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

USAID, 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**
   - Assist leadership to operationalize strategic plans
   - Plan for transition from donor-funded support

2. **Improve delivery of health commodities in service sites**
   - 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**
   - 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

4. **Strengthen enabling environments to improve supply chain performance**
   - Establish a culture of collaboration and information sharing
   - Strengthen governance and accountability
Began Support for the COVID-19 Emergency Supply Chain Response

Tanzania confirmed their first case of COVID-19 in March 2020, and a state of emergency was declared shortly thereafter. In response, GHSC-TA-TZ reviewed the COVID-19 response strategy to ensure alignment with the project-developed Tanzania Emergency Supply Chain Operations Guide (TESCOG) and adapted the TESCOG to include COVID-19-specific guidance. Additional project support for the COVID-19 response has largely been focused on operationalizing the TESCOG and the following areas:

- **Dissemination and orientation of the TESCOG**: This quarter, the project began developing virtual training materials to orient stakeholders to the TESCOG and emergency supply chain (ESC) response protocols, COVID-19 commodities and calculation of required quantities, requisition and reporting of COVID-19 commodities in eLMIS, and the use of COVID-19 reports for data-driven decision making. Rollout of virtual training is planned for Q3.

- **Quantification and supply planning**: GHSC-TA-TZ has reviewed, refined, and updated the forecasts for COVID-19 commodities (including diagnostic/laboratory items, medical supplies and equipment, pharmaceuticals, and WASH), and coordinated supply planning across various donors/stakeholders. The project will continue to support COVID-19 quantification and supply planning activities throughout the pandemic.

- **End-to-end COVID-19 supply chain data visibility**: The project created a COVID-19 commodity reporting and ordering form in eLMIS; began creating dashboards within the eLMIS; and began linking upstream and downstream information on commodities for end-to-end supply chain visibility.

The project’s support for the COVID-19 response will carry on into Q3, and will continue to evolve with the pandemic.

Obtained Final Approval for Key Documents

This quarter, GHSC-TA-TZ helped to align national supply chain objectives, goals, and strategic documents by obtaining final approval for three key strategic documents through project participation in high-level meetings in Dodoma. Strategic documents approved this quarter include:

- Health Commodity Revolving Fund (HCRF) guidelines
- Tanzania Emergency Supply Chain Operations Guide (TESCOG)

The project plans to monitor implementation of these guidelines post-approval.

Aided in Preparations for LMU ZNZ Transition

Since its inception, GHSC-TA-TZ has focused on sustainability and government ownership, and for the past several quarters, has supported the transition of several historically donor-funded activities to GoT ownership. In preparation for the transition of the Logistics Management Unit in Zanzibar (LMU ZNZ) from USAID funding (planned for December 2020), the project convened a meeting with LMU ZNZ to document achievements of the LMU to-date and outline the steps required for existing LMU ZNZ staff to be absorbed into the Revolutionary Government of Zanzibar (RGoZ).
Assessed MSD’s Readiness to Implement Redesigned ILS

This quarter, GHSC-TA-TZ conducted an assessment of MSD’s zonal warehouse in Dar es Salaam to identify areas for MSD to improve their adherence to the parameters of the redesigned Integrated Logistics System (ILS) (i.e., shifting from quarterly reporting and delivery to monthly reporting and bimonthly delivery) to support successful implementation. Findings were presented to MSD’s Executive Management Team and the implementation of recommendations and next steps were discussed. While the assessment concluded MSD was ready to implement the redesigned ILS, financial challenges have delayed implementation.

Configured eLMIS for the Redesigned Logistics System

The project continues to reconfigure eLMIS to support the expanding implementation of the redesigned ILS. This quarter, GHSC-TA-TZ set up eLMIS for the redesigned system in all councils in Tanga, two councils in Kilimanjaro, and one council in Manyara. In Tanga, project staff trained 686 participants on the redesigned system and registered them in eLMIS. All regions trained on the redesigned system to-date will submit reports in eLMIS in April 2020.

Developed Approach to Capacitate Regional Teams

In the redesigned Integrated Logistics System (ILS), regional teams are required to review and approve R&Rs before sending to MSD for fulfillment. This quarter, the project met with regional teams from Dodoma, Manyara, and Singida to collect feedback on their involvement in R&R approvals to inform the development of an efficient approach to capacitate regional teams to effectively review and approve R&Rs as the redesigned system continues to be rolled out country-wide.
Presented Status of Laboratory Supply Chain Strengthening Activities
GHSC-TA-TZ met with the Head of Laboratory Services this quarter to provide an overview of ongoing laboratory supply chain strengthening activities such as the implementation and next steps for the Laboratory Equipment Management (LEM) module. Future laboratory network optimization activities were also presented, including the development of the National Sample Referral Atlas, which once created, will detail the sample referral pathways from sample collection sites to hubs to testing laboratories. Informed by GHSC-TA-TZ, the Head of Laboratory Services then shared activity implementation statuses with the National Laboratory Technical Working Group attended by PEPFAR, MOHCDGEC, PO-RALG, and other implementing partners.

Assessed Implications of Epicor Upgrade
MSD is upgrading from the current Epicor9 to Epicor10 system, which has implications for eLMIS as eLMIS has peer-to-peer linkages with Epicor9. This quarter, project staff met with MSD’s ICT department to discuss the upgrade and related implications for eLMIS; GHSC-TA-TZ will continue to evaluate the implications on eLMIS and develop mitigation plans for discussion with MSD.

Supported Quantification Exercises
GHSC-TA-TZ continues to provide technical assistance for vertical program quantification while building the capacity of program staff to assume ownership. This quarter, the project participated in the National Quantification Team Meeting to review the national demand forecast for health commodities, supported MSD in supply planning for essential commodities, participated in the RCHS quantification review, provided inputs to the COP 2020, and supported NACP to quantify laboratory commodities.

Automating Out-of-Stock Notifications
In 2018, GHSC-TA-TZ conducted an assessment to identify opportunities to streamline the process of notifying health commodities when MSD is out-of-stock, and recommended the automation of out-of-stock notifications. This quarter, the project began phase I implementation of automated out-of-stock notifications, which involved:

- Identifying challenges associated with MSD’s current out-of-stock notification process
- Reviewing existing business processes and developing new business flows for out-of-stock notifications
- Aligning new business flows for out-of-stock notifications with existing public procurement guidelines
- Developing out-of-stock notification specification requirements

Ordering process information flow from eLMIS at health facilities to MSD
Developed Manual for IMPACT Team Approach Implementation

GHSC-TA-TZ aims to increase the use of data for decision-making by stakeholders at all levels of the public health supply chain to ultimately improve supply chain performance. Starting in Year 2, the project began implementing the IMPACT Team approach, which encourages stakeholders (such as commodity managers and R/CHMTs) to use data to check progress against supply chain key performance indicators (KPIs), conduct root cause analyses, and develop action plans for improvement. This quarter, GHSC-TA-TZ, in collaboration with MoHCDGEC, developed an operational manual for the IMPACT Team approach to guide IMPACT Team implementation nation-wide. To develop the manual, the project held a five-day collaborative workshop including participants from MoHCDGEC, PORALG, MSD, LGAs, and IPs. The draft manual has been presented to the Chief Pharmacist and MoHCDGEC for their review.

Supporting TLD Transition

GHSC-TA-TZ performed several analyses this quarter to support Tanzania’s transition of first line ART patients to TLD.

- **Cost to dispose of legacy ARV regimens:** The project determined the stock status of legacy ARVs and first line drug regimens, and associated ordering trends in order to provide MoHCDGEC with a rough estimate of the total costs to dispose of legacy ARV regimens. Based on the analysis, it was agreed that Global Fund and PEPFAR will be responsible for funding the disposal of legacy ARV regimens.

- **Optimal start date of 6MMD:** The project assessed patient levels, stock-on-hand, and upcoming shipments to inform NACP’s commencement of six-month multi-month dispensing (6MMD). As of the end of Q2, 6MMD has been rolled out in the Dar es Salaam region. NACP plans to capture lessons learned from this rollout before planning rollout to the rest of the country.

Formulated Research Questions

GHSC-TA-TZ prioritized five research questions this quarter, for exploration in subsequent quarters. The research questions, which aim to provide greater insights into the determinants of supply chain performance, are summarized below:

1. **ACT consumption.** What is ACT consumption in DHIS2 vs eLMIS in the redesigned system (i.e., monthly reporting) vs eLMIS is the non-redesigned system (i.e., quarterly reporting)?

2. **IMPACT Teams.** How has the implementation of IMPACT Teams impacted supply chain performance?

3. **Medicine availability.** How has the implementation of the redesigned integrated logistics system (ILS) impacted medicine availability?

4. **Direct data entry.** Is direct data entry into eLMIS correlated with data quality and/or medicine availability?

5. **Emergency R&R rejections.** What (if any) trends exist in the reasons for rejecting emergency R&Rs?