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GLOBAL HEALTH SUPPLY CHAIN PROGRAM

TECHNICAL ASSISTANCE – TANZANIA

QUARTERLY REPORT EXECUTIVE SUMMARY
Q1 YEAR 4 (OCT 2019 – DEC 2019)



PROGRAM OVERVIEW

Program Overview

The USAID Global Health Supply Chain–Technical Assistance–Tanzania (GHSC-TA-TZ) program provides technical assistance to the Government of Tanzania (GoT) to support the development of agile, robust, and sustainable health supply chain. Strong supply chain systems help ensure product availability and accessibility, and play a critical role in improving the health status of Tanzanians. GHSC-TA-TZ is dedicated to supporting GoT by providing strategic planning and implementation assistance, improving delivery of health commodities at services sites, broadening stakeholders’ understanding and engagement of the supply chain system, and strengthening enabling environments to improve supply chain performance.

Key stakeholders (in addition to USAID and CDC)

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

Program Objectives

- | | |
|--|--|
| 1 Provide strategic planning and implementation assistance | 2 Improve delivery of health commodities in service sites |
| <ul style="list-style-type: none"> Assist leadership to operationalize strategic plans Plan for transition from donor-funded support | <ul style="list-style-type: none"> Strengthen supply chain MIS Strengthen and streamline quantification Improve supply chain performance against key indicators Strengthen laboratory supply chains Support operational expenses of the LMS (ZNZ) |
| 3 Broaden stakeholder understanding and engagement of the supply chain system | 4 Strengthen enabling environments to improve supply chain performance |
| <ul style="list-style-type: none"> Support MoHCDGEC in implementing and improving RBF scheme Increase data use and improve data quality Increase skills of key counterparts, including mentorship of the transitioned LMS | <ul style="list-style-type: none"> Establish a culture of collaboration and information sharing Strengthen governance and accountability |



KEY ACCOMPLISHMENTS THIS QUARTER

Revitalizing Zanzibar’s Supply Chain Costed Action Plan

To promote the alignment of national supply chain objectives, strategic documents, and supply chain goals, GHSC-TA-TZ worked with Zanzibar’s Chief Pharmacists Office (CPO) and Ministry of Health (MoH) to prepare to update Zanzibar’s Supply Chain Costed Action Plan (ZSCCAP). The project led a workshop with key stakeholders in December 2019 to revitalize the existing ZSCCAP, which expires in 2020. In the workshop, GHSC-TA-TZ prompted participants to review achievements, identify gaps, and propose recommendations for the next ZSCCAP.

Preparing for eLMIS transition to GoT

As part of Tanzania’s journey to self-reliance, GHSC-TA-TZ is supporting the future transition of eLMIS to the GoT. In service of this objective, the project has developed an eLMIS transition document defining eLMIS “ownership” and estimating the total cost of ownership. This quarter, the project met with MOHCDGEC Information, Communication, and Technology (ICT) representatives to review the transition plan. In parallel, GHSC-TA-TZ trained 11 newly recruited LMS mainland staff to provide level 1 and 2 user support to the eLMIS.

Implementing eLMIS Dashboards for Decision Making

GHSC-TA-TZ is working to transform Tanzania’s electronic Logistics Management Information System (eLMIS) from a database into a decision support system. In service of this objective, the project developed and implemented a series of dashboards in eLMIS this quarter. The dashboards, which are based on 16 agreed upon and approved national supply chain key performance indicators (KPIs), provide insight into supply chain performance. This information can be used to inform the prioritization of supportive supervision visits, help properly allocate resources, and highlight potential stock-outs so proactive action can be taken.

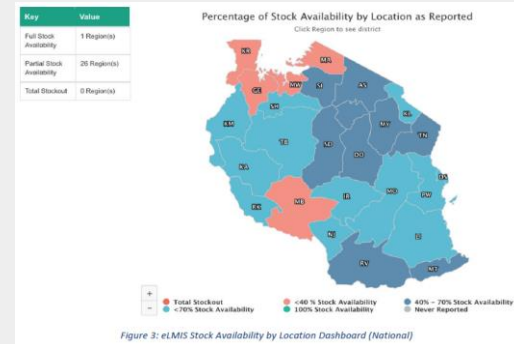


Figure 3: eLMIS Stock Availability by Location Dashboard (National)
 Screenshot of eLMIS dashboard element: “Percentage of Stock Availability by Location Reported”.



KEY ACCOMPLISHMENTS THIS QUARTER

Reviewing ARV Quantification Processes and Assumptions

GHSC-TA-TZ continues to provide technical assistance for vertical program quantification while building the capacity of program staff to assume ownership. In Q1, the project conducted a review of forecast assumptions, shipment statuses, projected stock statuses and adjustments related to the ongoing TLD transition, deliberately considering inputs from clinical partners in order to cross-check forecasts and actual reported consumption with the field experience of clinicians and health facilities. Following the review, the project developed guidance to aid ministry staff in ARV PipeLine quantification review.

| TRANSITION PHASES | 2019 | | | | | | | | | | | | 2020 | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--------|----|---------------------------|----|----------------------------|----|----|----|----------------------------|----|----|----|------|----|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | MA | AP | MA | JU | JU | AU | SE | OC | NO | DE | JA | FE | MA | AP | MA | JU | | | | | | | | | | | | | | | | | | | | | |
| PHASE I | PLAN | ↓ | 41 HFS, RECEIVED 680K TLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ACTUAL | █ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE II | PLAN | | | ↓ | 191 HFS, RECEIVED 1.5M TLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ACTUAL | | | █ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE IIIA | PLAN | | | | | | | ↓ | 140 HFS, RECEIVED 1.3M TLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ACTUAL | | | | | | | █ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE IIIB+C | PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ACTUAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Phased TLD transition timeline.

Assessing readiness of MSD zones to implement redesigned logistics system

GHSC-TA-TZ is working with the GoT to facilitate a shift in health facility reporting and commodity delivery frequency through the implementation of the redesigned logistics system (i.e., shifting from quarterly reporting and delivery to monthly reporting and bimonthly delivery). The redesign, while allowing for increased data visibility and decreased levels of inventory, requires MSD zones to shorten their order fulfillment time by 40 days (20 days as compared to 60 days), in addition to other operational adjustments. Given MSD's central role in the rollout of the redesigned system, GHSC-TA-TZ assessed MSD warehouse operations and processes, including the utilization of E9 and its various reporting functions, and provided recommendations for improvement.

Optimizing the management of MDR-TB medicines

In May 2019, GHSC-TA-TZ conducted an assessment and identified opportunities to strengthen the supply chain management of multi-drug resistant tuberculosis (MDR-TB) medicines. This quarter, the project facilitated a workshop with 17 participants including PSU, NTL, LMS, and representatives from health facilities to reach consensus and solidify key optimization decisions. Key decision made include:

- Shift MDR-TB medicine distribution from central Kibon'oto to MSD zones
- Streamline roles and responsibilities of managing MDR-TB medicines
- Set maximum and minimum stock levels for various levels, including districts and health centers
- Institute monthly reporting on MDR-TB medicines and patients in eLMIS



KEY ACCOMPLISHMENTS THIS QUARTER

Ensuring RBF alignment with redesigned logistics system

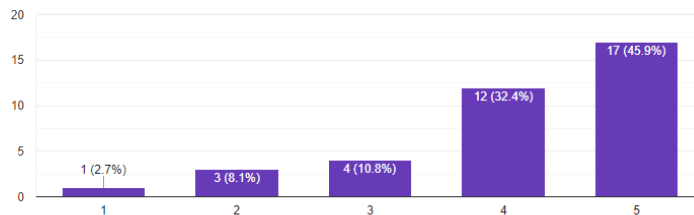
GHSC-TA-TZ continues to support the implementation of a Results-Based Financing (RBF) scheme linking verified achievement of predetermined performance indicators by MSD’s central and zonal strategic business units (SBUs) to monetary payments. This quarter, the project facilitated a workshop to align RBF indicators with the redesigned logistics system (i.e., shifting from quarterly reporting and delivery to monthly reporting and bimonthly delivery) and MSD’s FY2019/2020 business plan. Key outputs of the workshop included a refined performance improvement strategy, updated targets and incentive ceiling for FY 2019/2020, and an agreed way forward for a web-based system to monitor performance against RBF supply chain indicators.

Evaluating the effectiveness of the IMPACT Team approach

This quarter, GHSC-TA-TZ conducted an assessment of the IMPACT Team approach. The approach, which been rolled out in 13 regions as of December 2019, aims to improve supply chain performance by encouraging commodity managers (such as R/CHMTs and other stakeholders) to utilize available data to check progress against supply chain KPIs, conduct root cause analyses, and develop action plans for improvement. The assessment measured changes in supply chain performance at the council, regional and hospital level following IMPACT Team approach implementation, captured staff perspectives on IMPACT Team training, documented lessons learned, and solicited recommendations for the future of IMPACT Team activities. When asked how helpful the IMPACT approach has been in helping respondents to use data to improve commodity availability, 80% said the IMPACT approach at a 4 or 5 (i.e., “helpful” and “very helpful” respectively). Additionally, survey respondents indicated the IMPACT Team approach requires strong managerial oversight and/or executive sponsorship, and focus on sustaining gains following initial trainings should be emphasized.

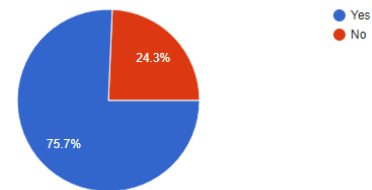
4. How helpful has the IMPACT approach been in helping you to use data to improve health commodity availability?

37 responses



7. Do you regularly monitor IMPACT approach KPIs?

37 responses



Responses to select questions from I”IMPACT approach--team member” questionnaire.



KEY ACCOMPLISHMENTS THIS QUARTER

Convening the second Tanzania Health Supply Chain Summit

From October 15-17, 2020, GHSC-TA-TZ convened the second annual Tanzania Health Supply Chain Summit (HSCS), drawing more than 200 participants. The summit's theme was "The future of Tanzania Supply Chain Performance – Driven by Data and Innovation" and the Deputy Minister of Health gave opening remarks at the event. Additional speakers included representatives from facilities, councils, regions, as well as stakeholders from vertical programs, other supply chain implementing partners, academia, and the private sector. This year, the summit included capacity building sessions (on day 3) on bottom-up quantification, the logistics system redesign, and analyzing eLMIS data.



(1) Speaker addressing summit attendees on day 1; (2) Deputy Permanent Secretary PORALG, Mrs. Dorothy Gwajima, giving closing remarks on day 2; (3) GHSC-TA-TZ staff providing eLMIS dashboard demonstrations on day 3.

Strengthening governance and accountability of RPharms

In recent years, increased emphasis has been placed on the role of Regional Pharmacists (RPharms) in ensuring product availability at public health facilities country-wide. During a RPharm meeting in October, GHSC-TA-TZ provided an overview of ongoing supply chain initiatives involving RPharms and worked with RPharms to develop an action plan for strengthening oversight and performance of RPharms, which has since been shared with MoHCDGEC, Regional Administrative Secretaries, and IPs.