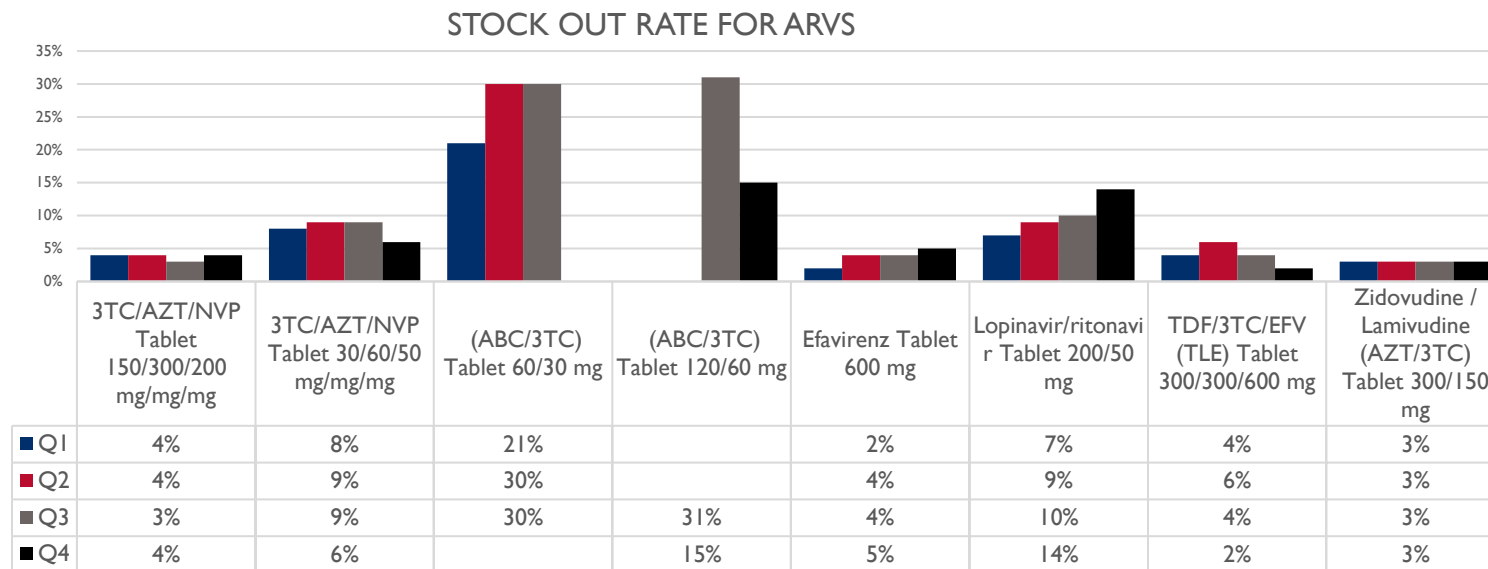
### Corrective actions

- GHSC-TA-TZ worked with NMCP to plan for SP procurements as far in advance as possible, and continued to advocate for SP procurement by GoT as per funding commitment and HFs to continue procuring using other sources of funds from vendors other than MSD to alleviate shortages. This is inline with working with PORALG to support the rollout of the prime vendor model.
- GHSC TA-TZ followed up with NMCP on their monitoring of rational use of quinine and artesunate injections as well as tablets in line with treatment protocols for malaria. Through the HCHT TWG, the NMCP program pharmacist committed to using the artesunate injection trainers in each council to advocate for the uptake of artesunate injection. In regards to ALU presentations, NMCP agreed to investigate current issues and the project team will continue to follow-up.
- Data quality assessments of eLMIS data were conducted by LMU during supervisory visits with R/CHMT and other IPs to improve data quality in addition to LMU coordination of interzonal transfers to temporarily mitigate shortages.
- GHSC supported PORALG to rollout the IMPACT teams approach, a data use initiative in Tanzania mainland to improve data quality for decision making, and developed supply chain DQA protocol in collaboration with various supply chain stakeholders.

## 2.3.1 STOCK OUT RATE: ARVs

### Performance trends and description

Over the past year, the overall stock out rate of ARVs on average has been 8%. The highest was in Q2 (9%) and lowest in Q4 (6%). The stock out rates in Q1 and Q3 were 7% and 8% respectively.



### Root cause analysis

During the first half of the year, ABC/3TC single strength pediatric formulation was the first line treatment for pediatrics and contributed to the high stock out rates. In Q3, despite the introduction of the new double strength formulation of ABC/3TC, facilities were still ordering the single strength version. The double strength version has had low uptake until mid-Q3 when facilities started ordering the item as a result of an awareness campaign conducted by supply chain stakeholders such as GHSC TA-TZ, R/CHMT and implementing partners. However, in Quarter 4, the new double strength formulation contributed to the high stock out rate of ARVs, and when compared to Q3, there is a significant drop in stock out incidences of the item which is reflected in the overall stock out rate which has dropped in Q4 by 2%. As of 31<sup>st</sup> August 2018, MSD central, Mbeya and Moshi zones had no stocks of ABC/3TC 120/60mg.

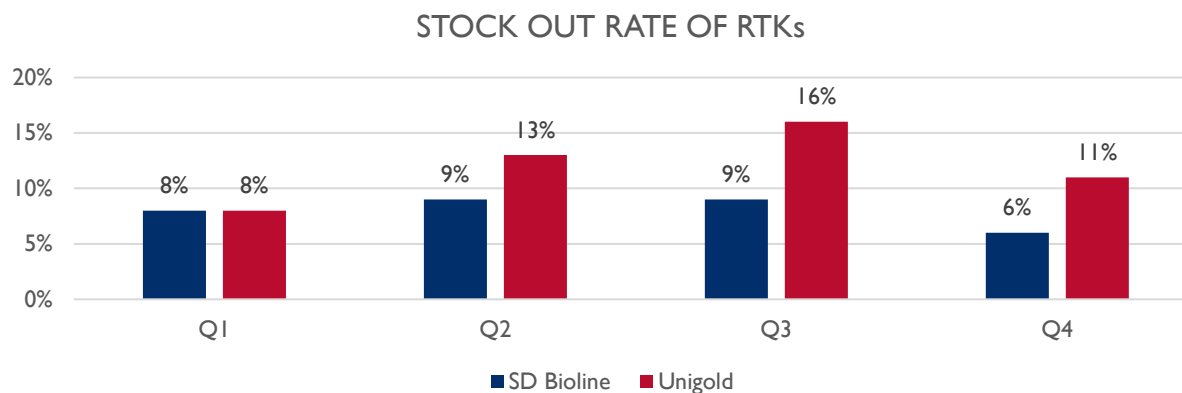
### Corrective actions

- GHSC TA-TZ closely monitored the stock status of all ARVs to alert to potential stock outs, and worked with NACP and stakeholders to ensure supplier adherence to shipment schedules and to adjust schedules when necessary. In addition, through LMU, GHSC TA-TZ continued to incorporate data quality assessment as part of supervisory visits. Through the IMPACT team approach, GHSC TA-TZ developed the supply chain DQA protocol which will be in used in year 3.
- The LMU team facilitated interzonal transfers and redistributions to reduce stock outs.
- GHSC TA-TZ supported NACP in the quantification exercise for ARVs including new formulations like ABC/3TC double strength and pushed for emergency shipments of ABC/3TC.

## 2.3.1 STOCK OUT RATE: RTKs

### Performance trends and description

Stock out rates averaged 10% over the last year for RTKs which is a 2% decrease compared to Year 1.



### Root cause analysis

The availability of RTKs has been quite stable throughout the year. However, more stock out incidences have been reported with regard to Unigold which is the confirmatory test which was associated with short expiry of the item. The challenges reported across zones were attributed to false stock outs reported by health facilities as testing campaigns by Implementing partners resulted in increased consumption of test kits. In addition, response to the 90:90:90 strategy resulted in the campaign called FURAHA YANGU that was launched by PORALG in collaboration with MoHCDGEC that led to high consumption of test kits.

### Corrective actions

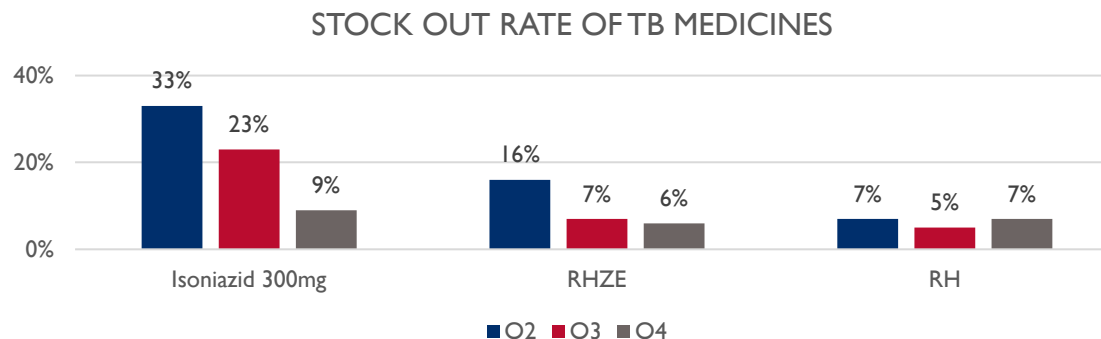
- The LMU team has continued to advocate to R/CHMTs for HCWs to adhere to the testing guidelines.
- GHSC TA-TZ has continued to focus on improving data quality and use of data for decision making as part of DQA incorporated in the supervisory visits conducted by LMU either alone or in collaboration with R/CHMTs or implementing partners.
- At the national level, the GHSC TA-TZ team has continued to encourage the quantification team to take into account HCW preferences when determining the overall quantities required. GHSC TA-TZ will continue to use the PEPFAR ART, PMTCT partners forum as well as Regional meetings organized by Implementing partners to provide feedback to other IPs on the importance of better planning before community testing campaigns as well as on the implications that these campaigns may have on stock availability. There is an improvement in Year 2 compared to Year 1 but more efforts will be put in year 3 to strengthen planning and coordination between MSD, IPs and PORALG regarding testing campaigns conducted by IPs to meet their testing targets and consequently enrollment of clients on ART.
- GHSC TA-TZ has supported PORALG in rolling out the IMPACT team approach, a data use initiative where Regional and District laboratorians have been trained to use data to improve availability of lab items including RTKs.
- GHSC TA-TZ has continued to work closely with NACP and supported quantification exercise and reviews as well as monitoring expected shipments of RTKs such as those expected in July & August 2018 where 6MOS of SD Bioline were received.



## 2.3.1 STOCK OUT RATE: TB MEDICINES

### Performance trends and description

The average stock out rate of TB medicines in three reported quarters (Q2, Q3, and Q4) of Year 2 is 13%.



### Root cause analysis

GHSC TA-TZ started reporting on TB medicines in Quarter 2, after the revision of the MEL plan. In the three reported quarters, there has been a decrease in stock out rate of TB medicines as follows: Q2 19%, Q3 12% and Q4 7% respectively attributed to various efforts by different stakeholders to improve availability of TB medicines. In Q2 and Q3, stock out rates were a result of national shortages of Isoniazid 300mg tabs whose supply was erratic. Different zones had reported shortages of Isoniazid which continued to affect timely initiation of Isoniazid Preventive Therapy (IPT) and posed risks to those already on the 6 month course. In Q4, although stock out incidences have been reported on Isoniazid, they were a result of data quality issues mostly with few zones reporting stock out incidences (for example, Moshi had 0.7 MOS). As of September 2018, there were 11.4 MOS of Isoniazid, 2.3 MOS of RH and 0.2 MOS of RHZE. In Q4, there were national shortages of RHZE associated with delays in deliveries of the item at the national level, as well as issues around forecasting and quantification. In addition, poor fill rates of TB medicines was a big obstacle. For instance in July 2018, the highest fill rate was 67% for Muleba sales point, whereas Tanga, Mwanza and Dodoma zones had stock outs (zero fill rates from central). In July 2018 (Q4), Dodoma zone reported stock out incidences of Isoniazid 300mg, and across all MSD zones, stock outs of RHZE were reported due to unavailability at MSD central. Moreover, non-adherence to district request ceilings shared by NTLT to guide on proxy of quantities to be consumed by councils per quarter affected availability.

### Corrective actions

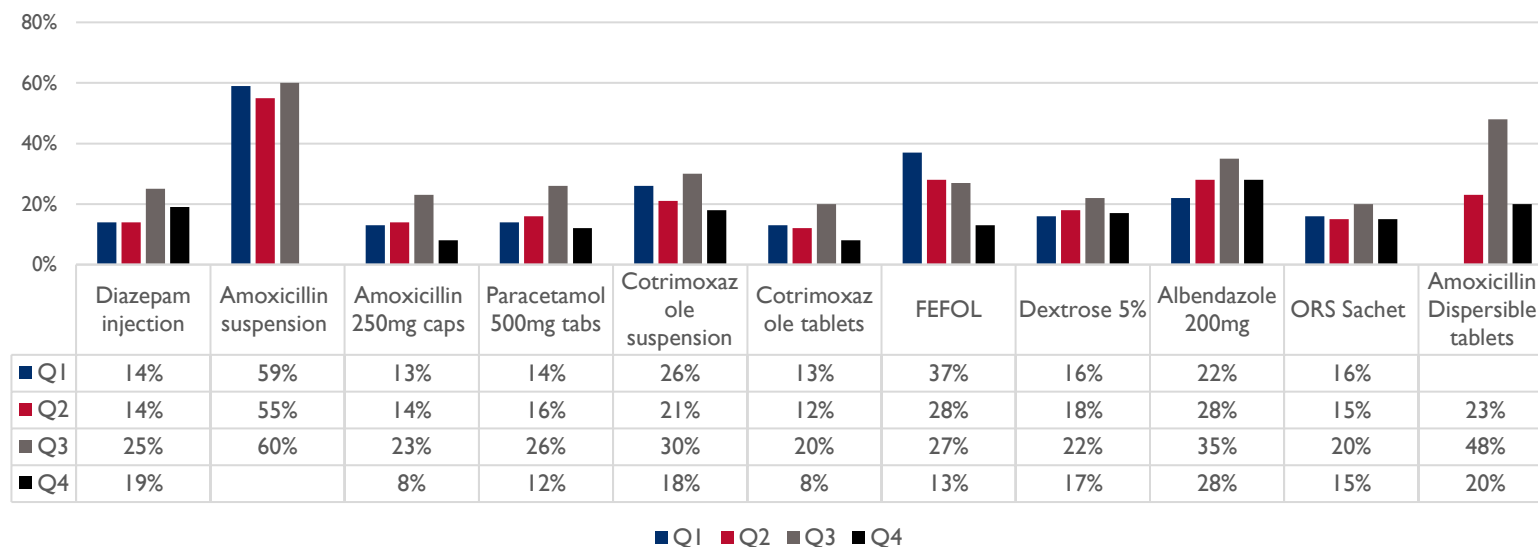
- GHSC TA-TZ continued to work closely with NTLT to expedite shipments of RH tabs with 13 MOS, RHZE with 13.2 MOS and Isoniazid with 8.8 MOS between July and September 2018 (Q4).
- LMU in collaboration with MSD, NTLT and RHMTs facilitated interzonal transfers of RHZE. Iringa zone had enough stock whereas other zones like Tanga, Moshi, Mbeya, Mtwara etc. were completely stocked out. The same applies to Dodoma and Tabora zones where LMU in the zones in collaboration with NTLT, MSD and RHMTs worked hand in hand to receive TB medicines from other zones.
- LMU continued to provide mentorship to CHMTs on forecasting and ordering as well as data quality checks and R&R reviews to improve availability of TB medicines. LMU will continue to guide CHMTs per NTLT directives in Year 3.

## 2.3.1 STOCK OUT RATE: ESSENTIAL MEDICINES

### Performance trends and description

For essential medicines, the highest stock out rate was in Q3 (28%) compared to the lowest in Q4 (14%). The overall stock out rate stands at 18% across all quarters.

STOCK OUT RATE OF ESSENTIAL MEDICINES



### Root cause analysis

Across the four quarters, there has been a challenge in terms of the availability of FEFOL, antibiotics and albendazole. The transition from Amoxicillin suspension to Amoxicillin DT led to availability challenges as facilities were filling in zeros in the R&Rs for Amoxicillin suspension even though they were stocked out. This was rationale as Amoxicillin DT is being rolled out. However, availability of Amoxicillin DT has been unstable from Q2 through Q4, which has attributed to lack of awareness of the pediatric formulation by service providers, data quality issues and national shortages. In April 2018, Tabora, Mwanza, Moshi and Dodoma zones reported stockouts of Amoxicillin DT. As of 29<sup>th</sup> September 2018, there were 0.1 MOS of the item at MSD. FEFOL, antibiotics and albendazole are saleable and insufficient funding at the health facility level has been the main hurdle to availability of these essential medicines.

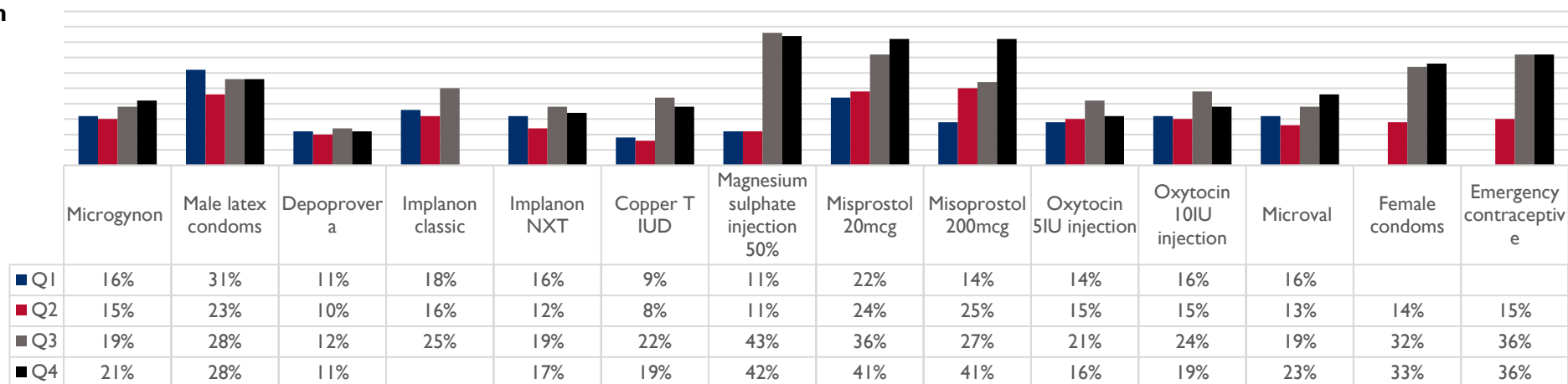
### Corrective actions

- GHSC TA-TZ through LMU has been advocating for procurement of FEFOL by facilities using complimentary funds. The project team has supported MoHCDGEC in developing a manual, guidelines and SOPs for essential medicine quantification. The project team, through the LMU and the warehouse and distribution advisor, supported timely processing of zonal and facilities' orders especially for FEFOL and Amoxicillin DT upon receipt since the availability of these items has been erratic.
- During facility supportive supervision visits, LMU teams have conducted DQA to ascertain whether the reported stock out is accurate.
- GHSC TA-TZ supported PORALG to roll out the IMPACT team approach which encourages R/CHMTs to use data for decision making to improve stock availability in their respective regions. Njombe has been the first region in Year 2 but more regions will be involved in Year 3.

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

### Performance trends and description

STOCK OUT RATE OF RMNCH COMMODITIES



### Root cause analysis

Availability of RMNCH commodities has been unstable throughout Year 2. Across all four quarters, male condoms have been reported by zones to be a challenge whether attributed to national shortages at MSD level or due to multiple part numbers that affect availability if the ordered code is unavailable at the time of ordering. In Q1, there were 3 MOS of stock in November 2017 and 2 MOS in December 2017 of male condoms. In Q2, high stock out incidences of male condoms were reported by Dar, Mbeya and Dodoma zones as well as female condoms and emergency contraceptives. In Q4 (May 2018), there were national shortages at MSD level with regard to female condoms (1 MOS), emergency contraceptive (3 MOS) and Magnesium sulphate injection (2 MOS). The high stock out rates of Misoprostol and Magnesium sulphate injection in Q3 and Q4 are attributed to data quality issues and shortages at MSD. As of 29<sup>th</sup> September 2018, there were 3 MOS of Magnesium sulphate injection and no Misoprostol. In addition, all zones had stock outs of male condoms except Muleba sales point and stock outs of female condoms were experienced in all zones except Mbeya zone. In addition, fill rates for RMNCH commodities have been challenging. For example, in Q3, Dodoma had the highest fill rate of 50% and Iringa had 0%. In Q4, the highest fill rate was 56% in Mtwara zone compared to the lowest in Dar zone which had 6%. It is important to note that GHSC TA-TZ started reporting on female condoms and emergency contraceptive in Q2 after revision of the MEL plan.

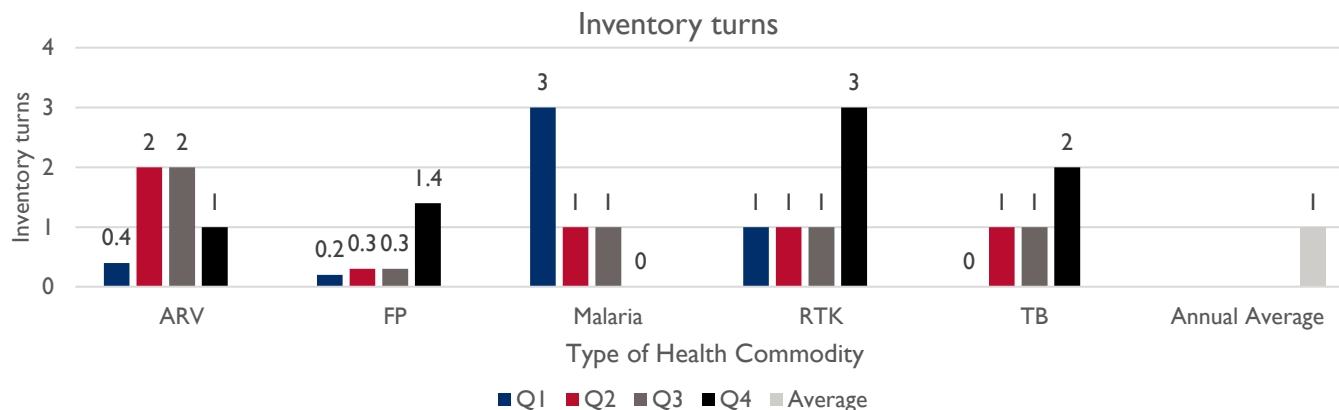
### Corrective actions

- GHSC TA-TZ will continue to work with RCHS on alerting the project team to national stock imbalances, highlighting upcoming shipments required, and identifying financial resources required through quarterly supply planning updates and commodity security meetings. Also, the project team will advocate for the use of data for timely corrective measures at the program level. In addition, GHSC TA-TZ has supported RCHS in quantification exercises and reviews.
- LMU has communicated with health facilities on the correct part numbers to use from MSD, and will continue to advocate to MSD sales department for improving communication with customers regarding available part numbers in order to avoid unnecessary stock outs.
- During facility supportive supervision visits, LMU staff will continue to compare reported stockout rates as shown in eLMIS with facility records (paper R&R, dispensing registers and stores ledgers) to investigate whether the stockout is accurate as part of Data Quality Assessments.
- GHSC TA-TZ through LMU will continue to facilitate interzonal transfers and interfacility redistributions to curb RMNCH challenges temporarily.

## 2.3.2 INVENTORY TURNS

### Performance trends and description

There was a significant difference for Malaria and RTKs with inventory turns of 3 in Q1 and Q4 of 2018 respectively. The higher inventory turn is contributed to by improvement of inventory control across all MSD zones.



### Root cause analysis

- Family Planning: Although the cost of goods distributed is increasing in every quarter, the overall value is still within the limit. The increase was attributed to a steady pull from central MSD across all MSD zones.
- ARV: The cost of goods distributed is higher than the average inventory held in this quarter, which is due to high stock movement from central to zones to fulfill zonal orders.
- Malaria: MSD is holding stocks of Artesunate injection which is greater than the required maximum level required at both central and in HUBS. These commodities have become a slow moving item at the MSD zonal stores.
- RTK: The cost of goods distributed and average inventory in this quarter are almost the same with a slight increase in average inventory held due to increased demand from the facility resulting in a zonal pull from central MSD.
- TB: The inventory turns for TB increased to 2 in Q4 as there was stock out of some key items like RHZE at the beginning of the quarter.

### Corrective actions

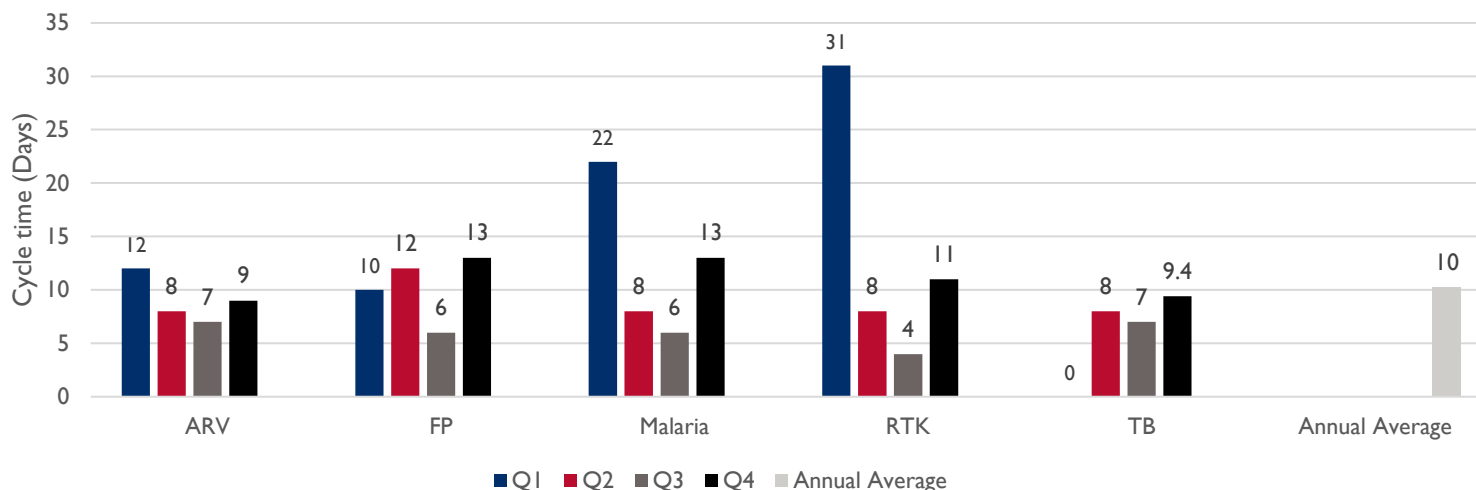
- MSD staff in collaboration with LMU staff to carry out redistribution of commodities to avert stock outs when MSD central is facing commodity shortages.
- Programs to review consumptions of some items like Artesunate injection as it has become a slow-moving item to avoid over stocks and expiries
- Programs to ensure on time delivery of shipments to MSD as per supply plan and to communicate any expected delays to enable proper planning and avoid stock outs at health facilities.
- Improved communication and feedback mechanism between MSDs QA and TFDA leadership on fast tracking and approval of items under QC.

## 2.3.3 CYCLE TIME (MSD CENTRAL TO ZONE)

### Performance trends and description

Cycle time from Central MSD to the zones has tremendously improved from Q1 to Q4 for malaria commodities (22 to 13 days) and RTKs (31 to 11 days) to be within the target. The availability of SP and SD bioline at central MSD helped to improve cycle time from MSD central to the zones.

Delivery cycle time for Health Commodities from MSD central to zones



### Root cause analysis

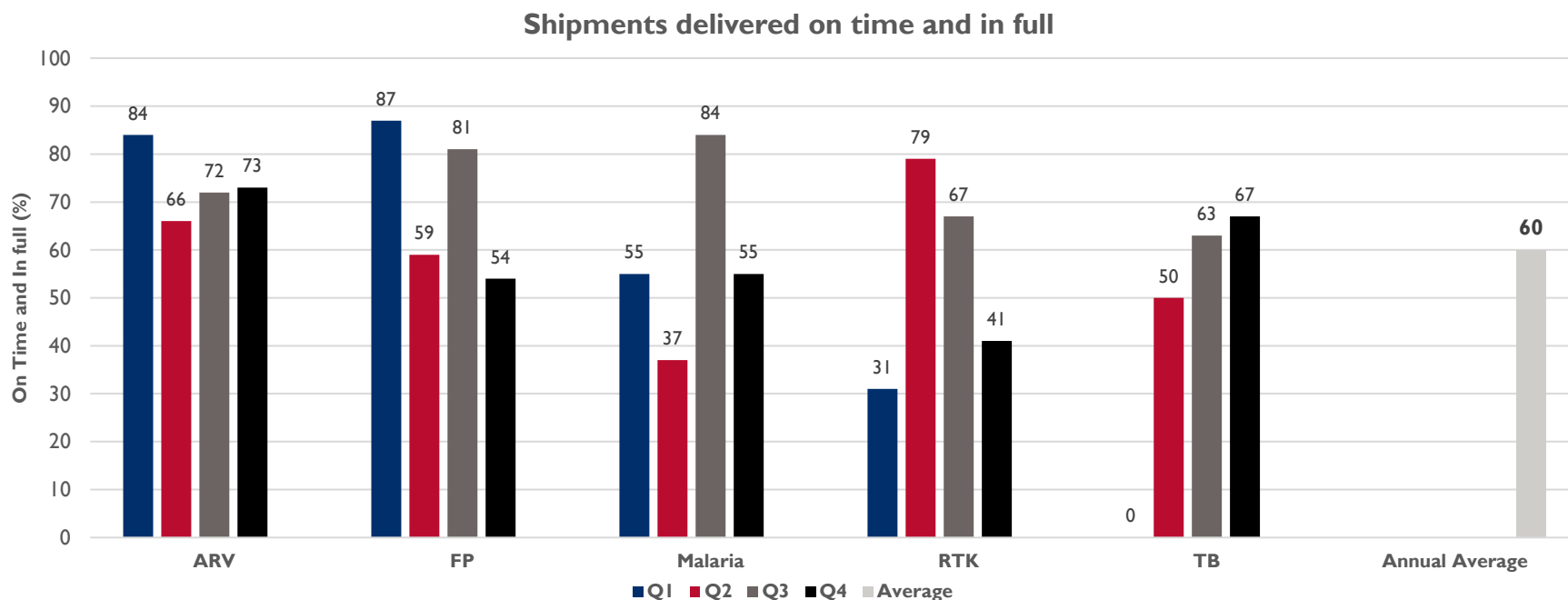
For April – June 2018, overall cycle time was reduced from 9 days in the previous quarter to 6 days. The graph above shows that there is a small change of cycle time for ARV and Malaria which was reduced by 1 and 2 days respectively compared with previous quarter. However, for RTK, FP and TB, there is a large reduction whereby RTK, FP and TB reduced by 4, 6 and 8 days respectively from the previous quarter. Q4 cycle time for all programs was within the limit of 14 days. The cycle time for all program commodities has improved due to collaborative efforts between the MSD central team and LMU staff both at central and the zones to ensure orders are placed, processed and shipped on time as per the MSD Vertical Program distribution calendar.

### Corrective actions

- GHSC TA-TZ through LMU will continue to provide technical backstopping to MSD to ensure on-time delivery of shipments as per the supply plan and to communicate any expected delays to enable proper planning and avoid stock outs at health facilities.

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

### Performance trends and description



### Root cause analysis

There is a slight improvement of the shipments delivered on time and in full for all quarters and all program commodities with the exception of RTK and TB which have dropped to 41% and 44% in Q4 respectively. The low fulfillment rate has been caused by non-fulfillment of zonal orders on time. There have been staggered shipments from the TB program and RTKs, specifically SD bioline, which has resulted in poor order fill rates from central to the zones. However, there is an improvement compared to last year. Shipments delivered on-time, in full for most of the programs in Q4 were reduced due to stock out of some items which were available in Q3 (e.g. Abacavir/lamivudine pediatric, RHZE, SD bioline and Microgynon) at the central level, but were only available to some zones.

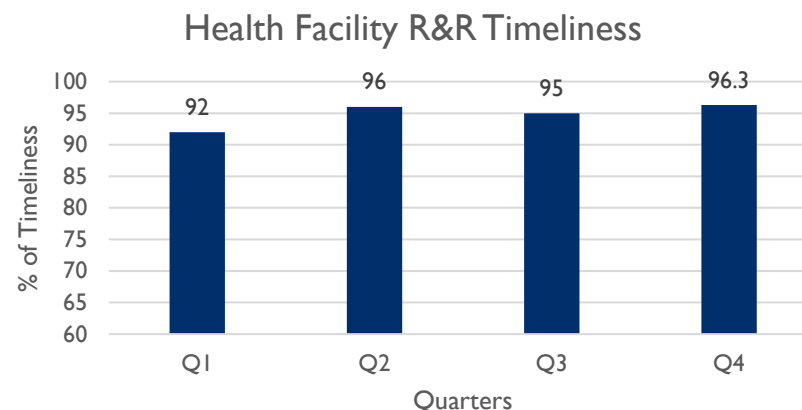
### Corrective actions

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

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

### Performance trends and description

The timeliness of reporting by health facilities in eLMIS continues to be strong with the 2018 annual average at 95%.



### Root cause analysis

The R/CHMTs in collaboration with the LMU have continued to support timely reporting of health facilities by following up and sending reminders. Timely reporting is very crucial to ensure analysis completed includes data extracted from all expected facilities. Reviewing the different trends through the year, there were a few councils with very lower timeliness numbers over a period due to the following:

- Not taking proactive actions to make sure they have timely reporting
- Prioritizing review & approval of Emergency R&Rs versus standard R&Rs

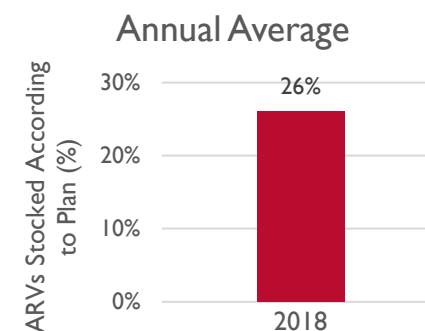
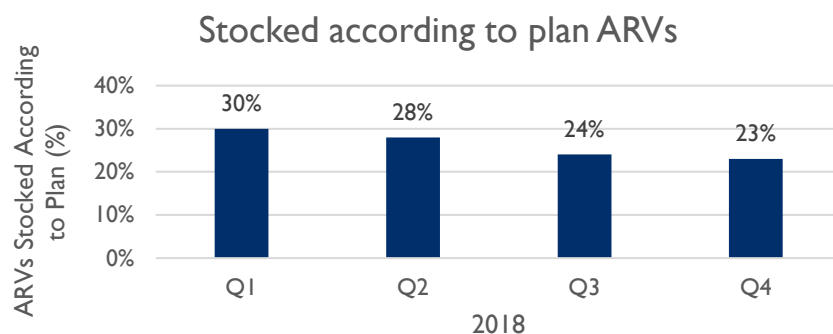
For example, in Q4, Kondo DC had 26 of 29 standard R&Rs in either 'Authorized' or 'In Approval' stages during the period June – August, 2018, which remained until October 9, 2018. On the other hand, most of the facilities for the same reporting quarter had processed more than one emergency R&R. The lack of adherence of processing, any seasonality requirements for the behavior, and any new trends need to be understood and documented.

### Corrective actions

- PORALG recently introduced the use of eLMIS to follow-up on council timeliness for reporting, which has made most of them to begin to take corrective actions by reporting on time.
- The helpdesk deactivated features that some CHMTs were not aware of that facilities did not need or were not approved to report on. As such, some CHMTs were not using the systems or paying attention to late reporting or non reporting facilities.
- The project team will continue to review the emergency ordering trend and pattern for reporting to ensure system users and councils do not move away from the agreed upon standardized processes.
- PORALG will continue to advocate with CHMTs to be proactive and monitor their own performance.

## 2.3.7 PEPFAR STOCKED ACCORDING TO PLAN:ARVs

### Performance trends and description



### Root cause analysis

Stocked according to plan refers to stocking health commodities adequately within the minimum and maximum stock levels. There has been a decline in performance of this indicator throughout the year. The decline in performance is attributed to factors such as stock outs at health facility and MSD levels, poor quality of data reported into the eLMIS, and storage constraints at both MSD and health facility levels. In addition, the change in regimen for the first line pediatric formulation created instability which affected availability in the interim phase.

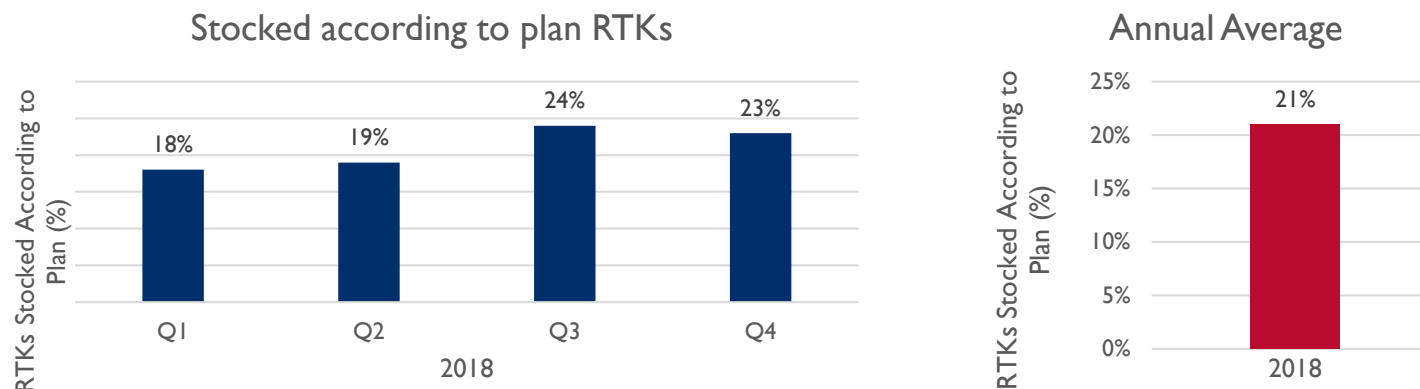
### Corrective actions

- GHSC TA-TZ through LMU has been advocating to R/CHMT to sensitize health facilities to order the new regimens such as double strength ABC/3TC 120/60mg to ensure availability and continuation of services to clients. In addition, GHSC TA-TZ has collaborated with NACP and implementing partners to advocate for the use of the new guideline which encourages the use of double strength pediatric formulation as a first line treatment regimen for pediatrics.
- GHSC TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels. Reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions.
- GHSC TA-TZ through LMU and capacity building teams has been focusing on data quality and the use of data for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&Rs to ensure right quantities are being ordered. Based on this, GHSC TA-TZ has supported PORALG in rolling out a data use initiative called IMPACT teams that has trained R/CHMTs and CHMTs to use data for decision making to improve stock availability in their respective areas. One of the key indicators that teams have been selecting is adherence to minimum and maximum stock levels so as to improve commodity availability. In Year 3, more regions will be trained on this approach.
- Upon requests from Implementing partners and PORALG, LMU teams have been facilitating eLMIS trainings with a focus on data quality to improve commodity availability.
- LMU has continued to advise MSD zones on the quantities to order through the Monthly Advisory Order Sheets by taking into account storage constraints at MSD.



## 2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: RTKs

### Performance trends and description

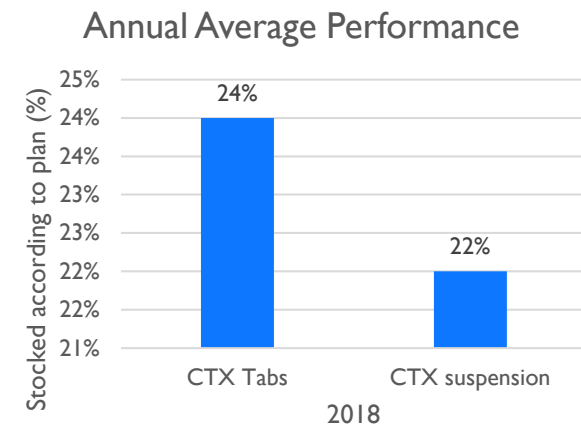
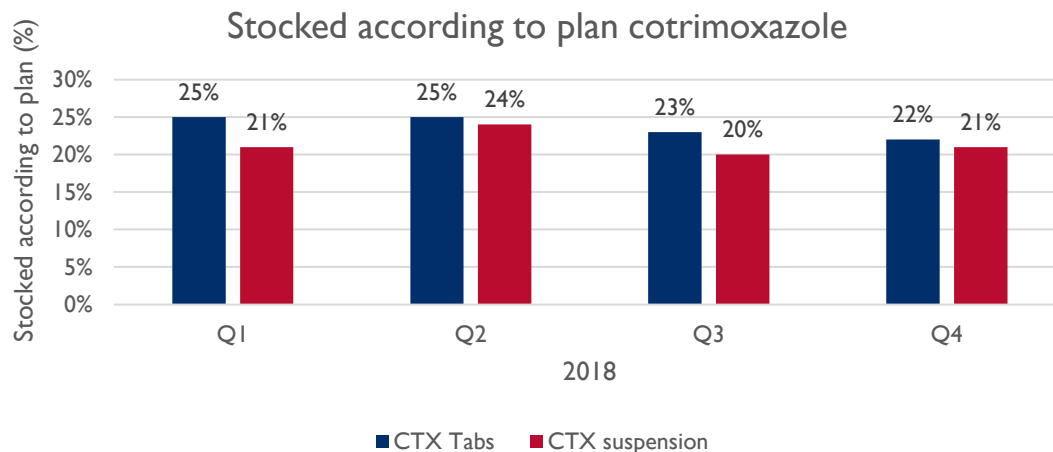


<b>Root cause analysis</b>	<p>There has been an improvement in performance of this indicator for RTKs. The overall stock out rate of RTKs has improved from Q1 (8%) to Q4 (8%), which is attributed to the fact that availability of RTKs has been quite stable through Year 2 with few shortages. Due to a decrease in stock out incidences of RTKs country wide, there has been significant improvement in availability at the last mile. At an individual level, there is an improvement in SOR for Unigold in Q4 (11%) compared to Q3 (16%). The same applies to SD bioline where the performance is better in Q4 (6%) but is more or less the same in the first three quarters SOR (Q1: 8%, Q2: 9%, Q3: 9%). However, data quality issues continue to contribute to reported stock out incidences, but no actual shortages at the MSD level.</p>
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<b>Corrective actions</b>	<ul style="list-style-type: none"> <li>• GHSC TA-TZ supported NACP in quantification exercises and reviews as well as monitoring shipments to ensure availability at the national level and service delivery points to ensure they are adequately stocked to avoid unnecessary stock outs.</li> <li>• GHSC TA-TZ is working closely in ensuring system redesign resolutions take effect which will improve this indicator. This includes increased velocity of commodities to facilities, monthly reporting and bi-monthly ordering for lower health facilities, and monthly reporting and ordering for hospitals.</li> <li>• GHSC TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels. Reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions.</li> <li>• GHSC TA-TZ, through LMU and capacity building teams, has been focusing on data quality and use of data for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&amp;R to ensure the right quantities are being ordered.</li> <li>• GHSC TA-TZ has supported PORALG in rolling out the IMPACT teams approach, an initiative that encourages R/CHMTs, especially laboratorians and pharmacists who are the commodity custodians, to use data for decision making routinely to improve availability of commodities at the health facility level.</li> <li>• LMU teams are facilitating eLMIS trainings with a focus on data quality upon request from Implementing partners, PORALG and R/CHMTs, 57</li> </ul>
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## 2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: COTRIMOXAZOLE

### Performance trends and description



### Root cause analysis

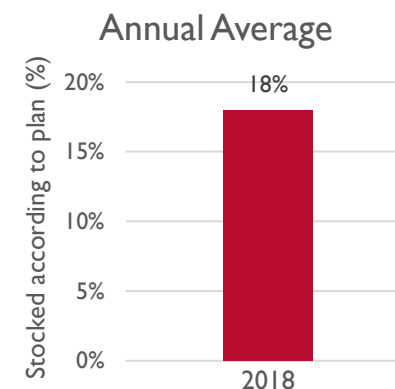
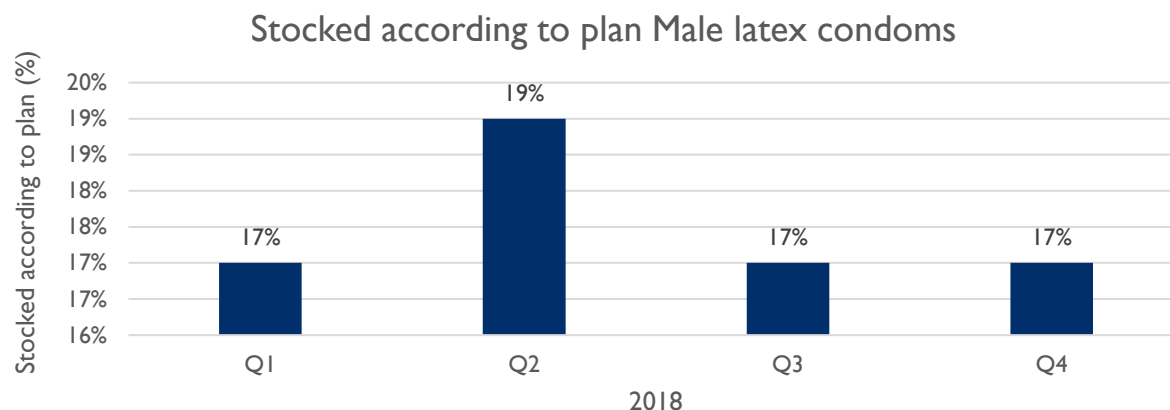
There has been no significant change in this indicator over the past year. The availability of Cotrimoxazole has been dependent on funding availability as Cotrimoxazole is a normal saleable commodity at MSD. Insufficient funds in the accounts of health facilities has hindered the availability of this item and consequently adequate stocking.

### Corrective actions

- GHSC TA-TZ has continued to advocate through R/CHMT for the procurement of CTX tablets and suspension tabs among other essential health commodities using other sources of funds. On the same note, GHSC TA-TZ has supported PORALG in the roll out of the prime vendor model which is now fully functioning in three regions, namely Dodoma, Shinyanga and Morogoro. Plans to roll out the model country wide are underway and GHSC will continue to support the roll out so that health facilities have commodities.
- GHSC TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels. Reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions.
- GHSC TA-TZ has supported PORALG in rolling out the IMPACT teams approach, an initiative that encourages R/CHMTs to use data for decision making routinely to improve availability of commodities at the health facility level.
- GHSC TA-TZ has continued to work closely with MSD to facilitate interzonal transfers and interfacility redistributions to improve availability of health commodities to ensure health facilities are adequately stocked.

## 2.3.7 PEPFAR STOCKED ACCORDING TO PLAN: RH

### Performance trends and description



### Root cause analysis

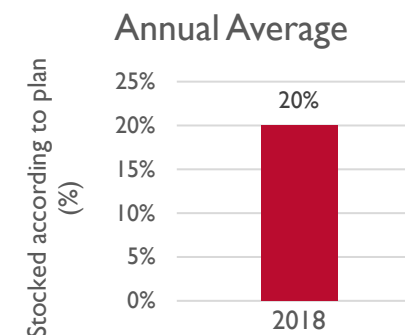
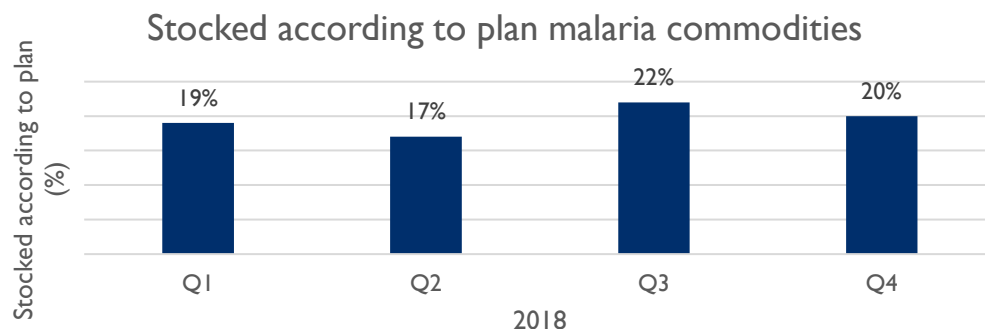
Across the four quarters, the performance for RH commodities stocked according to plan has remained relatively consistent, with average performance at 18%. The availability of male condoms throughout the year has been unstable due to multiple reasons including shortages at the national level, multiple part numbers of male condoms stocked at MSD, and poor data quality reported in eLMIS. Zonal reports across the four quarters reported stock outs and shortages of male condoms. In addition, fill rates of RMNCH commodities have not been satisfactory. For example, in Q4, the highest fill rate was 56% in Mtwara compared to the lowest fill rate of 6% in Dar-es-salaam where Moshi zone reported 0.6 MOS of male condoms in that quarter.

### Corrective actions

- GHSC TA-TZ has continued to advocate to the MSD sales department to improve communication with customers regarding the available part or code numbers so that unnecessary stockouts can be avoided.
- GHSC TA-TZ, through LMU and capacity building teams, has been focusing on data quality and the use of data for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&Rs to ensure right quantities are being ordered. IMPACT teams approach, a PORALG led activity with technical support from GHSC-TA-TZ, has been rolled out in Tanzania mainland with the aim of encouraging R/CHMTs to take the leading role in using quality data for decision making.
- LMU teams have been facilitating eLMIS trainings with a focus on data quality upon request from implementing partners, PORALG, and R/CHMTs.
- LMU teams have collaborated with MSD to facilitate interzonal transfers and interfacility redistributions to ensure adequate stock at service delivery points.
- LMU has continued to emphasize to MSD to order according to the Monthly Advisory Order Sheets and recommendations provided by LMU.

## 2.3.7 STOCKED ACCORDING TO PLAN: MALARIA

### Performance trends and description



### Root cause analysis

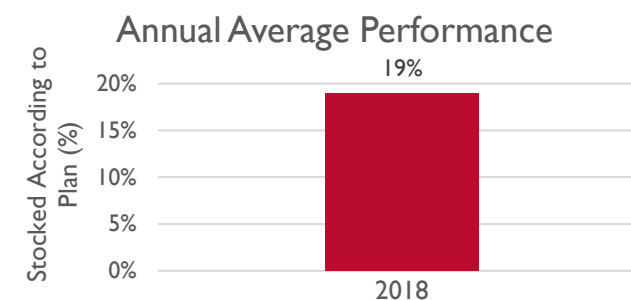
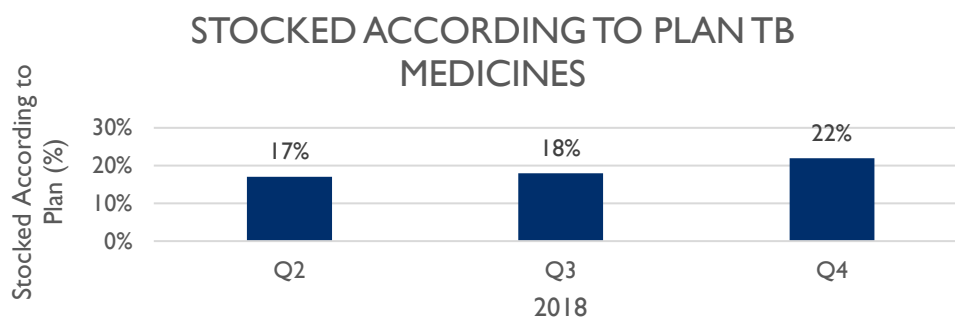
In Q1, the stock out rate for malaria commodities was attributed to shortage of SP due to delays in the PMI funded consignment which was received in Q2. In Q2, zones still reported SP as a challenge as a result of data quality issues in the eLMIS. In addition, Quinine tablets showed the highest stock out rate in Q2 as zones reported unavailability of the commodity through zonal performance reports and monthly order advisory sheets. As Quinine tablets are a normal saleable item, this also impedes availability due to funding constraints at the Health facility level. Q3 had the highest overall stock out rate due to stock outs of Quinine tabs, Quinine and Artesunate injections, ALU presentations and mRDT. This can be attributed to facilities not adhering to treatment protocols with regard to antimalarial ordering where items like quinine tabs and injections are reserved for pregnant women during first trimester. However, facilities are ordering quinine instead of artesunate because of challenges with the dilution process. For ALU presentations, facilities may not keep all the four presentations when one is available, and may report stock out of ALU formulation but not order the item from MSD. Stock out rates in Q4 were due to quinine tablets, Quinine injection and artesunate injection, as in Q3.

### Corrective actions

- GHSC TA-TZ has been working closely with MSD and programs such as NMCP in supporting quantification and following up on arrival of commodities. All of these efforts are geared towards improving availability at the last mile so that facilities are adequately stocked with commodities.
- GHSC TA-TZ has been escalating challenges to HCHT TWG where NMCP is a member with regard to non-adherence to treatment protocols for injectables. Regarding this issue, NMCP, through the program pharmacist, vowed to liaise with the four Artesunate training coordinators per council to sensitize health facilities to use Artesunate and not Quinine which is reserved for pregnant women. GHSC TA-TZ will continue to follow-up on this matter to ensure rational and appropriate use of injectables as well as other malaria commodities.
- GHSC TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels. Reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions.
- GHSC TA-TZ has supported PORALG in rolling out a data use initiative in Tanzania mainland known as the IMPACT team approach which encourages R/CHMT to use data for decision making to improve availability of health commodities so that health facilities can be adequately stocked.

## 2.3.7 STOCKED ACCORDING TO PLAN:TB

### Performance trends and description



**Root cause analysis** GHSC TA-TZ began reporting on TB medicines in Q2. Despite the erratic availability of TB medicines reported throughout Year 2, especially regarding Isoniazid which was a national crisis in the first half of the year, collaborative efforts have been taken among TB stakeholders such as GHSC TA-TZ, MSD, NTLP, and R/CHMTs to improve availability through measures such as expediting shipments and redistribution to curb the situation. There has been slight improvement in stocking of TB medicines throughout the three quarters of Year 2. This is also in line with the reduced stock out rate across the three quarters (Q1: 19%, Q2: 12%, Q3: 7%). Despite the improvement in availability and stocking of TB medicines, it is still a challenge to determine the performance of this indicator due to lack of a target.

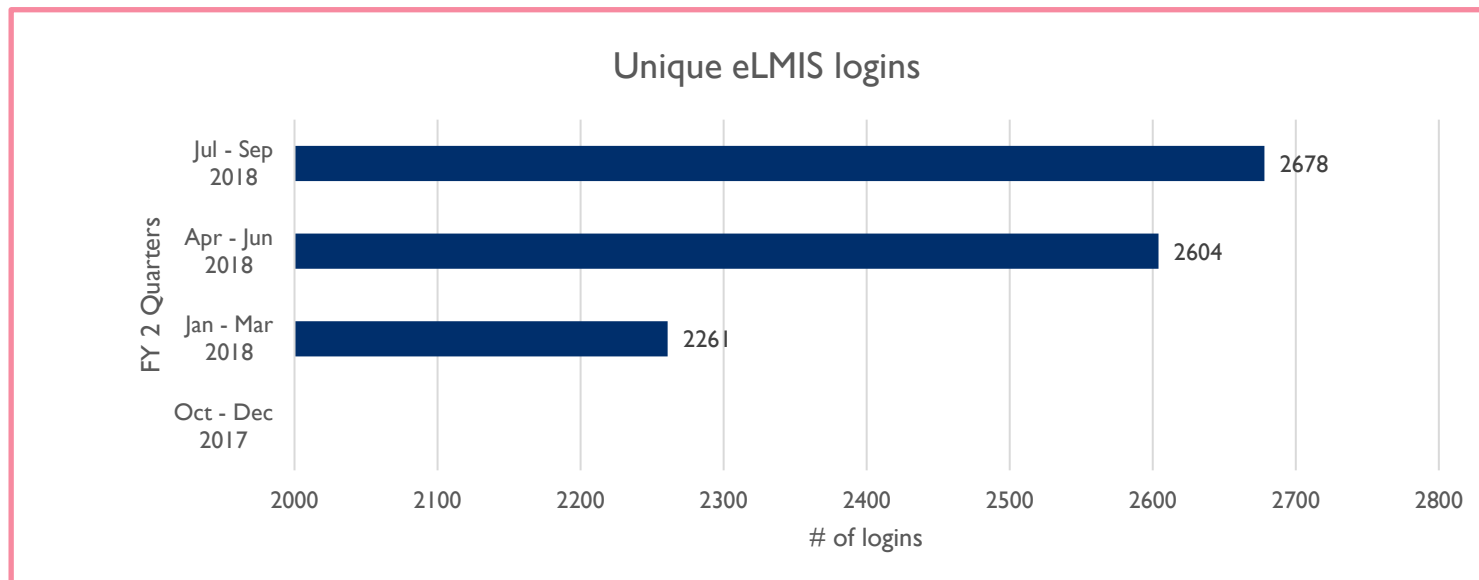
**Corrective actions**

- GHSC TA-TZ through LMU in collaboration with R/CHMTs have been mentoring facility staff on good storage and ordering practices to ensure that commodities ordered and managed are within minimum and maximum stock levels. Reports on findings of stock management practices have been shared with central LMU at MOHCDGEC and DMO in terms of feedback for appropriate interventions.
- GHSC TA-TZ, through LMU and capacity building teams, has been focusing on data quality and the use of data for decision making. This includes advocacy and mentorship to R/CHMT on data quality checks including R&Rs to ensure right quantities are being ordered. IMPACT teams approach, a data use initiative that GHSC has supported PORALG in rolling out, has resulted in training of R/CHMTs and Hospital teams to use data to monitor performance and improve availability of health commodities at the last mile. In Year 3, GHSC TA-TZ will continue to support PORALG in the roll out of this initiative to additional regions.
- GHSC TA-TZ has been working closely with MSD and programs such as NTLP in supporting quantification, following up on arrival of commodities such as Isoniazid where GHSC supported the fast tracking of the consignment equivalent to 1.6 MOS of Isoniazid that arrived in February and is following up on other expected incoming shipments. The GHSC TA-TZ Warehouse and Distribution advisor is supporting MSD to deliver timely consignments to zones and LMU stationed at MSD zones support MSD to process the orders in a timely manner especially for Isoniazid 300mg to ensure smooth provision of IPT. All of these efforts are geared towards improving availability at the last mile so that facilities are adequately stocked with commodities. In addition, to alleviate the stock outs of RHZE experienced in Q4, GHSC TA-TZ collaborated with MSD, NTLP and RHMTs to facilitate interzonal and regional redistributions (August 2018) where Iringa zone had enough stock while other locations such as Mwanza, Moshi and Mbeya zones and Tanga sales point had critical stock outs. Such efforts mitigated the situation temporarily.

## 3.2.2 NUMBER OF PEOPLE WHO LOG ON TO ELMIS

### Performance trends and description

This indicator shows the number of unique users who have accessed the system. There is an increase in system use as additional unique (new) users accessed the system each quarter from Q2 to Q4 2018.



### Root cause analysis

This indicator was tracked beginning in Q2 2018. The increase in use observed from Q2 to Q4 2018 is due to continued advocacy by the PORALG central team to the R/CHMTs to use the system for reporting as well as decision making. In addition, the PORALG central team has established a monthly follow-up with councils that are late in reporting to provide an explanation of why reports are delayed. The increase of logins is contributed to by new facility based users who access the system to enter their own R&R as well as new central (district and above) users which provide oversight into the performance of the system.

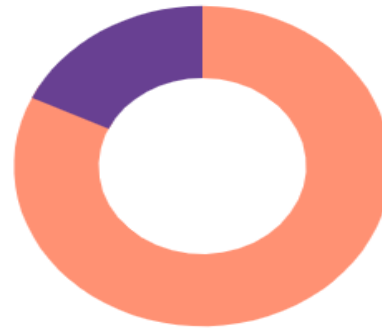
### Corrective actions

- GHSC TA-TZ to provide additional advocacy through the IMPACT team approach to augment this effort to encourage additional decision makers use eLMIS data to plan interventions and decision making.
- Continued collaboration with other supply chain partners to facilitate training for other health facility staff will ensure they are able to use eLMIS.

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

### Performance trends

Rejected R&R  
18%



82% of reviewed R&Rs passed data quality check

R&R Pass quality  
82%

### Root cause analysis

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

- Reporting of stock out of items while the items were fully supplied
- Skipping of essential medicines to be reported in the R&Rs
- Quantities reported as receipts being indivisible by MSD's Unit of Measure
- Reporting stock out of commodities without indicating number of days whereby the items were actually stocked out
- Requesting extremely low or high quantities
- R&Rs with too high / low total cost of commodities than expected for the health facility level
- False consumption of products (too high / low)
- Questionable losses and adjustments with no remarks reported

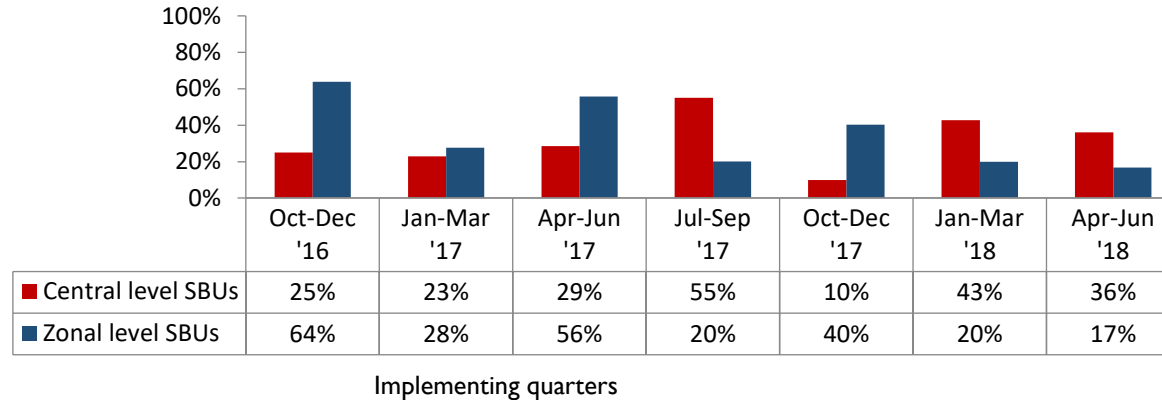
### Corrective actions

- Zonal LMU to provide continuous feedback to CHMTs on areas that need corrections to improve quality of data reported in the R&Rs.
- The project team to continue building capacity to R/CHMTs in reviewing logistics data submitted in the eLMIS by health facilities.
- GHSC TA-TZ will start to track reasons for R&R rejection in the eLMIS in order to determine the most common reasons and develop strategies to address.
- The project team to continue to advocate for utilization of IMPACT teams approach to improve quality of data and utilization for decision making and actionable interventions.
- GHSC TA-TZ to continue advocating for health facilities to directly enter their R&Rs at the council level under the supervision of CHMTs.

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

### Performance trends and description

RBF performance incentives as a % of ceiling amounts



### Root cause analysis

Before endorsement of new verification guidelines, verifiers were interpreting the verification guideline differently. This situation raised some doubt on validity of the verification performance score at the MSD SBUs level. Recent revision of the verification guideline positively impacted MSD SBUs performance in Oct-Dec 2017. However, the performance trend is still fluctuating when comparing the percent of Results Based Financing (RBF) performance incentives received as a percent of ceiling amounts by MSD SBUs from Jan-Mar 2018 to Oct-Dec 2017 for both central and zonal SBUs. The fluctuation is caused by the change in baseline for each quarter where the performance of this quarter used as a baseline for next quarter.

The central SBUs have shown significant improvement in Jan-Mar 2018 with an increase of 33% compared to Oct-Dec 2017 due to on-the-job training and close supervision provided within MSD's central responsible staff on supply chain (specifically for Vertical Program, Transport and Central SBU). For the Zonal SBUs level, performance decreased by 20% in Jan-Mar 2018 due to poor performance at Tabora SBUs influenced by change of management and staff who were involved in RBF verification processes.

### Corrective actions

- The new developed verification guide has now been in use for three quarters (Jul-Sep 2017), (Oct-Dec 2017) and (Jan-Mar 2018). The project continued to support the update and incorporation for the verifiers training materials as a new pool of verifiers were trained on the new guide.
- GHSC TA-TZ developed a performance reporting template for RBF implementing SBUs as a way for the SBU to visualize and use RBF verified data to strategically plan for performance improvement. Both zonal and central SBUs will be supported to use the RBF performance reporting template from July 2018.
- GHSC TA-TZ recommended MoH to develop a schedule for supportive supervision to strengthen performance of the SBUs.
- GHSC TA-TZ highlighted the importance of having a fixed annual baseline to the National RBF team and World Bank/USAID to get a better sense of the performance trend of over a certain period. This recommendation awaits endorsement by the RBF Steering Committee.



# — TRAINING AND TRAVEL REPORT



## TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE YEAR (2017/2018)

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC Staff</b>
Sep 25 – Oct 13, 2017	Proposed way forward for the Logistics Management Unit	Lina Karagalova, Hubert Assenga
Oct 1 - 6, 2017	Visit MSD zones to conduct interview with stakeholders on the LMU transition. Mbeya, Iringa. Dodoma	Hubert Assenga
Oct 2 - 6, 2017	Epicor 9 training	LMU – Dodoma zone
Oct 2 -5, 2017	Zonal visits to interview external LMU stakeholders and collect information on their view on the future state of the LMU to be transitioned to the GoT structures.	Hubert Assenga, Naomi Printz, Peace Nyankojo
Oct 1 - 7, 2017	E9 training for 15 staff.	Frida Ngalesoni
Oct 1 - 7, 2017	EPICOR 9 Training	Wema Kamuzora
Oct 15 - 21, 2017	RBF verification exercise Tabora	Diane Kibwana
Oct 23 - 27, 2017	RBF verification exercise Mwanza	Frida Ngalesoni
Oct 9 - 10, 2017	Management visit to Washington DC	Mavere Tukai
Oct 2017	Attended E9 training at Dodoma MSD	LMU Tabora
Nov 2017	Meeting with VECTORWORKS project	LMU Mwanza & Muleba
Nov 2017	Courtesy calls with RMO Arusha; DMO Arusha Dc & Ngorongoro Dc	LMU Moshi
Nov 2017	Supporting SC issues and eLMIS training at Mkinga Dc & Tanga CC	LMU Moshi

## TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE YEAR (2017/2018)

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC Staff</b>
Nov 2017	eLMIS and ILS Gateway training -Same Dc, Lushoto Dc, Korogwe Tc	LMU Moshi
Nov 2017	Meeting with Mkinga CHMT	LMU Moshi
Nov 2017	Meeting - AIDS Free Program Review meeting for the Police facilities and CTC In-charges.	LMU Dar es Salaam
Nov 2017	eLMIS training to HCWs from TPDF HF's	LMU Dar es Salaam
Nov 2017	Feedback report meeting with CHMT Newala TC after facility visit	LMU Mtwara
Nov 2017	ZLC - LMU Workplan session	LMU Iringa
Nov 2017	Touch Base meeting with USAID - IPs from Iringa region	LMU Iringa
Nov 2017	Participation in HIV Commodities Management Meeting organized by WRP	LMU Mbeya
Nov 2017	eLMIS training to HCWs in Bahi Dc	LMU Dodoma
Nov 30 - Dec 2017	Strategic Collaboration meeting with PORALG. Dodoma	Michael Kishiwa Alfred Mchau
Nov 28 - 30, 2017	NACP Workshop to develop ARVs regimens job aid posters. Bagamoyo	Narsis Makori
Dec 2017	Health Information Mediator requirement specification finalization. Morogoro	Hussein Hassan
Dec 10 - 14, 2017	Conduct logistics redesign workshop. Morogoro	Vicent Manyilizu, Alfred Mchau, Sharon Peter, Juma Ikombola, Albertho Chengula, Naomi Printz, Peter Sangu, Zulfikar Hirji, Abel Sengasenga, Nabila Hemed, Hubert Assenga

## TRAININGS AND TRIPS UNDERTAKEN BY GHSC STAFF DURING THE YEAR (2017/2018)

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC staff</b>
February 5 – 16, 2018	Finalize guidelines and training package for quantification of essential health commodities.	Adina Hirsch
14 – 23 February 2018	To support GHSC-TZ to develop a laboratory and diagnostics commodities management and supply chain TA strategy and implementation plan	Joseph Lubega
February 24th – March 6th	Provide short-term technical assistance for streamlining overall supply chain reporting, skills in analysis and interpretation of data and presentation standards based on the Key Performance Indicators (KPIs) standardized across stakeholders	Vidya Sampath
February 19 – 23, 2018	Support Zanzibar Integrated Logistics System (ZILS) revision workshop	Chris Warren
May 7 – 23, 2018	Develop a training package to be used for the TOT training trainings of the regional/district teams who will in turn train health facilities staff	Lea Teclamarian
May 8 - 10, 2018	Attended GSI Healthcare Conference in Ethiopia	Alfred Mchau
May 9 - 10, 2018	Workshop to gather inputs from stakeholders on the performance reporting template, advocating data use for performance improvement and discussing proposed MSD quality indicators	Wema Kamuzora, Michael John and Diane Kibwana
May 11 - 12, 2018	Workshop for updating training materials incorporating new verification guide, performance reporting template and proposed MSD quality indicators	Wema Kamuzora, Michael John and Diane Kibwana
May 14 & 18, 2018	Training for new RBF verifiers.	Michael John
May 14 – 18, 2018	To plan for mid-term performance evaluation and develop year 3 work planning schedule and templates	Shabana Farooqi, PwC Public Sector
May 15, 2018	Attended the meeting on Strengthening the Quality, Accessibility and Sustainability of national laboratory services in country	Emma Msuya
May 15 – June 1, 2018	Conduct midterm global health supply chain mid-term evaluation	Michael Krautmann, Ben Davis, William David Institute

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

Dates	Purpose	Responsible GHSC staff
April 1 – 13, 2018	Conduct assessments of the field project operations (Partially OH funded)	Bukra Zeqiri
April 2 – 6, 2018	Meet with USAID and other stakeholders regarding project year 3 planning and LMU transition strategy. (Mostly OH funded)	Chandresh Harjivan
April 9 - 20, 2018	Conduct a total health commodities financial needs assessment at the local government authority level	Christine Chacko
April 15 – 21, 2018	Participating and provided TA on ARVs national quantification exercise	Narsis Makori
April 23 - 27, 2018	RBF verification exercise in Mwanza SBU	Wema Kamuzora
April 24 – 28, 2018	Participating on Lab commodities national quantification exercise	Narsis Makori
May 2018	Participated at the technical meeting for all NACP staff whereby some of the key issues discussed were on implementation of the activities under Global Fund and CDC	Emma Msuya
May 17 – 23, 2018	Developing laboratory equipment categorization per laboratory functions and developing respective lab equipment specification	Albertho Chengula
May 21 - 23, 2018	Impact team TOT	Wema Kamuzora, Matiko Machagge, Vicent Manyilizu
May 21 -31, 2018	Facilitate the introduction of Laboratory supply chain advisor to the following Supply chain stakeholders MSD, CDC, DSS, THPS, NACP. The introduction aimed also to articulate areas of engagements and alignment with different stakeholders	Joseph Lubega
May 28 - 30, 2018	Workshop standardization of KPI – Dodoma	Wema Kamuzora, Meba Msuya, Michael Kishiwa, Peace Nyankojo, Ondo Baraka, Sharon Shayo
May 28 - June 1, 2018	Participated in facilitating Training on Trainers on EHC quantification approach	Narsis Makori

## TRAININGS AND TRIPS UNDERTAKEN BY STTA DURING THE QUARTER

<b>Dates</b>	<b>Purpose</b>	<b>Responsible GHSC staff</b>
June 18 - 20, 2018	Attending GHSC exhibition to the parliament	Michael Kishiwa, Mavere Tukai, Ondo Baraka, Nabila Hemed
June 18 – 27, 2018	To develop requirements for having a standardized product registry which is GSI ready, define processes for managing it and how other systems will leverage it	Josh Zamor, OpenLMIS Architect
June 24 - 30, 2018	System redesign TOT training in Dodoma	Matiko Machagge, Vicent Manyilizu
August 2018	Met with PS3 team to have a preliminary discussion on how FFARS and eLMIS can begin to share information for health facility financing for the SC KPI work	Hassan Hussein, Alfred Mchau
August 2018	Year 3 work planning	Chan Harjivan, Shabana Farooqi and GHSC-TA-TZ staff
September 19 – 21, 2018	Participated in the System Redesign TOT in Morogoro	Hassan Hussein
September 12-14, 2018	Conducted a working workshop in Zanzibar to confirm stakeholders expectations and getting additional requirements for the need to increase visibility of supply chain data.	Alfred Mchau, Hussein Hassan & Alpha Nsaghurwe
September 17 – 25, 2018	Attended ARVs quantification workshop in Bagamoyo	Narsis Makori