



# **USAID Global Health Supply Chain - Technical Assistance Francophone Task Order Quarterly Report**

Reporting Period: January 1, 2020 – March 31, 2020

**Contract No. AID-OAA-I-15-00030/AID-OAA-TO-17-00006**

This document was produced for review by the United States Agency for International Development. It was prepared by Chemonics International Inc. for the Global Health Supply Chain – Technical Assistance Multi-Award IDIQ (Contract No. AID-OAA-I-15-00030) Francophone Task Order (Contract No. AID-OAA-TO-17-00006).

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## Acronyms

ABEF	<i>Association de Bien-Etre Familial (DRC)</i>
ABRP	<i>Agence Béninoise de Réglementation Pharmaceutique (Benin)</i>
ACT	artemisinin-based combination therapy
ADEMAS	<i>Agence pour le Développement du Marketing Social (Senegal)</i>
ANTS	<i>Agence Nationale pour la Transfusion Sanguine (Benin)</i>
ARC	Africa Resource Center
ART	antiretroviral therapy
ARV	antiretroviral
ASF	<i>Association de Santé Familiale</i>
BOM	<i>Bureau d'Organisation et Méthodes (Senegal)</i>
BSC	biological safety cabinet
CAC	<i>Cellules d'Animation Communautaire (DRC)</i>
CAME	<i>Centrale d'Achat des Médicaments Essentiels (Benin)</i>
CAMEG	<i>Centrale d'Achat des Médicaments Essentiels Génériques (Burkina Faso)</i>
CDR	<i>Centrale de Distribution Régionale (CDR)</i>
CHAI	Clinton Health Access Initiative
CMMS	computerized maintenance management system
CNLS-TP	<i>Conseil national de lutte contre le VIH/SIDA, la tuberculose, le paludisme, les hépatites, les infections sexuellement transmissibles et les épidémies (Benin)</i>
CORDAID	Catholic Organization for Relief and Development Aid
CSC	Contraceptive Security Committee
DAB	<i>Direction d'Administration et Budget (Haiti)</i>
DHIS2	District Health Information System 2
DLM	<i>Direction de la lutte contre les Maladies (Senegal)</i>
DOSS	<i>Direction de l'Organisation des Services de Santé (Haiti)</i>
DPM	<i>Direction de la Pharmacie et du Médicament (Senegal)</i>
DPMED	<i>Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques (Benin)</i>
DPM/MT	<i>Direction de la Pharmacie, des Médicaments et de la Médecine Traditionnelle (Haiti)</i>
DPP	<i>Direction de la Programmation et de la Prospective (Benin)</i>
DQA	Data Quality Assessment
DRA	Drug Regulatory Authority (DRC)

DRAS	<i>Direction Régionale de l'Action Sanitaire (Mauritania)</i>
DRC	Democratic Republic of the Congo
DRH	Directorate of Human Resources (Senegal)
DRZS	health zone warehouses
DSF	<i>Direction de la Santé de la Famille (Burkina Faso)</i>
DSI	<i>Direction du système d'Information</i>
DSME	<i>Direction de la Santé de la Mère et de l'Enfant (Benin)</i>
eLMIS	electronic logistics management information system
EUV	end use verification
EWS	early warning system
FEDECAME	<i>Fédération des Centrales d'Achats en Médicaments Essentiels (DRC)</i>
FP	family planning
FP/RH	family planning and reproductive health
FP2020	Family Planning 2020
FY	fiscal year
GAS	<i>Gestion des Achats et des Stocks</i>
GDF	Global Drug Facility
GHSA	Global Health Security Agenda
GHSC	Global Health Supply Chain
GHSC-PSM	Global Health Supply Chain Program-Procurement Supply Management project
GMAO	Gestion de la Maintenance Assistée par Ordinateur
GFPVAN	Global Family Planning Visibility and Analytics Network
GSI	Global Standards
HIV/AIDS	human immunodeficiency virus and acquired immune deficiency syndrome
HGR	<i>hôpital général de référence</i>
IA	import autorisation
ICAP	International Center for AIDS Care and Treatment Program
IHAP	Integrated HIV/AIDS project
IHP	Integrated Health Project
IR	intermediate result
IUD	intrauterine device
LDVS	Logistics Data Visualization System
LLIN	long-lasting insecticidal net
LMIS	logistics management information system

LNCM	<i>Laboratoire National de Contrôle du Médicament (Senegal)</i>
LNSP	<i>Laboratoire National de Santé Publique (Haiti)</i>
M&E	monitoring and evaluation
MCH	maternal and child health
MDR	multidrug-resistant
MEP	monitoring and evaluation plan
MNCH	maternal, newborn and child health
MOH	Ministry of Health
MoU	memorandum of understanding
MOP	Malaria Operational Plan
MOS	months of stock
MSPP	<i>Ministère de la Santé Publique et de la Population (Haiti)</i>
NFO	non-field office
NMCP	National Malaria Control Program (Senegal)
NQC	National Quantification Committee
OPCU	Ouagadougou Partnership Coordination Unit
PCS	Pipette Calibration System
PDSS	<i>Programme De Développement des Services de Santé (DRC)</i>
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	U.S. President's Malaria Initiative
PNA	<i>Pharmacie Nationale d'Approvisionnement (Senegal)</i>
PNAM	<i>Programme National d'Approvisionnement en Médicaments Essentiels (DRC)</i>
PNLP	<i>Programme National de Lutte contre le Paludisme (Benin, DRC)</i>
PNLS	<i>Programme National de Lutte contre le SIDA (DRC)</i>
PNLT	<i>Programme National de Lutte contre Tuberculose (Benin, DRC)</i>
PNSR	<i>Programme National de Santé de la Reproduction (DRC)</i>
POD	proof of delivery
PPMR	procurement planning and monitoring report
PPMRm	procurement planning and monitoring report for malaria
PRA	<i>Pharmacie Regionale d'Approvisionnement (Senegal)</i>
PROMACO	<i>Programme de Marketing Social et de Communication pour la Santé (Burkina Faso)</i>
PSHPA	Private Sector Health Partnership Activity
PSLS	<i>Programme Santé de Lutte contre le SIDA (Benin)</i>
PSM	Procurement and Supply Management

PSSP	<i>Plateforme du Secteur Sanitaire Privé de la Santé (Benin)</i>
PVDL	<i>Plateforme de Visualisation des Données Logistiques</i>
RDT	rapid diagnostic test
RFP	request for proposals
RH	reproductive health
RHSC	Reproductive Health Supplies Coalition
RSCO	regional supply chain officer
RTK	rapid test kit (HIV)
SDP	service delivery point
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SNADI	<i>Système National d'Approvisionnement et de Distribution en Intrants (Haiti)</i>
SNAME	<i>Systeme National pour l'Approvisionnement des Médicaments Essentiels (DRC)</i>
SOP	standard operating procedure
SP	sulfadoxine/ pyrimethamine
SSQH	<i>Services de Santé de Qualité pour Haïti (Haiti)</i>
TA	technical assistance
TB	tuberculosis
TBMS	<i>Tableau de Bord du Ministère de la Santé (Benin)</i>
TLD	tenofovir/lamivudine/dolutegravir
TLE	tenofovir/lamivudine/efavirenz
TO	task order
TOR	terms of reference
TWG	technical working group
UEP	<i>L'Unité d'Etude et de Programmation (Haiti)</i>
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
U.S.	United States
USAID	United States Agency for International Development
USG	United States Government
VL	viral load
WAHO	West African Health Organization
WARO	West Africa Regional Office
WHO	World Health Organization
XDR	extensively drug-resistant

YLPP  
YPL

Young Logisticians Professional Program (Benin)  
young professional logisticians (Benin)

## Executive Summary

The Global Health Supply Chain Technical Assistance (GHSC-TA) Francophone Task Order (TO), or the project, continued its contributions to the realization of key global health initiatives' targets, guided by the priorities of the different country programs and the United States Agency for International Development (USAID) missions. During this quarter, the project implemented or followed up on the implementation of activities toward strengthening supply chain systems in Francophone countries of West Africa and Haiti to ensure availability and timely access to essential health products and services. This is in support of the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), as well as to provide support to improve access to tuberculosis (TB), Family Planning 2020 (FP2020) and maternal child health (MCH) commodities.

**In support of the President's Emergency Plan for AIDS Relief's (PEPFAR) efforts to fight the global human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) crisis, the GHSC-TA Francophone TO project team in the DRC, in collaboration with the national AIDS control program (PNLS) and key stakeholders, including CHAI, Cordaid and WHO, developed job aids based on DRC's new HIV guidelines that includes multi-month dispensing (MMD) of TLD 90 and 180-tablet pack sizes. These job aids were printed and disseminated throughout PEPFAR-supported sites in Kinshasa, Haut Katanga and Lualaba. The project also supplied all 551 PEPFAR-supported sites throughout the three provinces with HIV/AIDS pharmaceutical products and commodities, consisting of ARV drugs, HIV rapid test kits (Determine, Unigold), Isoniazid, Cotrimoxazole, vitamin B6 and lab consumables, etc. As of March 2020, the actual number of patients transitioned from TLE to TLD is 133,107 out of the expected 97,297, representing 136.8 percent. Among them, 71.2 percent are MMD patients. In Senegal, the project provided technical support to the HIV program to forecast needs of HIV/AIDS commodities, including ARVs and lab for viral load (VL) and early infant diagnosis (EID) for the next 3 years (2021-2023). The project also supported the HIV program in the monitoring and evaluation of the TLD transition, by comparing the transition plan and its actual status at the end of January. According to the 2019 ARV forecast, 27,609 patients were expected to be put on treatment, of which 9% on TLD and 10.3% on DTG regimen. Note that at the end of December 2019, 29,858 adult patients were on ARV treatment, 10.3% are on TLD and 11% on DTG regimen.**

**In support of the U.S. President's Malaria Initiative's (PMI) goal to reduce malaria deaths and substantially decrease malaria morbidity, the project's team in Benin supported the National Malaria Control Program (NMCP) in estimating antimalarials needs, and identifying current gaps, using the Global Fund planning tool for the 2021-2023 period. The project team also assisted the NMCP in completing the monthly stock level update for malaria products at the *Dépôt Répartiteur de Zone Sanitaire* (DRZS) level. In Senegal, the project worked with the procurement and supply management team of the National Malaria Control Program (NMCP) to assess its 2016-2020 strategic plan and participated in the development of the malaria program's 2021-2025 strategic plan, which includes the forecast of commodity needs for that period. The project also assisted the PMI team with updating and presenting the gap analysis, using the data from a 5-day quantification exercise for the new malaria strategic plan, following the PMI template.**

**In support of the goal of Family Planning 2020 (FP2020) aimed at expanding access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world's poorest countries by 2020, the project team in Benin assisted the *Direction de la Santé de la Mère et de l'Enfant* (DSME) and the *Agence Beninoise de Planning Familial* (ABPF) with the entry of stock data of family planning (FP) products using the UNFPA supplies report template and checklist tools. The analysis of this data will allow the Ministry of Health (MOH) to propose actions to facilitate the availability of FP products at the level of the DRZS. In Burkina Faso, the project supported the annual physical inventory of priority FP products with GHSC-PSM and Global Fund, by providing technical**



assistance to the MOH in elaborating SOPs and participating in committee meetings to manage the annual inventory. The objective was to monitor stock for priority health programs at central, regional and district warehouses, as well as at NGOs with FP/RH and HIV products. Through this activity, 124 warehouses were visited and the MOH now has precise data related to stock status of FP commodities to revise the supply plan. The project in **the Democratic Republic of the Congo (DRC)**, under the coordination of the DRC National Reproductive Health Program, conducted a FP quantification exercise for USAID-supported regions, covering at least three years 2020-2023, with the technical assistance from an international expert. As a result of the quantification, the project developed FP supply plans for 2020-2023, including orders needed from 2020-2022 for the nine USAID-supported provinces. In collaboration with the Division of Family Planning and Reproductive Health at the MOH in **Togo**, the project supported the *Division Santé Maternelle et Infantile/ Planification Familiale (DSMIPF)* with organizing and leading the Commodity Security Committees (CSC), as well as the High Impact Practices (HiPs) in family planning's technical working group meeting. The two-day consultative meeting attended by several FP/RH stakeholders, was an opportunity to evaluate the implementation status of recommendations agreed upon during the last CSC meeting, share the Q2FY20 FP supply plan review and weekly stock monitoring data for FP.

In addition to contributing to the above-mentioned United States Government (USG) initiatives, the project continued to address other critical areas of the supply chain. In **Benin**, the project collaborated with the *Plateforme du Secteur Sanitaire Privé de la Santé (PSSP)* and the USAID Mission to deploy 15 newly recruited and trained young logistician professionals (YLPs) in 15 new communes. The support to be provided by the YLPs is expected to foster the involvement of local communities in the management of the supply chain, thereby improving the availability of health products in health facilities. Under the **Population and Reproductive Health Core (PRH) Program**, the project collaborated with Reproductive Health Supplies Coalition (RHSC) to host a joint kick-off meeting to introduce the Global Family Planning Visibility and Analytics Network (GFPVAN) in West Africa. The meeting consisted of an overview of the GFPVAN in relation to building from the early warning system (EWS) (e.g. PPMR & CARhs group), and an introductory presentation to the GFPVAN, including a demo. WAHO, a key regional entity, along with UNFPA, GHSC-PSM, and USAID attended this meeting, where discussions were held around the regional role in the GFPVAN community, the project's support of on-boarding to GFPVAN in West Africa, and key next steps, including the training of super users and the hiring of the regional control tower planner (CTP) and policy and governance consultant.

## Project Goal and Objectives

This report outlines the GHSC-TA Francophone TO project's progress toward achieving its goal of "strengthening supply chain systems in Francophone countries of Africa and Haiti to ensure timely access to quality essential health products and services, improve in-country and regional collaboration and coordination, and support the global health security agenda." This goal is supported by the following three objectives:

**Objective 1. Strengthen In-Country Supply Chain Systems:** governance, coordination, strategic planning, quantification and forecasting, procurement, logistics and warehousing, LMIS, data visibility and monitoring, as well as capacity building are the overarching areas that are being addressed. This applies to all levels of the countries' supply chain, including last mile when required. Biomedical and medical equipment maintenance and pharmaceutical waste management are also supported in selected countries.

**Objective 2. Strengthen Collaboration and Capacity of Regional Organizations to Improve Commodity Security:** focuses on building on the accomplishments of other USG-supported programs, such as the USAID | DELIVER project and Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, to empower regional actors to strengthen health systems, and foster collaboration and coordination among all relevant regional (e.g. the Ouagadougou Partnership) and global (e.g. 95/95/95) initiatives. Strengthening the supply chain for family planning and reproductive health commodities has been identified as the priority area. The project works on supporting technical activities such as in-country logistics, quantification, and supply chain optimization. Enhancing data sharing and visibility will also be supported through the implementation of regional dashboard(s).

**Objective 3. Support the Global Health Security Agenda (GHSA) and Supply Chain Emergency Preparedness Strategies:** includes the development of an essential competencies framework for supply chain management to respond to public health emergencies efficiently, as well as the testing of this framework and its customization at the country level. Stakeholder engagement and coordination are key to ensure that adequate resources are available, and responsibilities are clearly defined to ensure that country supply chains are fully equipped to respond in the most efficient fashion to public health emergencies.

## Objective 1. Strengthen In-country Supply Chain Systems

### Benin

During the second quarter of fiscal year 2020 (FY20), the GHSC-TA Francophone TO project in Benin focused on implementing various activities related to strengthening the supply chain, including supervising health workers on different aspects of the supply chain, building the capacities of actors at the central level in the pipeline, organizing quantification exercises and updating supply plans, as well as finalizing the first version of the new eLMIS. The project also provided technical assistance to the MOH and the *Plateforme du Secteur Sanitaire Privé de la Santé* (PSSP) for the training and installation of the newly recruited young logisticians professionals (YLP) in their respective communes.

#### IR 1.1 Improved Policy, Governance, Strategy, Coordination

##### **Activity 1.1.2 Provide TA to DPMED, PNLP and DSME to Strengthen the Governance of Supply Chain Related Activities**

In January 2020, the project participated in a three-day workshop organized by the national malaria program (PNLP), in collaboration with other implementing partners to provide input on the development of PNLP's annual technical assistance plan.

In February 2020, in collaboration with Webb Fontaine, the project assisted the *Agence Béninoise de Régulation Pharmaceutique* (ABRP), formally known as DPMED, to revise the data entry screen of the international trade portal *Guichet Unique du Commerce Extérieur* or GUCE system. The GUCE system is implemented in Benin and other West Africa countries to control the importation of goods. The recommended changes would allow the ABRP to use the GUCE system to verify if the pharmaceutical products that have been submitted for importation are genuine and registered in Benin.

In February 2020, the project supported the *Direction de la Santé de la Mère et de l'Enfant* (DSME) and the *Agence Béninoise de Planning Familial* (ABPF) with the entry of stock data of family planning (FP) products using the UNFPA supplies report template and checklist tools. The analysis of this data will allow the Ministry of Health (MOH) to propose actions to facilitate the availability of FP products at the level of the *Dépôt Répartiteur de Zone Sanitaire* (DRZS). During the same month, the project participated

### Benin Highlights

- Provided technical assistance to the PNLP to conduct a quantification exercise and update supply plans for antimalarials commodities.
- Assisted the MOH and the PSSP with the training and installation of the 15 newly recruited JLPs.
- Participated to the DSME committee responsible to scale up Sayana Press.
- Trained MOH staff on the use of the Pipeline software.
- Provided technical assistance to the CAME for the evaluation of tender documents for the implementation of the 3PL strategy.
- Provided technical support to the MOH for the collection and analysis of logistics data using the SVDL.
- Finalized the first version to be implemented in all 34 health zones.
- Worked with Webb Fontaine and MOH to improve the GUCE system.

in the meeting organized by the DSME to plan the scale up of Sayana Press® at all 34 health zones (HZ) in Benin. The project also supported the National Malaria Control Program (NMCP) in estimating antimalarials needs, and identifying current gaps, using the Global Fund planning tool for the 2021-2023 period.

In March 2020, the project collaborated with the USAID consultant attached to the *Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques* (DPMED) to define the steps to follow to register health products. During the same month, the project assisted the DSME and the NMCP in completing the monthly stock level update for malaria and FP products at the DRZS level. This will allow the update and submission of supply plans through the PipeLine 5.4® software and enable necessary adjustments to be made on pending orders captured in ARTMIS, GSHC-PSM's commodities procurement tool.

In March 2020, the project trained eight staff from the national health programs, including the PNL, DSME, ABPF and others on the use of the PipeLine 5.4® software. The acquired knowledge will allow these key actors to monitor products' potential stock levels and to advocate for an adjustment of the orders' delivery dates to avoid stock shortages at all levels of the supply chain.

### **Activity 1.1.3 Support Health Supply Chain Integration, Resource Mobilization and Stakeholder Coordination**

In January 2020, the project provided technical assistance to the *Comité National de Lutte Contre le Sida la Tuberculose le Paludisme et les Epidémies* (CNLS-TP) in drafting the operational plan for the Integrated National Strategic Plan Towards the Eradication of Priority Diseases (PSNIE). The validation, dissemination and implementation of this plan will ensure the availability of products at all levels of the supply chain and reduce the morbidity and mortality related to malaria, AIDS and tuberculosis.

During the PMI Quarterly Report Meeting, the project team shared with USAID and other implementing partners the achievements of the project. The PSSP made a presentation on the Young Logisticians Professional Program (YLPP). It was recommended to explore options to ensure the sustainability of the YLPP in anticipation of the end of the funding by the programs supporting it, namely USAID and SWEDD.

In February 2020, the project provided technical assistance to the MOH in finalizing the development of the concept note for the second version of the *Système Résilient et Pérenne de Santé* (Resilient and Sustainable Health System), the SRPS 2, funded by the Global Fund. This included the development of an operational plan for the implementation of activities for the remaining implementing period of the current SRPS 1 project.

In March 2020, the project organized a coordination/consultation meeting with partners, including UNICEF, UNFPA, PSSP and PSHPA involved in supporting the management of the supply chain, with the objectives being to share progress, and identify collaboration and synergies among projects, in order to optimize the use of resources. A separate meeting was also held with members of the committee responsible to implement the ePHARMA project, which is a President of Benin initiative that aims to implement the serialization of pharmaceutical products to track them from their importation down to the delivery to patients and to allow users to check if the dispensed products are genuine products authorized for use in Benin.

### **IR 1.2 Optimized Forecasting and Procurement process are implemented**

### **Activity 1.2.1 Strengthen National Forecasting for PNLP and DSME Health Commodities**

In January 2020, the project provided technical assistance to the PNLP to use the Soft Funding tool, developed by GHSC-PSM, to estimate funds required to secure the availability of antimalarials products for 2020. The project also reviewed outstanding orders with the PNLP to eventually discuss with GHSC-PSM how delayed orders could be addressed.

In February 2020, the project supported the PNLP with the quantification of antimalarial products to update the supply plan and capture it in the PipeLine 5.4® software and in March 2020, the project collaborated with the PNLP to place orders for 2021 for ACTs and RDTs on the GHSC-PSM's ARTMIS procurement system.

### **IR 1.3 Best Practices for Distribution, Warehousing, Logistics Implemented**

#### **Activity 1.3.1 Optimize CAME and DRZS Distribution Function**

In January 2020, the project supported the PNLP with sharing lessons learned during the pre-test that was conducted for the long-lasting insecticidal net (LLIN) mass distribution campaign. This allowed the formulation of recommendations to ensure the success of the upcoming March 2020 campaign. Then in February 2020, the project supported the CAME with the evaluation of bid offers to support the third - party logistics (3PL) implementation. The implementation of this strategy is expected to optimize the distribution of products at all levels of the supply chain. During the same month, the project also developed a scope of work (SOW) for the collection of data (e.g. km, cost, periodicity, etc.) to assess distribution and logistics between the DRZS and the health facilities.

#### **Activity 1.3.2 Expand and Support the Implementation of the Young Logisticians Professional Program (YLPP)**



Figure 1: Training session for the new 15 YLP.

In January 2020, the project worked with the PSSP to train 15 newly recruited YLPs on different aspects of the supply chain and the Benin health system. This training allowed the heads of the various programs and directorates of the MOH, the municipal authorities, the CAME stock managers, other implementing partners and the USAID Mission staff to share their knowledge and experience about the health system, local community environment, as well as the YLPs' roles and responsibilities in securing the availability of products at the peripheral level (DRZS and health facilities).

In February and March 2020, the project, in collaboration with the USAID Mission and the PSSP, assisted with the deployment of the new 15 YLPs to 15 new communes. This was done in coordination with the local authorities and health officials of the selected communes and all of the YLPs welcomed graciously to their posts. The support to be provided by the YLPs is expected to foster the involvement of local communities in the management of the supply chain, thereby securing the availability of health products

in health facilities. With this new roster of YLPs, there is now at least one YLP available in each department of the country.

As part of exploring options for the sustainability of the YLP program, in February 2020, the project developed a form to collect data (e.g. number of orders, frequency, etc.) at the health facility level. Analysis of this data should allow for the assessment of demand for transport services in the commune that could eventually be provided by the YLP for a fee once donor support stops.

In March 2020, the project met with the PSSP and the DPMED to discuss the implementation of the YLP program. This meeting made it possible to put together a team that will look at options for the sustainability of the YLPP, to propose mechanisms for the participation of YLPs in the response to the COVID-19 pandemic and to identify opportunities for the continued collaboration between the YLPs and WHO to collect pricing data for pharmaceuticals, as the result of their involvement in the same data collection that took place in February 2020 .



Figure 2: Installation of the new YLP in the Gogonou commune in collaboration with USAID

### **Activity 1.3.3 Strengthen the Supply Chain Management Capacity at the DRZS**

During January 2020, the regional supply chain officers (RSCOs) organized 100% supervision visits in 15 health facilities in the HZs of Parakou N'dali and Savalou Bante, during which 38 health facility managers were trained on site, in the management of health products.

In March 2020, the RSCOs of Parakou collaborated with the DSME and the ABMS for the design of modules and methodology for the training-of-trainers of health training managers on supply chain management. The cascade training that will follow is expected to increase the availability of family planning products at service delivery points.

## **IR 1.4 Data Visibility and Stock Monitoring Enhanced**

### **Activity 1.4.1 Assist MOH in Data Collection and Supply Chain Analytics for All Health Priority Commodities**

In January 2020, the project's RSCOs, in collaboration with the YLPs, assisted the MOH with collecting routine data at all levels of the supply chain. This data is used to calculate some of the project's key performance indicators (KPIs) and to submit FY20 Q1 PPMR data. The project also printed and distributed 1,000 data collection books for the revised A7 logistics report to all DRZS and health facilities. The use of these reports will facilitate the visibility of logistics data at all levels of the supply chain.

In March 2020, the project collaborated with the PSSP and the pharmacist of the Atlantique Health Department to organize 100% supervision visits in 20 health facilities and two DRZS in the HZs of Allada-Toffo-Ze and Djidja-Abomey-Agbagnizoun. This allowed the collection and verification of the quality of the data reported, as well as the level of use of the Logistics Data Visualization System (LDVS). The project was able to build the capacity of 44 managers and corrected identified shortcomings onsite.

#### ***Activity 1.4.2 Support the DPP to Strengthen the Use of the DHIS 2.0 Platform and the Establishment of a Logistics Data Visualization System (LDVS)***

During this quarter, the project monitored the completeness of the data submitted to DHIS2, based on the revised tracer products list and provided technical assistance to the DRZS managers in the use of the LDVS. Challenges in capturing data encountered with the new data entry form were addressed in collaboration with the Softworks consultants.

In March 2020, the project trained the Atlantique Health Department pharmacist on the use of the LDVS. During the same month, the Benin team also provided technical assistance to the project's Senegal country field office to customize the Benin dashboard for their need to monitor the stock status at all levels of the supply chain and anticipate the risks of stock-outs for the Senegal tracer list.

#### ***Activity 1.4.3 Strengthen Stock Management Through e-LMIS Implementation at DRZS and FOSA Levels***

In January 2020, the project collaborated with the Softworks consultants to review and update the eLMIS that will be implemented in the 34 HZs of the country. The project also assisted the MOH with the testing of various of e-learning module software to provide online supply chain management training. Then in February 2020, the project also worked with Softworks to translate the screen and eLMIS messages in French and ultimately presented the new eLMIS desktop and web versions to the CNLS-TP.

In anticipation of the pilot phase of the eLMIS implementation taking place in March 2020, the project developed a web-based data collection tool to assess the availability and specification of computer hardware, as well as access to the internet for the selected pilot sites (DRZS and health facilities) to analyze the IT infrastructure gaps and propose suitable solutions. Then in March 2020, the project met with members of the ePHARMA committee to identify gaps and potential interoperability between the two systems.

#### ***Activity 1.4.4 Verify Commodities Availability and Rational Use in an Integrated Manner and in Collaboration with the Health Programs (DPP, DPMED, PNLP, DSME, PSLs, PNLt, etc.)***

In January 2020, the project supported the DSME with finalizing the FY19 contraceptive security survey and completing the end-use assessment tool for contraceptive products. Then in February 2020, the project updated the data collection form of the SurveyCTO application in anticipation of the upcoming integrated end-user verification (EUV), which is expected to take place in the Atacora and Donga departments. Since the last EUV, that was conducted in July 2019, the Ministry of Health agreed to include all priority health programs (HIV/AIDS, Malaria, Tuberculosis, Family Planning and Reproductive Health, Essential Medicines) in the EUV to support the government intent to integrate services delivery. Therefore, the EUV will focus on assessing the availability of health products from the A7 report, that covers of all priority programs, and the quality of case management in the health facilities.

### **Challenges and Mitigation Strategies**

**Challenge:** Since March 2020, Benin has been shaken by the COVID 19 pandemic. This situation could impact the implementation of certain project activities.

**Mitigation strategy:** The project will review its workplan to identify the activities that cannot successfully be conducted under the current circumstances (e.g. in person training workshop), adapt

them and develop proposed activities aimed at supporting the MOH with the response to the COVID-19. This will be done in collaboration with the local USAID Mission.

**Challenge:** Two technical staff of the project team will leave the project by the end Q2 and the LMIS Specialist is expected to go on maternity leave for three months.

**Mitigation strategy:** The project will proceed with the recruitment for the two vacant posts and redistribute some of the duties to other staff until the recruitment process is finalized. A consultant will be hired to replace the LMIS Specialist during her leave.

**Deliverables:**

- Revised GUCE data entry screen
- Forms for pharmaceutical product registration
- Supply plans
- Powerpoint slides for PipeLine 5.4® training
- Powerpoint on project progress
- YLP deployment and training report
- Evaluation form to assess the submission of 3PL bids
- 100% supervision reports
- PMP report for FY20-Q1
- Report of the new A7 data submission
- Beta version of the eLMIS in French
- Proposal for an e-learning platform and strategy
- Contraceptive security survey report
- Updated SurveyCTO form for the upcoming EUV

**Next Steps:**

- Implementation of the 3PL pilot phase
- Finalize the evaluation process of the last mile distribution strategy
- Prepare the project performance report for FY20-Q2
- Start eLMIS pilot phase
- Finalize the recruitment process for the M&E Manager and the Senior Supply Chain Advisor
- Proposal to assist the MOH in their efforts to respond to the COVID-19 pandemic



## DRC

The GHSC-TA Francophone TO project team in DRC continues to ensure the availability of HIV/AIDS, malaria, FP/RH, MNCH, and Tuberculosis medicines in USAID-supported provinces as well as to strengthen the DRC supply chain system. Activities carried out in quarter 2 include the estimation of the MNCH product need in all USG-supported health zones (HZs), a family planning quantification exercise, the best practices evaluation of 9 *centrales de distribution régionales* (CDRs), and an update of the InfoMED platform for data visibility in all 178 USG-supported HZs. Additionally, the project distributed USG-procured health commodities to 106 out of 178 USG-supported HZs.

### **IR 1.1: USG-Procured Essential Health Commodities are Consistently Available in Supported Service Delivery Points**

#### ***Activity 1.1.1 Support USG Assistance in Medicine Procurement by Coordinating with National Quantification Committees to Conduct Long-Term Forecasts and Quarterly Reviews of Supply Plans for Priority Health Commodities (HIV, TB, FPIRH, MNCH and Malaria)***

In Q2 of FY20, the project submitted 83 percent<sup>1</sup> (5 of 6) of the required 24-month PipeLine® 5.4-based supply plans (ARVs, lab, RTKs, condoms, and malaria)<sup>2</sup> to the GHSC-PSM Forecast and Supply Planning (FASP) team. The DRC is not expected to submit MNCH supply plans, and this quarter a delay in the FY21 quantification exercise has subsequently delayed the update and revision of MNCH plans.

The family planning and reproductive health (FP/RH) supply plan was not updated or submitted this quarter. However, the project organized a five-day quantification workshop to review the forecast and

## DRC Highlights

- Visit from the Director of USAID's Maternal Child Health & Nutrition Bureau for Global Health, Kate Crawford, to present importance of USAID's support of MNCH procurement and health care activities in the DRC.
- Conducted FP quantification exercise for USAID-supported regions covering at least three years 2020-2023 with the technical assistance from an international expert
- Assessed the nine CDRs located in the USG-supported provinces and spot-checked the quarterly inventory for promoting best warehousing practices on storage and distribution realized
- Conducted an update of InfoMED, which presently allows the Geolocation of health facilities for better visualization of stock statuses by health facility
- Accompanied some health zones in active data collection and entry in DHIS2/Informed to improve their weak reporting rate by organizing a three-day workshop in some provinces (Haut Katanga, Kasai Central, Tanganyika, and Lualaba).

<sup>1</sup> Percentage of supply plans reviewed and updated for USG-funded health products during the quarter (custom)

<sup>2</sup> Indicator 1.2.4: Number of reviewed and/or updated supply plans during the quarter.

make necessary updates to planned orders. To support the FP quantification, the project also provided technical assistance for the quantification of FP products during the workshop, in collaboration with the *Programme National de Santé de la Reproduction* (PNSR or National Reproductive Health Program) and with technical support of a consultant from HO.

A multi-method approach was used to conduct the FP commodity quantification. The objectives of the workshop were the following: (1) provide leadership and coordination in implementing an agreed-upon quantification process for FP commodities for the next 3 or more years; (2) develop a supply plan, based on the quantification exercise, for USAID-supported regions covering at least three years 2020-2023; (3) develop draft orders for USAID contraceptive supplies for late period of 2020-2021; and (4) build local capacity of local partners and that of the project's staff through a better understanding and acceptance of the importance of using logistics data, and data triangulation as a key approach to a good quantification process.

As a result of the quantification:

- 2020-2023 supply plans for the nine USAID supported provinces developed
- 2020-2022 orders developed

Per the request of the local USAID Mission, the project updated the malaria commodities gap analysis tables, extending them to calendar year 2022 for MOP 2021 purposes.

#### **Activity 1.1.2 Support Procurement of USG-Funded Health Commodities**

During this quarter, the project initiated a total of 114 new orders for in-country processing; submitted 114 import authorizations (IAs) to the National Drug Regulatory Authority (NDRA), of which 112 IAs (98.2 percent) were granted, and received 18 *Notes Verbales* granted by the DRC Ministry of Foreign Affairs (MoFA). All of the requests granted were granted within two weeks.

During this same reporting period, the project saw a 50 percent decrease in the lead time from pre-alert to delivery at the CDR, from 62 days reported in Q1 of FY20 to 31.4 days this quarter<sup>3</sup>. Whereas the project previously only reported the average lead time from pre-alert to delivery, to improve procurement visibility, the project will begin to report on the entire process from requisition order to delivery date, which will provide more comprehensive tracking and monitoring activities. For example, the project received seven sea shipments and 11 air shipments during the quarter. The average lead time was calculated for the two main segments of the procurement process: (1) cycle time from requisition order to pre-alert then; (2) cycle time from the “green light” for manufacturers to ship the product to delivery to final destinations (CDRs).

The cycle time for the importation of all the health elements shipped by sea is 123 days, which is double the current lead times spent using air shipments. Air shipments to DRC are preferred to mitigate the long lead time when shipping USG-funded health commodities by sea.

For MNCH products, the project received partial orders in six provinces out of nine (Sud Kivu, Haut Katanga, Lualaba, Tanganyika, Sankuru and Kasai Central). As of March 31, 2020, the quantity received by CDRs represented 27% of the expected total delivery from the supplier. This order is intended to cover HZ needs for MNCH products for 2020. Other deliveries are scheduled for the next quarter. The table below shows the cost of orders and the percentage of quantity received per province.

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<sup>3</sup> Indicator 1.2.2: Average time from pre-alert of a new shipment to signature of proof of delivery.

Table 1: Table 1. MNCH commodities expected in country in 2020 per USG-supported provinces

Provinces	CDR	Order value (USD)	Value of delivery as of March 31, 2020	Delivery in %	Remaining value to be delivered (USD)	Remaining delivery in %
Sud Kivu	DCMP 8e CEPAC	\$632,943	\$378,538	59%	\$254,405	41%
Haut Katanga	CAMELU-L'shi	\$488,734	\$0	0%	\$488,734	100%
Lualaba	CAMELU-Kzi	\$292,751	\$164,547	56%	\$128,204	44%
Tanganyika	CADMETA	\$332,524	\$0	0%	\$332,524	100%
Haut Lomami	Dépôt Kamina	\$293,868	\$0	0%	\$293,868	100%
Kasaï Central	CADIMEK	\$257,438	\$158,450	62%	\$98,988	38%
Kasaï Oriental	CADMEKO	\$462,550	\$0	0%	\$462,550	100%
Sankuru	CAMESANK	\$207,295	\$93,531	45%	\$113,764	55%
TOTAL of orders/delivery		\$2,968,104	\$795,066	27 %	\$2,173,038	73 %

**Activity 1.1.3 Assure Adequate Warehousing and Inventory Management of USG-Funded Health Commodities in a Manner to Minimize Waste and Enhance Efficiency**

In order to ensure the storage and the distribution of malaria, FP/RH, MNCH & TB products in 178 health zones within the nine USG-supported provinces, the project renewed contracts with CDRs in January 2020. These updated contracts incorporated several new logistics operation performance indicators on the reception, storage, inventory control and distribution of commodities, which began being to be monitored this quarter. In addition, the project, through the technical taskforce established in collaboration with IHP supply chain team, organized weekly coordination meetings at the national and the provincial levels, during which all issues related to commodities availability and implementation of distribution and warehousing activities were discussed. The distribution plans were drafted by considering the demands from health facilities requesting the delivery of essential products to HZs from CDRs, allowing for traceability and timesaving during routine distributions. In collaboration with USAID-IHP project, the project will jointly conduct monthly logistics data collection and validation exercises to correct discrepancies in the data. The two projects will establish weekly stock status analysis (each Wednesday) to produce a global monthly stock status report that will be submitted during quarter 3. This strengthened data visibility will in turn help to improve commodity availability for PEPFAR, PMI, PRH, MNCH and TB.

In order to minimize potential losses due to poor storage conditions or expiration, the project carried out spot checks and quarterly inventories at CDRs, jointly with *Division Provinciale de la Santé* (DPS), provincial coordination of the PNSR and national TB control program (PNLT). To promote best warehousing practices at the regional medical stores, the project assessed the first quarter performance of the nine CDRs located in the USG-supported provinces.

Upon evaluation of contractual performance indicators, main findings from this assessment are as follows:

- Four CDRs exceeded the score of 90 percent out of 100

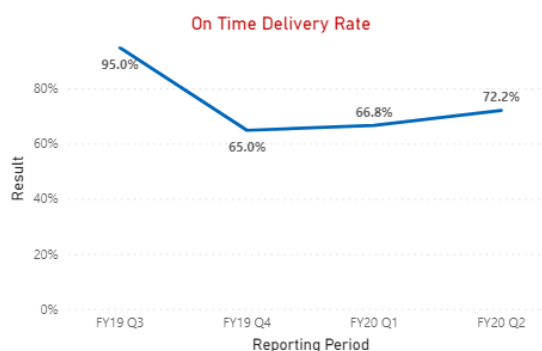
- Three CDRs obtained a score between 70 percent and 75 percent
- One CDR had a score of 63 percent

Key recommendations from the assessment include:

- Historical data that is housed in the APISOFT database should be printed and archived each month.
- Product names must also appear at the header on both sides of stock card that are printed double-sided
- Invoices to the CDR for payment of services rendered must be shared with the project provincial team for harmonization before transmission to the project finance team
- CDR should adhere to the best practice of storing products approximately 30 cm from the wall, 10 cm from the floor (where appropriate)
- Replace all pallets whose height is less than 15 cm in the warehouse in order to comply with the standards

### Activity 1.1.4 Assure Adequate Distribution of Priority Health Program Commodities

This quarter, 72.2 percent of deliveries were made on time<sup>4</sup>. This indicator has improved from quarter 1, where the on-time delivery rate was 66.8 percent. This value, however, remains below the target of 80 percent and can be attributed to long lead times (more than 30 days) to deliver commodities to the Kabonogo, Kinda, and Kitenge HZs in the province of Haut Lomami, as well as delivery of products to Mulungu and Kalole HZs in the province of South Kivu. In the same vein, the CADIMEK warehouse required more than 20 days to deliver the drugs to the Luambo, Muestshi and Demba HZs.



Graph 1: On Time Delivery Rates in DRC from FY19 Q3 to FY20 Q20



Figure 3: Nurse receiving HIV commodities at Maria Teresa Health Center, Kampemba HZ, Haut Katanga, February 2020

The delay in delivery

is due to the inaccessibility of HZs due to the deterioration of roads caused by seasonal rains. In addition, the insecurity in the provinces of South Kivu and Tanganyika HZ also contributed to the delay. For example, the Mwenga HZ in South Kivu, which is located 135 km from the DCMP 8em CEPAC warehouse took an average of 2 days to deliver the medicines. Currently with the dilapidated road, the DCMP 8em CEPAC takes an average of 3 weeks to supply Mwenga.

Under the coordination of the DRC national HIV control program (PNLS), the project continued to ensure last mile distribution of HIV commodities, starting with sharing data with implementation partners (IPs) and elaborating distribution plans to mobilizing HZ teams in the distribution process and to transporting and distributing commodities. In order to share respective care and treatment data for developing distribution plans, the project also

<sup>4</sup> Indicator 1.3.3: On-Time Delivery Rate.

collaborated with all USG HIV IPs, including International Center for AIDS Care and Treatment Programs (ICAP), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Integrated HIV/AIDS Program (IHAP/PATH), HIV Epidemic Control (HEC/KethImpilo), Humana People to People (HPP), Soins de Santé Primaire en Milieu Rural (SANRU) and Family Health International 360 (FHI360). To expedite the distribution of HIV commodities during the COVID-19, the project benefited from the logistical support of PEPFAR IPs in terms of cars in Kinshasa, as well as in Haut Katanga and Lualaba, demonstrating the good partnership and collaboration that exist between IPs.



Figure 5: Delivery of health commodities in Kabondo-Dianda HZ (Haut Lomami), March 2020

Also, during this quarter, the project supplied all 551 PEPFAR-supported sites throughout the three provinces with HIV/AIDS pharmaceutical products and commodities. These delivered commodities consisted of ARV drugs, HIV rapid test kits (Determine, Unigold), Isoniazid, Cotrimoxazole, vitamin B6, lab consumables, etc.

Additionally, the project distributed malaria, FP, and TB commodities from CDRs to HZ in the nine USG-supported provinces. The quantity that was distributed will cover four months from April to July 2020. In addition, TB Multi Drug Resistant's were delivered to Tanganyika province for seven patients, to Sud Kivu for nine patients, and to Sankuru for 16 patients.

In February 2020, the project received a high-level field visit from USAID Washington, conducted by Kate Crawford, Director of USAID's Maternal Child Health & Nutrition Bureau for Global Health. The team conducted a field visit in Bukavu (Sud Kivu province) to understand why USAID's support of MNCH procurement and health care activities needed to be continued. During this visit, the project explained the issues with MNCH commodities and justified the need to continue procuring commodities, even reducing the quantity and/or types of items. The project shared the partnership results with 8e CEPAC, as well as presented project supply chain activities in support of the MOH's *Programme National d'Approvisionnement en Médicaments Essentiels (PNAM)* and *Direction de la Pharmacie et du Médicament (DPM)*.



Figure 4: Delivery of LLINs, FP, malaria, TB commodities in Ruzizi health zone (Sud Kivu), March 2020

In collaboration with the USAID-IHP project, the project estimated the need of each of the 178 USG-supported HZs in MNCH products to allocate resources accordingly. The estimate took into account three parameters, including the demographic weight of each HZ, the rate of use of curative services, and the presence of donors (World Bank, European Union, UNICEF, GIZ, Leuven Development, International Rescue Committee, International Medical Corps, and *Médecins du Monde Belgique*) in the HZ. A report was developed and shared with all IHP provincial staff and the project for review and approval by the DPS before the next distribution of the MNCH products.

**Activity 1.1.5 Pilot a Distribution Model that Integrates Essential Commodities and HIV Products in Haut-Katanga**

No interventions were implemented under this activity during quarter 2.

**Activity 1.1.6 Improve Inventory Control Measures Within Supported Health Facilities Through Optimized Human Resource Performance**

**Support the National AIDS Control Program (PNLS) to revise their stock management tools (to include TLD 90 & 180-tablet pack size) including dispensing registers for multi-month scripting/dispensing.**

In February 2020, in collaboration with the national AIDS control program (PNLS), Clinton Health Access Initiative (CHAI), Catholic Organization for Relief and Development Aid (Cordaid), World Health Organization WHO), and Médecins Sans Frontières Belgique (MSF-Belgique), the project developed job aids based on DRC's new HIV guidelines that includes multi-month dispensing (MMD) of TLD 90 and 180-tablet pack sizes. These job aids were printed and disseminated throughout PEPFAR-supported sites in Kinshasa, Haut Katanga and Lualaba. In the meantime, in collaboration with the same partners previously listed, the project updated the ARV dispensing tool to include MMD, which will be used at the site and the provincial levels of the health system. In the next quarter, all stakeholders involved in HIV/AIDS will validate this revised tool before it is printed and disseminated.

As an update to the TLD transition, as of the end of March 2020, the actual number of patients transitioned from TLE to TLD is 133,107 out of the expected 97,297, representing 136.8 percent. Among them, 71.2 percent are MMD patients. In quarter 3, the project plans to provide technical and financial support to conduct integrated monthly site supervisions to empower health workers in HIV commodities management.

**Activity 1.1.7 Procure and Install a Prefabricated Warehouse (activity budgeted originally under FY18 and the implementation of which will continue into FY20)**

The project has been collaborating with Cordaid, the Global Fund principal recipient in DRC, for the implementation of a prefabricated warehouse to be installed in Kinshasa. The warehouse is intended to be used as a key national procurement and distribution center to be managed by the *Fédération des Centrales d'Approvisionnement en Médicaments Essentiels* (FEDECAME) on behalf of the PNAM.

*Environmental Assessment (EA)*

USAID requested the development of a scoping statement, which was developed and submitted. A local consulting firm, Baleine Environnement SARL, was recruited to endorse the EA conducted by the project in order to facilitate its review and final approval by *Agence Congolaise de l'Environnement* (ACE). The ACE approval is expected in April but before this, the project will receive the authorization letter from ACE, which will allow work to begin on the site.

*Selection of the Subcontractor to Install the Prefabricated Warehouse:*

- A company was selected, and the selection memo was signed by the Technical Committee members. The contract negotiations are ongoing and will be finalized in May 2020.
- Cordaid received the no objection notice to start working and in next quarter, this work will consist of the remediation of asbestos found on the site.

To ensure proper coordination and communication, the project organizes weekly meetings (each Tuesday) with Cordaid and a weekly meeting under the leadership of the steering committee to update all stakeholders in this activity on the implementation process.

*Key Challenges to Completing the Prefabricated Warehouse Include:*

- Maintaining strong coordination of activity stakeholders and keeping with agreed timelines
- Completion and approval of the EA report before the work can begin
- Ensuring work can be completed prior to expiration of any funding, especially on the Global Fund scope of work.

***IR 1.2 A Unified National Essential Medicines Supply System (SNAME) Meets the Governance and Performance Criteria Established by the USG and Other Donors to Fully Integrate Products Into that System***

No interventions were implemented under this activity during quarter 2.

***Activity 1.2.1 Provide Technical Assistance to Ministry of Health to Strengthen Coordination and Leadership of In-Country Stakeholders (pending TIPS sanctions and validation of the approach with the USAID Mission)***

No interventions were implemented under this activity during quarter 2.

***Activity 1.2.2 Support FEDECAME to Strengthen Good Governance Within its Network of Existing CDRs***

No interventions were implemented under this activity during quarter 2.

***IR 1.3. Supply Chain Data are Collected, Analyzed and Utilized for Health System Planning, Monitoring, Decision-making, and Problem Solving***

***Activity 1.3.1 Enhance Data Visibility and Informed Decision-Making Process through the Use of a Web Portal System***

During this quarter, the project continued providing support to the MOH for the implementation of DRC's InfoMED platform, which is a web-based early warning system (EWS) that provides data visibility to public health programs to support evidence-based decision-making. This web portal provides access to stock status and consumption information that will provide forecasting and timely procurement using national and donor resources. The system also serves as an EWS that will contribute to averting stockouts, avoiding emergency procurement and ensuring uninterrupted supply of all key products. Additionally, the system captures patient data and links them to logistics data for triangulation and easier decision-making.

During this quarter, the project completed the following activities related to InfoMED, with the technical support of international and national consultants:

- Finalized patient reports for the HIV, malaria and TB health programs. Supply chain partners are to use these reports to extract data for the number of people under care and treatment, as well as the number of patients by therapeutic regimens

- Trained system administrators on new updates and maintenance of the DHIS2/InfoMED system
- Developed LMIS support activity report from March 2019 to February 2020. This describes everything that was achieved during the activity, such as users, administrator training, and maintenance of the DHIS2/InfoMED system
- Synchronized new health facilities integrated into the national health pyramid for the year 2020 in DHIS2/InfoMED
- Updated the list of drugs and HIV regimens according to the new DRC HIV guidelines in DHIS2/InfoMED
- Created new health facilities in DHIS2 for vaccine management
- Geolocated health facilities to better visualize stock statuses by health facility

Following activities will be realized in Q3:

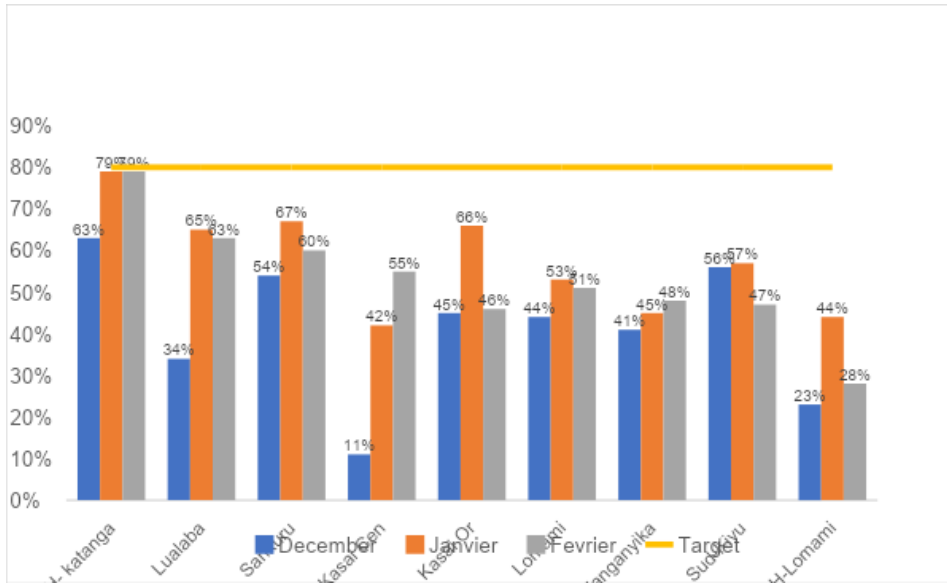
- Update and disseminate the reporting tools of the *formation sanitaire* (FOSA) and bureau central des zones de santé (BCZS), as well as the LMIS descriptive manual in accordance with the updates
- Provide additional training for HZ management teams, provincial administrators, and *Division Provinciale de la Santé* (DPS) on the new updates operational in DHIS2/InfoMED
- Create a technical logistics management unit within PNAM for monitoring, analysis, maintenance and validation of LMIS data
- Develop the decision support tool for InfoMED and DHIS2 users, which will describe the operating mode, tasks and roles of each actor involved in the management of the LMIS

In collaboration with the IHP project and DPS, the project accompanied selected HZs that have internet connection issues and weak reporting rates on active data collection and entry in DHIS2/InfoMED, by organizing workshops in some provinces (Haut Katanga, Kasai Central, Tanganyika, and Lualaba). This activity improved the reporting rate in these provinces, as is seen in the graph below.



Figure 6: Administrators training on InfoMED maintenance and updates with international consultant, Kinshasa, February 2020





Graph 2: SDP Reporting rate of DHIS2/InfoMED for 9 USG supported provinces, December 2019 to February 2020

### **Activity 1.3.2 Improve the Quality and Confidence in Logistics Data in Selected Provinces and Health Zones**

No interventions were implemented under this activity during quarter 2.

### **Activity 1.3.3 Assist the MOH (Malaria, MCH and FP programs) to Implement Semi-Annual End User Verification (EUV) in Selected Regions**

During this quarter, the project reviewed the EUV data collection tools for this fiscal year. Working with the HQ M&E manager, the project will adapt the tool to integrate new data related to malaria, MNCH and FP/RH commodities. Next steps for this activity will be to:

- Recruit a consultant who will conduct the study
- Develop the protocol of the study, including selection of sites
- Present the study protocol to all stakeholders for feedback
- Validate the protocol
- Train national supervisors
- Conduct field data collection

### **Challenges and Mitigation Strategies**

#### **Challenge:**

Due to COVID-19, key activities were impacted during this quarter notably:

1. Provide support to health programs (i.e. PNLP, PNLS, etc.) to organize and stage quarterly stakeholder meetings to review and update the supply plans
2. Pilot a distribution model that integrates essential commodities and HIV/AIDS products in Haut-Katanga and Lualaba
3. Improve inventory control measures within PEPFAR-supported health facilities through optimized human resource performance (e.g. training on inventory management tools)

4. Improve quality of and confidence in logistics data in selected provinces and HZs
5. Conduct risk assessment in supported CDRs and develop a contingency and mitigation plan in case of damages

Additionally, the poor condition of roads, adverse security conditions, and inaccessibility of remote HZs or SDPs represent consistent challenges for commodity distribution, especially in Sankuru, Sud Kivu and Tanganyika.

### **Security issues**

- I. Military operations in East of DRC resulted in delayed distributions in some HZs in Sud Kivu (Minembwe, Uvira, Ruzizi and Itombwe) and in Tanganyika (Nyunzu, Kiyambi, and Manono).

### **Mitigation strategy:**

The project, where possible, continues to hold meetings online, as well as postpone other non-essential activities until the end of June, July, and August 2020. Also, the project continues to work with staff based in the provinces, CDRs and other local partners to assess and monitor conditions to inform distribution plans. Although distribution tasks are delegated to the CDRs, the project is working on developing security risk management SOPs to be shared with CDRs. Additionally, while the use of alternative means of transportation typically increases the cost of delivery, the project has identified numerous locations requiring transportation by lake, river, air, and porter to deliver commodities. This challenge will also be addressed via distribution and route optimization activities in the FY21 workplan.

### **Deliverables**

- Supply plan submissions
- Proofs of Delivery (POD), IAs, *Notes verbales*
- Training report
- National rollout plan of the InfoMED system
- April, May and July stock status reports for 26 provinces
- Finalization of patient data form in data visualization system for better visibility and decision-making
- Periodic monitoring of stock status at all levels

### **Next Steps**

- Work with the local USAID Mission, IHP and DPS to finalize the credit lines on MNCH products in HZs
- Organize weekly coordination meetings with the IHP project supply chain team to discuss commodity availability
- Organize a joint data collection and validation exercise with the IHP project
- Continue to accompany HZs on data collection and entry in DHIS2/InfoMED
- Work with Cordaid to start with the construction and the installation of the prefab.

## **Haiti**

The project's activities in Haiti formally closed at the end of September 2019. However, due to ongoing unrest in and around Port-au-Prince, the following two activities were not finalized and handed over to the GHSC-PSM team in Haiti, who have been providing support to follow them through to completion.

### ***Biosafety Cabinet Certification Training***

During last quarter, the project worked with the GHSC-PSM Haiti in team to formally hand over the relevant contacts and register two biomedical engineers to take Phase II of the Eagleson Institute Biosafety Cabinet Certification Training Program set to take place in March 2020. Unfortunately, the training was cancelled due to COVID-19 and was rescheduled to September 2020. The two participants are registered in this training and the GHSC-PSM Haiti team will continue to support them through Phase II and III of the program, with the eventual goal being to secure National Sanitation Foundation International certification.

### ***Validation of Project Technical Documents***

The project submitted the following technical deliverables to the MOH for validation and feedback and GHSC-PSM in Haiti agreed to follow up with the MOH to ensure their validation:

- National Waste Management Strategic Plan
- Standard Operating Procedures and Training Curriculum for Biomedical Engineers
- Environmental Assessment (EA) for a waste treatment facility at Morne à Cabri
- National Quantification Study for Pharmaceutical Waste

In March 2020, GHSC-PSM received final comments from the MOH on the National Waste Management Strategic Plan. The consultant hired to develop the plan volunteered to address the comments. GHSC-PSM is also continuing to work with the MOH and the consultant to officially present the results of the UPP quantification, which has been already integrated in the strategic plan.

## Senegal

In the second quarter of FY20, the project's team in Senegal collaborated with key partners, including GHSC-PSM and priority health programs to facilitate the importation of USG-funded FP/RH and anti-malaria commodities. The team has also successfully supported the HIV program in conducting the quantification of HIV commodities for the next three years (2021-2023). Additionally, the project assisted the priority health programs with the organization of a two-day training session on the use of PipeLine 5.4® for supply planning and the Supply Planning Automation (SPA) tool for their review.

Given the new context of the COVID-19 pandemic, the project has been working with other implementing partners (IPs) and local partners to share information and develop synergic actions to support the Government of Senegal (GOS).

### **IR 1.1: Improved Policy, Governance, Strategy, Coordination**

#### ***Activity 1.1.1 Continue to Strengthen National Supply Chain Governance and Improve Leadership, and Coordination Among Supply Chain Actors (Including Donors and Health Programs) Through the Revitalization of the National Medicine Committee***

Under the leadership of Department of Pharmacy (DPM), the project planned in March 2020 to validate the terms of reference (TOR) of the Procurement and Supply Management sub-committee of the Medicines and Health Products Commission for the Health System Strengthening (HSS), as well as to finalize the TOR for the meeting to present the integrated strategic plan of the DPM/ *Laboratoire National de Contrôle du Médicament* (LNCM). This meeting is usually organized through a roundtable with Financial and Technical Partners (FTP) to enable the DPM and LNCM to advocate for the financing needed to implement their strategic plan. The activity was postponed however due to restrictions tied to the COVID-19 pandemic. The project plans to support the committee in defining a new timeline for the completion of this activity.

The project plans to assist the DPM in revitalizing the Medicines and Health Products Commission, as it is set to, when there's an issue in the supply chain, such as in the case of the COVID-19 pandemic. The project will therefore support the DPM in organizing a meeting in April 2020 to discuss the various impacts of the pandemic on the supply chain and how to address them. This multisectoral coordination meeting expects the participation of various experts from different domains. Another meeting is also planned to assist the DPM in coordinating the different private health actors' interventions and to find the way to let them access COVID-19 commodities, including protection products and equipment from

## Senegal Highlights

- Supported the HIV program in conducting the quantification of HIV commodities for the next three years (2021-2023).
- Assisted NMCP in assessing its current (2016-2020) strategic plan and in developing the next strategic plan (2021-2025) for supply chain activities; led the Procurement and Supply Management team by suggesting key Supply chain interventions and presenting the work of the group during the plenary session.
- Assisted the priority health programs through the organization of 2-day training sessions on the use of PipeLine 5.4® and SPA tool for supply planning.
- Supported the HIV program in a 2-day workshop for the development of the HIV lab commodities catalogue and guide for ordering and distribution for reagents and consumables used in the diagnosis and biological monitoring of HIV infection.

the *Pharmacie Nationale d'Approvisionnement* (PNA). This meeting will define the modalities of access to COVID-19 commodities for private clinics and pharmacies through the PNA.

**Activity 1.1.2. Support the Priority Health Programs (DLSI, PNLP and DSME) in their Supply Chain Coordination with PNA and All Other Respective Stakeholders**

In March 2020, *Plateforme PNA/Health Programs* planned a meeting to discuss supply chain challenges and address key gaps identified, but that meeting was postponed. As the PNA plays a key role in the COVID-19 response, depending on the evolution of this pandemic and PNA's availability, this activity will be rescheduled to early next quarter.

During the quarter, however, the project implemented the following key recommendations from the previous quarterly coordination meeting, which took place in December 2019:

- Supported the completion of the product catalog, harmonizing the nomenclature for HIV/AIDS lab commodities
- Trained priority health programs on the use of PipeLine 5.4® and update supply plans
- Supported the update of the national tracer commodity list specially for HIV commodities

In Q3, the project will explore ways to work with the *Plateforme PNA/Health Programs* to review the MOU of the platform. This activity could not be completed in Q2 due to Covid-19 restrictions.

**Activity 1.1.3 Support the Central Medical Store (PNA) to Receive Direct US Government Funds Through the Fixed Amount Reimbursement Agreement (FARA)**

No interventions were implemented during this quarter for this activity.

**Activity 1.1.4 Provide Support for the Development of the PNA Strategic Plan 2020-2024**

As planned, the consulting firm SOSEPAC was selected to develop the legal status change and the contract was signed on March 17, 2020. The firm was ready to present its methodology to the established steering committee, but due to the COVID-19 pandemic, the planned meeting with the committee was not held. However, a meeting with a restricted number of attendees is being organized, under the leadership of the cabinet of the MOH, to be attended by representatives of the project, SOSEPAC and the PNA. This meeting will be organized in Q3 to move forward with this activity, specifically on the documentary research and analysis, as well as questionnaire administration, wherever possible.

**Activity 1.1.5 Support the PNA in the Change of its Autonomy Status**

The consultant, PNA, health programs, USAID/Senegal and other relevant stakeholders including UNFPA, held a technical meeting on January 16, 2020 at the project's offices to review the report. This technical meeting was an opportunity for the consultant to refine the report from the different partners' observations and comments.

Another meeting with the technical group was organized under the leadership of the MOH's General Secretariat (GS) on February 11, 2020 to share the findings and the proposed status retained by the consultant. The following are the main recommendations from this meeting:

- More level of effort (LOE) is needed for the consultant, as the time originally allocated to complete the work was not sufficient, according to the assembly.

- The consultant should clarify her position between the non-profit association status (ASBL) and the public establishment with special status (EPCS) retained.
- To be more inclusive, the GS recommended the consultant to meet with additional key actors of Senegal's supply chain system, such as *Syndicat des Pharmaciens Privés du Sénégal*, *l'Ordre National des Pharmaciens du Sénégal*, and the board of the PNA.

The consultant was addressing these recommendations but had to stop due to the impact of the COVID-19 pandemic. To mitigate, the project will finalize the consultant's contract extension process. This extension will allow the consultant to validate the final report in a meeting with all key stakeholders in the Senegalese supply chain system for health commodities. The project is hoping that this meeting can take place in the next quarter, depending on the evolution of the pandemic.

#### **Activity 1.1.6. Study the Options for Establishing a Streamlined Expedited Process for DPM Registration of Priority Health Products**

There is no new development for this activity, as the project was not able to find the adequate consultant that should lead this activity. The project is still looking for a candidate in the professional networks to perform the work.

### **IR 1.2 Optimized Forecasting and Procurement Processes are Implemented**

#### **Activity 1.2.1. Provide Technical Support to Health Programs to Develop their Respective Annual Quantifications and to Review their Supply Plans for HIV/AIDS, FPIRH, MNCH, and Malaria Commodities**

During February 10-14, 2020, the project worked with the procurement and supply management team of the National Malaria Control Program (NMCP) to assess its 2016-2020 strategic plan, which found that supply chain activity completion was very poor. This situation is because most interventions of NMCP's partners do not align with the strategic plan activities. Then from March 9–13, 2020, the project participated in the development of the malaria program's 2021-2025 strategic plan, which includes the forecast of commodity needs for that period. The budget for the 2021–2025 strategic plan was not finalized, as the workshop planned to conclude this activity was not organized due to restrictions tied to the COVID-19 pandemic.

This quarter, the project assisted the President's Malaria Initiative (PMI) team with updating and presenting the gap analysis, using the data from the five-day March 9<sup>th</sup> quantification exercise for the new malaria strategic plan, following the PMI template.

On the 3<sup>rd</sup> and 4<sup>th</sup> of March 2020, in collaboration with IntraHealth's NEEMA project, the project trained 13 staff members (5 males and 8 females)<sup>5</sup> from the *Direction de la Santé de la Mère et de l'Enfant* (DSME), the *Conseil National de Lutte contre le SIDA* (CNLS), *Division de lutte contre le SIDA* (DLSI) and the PNA on the use of PipeLine 5.4<sup>®</sup> and SPA tool. These tools are used respectively for health commodities supply planning and for the review of the supply plans. As a top recommendation of the training workshop, there will need to be a follow up training session to enable stakeholders to use the tools on their own, as the activity is targeted for technical independence.

This two-day training was a success, as participants found the PipeLine 5.4<sup>®</sup> and SPA tools very interesting and all the actors were ready to use the tools, enabling the standardization of supply plans.

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<sup>5</sup> Indicator 4.1.4 Number of people trained in a supply chain management functional area

The two main challenges encountered during the training sessions, however, were related to the importation of GHSC-PSM products and the setup of the SPA tool on participants' laptops. For NMCP staff who did not attend the workshop, the project plans to build their capacity through mentorship during the period of plan review and submission to GHSC-PSM.

During March 9–11, 2020, the project provided technical support to the HIV program to forecast needs of HIV/AIDS commodities, including ARVs and lab for viral load (VL) and early infant diagnosis (EID) for the next 3 years (2021-2023). The project also supported the HIV program in the monitoring and evaluation of the TLD transition, by comparing the transition plan and its actual status at the end of January. According to the 2019 ARV forecast, 27,609 patients were expected to be put on treatment, of which 9% on TLD and 10.3% on DTG regimen. Note that at the end of December 2019, 29,858 adult patients were on ARV treatment, 10.3% are on TLD and 11% on DTG regimen. This exercise was very helpful, as it enables those implicated to measure Senegal's pace in transitioning to TLD. The main recommendation from the meeting was to closely monitor the transition on a quarterly basis and to have the project support this activity next quarter by organizing the next performance review of the transition.

Unfortunately, the restrictions due to the COVID-19 pandemic delayed the finalization of the HIV/AIDS supply plan updates. The HIV program, with project support, is looking for ways to ensure adequate stock levels are available for ARVs to prevent stockouts and to support multi-month dispensing (MMD) at service delivery points.

The FP/RH commodities quantification workshop to review the Contraceptives Procurement Tables (CPTs), which was planned for March 2020 was not organized due to COVID-19 restrictions. To define the workshop structure, the project will propose to the FP supply chain oversight committee to either use videoconferencing or organize a meeting with a reduce number of mask-wearing participants to respect social distancing rules.

**Activity 1.2.2. Closely Collaborate with GHSC-PSM to Ensure Smooth Procurement of US Government-Funded Commodities**

To support commodity procurement, the project continues to play a crucial role in coordinating the importation process of different USG-procured health commodities, supporting NMCP, FP program and ADEMAs (Social Marketing Agency) in obtaining waivers and special authorizations for products not yet registered, monitoring and communicating orders status.

During this quarter, the project coordinated the reception of the following commodities:

<b>Malaria</b>	
Artemether/Lumefantrine 20/120 mg Dispersible Tablet, 30 x 6x2 Blister Pack Tablets	2234
<b>Family Planning and Reproductive Health</b>	
Depot (SC) Medroxyprogesterone Acetate 104 mg/0.65 mL	267600
Female Condom (Nitrile) Lubricated, 17 cm, 1000 Each	48
Male Condom (Latex) Lubricated, Fagaru Yellow, 53 mm, 3000 Pieces	181

The average cycle time from the requisition order to product delivery is 38 weeks. The lowest average cycle time is for ALu 6x2 (30 weeks), whereas male condom had the longest cycle time (47.5 weeks)<sup>6</sup>. Despite a shorter cycle time overall, AL 6x2 had the longest cycle time from port of entry to PNA compared with other commodities as a result of their delivery coinciding with the establishment of Covid-19 restrictions in mid-March 2020. Many health program activities are impacted and there is a shortage of products at central level.

### **Activity 1.2.3. Strengthen In-Country Processes of Ordering Priority Health Products**

This quarter, during the March PipeLine 5.4® training, the project worked with the health programs supported by the Global Fund and advocated to gain visibility into malaria and HIV orders by explaining how important it is to have this to improve supply planning. As result of this advocacy, the malaria and HIV programs are now sharing this information. In addition, the project requested access to Global Fund's procurement software Wambo as an observer and USAID is also advocating for this access.



Figure 7: HIV lab commodities catalog workshop in Thiès

As recommended during the last PNA/health programs coordination meeting, the project assisted with updating the HIV lab commodities catalog, during a two-day workshop in Thiès (March 12-13). 20 participants including HIV lab specialists from different organizations (HIV program, DLSI, CNTS, LBV etc.) attended the workshop, which resulted in the development of a draft of the HIV lab commodities catalog, as well as an ordering and distribution guide for reagents and consumables. The final documents will enable the PNA and the *Pharmacie Regionale d'Approvisionnement (PRA)* storekeepers and district pharmacy attendants to improve HIV lab commodities distribution management, by facilitating the identification and the quantification of reagents for every single type of VL machines (Abbott M2000, COBAS, GeneXpert etc.), and for in-country diagnosis.



Figure 8: HIV lab commodities catalog workshop in Thiès

The draft of the document was planned to be finalized in a reduced technical committee, but due to the COVID-19, the project intends to recruit a consultant to refine the documents before their validation. The recruitment of the consultant is in process.

## **IR 1.3 Best Practices for Distribution, Warehousing, Logistics Implemented**

### **Activity 1.3.1. Improve Warehouse Operations at Three Regional Warehouses (Diourbel, Fatick, and St. Louis) through Optimization of Storage Space and Layout Efficiency**

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<sup>6</sup> Indicator 1.2.2 Average cycle time between requisition order and products delivery, where GHSC-TA Francophone TO is directly supporting the supply chain operations



The renovation of the Fatick and Diourbel PRA warehouses was launched with kick-off meetings during this quarter. These meetings were opportunities to meet with the two regional warehouse representatives and to review the renovation process in more detail in order to anticipate potential challenges. The PRA renovation activities for Fatick and Diourbel are ongoing and the status of implementation is shared weekly with all key stakeholders.

The kick-off meeting for the St. Louis PRA renovation activity was not held due to COVID-19 restrictions. The company selected for the renovation was not able to obtain the authorization to get its personnel to St. Louis, as the circulation between regions was prohibited. PNA tried to obtain the authorization from the MOH without success. PNA and the project are working for a final decision on whether or not the St. Louis PRA renovation will be suspended temporarily.



Figure 9: Fatick PRA renovation images 1 of 2



Figure 10: Fatick PRA renovation images 2 of 2



Figure 11: Diourbel PRA renovation image 1 of 2



Figure 12: Diourbel PRA renovation image 2 of 2

### **Activity 1.3.2 Support Central and/or Regional Medical Stores to Improve the Accuracy of Recordkeeping and Strengthen the Effectiveness of Inventory Controls**

The project is currently encountering challenges for this activity. Note that the government partners do not want to participate in G50-based funded activities. Discussions are ongoing between the PNA, health programs and GHSC-TA to revise the funding mechanism of the activity.

### **Activity 1.3.3. Improve Inventory Controls and Commodity Availability Within PEPFAR-Supported Health Facilities in 3 Priority Regions**

The inventory management specialist has been closely working with the HIV program for the development of job aids and constant monitoring of HIV commodities in PEPFAR-supported health facilities to ensure the sustainability of inventory management best practices. A meeting was organized at IntraHealth with the NEEMA project to define the synergic action between the two USAID implementing partners in the domain of logistic data collection in PEPFAR sites, as the project does not have a presence in the field. The project developed a tool in order to report on PEPFAR-specific indicators by the NEEMA project data collectors embedded in Senegal PEPFAR-supported sites. The project also developed the TOR for the training on logistic data collection for PEPFAR site data managers and submitted it to the Neema project in addition to the logistic data collection tool for input.

Due to teleworking, the supervision visit activity including data collection was not carried out and the training for PEPFAR site data managers could not be organized this quarter. To mitigate, the project is communicating with health facilities via emails and phone to collect logistic data. The project plans to train PEPFAR site data managers early next quarter using available online resources (Skype, Zoom, etc.).

#### ***Activity 1.3.4. Optimize Human Resource Performance through a Data-Driven Supportive Supervision System and On-The-Job Training***

Due to teleworking, the supervision visit activity was not carried out in FY20 Q2.

### **IR 1.4 Data Visibility and Stock Monitoring Enhanced**

#### ***Activity 1.4.1. Support Health Programs to Improve the Quality and Usage of Logistics Data for Decision-Making***

The project worked in close collaboration with the FP program, NMCP and PNA in order to submit PPMRm and PPMR for contraceptives in January 2020. As a result, two submissions were made for the PPMR and PPMRm<sup>7</sup>. In addition, the project led the coordination between health programs and GHSC-PSM, responding to GHSC-PSM questions on the PPMR.

A preparatory meeting for data validation will be scheduled one week before the submission date for both malaria and family planning for the April PPMR submissions.

While the reporting rate to an LMIS at central and regional levels remain at 100% this quarter, no SDP data is available for analysis of reporting and stock out rates<sup>89</sup>. Since the interruption of Yeksi naa, there has not been any visibility on logistics data at this level of the supply chain. The MOH has ordered the PNA to stop the implementation of the Yeksi naa until the end of its assessment. The assessment results are available, and the project recommends key changes to the system for improved sustainability.

The project will support the MOH in transforming key recommendations into action and in defining the new strategic approach of Yeksi naa.

During this period, the Senegal project country team also received technical assistance from the project's Benin country team to customize the Benin dashboard for their need to monitor the stock status at all levels of the supply chain and anticipate the risks of stock-outs for the Senegal tracer list.

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<sup>7</sup> Indicator 1.4.4: Number of PPMRs submitted for USG-funded commodities

<sup>8</sup> Indicator 1.4.1: SDP Reporting rate to a logistics management information system (LMIS)

<sup>9</sup> Indicator 4.1.5: SDP stock out rate

### **Activity 1.4.2. Optimize Supply Chain Monitoring and Evaluation of Performance**

Due to COVID-19 restrictions, logistics data was collected via email and phone calls. As such, the semi-annual logistics data quality assessment visits in supported districts could not be organized.

### **Activity 1.4.3. Support PNA to Enhance Data Visibility by Identifying and Addressing Interoperability Needs Between Existing Management Information Systems (CommCare, DHIS2, and ERPX3).**

As planned last quarter, the project procured and received 77 computers for district warehouses to support ERPX3, of which a sample was checked for compliance testing. The project is currently working with PNA to finalize securing the procurement software to support ERPX3, after which the project will organize the handover of equipment to PNA. In addition, the project will support PNA in the assessment of district warehouses, including inventory management and evaluate the level of district storekeepers on the use of software systems for reporting. Note that this activity was initially planned for early April but was delayed due to COVID-19 restrictions.

### **Challenges**

1. COVID-19 pandemic has slowed the implementation of most activities with key partners, as the MOH has shifted its priority towards responding to the outbreak
2. The staff is teleworking and most of the meetings planned with partners have been postponed.
3. Time allocated to PNA status change activity was too short.
4. Bid unfruitful for DPM study of options for streamlined expedited process registration of priority products

### **Mitigation Strategies**

1. The project has identified, within some activities, tasks that can be implemented instead of waiting for a probable end of the pandemic and will then contract with a consultant where possible.
2. The project is trying to schedule smaller meetings, respecting social distancing in order to move forward with activities
3. The project agreed with IntraHealth to extend the contract of the consultant up to the validation of the report
4. After active research among professional groups, three candidates were shortlisted and are being reviewed by HO.

### **Deliverables**

- National medicine Committee report on COVID-19 response
- PipeLine 5.4® training report
- Draft of HIV lab commodities catalog
- HIV lab commodities ordering and distribution manual
- HIV tracer commodities list
- PPMRc and PPMRm reports
- HIV and malaria forecasting report
- Commodities reception documents
- Waivers for unregistered products
- Second draft report of PNA's change of status
- Site supervision reports for PRA renovation (Diourbel, Fatick)
- Signed contract of Saint Louis warehouse's renovation

- 77 computers to support ERPX3

### **Next Steps**

- Monitoring of the warehouse's renovation (Diourbel, Fatick)
- Kickoff meeting for St. Louis warehouse
- PipeLine 5.4® building capacity for NMCP and follow up for HIV
- TLD transition review
- Supervision of PEPFAR health facilities
- National medicine committee meeting
- PNA health programs coordination meeting
- Handover of necessary hardware and software to PNA to extend ERPX3 at district level
- Finalization of the recruitment process for commodities registration activity
- Training of PEPFAR sites data managers on logistic data collection
- Finalization of the PNA status change report
- PPMRm and PPMRc preparatory meetings
- Finalization of job aids for pharmacy attendants in PEPFAR sites

## Objective 2. Strengthen Supply Chain Security Through Collaboration and Regional Organizations

### West Africa Regional Office Program

During the second quarter of FY20, the project's team in the West Africa Region supported the organization of a family planning Commodity Security Committees (CSC) meeting in Togo, the launch of a Technical Working Group in Burkina Faso and the development of a FP/RH commodities weekly stock monitoring system in Togo. The team also helped to improve capacity of national quantification committees to conduct long-term forecasts and quarterly revisions of supply plans for family planning commodities. Additionally, the project launched supportive supervision in Burkina Faso with the MOH's involvement and reviewed integrated FP/RH and HIV/AIDS supportive supervision tools in Togo and Niger.

#### **R 1.1: IMPROVED POLICY, GOVERNANCE, STRATEGY, COORDINATION OF NATIONAL SUPPLY CHAIN SYSTEMS**

##### **Activity 1.1.1 Provide Support to Ministries of Health of Focus Countries to Strengthen Coordination and Leadership of their Family Planning Supply Chain Technical Working Groups and/or Commodity Security Committees (CSC)**

This reporting period, the *Division Santé Maternelle et Infantile/ Planification Familiale* (DSMIPF) organized a family planning Commodity Security Committees (CSC) meeting. As a result of the project's support, the DSMIPF continues to lead CSC meetings on a quarterly basis. In Burkina Faso, the *Direction de la Santé de la Famille* (DSF) is finalizing the CSC's Terms of Reference (TOR) with the DSF's General Director before obtaining official validation.

##### **Organization of CSC Meeting in Togo on March 2-3, 2020**

In collaboration with the project, the DSMIPF in Togo organized and led the CSC, as well as the High Impact Practices (HiPs) in family planning's technical working group meeting on March 2-3, 2020. The two-day consultative meeting was attended by several FP/RH stakeholders, including representatives from the ministry of health (MOH), Amplify Family Planning (Amplify-FP), UNFPA, *Association Togolaise pour le Bien Etre Familial* (ATBEF), in-country West Africa Health Organization (WAHO) focal point, Ouagadougou

### WARO Highlights

- Improved capacity of national quantification committees to conduct long-term forecasts and quarterly revisions of supply plans for family planning commodities in two focus countries
- Supported the Togo quarterly CSC meeting
- Supported development and finalization of Burkina Faso Technical Working Group (CSC TOR signature is being finalized)
- Provided FP/RH commodities weekly stock monitoring system available with Excel data analysis dashboard in Togo
- Supported operationalization of FP/RH commodities managers committee in Togo through WhatsApp platform
- Launched supportive supervision in Burkina Faso with MOH authority's involvement
  - Reviewed supportive supervision tools in Togo (integrated tool FP/RH and HIV/AIDS) and Niger
- Completed FP/RH annual inventory commodities in Burkina Faso

Partnership focal point and *Association Togolaise pour le Marketing Social (ATMS)*. The meeting was an opportunity to evaluate the implementation status of recommendations agreed upon during the last CSC meeting, to share the FY20 Q2 FP supply plan review and weekly stock monitoring data for FP, to present the pilot project results for the introduction of Depot Medroxyprogesterone Acetate 104 mg/0.65 mL Subcutaneous (SC) in two health districts (Gofe and Klotto), and to elaborate DMPA SC FY20 extension workplan at nationwide.

A key take-away from this CSC meeting was the participants' appreciation of having better visibility of the stock status of FP commodities on a weekly basis across all supply chain levels. This will help FP commodity oversight decision-makers to anticipate stockouts with understocked products and plan the redistribution of overstocked products.

While reviewing the FY20 Q2 FP/RH stock status data, the project noted data quality issues with PPMR data, as there are duplications in the reported data points from month-to-month during the reporting quarter. This has an impact on the result and interpretation of the data for decision-making. However, with the recently established team in Togo, the project will work closely with the DSMIPF to improve reporting.

Currently, FP/RH stock status data shows that 58 percent of all tracer commodities are stocked according to plan. However, there are overstock concerns at central level:

- As of March 31, 24 MOS of Levonorgestrel/Ethinyl Estradiol 150/30 mcg + Fe and 40 MOS of Etonogestrel 68 mg/rod, 1 rod Implant were available.
- For Levonorgestrel/Ethinyl Estradiol 150/30 mcg + Fe, a quantity of 166,400 units of Zinnia F was delivered during the quarter to substitute for Microgynon demands. Etonogestrel 68 mg/rod, 1 rod Implant presents with no expiry risk (expiration in 2023).
- Emergency contraceptive pills are currently stocked out, but a government order is expected to arrive by March 31, 2020.

The following highlights the CSC members' recommendations:

1. Store managers must follow First Expired First Out (FEFO) guidance with (Etonogestrel 68 mg/rod, 1 rod Implant (40 MOS).
  2. FP department must accelerate the promotion of additional strategies to avoid risk of Etonogestrel 68 mg/rod, 1 rod implant expiring.
- **Signature of CSC Meeting's Terms of Reference (TOR) in Burkina Faso**

After drafting the CSC meeting's TOR in Burkina Faso in quarter I, FP/RH stakeholders shared it with the DSF's General Director for approval, which is the last step in the process. Moving forward, the project will support MOH actors with implementing this TOR, by ensuring that the CSC meetings are organized quarterly instead of semi-annually, as was the case in the past.

**Activity 1.3.1 Support Central and/or Selected Regional Medical Stores to Improve the Accuracy of Recordkeeping and the Effectiveness of their Inventory Controls for Family Planning Products in the Three Focus Countries**

- **Physical Inventory of FP Commodities in Burkina Faso**

From January 5 -18, 2020, the project co-financed (e.g. transport, per diem) the annual physical inventory of priority FP products with GHSC-PSM and Global Fund. All partners collaborated to provide technical assistance to the MOH to elaborate SOPs and participated in committee meetings to manage the annual inventory. The objective was to monitor stock for priority health programs at central, regional and district warehouses and to support NGOs with the management of FP/RH and HIV products. Through this activity, 124 warehouses were visited. As a result, the MOH now has precise data related to stock status of FP commodities to revise the supply plan.

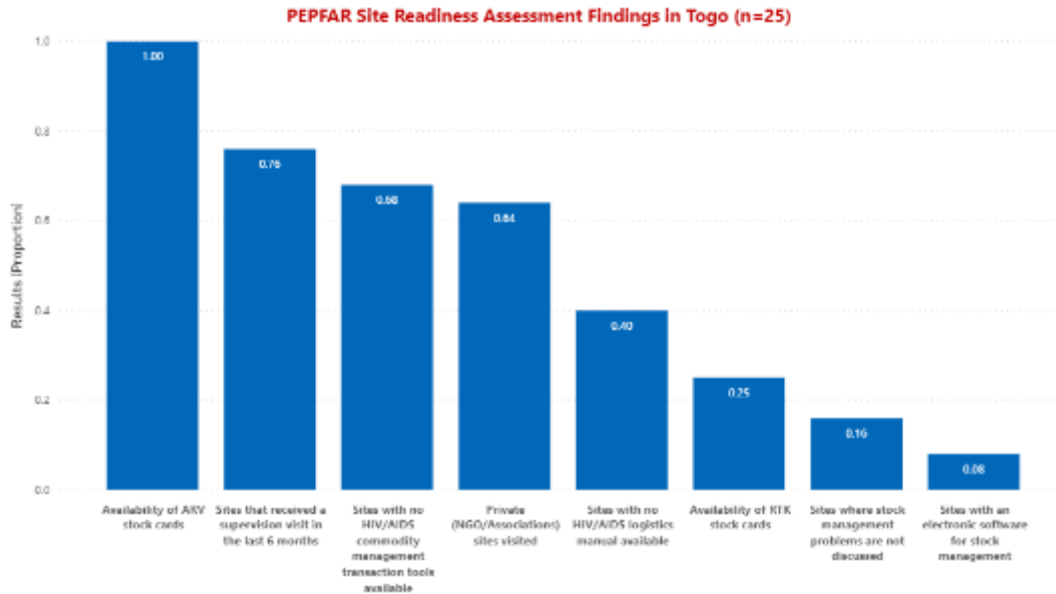
- ***Brief Key Stakeholders on the Use of Inventory Management Assessment Tool (IMAT)***

The project planned to provide financial and technical support to the MOH in focus countries to conduct quarterly inventory audits using IMAT, after training key stakeholders on the use of this tool. Prior to conducting the trainings, the project organized consultation meetings in focus countries to agree upon an agenda and the methodology for the training. This was completed in Burkina Faso and is in progress in the other countries. The Burkina Faso training was originally planned for March 18-20, 2020 but was postponed to the end of the health emergency.

***Activity 1.4.1: Improve the Quality and Use of Logistics Data in Target Health Districts***

- ***Conduct a Site Scale-Up Readiness Assessment and Data Gap Analysis in Supported Districts in Togo [PEPFAR]***

In collaboration with National AIDS Control Program (NACP), the project conducted a site scale-up readiness assessment for all 25 PEPFAR sites from January 27-31, 2020 in three health regions, including Lomé Commune, Maritime and Plateaux. The objective was to assess PEPFAR needs in terms of HIV/AIDS supply chain technical assistance support needed from the project. The project assessed 20 direct service delivery (DSD) sites and 5 project-supported sites and conducted baseline evaluation to determine supply chain technical assistance needs for all sites. The next steps are to share the readiness assessment report with in-country HIV/AIDS stakeholders and work closely with NACP to improve weaknesses identified in the readiness assessment. The scale-up readiness assessment findings are shown in the graph below:



*Graph 3: PEPFAR Site Readiness Assessment Findings in Togo*

**Activity 1.4.2: Optimize Human Resource Performance Through a Data-Driven Supportive Supervision System and On-The-Job Training for Supply Chain Management**

- **Support MOH to Revise Supportive Supervision Guidelines, Checklist, Performance Standards and Measurable Indicators and Milestones**

During the quarter, the project provided financial support (paying for per diems, as well as coffee and lunch breaks) and technical support (guiding countries in drafting a supportive supervision guideline and TORs for upcoming validation meeting) to MOH in all focus countries to revise the supportive supervision guidelines. This process was completed in Burkina Faso and the project began the implementation of the supportive supervision in the two health regions of Centre and Centre-Sud. In Togo, a national integrated FP/RH and AIDS supportive supervision guideline and checklist were reviewed. In Niger, the validation of the guideline is in progress, but was postponed due to the COVID-19 pandemic. As next steps, the project will support the validation of the Togo and Niger supportive supervision guidelines and the training of health district representatives on supportive supervision, which was also postponed in Niger and Togo due to the COVID-19 pandemic.





Figure 13: Togo Supportive supervision tools revision team in March 12-13, 2020

- **Conduct training of supportive supervisors in Burkina Faso**

This quarter, the project provided technical support (conducting two supportive supervision trainings) and financial support to train supportive supervisors in Ouagadougou from February 10-14 and in Manga from February 17-21. The objective of this activity was to strengthen the supportive supervision skills of central, regional and district actors. 37 supportive supervisors (29 males and 8 females)<sup>10</sup> were trained on supportive supervision methodologies and techniques as well as the development of a dashboard to monitor performance.



Figure 14: Facilitator Charly Mampuya, Project Portfolio Technical Director during training session in Ouagadougou, Burkina Fasougou, Burkina Faso



Figure 15: Participants on the last day of training, excited to start supervision visits in Ouagadougou, Burkina Faso

<sup>10</sup> Indicator 4.1.4 Number of persons trained in supply chain management

- **Launch of formative supervision in the two health regions in Burkina Faso**

From March 2–20, 2020, the project provided technical support by coaching supervisors on the job, as well as financial support by paying for per diems, coffee and lunch breaks, along with transportation for non-residents, to launch the implementation of supportive supervision visits in the Centre and Centre-Sud health regions. The objective was to strengthen the capacity of stock managers at the health service delivery points in the areas of inventory management, data collection and analysis to transmit quality data. Two supervisors per district visited 10 service delivery points, with planned visits to 90 sites. For this first phase, two teams representing the central and regional levels made unannounced visits to five sites per region to ensure that supervision was carried out according to the standards adopted. The project will next analyze the reports from these visits and adopt a dashboard to monitor the performance of the supply chain system management.

### BEFORE SUPERVISION



Figure 16: Commodity storage before supervisors worked with stock manager

### AFTER SUPERVISION



Figure 17: Supervisors worked with the stock manager to well storage products according to recommended standards

## IR 1.2: OPTIMIZED FORECASTING AND PROCUREMENT PROCESSES ARE IMPLEMENTED

### **Activity 1.2.1 Support Ministries of Health in Strengthening their National Quantification Committees to Conduct Long Term Forecasts and Quarterly Reviews of their Supply Plans of Family Planning and HIV/AIDS Commodities**

All focus countries' quantifications were done last quarter and each country has a pluriannual supply plan to be update on a quarterly basis.

### **Sub-Activity 1.2.c: Conduct Quarterly Supply Plans Reviews Using Upstream and Downstream Data**

During the quarter, the project supported two focus countries, including Burkina Faso and Togo to update and review their respective quarterly supply plans for family planning and HIV/AIDS commodities<sup>11</sup>. In Togo, the project completed the review of ARV, FP commodities, and condoms, while Burkina Faso completed the supply plan review of FP commodities and condoms.

- **Conduct Quarterly Supply Plan Reviews for HIV/AIDS Commodities in Togo**

<sup>11</sup> Indicator 1.2.4: Number of countries with reviewed and/or updated supply plans during the quarter.

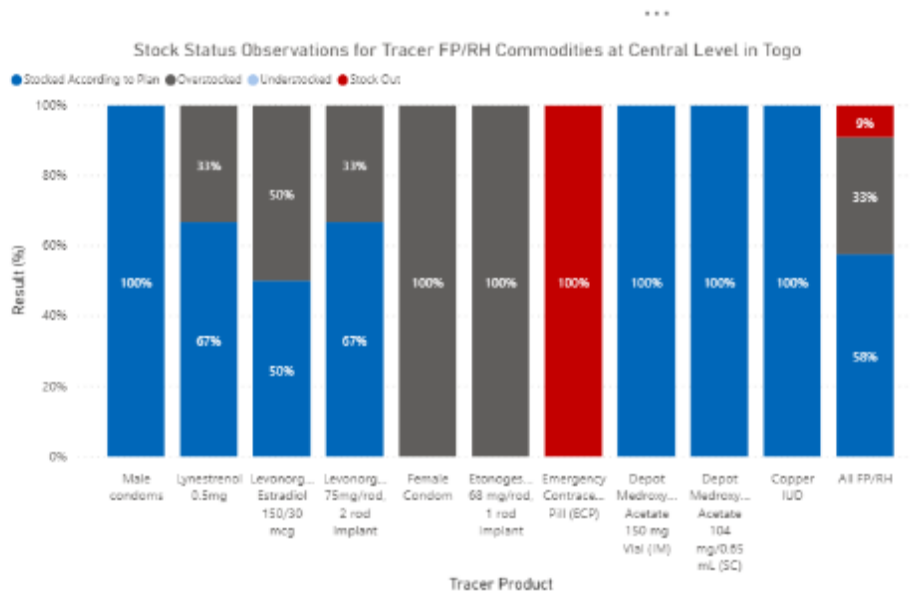
In collaboration with the NACP, central medical store (CAMEG), National Pharmacy Direction and Global Fund, the project organized the NACP's FY20 Q2 supply plan review meeting on February 3-6, 2020 to examine historical quantification data, taking into consideration recent requirements and national AIDS treatment guidelines that were reviewed in October 2019. As a result, the FY20 quantification was updated with all stakeholders and the national COP Supply Plan Tool for PEPFAR meeting in Johannesburg was completed. Additionally, TLD quantities were adjusted (increased) to account for recent guideline revisions, pediatric ARVs forgotten during the previous quantification were integrated and recommendations were made to place new orders. This was a fruitful exercise, as supply plan results provided more accurate information to the USAID Mission and allowed USAID to proceed with the Emergency Commodities Fund (ECF) process.



Figure 18: Togo HIV/AIDS commodities supply plan review actors

- **Conduct quarterly supply plan reviews for FP/RH commodities in Togo**

In collaboration with the FP health program, UNFPA, CAMEG, and National Pharmacy department, on March 9-10, 2020, the project organized the FP program's FY20 Q2 supply plan review to review and update the FY20 Q2 FP/RH commodities supply plan. The graph below shows FP stocks status in Q2FY20.



Graph 4: Togo stocks status in Q2FY20

### Deliverable / Output

- The FY20 Q2 quarterly supply plan review was completed
- Consumption data from December 2019 to February 2020 was consolidated and analyzed
- February 29, 2020 in-country inventory data was analyzed and consolidated
- The quarter's delivery status was updated on PipeLine® 5.4
- The procurement plan for the upcoming 18 months was elaborated for each FP commodity to ensure appropriate storage conditions

### Findings

- Protector Plus was understocked (2 MOS available); a new order was placed through GHSC-PSM with delivery date in June 2020
- Combination 3 was stocked out; a shipment is in delivery process through USAID funding
- During the review, partners agreed to accelerate oxytocin and magnesium sulfate (MgSO4) deliveries to avoid an understock situation
- The FP commodities manager must ensure a good follow-up of consumption data of Sayana Press, oxytocin and magnesium sulfate (MgSO4) due to the additional consumption strategies at the national level

### Next steps

- During Q3 FY20, set up a mechanism to collect FP/RH consumption data from community health workers, as well as at all levels
- Share reviewed supply plan data during the next FP commodity security committee meeting

### ▪ Conduct quarterly supply plan reviews for FP/RH commodities in Burkina Faso

From February 24-29, 2020, the project participated in the FY20 Q2 FP/RH quarterly supply plan review. This activity was led by MOH national staff with technical support from the project in

collaboration with UNFPA, PROMACO and Global Fund to review and consolidate consumption data from October to December 2019 and to update delivery status.

### Deliverable / Output

- The Q2 FY20 quarterly supply plan review was completed
- Consumption data from September to December 2019 was consolidated and analyzed
- December 31, 2019 in-country inventory data were analyzed and consolidated
- The quarter’s delivery status was updated on PipeLine®5.4
- The procurement plan for the upcoming 18 months was elaborated for each FP commodity to ensure appropriate storage conditions

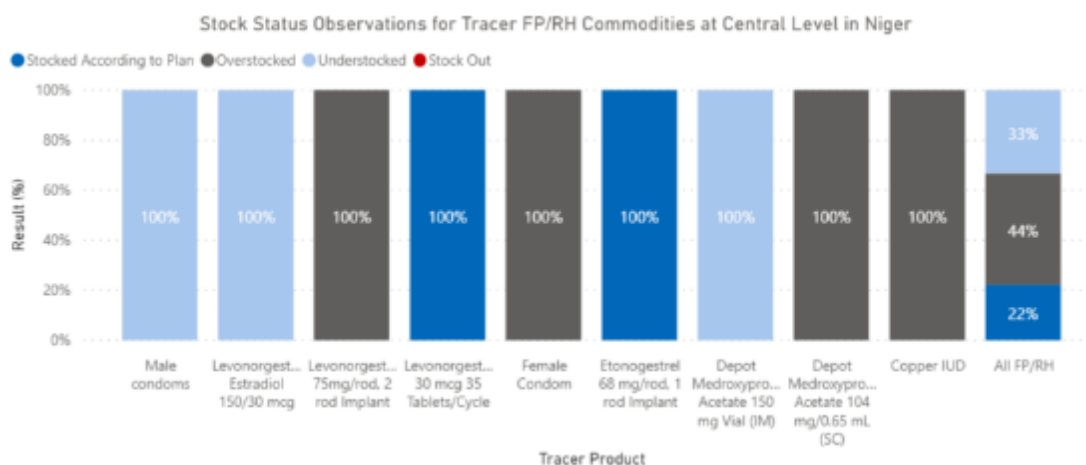
### Findings

- Cycle beads are stocked out at the central level; MOH has requested a transfer from Nigeria
- 1,405,897 cycles of levonorgestrel/Ethinyl Estradiol 150/30mcg + Fe 75mg, 28 Tablets/Cycle (Zinnia F) will expire in July 2020. This status was shared with WAHO countries via PPMR/CARhs group – no country has shown interest in receiving the commodities.
- 7,590,570 male condoms procured by the government were still not delivered
- 793,076 depot medroxyprogesterone acetate 150 mg Vial (IM), procured by WAHO in 2018 were still not delivered
- 450,000 depot medroxyprogesterone acetate 104 mg/0.65 mL (SC), procured by UNFPA in FY19 were still not delivered

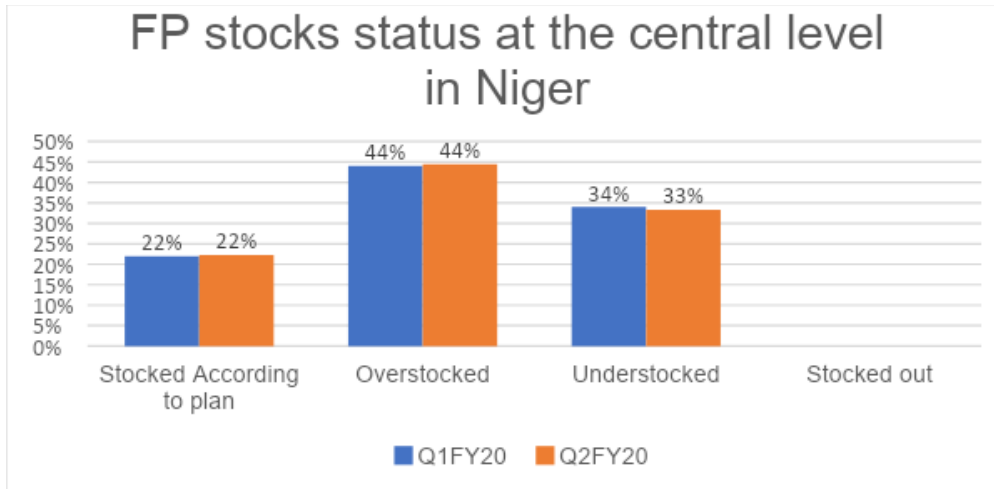
### Next Steps

- Share the reviewed supply plan data during the next FP commodities security committee meeting

Niger’s stock status from Q1FY20 to Q2FY20 is shown in the graph below.

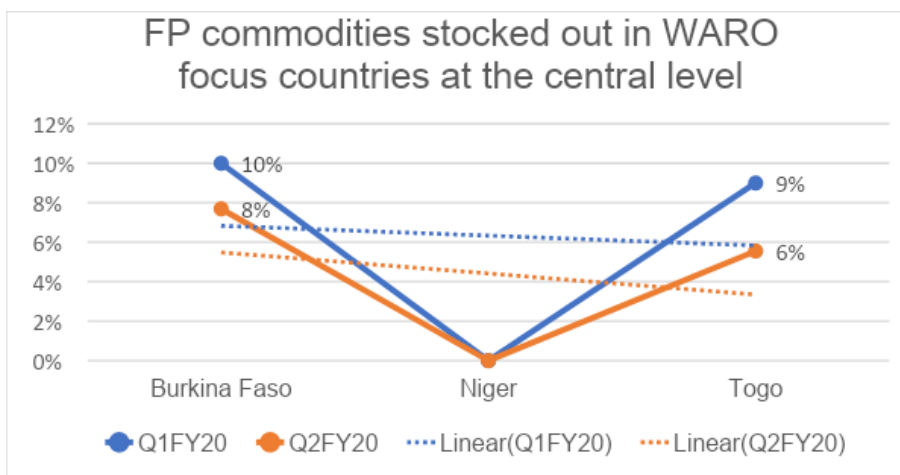


Graph 5: Stock status observations for tracer FP/RH commodities at Central Level in Niger



Graph 6: Q2FY20 FP stock status at central level in Niger

In all focus countries, the FP commodities stock out rate decrease from 10% last quarter to 8% this quarter and Niger is the only country where stockout is zero during the last two quarters, as shown below.



Graph 7: WARO FP commodities stocked out in Q1FY20 and Q2FY20

#### IR 4. Data Visibility and Stock Monitoring Enhanced

##### Activity 1.4.1 Improve the quality and use of logistics data in target health districts

- **Use available information technology resources (WhatsApp groups) to revitalize the early warning system.**

In Q1 of FY20, the project set up a Weekly Monitoring System (WMS) with all FP/RH commodities in Togo. FP/RH commodities availability is shared weekly through a national FP WhatsApp group. On March 11, 2020 in Togo, the project supported the FP department to elaborate WMS electronic dashboard for decision-making through an Excel form.

#### Outputs

- A national FP/RH WhatsApp group is functional in Togo

- With the project's support, a WMS data analysis dashboard is available in Togo through the Excel tool.

### Findings

- Through the WhatsApp platform and PF/RH WMS, a stock out of FP commodities situation was avoided in two health regions (Lomé Commune and Maritime)
- The PF WhatsApp platform helps FP commodities managers to share their own experiences and share best practices

### Next steps

- Share Togo experience with other WARO countries.



Figure 19: Togo MOH staff with FPIRH and department participants during Weekly Monitoring System data analysis dashboard presentation with project's lead

## **IR 2.1: Build Regional Capacity (e.g., of WAHO) to Improve Logistics Management and Commodity Security**

### **Activity 2.1.1: Support WA Regional Organizations, such as ACAME and WAHO to Adopt Family Planning Commodity Security Initiatives within the Region Including the Adoption of the Collaborative Framework (Community of Practice Platform) for Francophone Public Health Professionals**

During this reporting period, the community of practice platform continued to enjoy robust activity, especially accessing tools, videos and other documents shared on the platform, as well as conversations being undertaken in the forums by regional supply chain actors to share best practices and updates on activities and trainings taking place in countries in the West Africa region. This was demonstrated by 23 new enrollments, 115 active users and over ten thousand total actions (clicking on modules, opening documents, clicking on videos etc.)

The sustainability of the platform outside the project is still not clear. The ACAME annual general assembly planned for the end of March in Burkina Faso was cancelled because of COVID-19 pandemic.

The project is waiting for this meeting to be rescheduled and hopes to participate and present this tool to its members. The project is still waiting for WAHO's feedback on the proposed MOU for the transfer of management of the platform from the project to WAHO. Due to the significant delay, the project is demonstrating the utility of the platform to other regional organizations that could potentially take over this management in case the handover to WAHO does not happen as envisioned.

## **Challenges and Mitigation Strategies**

### **Continuity of Family Planning Services During Public Health Emergency**

The COVID-19 pandemic has disrupted patient access to family planning services. Attendance rates have significantly decreased, and health workers lack adequate protective equipment to work safely.

**Mitigation strategy:** The project is currently working with other IPs to find alternative solutions, such as delegating services to pharmacies or looking for ways to secure dispensation.

### **Quality data collection**

The project is concerned with data collection. With all efforts being directed towards COVID-19 response, we fear that the collection and submission of data will be impacted.

**Mitigation strategy:** The project is developing a dashboard for health districts to allow them to analyze the data collected. Data collection can be done via WhatsApp, but this process is under discussion with the focus countries' MOHs.

### **Health system paralysis**

With limited numbers of health workers with protective equipment, many are increasingly becoming infected. There is fear of paralysis of the health system in some countries like Burkina Faso and Niger.

**Mitigation strategy:** The project suggests providing support to the national COVID-19 response committees by acquiring protective equipment and tests, etc.

## **Deliverables**

- National Quantification Committees in all focus countries are functional
- Burkina Faso and Togo countries supply plans for family planning and HIV/AIDS commodities were reviewed on a quarterly basis
- Togo CSC is functional and ongoing quarterly meeting was conducted
- Burkina Faso CSC TOR signature is in validation process
- FP/RH commodities Weekly Stock Monitoring System launched in Togo was provided with data analysis dashboard
- Togo FP/RH commodities managers platform is functional for data visibility and best practices sharing
- Supportive supervision activity is launched in Burkina Faso in two health regions with MOH authority's involvement
- Supportive supervision tools were reviewed in Togo and Niger
- PEPFAR supported site scale-up readiness assessment and data gap analysis in supported districts was completed

### **Update on Last Quarter's Next Steps**

1. **Follow-up with Togo WMSS though data analysis:** Excel data analysis dashboard was developed by the project and shared with MOH central staff during one day meeting



2. **Launch PEPFAR activities in Togo with local staff in Togo:** Three local staff were onboarded and the remaining one is in last step of recruitment
3. **Launch supportive supervision guidelines validation and training activities:** completed in Burkina Faso and ongoing in Niger and Togo
4. **Organize first meeting of technical working group contraceptive security in Burkina Faso in order to elaborate and validate annual work plan:** The last step of TOR signature is pending, and the meeting will be conducted after this step
5. **Adapt project workplan to integrate Maradi as a target area:** The project elaborated an appendix to integrate in the previous FY20 validated workplan and received the first approval of the activity manager and the last approval is still pending in USAID Washington

### **Next Steps for Next Quarter**

1. Reschedule the training of the key stakeholders on the use of IMAT after the end of the health emergency.
2. Share readiness assessment report of HIV/AIDS sites supported by PEPFAR with in-country stakeholders in Togo
3. Work closely with NACP to improve readiness assessment weaknesses
4. Reschedule Togo and Niger supportive supervision reviewed guidelines validation
5. Reschedule health district representatives training on supportive supervision in Niger and Togo
6. Work closely with MOH to adopt a LMIS and supportive supervision data analysis dashboard to monitor the performance of the supply chain system management
7. During Q3 FY20, set up a mechanism to collect FP/RH consumption data from community health workers, as well as at all levels in Togo
8. Share reviewed supply plan data (Q2FY20) during the next FP (Q3FY20) commodity security committee meeting in Burkina Faso and Togo

## **Population and Reproductive Health (PRH) Core Program**

### ***Activity 1.1 Strengthen Capacity of Supply Chain Initiatives and Networks and Collaborate with International and Regional Organizations for Leveraging and Knowledge Exchange for FPIRH Commodity Security***

The project's main collaborating partner for this activity, the Ouagadougou Partnership Coordination Unit (OPCU), underwent some leadership changes in Q2, which consequently delayed planned tasks, such as drafting a survey on the effectiveness of CSCs in the Ouagadougou Partnership (OP) member countries, as well as drafting the TOR, selecting a date and venue, and finalizing the list of participants for a two-day supply chain forum. Because of the COVID-19 pandemic, the next planning phase for this activity will be carried out remotely in Q3. To this effect, the project and OPCU are planning a meeting to advance with organizing this forum with other regional partners, including UNFPA, WCARO, RHSC/SECONAF and the SOLVE project in Q3, depending on the impact the pandemic has had on project and partner operations.

### ***Activity 1.2 Global Coordination, Collaboration and Networking Through Participation in Conferences, Meetings and Forums to Advance the Family Planning Supply Chain Agenda***

As part of its routine activities, in Q2 the project continued working closely with GHSC-PSM and the Coordinated Assistance for Reproductive health supplies (CARhs) group to streamline the PPMR review and feedback for the Francophone region, including project non-presence countries. This included participating in the monthly CARhs calls to review PPMR reports and discuss commodity transfers between countries, as well as looping in field office colleagues to follow up on and facilitate any action items.

As part of the Reproductive Health Supplies Coalition's (RHSC) Systems Strengthening Working Group (SSWG), the project started planning and preparing for a French language webinar on WAHO's Early Warning System (EWS) for FP commodities, in which the project has played a key role. This webinar will be held in Q3 and the target audience are the supply chain actors across Francophone West African countries.

### ***Activity 2.1 Map Regional Organizations, Networks and Supply Chain Service Providers in Francophone West Africa***

The project finalized and published the SOW, as well as completed an initial review of various applicant proposals, for the consultant who will carry out the mapping exercises in Q3. This consultant is expected to be hired in Q3 and should carry out the mapping activities in Q3 and Q4, depending on the effect of the COVID-19 on the consultants' ability to travel to focus countries for their activities.

### ***Activity 2.2 Continued Support of Global Standards Awareness***

To help with increasing the needed awareness about global standards (GSI) among West Africa Francophone countries, the project planned to support the attendance of MOH representatives at the 37<sup>th</sup> Global GSI Healthcare Conference in Paris, France. This conference is for manufacturers, governmental bodies, solution providers, trade associations, donors and partners to share information related to GSI with the healthcare community. The project is focusing on MOH representatives from the countries where the project is currently active and where GSI adoption can be a future consideration. During Q2, the project finalized planning and logistics for participation at the conference in Paris, France, but it was cancelled due to the current COVID-19 pandemic.

In mid-March 2020, a meeting was held with USAID/Washington, RHSC, and GSI to discuss alternative options to move the GSI agenda forward while awaiting possible rescheduling of the Paris conference. It was agreed that the project would collaborate with GSI to plan and conduct virtual workshops or learning sessions with delegates of the four countries to raise their awareness of GSI. These virtual sessions will be organized for Q3 and Q4 and will be contingent on the impact that the pandemic has had on project operations.

### ***Activity 3.1 Develop and Implement a District-Level Approach Towards Improving Availability, Quality and Use of Contraceptive Logistics Data in Two Regions in Niger***

The project finalized the development of the training materials for the supportive supervision activity. Meetings planned for late March 2020 with country counterparts to finalize training participants and prepare for the trainings were cancelled due to the COVID-19 pandemic. Consequently, the trainings, follow-up on supervision visits, as well as engaging the civil society organization (CSO) counterpart will most likely be postponed until after the pandemic has subsided.

### ***Activity 3.2 Develop a Customized Executive Leadership Program***

In Q2, as USAID worked to finalize the update of the STEP program and to prepare HRH2030 for this activity, the project, while waiting for these materials, continued its review of Global Fund's country supply chain assessments for Benin, Burkina Faso, Togo and Niger to determine which of these countries would be the best fit for the pilot activity. The project did this while initiating discussions with potential GAVI STEP Program consultants and sharing a tentative activity timeline to gauge their availability and interest. The project also started to seek a firm to translate the materials into French, as well as initiated discussions with TechChange to use its current PCARPS platform for the one-month online portion of this activity, unless otherwise suggested.

The length of the lockdowns and reduced travel as a result of the COVID-19 pandemic could impact the desired travel by a project member and the consultant to the selected pilot country to discuss the MOU, requirements and expectations, and lay the groundwork for the one-month online course, along with the 5-day in-person training session that follows.

### ***Activity 3.3 Establish a Performance Management and Organizational Development Model to Support Warehouse Improvement Operations in Selected West Africa Central Medical Stores***

The project started preliminary discussions with the central medical stores (CMS) of Guinea, Niger and Senegal about their interest in this activity. The team also started coordination with GHSC-PSM country offices and other projects in the various *Association des Centrales d'Achat des Medicaments Essentiels* (ACAME) member countries that have expressed interest, to ensure that there is no duplication of efforts. Preliminary discussions were also held with GHSC-PSM warehousing experts about their interest and availability to carry out this activity once the CMS for the pilot are identified.

Initial in-person meetings were planned with the above countries to discuss ACAME's involvement in drafting a MOU with the potentially selected CMS for this pilot exercise. These meetings were to take place at the ACAME general assembly in Burkina Faso at the end of March. But this general assembly meeting was cancelled due to the COVID-19 pandemic.

Potential participating country colleagues are understandably busy with outbreak responses in their respective countries. As a result, the next steps for this activity will be pursued remotely, depending on the availability of these partners and their ability to carry on with discussions and planning remotely.

***Activity 3.4 Support the Onboarding of a West Africa Regional Entity, as well as One Francophone Country to the Global Family Planning Visibility and Analytics Network (GFPVAN).***

In early March 2020, the project collaborated with Reproductive Health Supplies Coalition (RHSC) to host a joint kick-off meeting to introduce the Global Family Planning Visibility and Analytics Network (GFPVAN) in West Africa. The meeting consisted of an overview of the GFPVAN in relation to building from the early warning system (EWS) (e.g. PPMR & CARhs group), and an introductory presentation to the GFPVAN, including a demo. WAHO, a key regional entity, along with UNFPA, GHSC-PSM, and USAID attended this meeting, where discussions were held around the regional role in the GFPVAN community, the project's support of on-boarding to GFPVAN in West Africa, and key next steps, including the training of super users and the hiring of the regional control tower planner (CTP) and policy and governance consultant.

In mid-March 2020, a meeting was held with USAID/Washington, RHSC, and GSI to discuss alternative options to move the GFPVAN agenda forward, despite interruptions from the covid-19 pandemic. It was agreed that the project would collaborate with RHSC to plan and conduct virtual training sessions with key stakeholders and the regional CTP in order to build their capacity in using the platform.

## **Objective 3. Support Global Health Security and Emergency Preparedness Strategies**

The project has successfully completed all activities under Objective 3 in FY18, developing the GHSA Emergency Supply Chain Framework (known as “the ESC Playbook”) and its customized version for Cameroon. Since then, no additional funding was available to support this objective.

### **Management Update**

This section summarizes key important management activities and events taking place during the second quarter of FY20.

#### **COVID-19**

With the WHO pandemic declaration, the project has adapted programming following USAID guidance to continue critical support to country health supply chains in the dynamic context of the novel coronavirus and unprecedented response by countries to mitigate its spread. At the core of the project is its staff, and the project has taken proactive measures to ensure staff safety and security, including implementing remote work policies and authorizing the departure of expatriate staff from their overseas posts to return to the United States. With disruptions to global supply chains due to COVID-19, the project is working closely with missions and USAID Washington to manage these disruptions across commodities and countries. The project is following USAID guidance to ensure non-COVID-19 commodity orders and in-country logistics are managed through the numerous challenges presented by the pandemic and is in discussion with USAID to leverage the project’s technical capabilities for additional or adapted assistance to the countries where we work.

#### **Staffing**

This quarter featured several notable staffing changes. At the project’s headquarters in Arlington, VA, the Task Order Director and Technical Director departed the project in March 2020, and Chemonics expects to onboard two highly qualified individuals to fill these senior leadership positions in the first half of the next quarter. In the country and regional offices, staff from the headquarters technical and project management teams traveled to Lomé to open the Togo program office in January 2020, hiring a Senior Technical Advisor, Data Analyst, Inventory Management Specialist, and Accountant to form the Togo team. In DRC, two staff from the Kinshasa technical team transitioned to external opportunities and the project is currently recruiting to fill their positions. The Senegal team, with the support of a visit from headquarters’ management team, proposed a highly qualified candidate for the vacant Senior Technical Advisor to USAID and expects to fill the position in the first month of Q3. In addition to the Senior Technical Advisor, the Senegal team will be recruiting for a Deputy Country Director and a Data Analyst, two new positions created in the revised staffing plan developed during the management visit this quarter.

#### **Project Management Team (PMT) meetings**

The PMT consisting of the USAID COR, alternate COR, finance focal person, program assistant, and USAID/HQ health element advisors continued to meet with the project’s leadership and team members at headquarters on a bi-weekly basis to discuss program management and technical priorities. The project continued to coordinate the schedule, agendas, and minutes of these meetings, transitioning from in-person meetings to virtual platforms in March due to COVID-19. During this quarter, the PMT team continued to track and discuss FY20 workplan development, with final drafts for all portfolios

completed this quarter incorporating feedback from missions and USAID/HQ reviews. Technical discussions included performing a complete program data review, as well as presentations on the supportive supervision program rollout and COP support in Togo. The COR also presented on time management and organization techniques that can be applied across the USAID and the project's teams for improved productivity and performance.

#### ***4-Corner Calls***

These calls are attended by USAID/W backstops, USAID/Country Activity Manager and country backstops, project field and headquarters staff. GHSC-PSM NFO staff also attend. Depending on the country, the calls continued to take place every month or every other month. The project and the USAID teams continue to use this opportunity to discuss the status of commodities in the country and to identify potential solutions to existing commodity challenges. They also use this as a venue to discuss progress of activity implementation and to brainstorm best practices, challenges and solutions.

#### ***Second Global Technical Meeting (GTM)***

With the evolving COVID-19 situation, the GTM steering committee reached a decision to push back and redesign the GTM to take place over the first two weeks of July 2020 using a 100 percent virtual format. The added advantage of holding the meeting digitally is that it allows all staff from all country offices to participate in certain sessions rather than limiting participation to the leadership staff who would ordinarily travel to Arlington, VA for the in-person meeting. At the same time, the steering committee finalized the GTM objectives and looks forward to developing the full agenda and content around the pillars "Motivate, Educate, Elevate".

#### ***Collaboration with GHSC-PSM***

The project continued to collaborate with the GHSC-PSM project to address specific needs related to GHSC-PSM procurements for TO countries, with particular attention this quarter paid to Togo program startup, Senegal supply chain management, and Global Fund-procured malaria commodity support for DRC. Collaboration also continued with GHSC-PSM to review and finalize country quarterly supply plan updates and country PPMRs. This collaboration has also resulted in two revised and finalized RACI matrices to facilitate communication and project management for the Senegal and DRC programs, and the two projects have also reviewed and provided key updates to the MOU between the project and GHSC-PSM to ensure continued, systematic coordination between the two programs.

#### ***Country Visits and Attendance to Key Events***

Prior to the COVID-19 related travel restrictions, the project conducted numerous noteworthy support trips to various country programs. As mentioned above, headquarters technical team and PMU staff traveled to Togo in January to lead in-country startup efforts. At the end of January, a PMU manager traveled to Senegal to provide support to the project's priority warehouse renovation activities. This trip was followed by a joint management visit by USAID and Chemonics headquarters leadership to Senegal, holding key meetings with the USAID/Senegal Mission and partners. The project's technical director and communications and knowledge management manager visited the WARO team in February to assist the Burkina Faso MOH with the development of supportive supervision documents and train MOH officials on the continuous quality improvement approaches applied to logistics management. The headquarters team also fielded a technical expert to DRC to support FP/RH

quantification efforts and the finance manager to DRC to provide operations and finance coverage in February.

## ANNEX I: Benin Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
1.1.1 Percentage of initially GHSC-TA supported supply chain functions carried out by national authorities without external technical assistance – %	No target	Annual			
1.1.2 Existence of a functional logistics coordination mechanism in place – yes or no	No target	Annual			
IR 1.2: Optimized Forecasting and Procurement Process are Implemented					
1.2.1a Forecast accuracy for <b>Malaria</b> tracer health commodities – %	75%	Annual			
1.2.1b Forecast accuracy of <b>Family Planning</b> tracer health commodities – %	70%	Annual			
1.2.2 Average cycle time/procurement time from the requisition order to product delivery, where GHSC-TA Francophone TO is directly supporting the supply chain operations - days		N/A	N/A		
1.2.3b Percentage of total spent or budgeted on procurement of <b>Malaria</b> commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual			
1.2.3c Percentage of total spent or budgeted on procurement of <b>Family Planning</b> commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual			
1.2.4 Number supply plans reviewed and updated during the quarter – #	8	2	2	2	2
1.2.5 Percentage of MOH programs (e.g. PNLP or DSME) supported by GHSC-TA Francophone TO that completed a quantification exercise.	100%	Annual			
IR 1.3: Best practices for Distribution, Warehousing, and Logistics Implemented					
1.3.1b <sup>12</sup> Percentage of stock status observations in storage sites where <b>Malaria</b> commodities are stocked according to plan, by level in the supply system – %	70%	Central: 50% Regional: 11% Health zone: 9% SDP: 22%	Central: 17% Regional: 11% Health Zone: 16% SDP: 23%	Central: 17% Regional: 11% Health zone: 9% SDP: 20%	Central: 50% Regional: 0% Health zone: 4% SDP: 24%
1.3.1c <sup>13</sup> Percentage of stock status observations in storage sites where <b>Family Planning</b> commodities are stocked according to plan, by level in the supply system – %	50%	Central: 33% Regional: 17%	Central: 8% Regional: 8%	Central: 8% Regional: 11%	Central: 19% Regional: 14%

<sup>12</sup> At Health zone level, data have been collected in 14 health zones out of 34 in the country. These health zones are currently being directly supported by GHSC-TA Francophone TO Benin team.

<sup>13</sup> At Health zone level, data have been collected in 14 health zones out of 34 in the country. These health zones are currently being directly supported by GHSC-TA Francophone TO Benin team.



		Health zone: 10% SDP: 11%	Health Zone: 9% SDP: 14%	Health zone: 8% SDP: 20%	Health zone: 8% SDP: 22%
IR 1.4. Data visibility and stock monitoring enhanced.					
1.4.1 SDP reporting rate to LMIS – %	80%	81%	79%	92%	80%
Cross-cutting Indicators					
4.1.1 <sup>14</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A		N/A	
4.1.2 Number of endorsed the supply chain management policies, regulations, strategies, or SOPs and the required national government resources allocated for its implementation – #	No target	Annual			
4.1.3 <sup>15</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A		N/A	01
4.1.4 Number of people trained in a supply chain management functional area – #	No target	M: 49 F: 37	M: 22 F: 27	M: 16 F: 08	M: 47 F: 58
4.1.5b SDP stock out rate for tracer <b>Malaria</b> commodities – %	5%	Central: 0% Regional: 11% Health zone: 14% SDP: 9%	Central: 17% Regional: 22% Health Zone: 10% SDP: 7%	Central: 50% Regional: 44% Health zone: 28% SDP: 16%	Central: 0% Regional: 61% Health zone: 40% SDP: 11%
4.1.5c SDP stock out rate for tracer <b>FP/RH</b> commodities – %	10%	Central: 0% Regional: 6% Health zone: 22% SDP: 11%	Central: 0% Regional: 0% Health Zone: 11% SDP: 11%	Central: 0% Regional: 8% Health zone: 17% SDP: 25%	Central: 0% Regional: 14% Health zone: 24% SDP: 19%

<sup>14</sup> Please note that this is indicator has a semi-annual reporting frequency.

<sup>15</sup> Idem

## ANNEX II: DRC Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
I.1.1 Percentage of targeted supply chain activities in which the host country entity has achieved technical independence with GHSC project support – %	100%	Annual			
I.1.2 Existence of a functional logistics coordination mechanism in place – yes/no	No Target	Annual			
IR 1.2: Optimized Forecasting and Procurement Process are Implemented					
I.2.1a Forecast accuracy for <b>HIV/AIDS</b> tracer health commodities – %	70%	Annual			
I.2.1b Forecast accuracy for <b>Malaria</b> tracer health commodities – %	70%	Annual			
I.2.1c Forecast accuracy for <b>family planning</b> tracer health commodities – %	70%	Annual			
I.2.1d Forecast accuracy for <b>MNCH</b> tracer health commodities – %	70%	Annual			
I.2.2 Average cycle time/procurement time from the requisition order to product delivery, where GHSC-TA Francophone TO is directly supporting the supply chain operations - days	TBD	N/A	N/A	N/A	N/A
I.2.2a Average time from requisition order to purchase order for USG products – # (days per transaction)	TBD	N/A	N/A	N/A	N/A
I.2.2b Average time cycle time/procurement time from pre-alert to CDR delivery, where GHSC-TA Francophone TO is directly supporting the supply chain operations – # (days per transaction)	60	64	62	TBC	TBC
I.2.4 Percentage of supply plans reviewed and updated for USG-funded health products during the quarter - %	100%	100%	100%	100%	80%
I.2.4a Number of <b>ARV</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ – #	4				
I.2.4a Number of <b>LAB</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ – #	4				
I.2.4a Number of <b>RTK</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ – #	4				
I.2.4b Number of <b>malaria</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ – #	4				
I.2.4c Number of <b>FP/RH</b> quarterly supply plans updated and submitted to GHSC-PSM and GHSC-TA Francophone TO HQ – #	4				0

IR 1.3: Best practices for Distribution, Warehousing, and Logistics Implemented					
<b>1.3.1a</b> Percentage of stock status observations in storage sites where <b>HIV/AIDS</b> commodities are stocked according to plan, by level in the supply system – %	70%	52.7%	48.4%	28%	24%
<b>1.3.1b</b> Percentage of stock status observations in storage sites where <b>Malaria</b> commodities are stocked according to plan, by level in the supply system – %	70%	54.2%	41.8%	44%	18%
<b>1.3.1c</b> Percentage of stock status observations in storage sites where <b>Family Planning</b> commodities are stocked according to plan, by level in the supply system – %	70%	30%	29.7%	17%	18%
<b>1.3.1d</b> Percentage of stock status observations in storage sites where <b>MNCH</b> commodities are stocked according to plan, by the 3 level in the supply system – %	70%	16.7%	5%	11%	2.1%
<b>1.3.2a</b> Percentage of product lost due to expiry while under GHSC-TA Francophone TO control (Product Loss Percentage) – %	No Target	0.1%	1.3%	0.04%	0.43%
<b>1.3.2b</b> Percentage of product lost due to theft, damage, or other causes, while under GHSC-TA Francophone TO control (Product Loss Percentage) – %	No Target	0.1%	0.1%	0.06%	0.14%
<b>1.3.3</b> On time delivery rate, where GHSC-TA Francophone TO supports distribution processes – %	80%	95%	65%	66.8%	72.2%
<b>1.3.4</b> Average stock turnover, for GHSC-TA Francophone TO managed or contracted warehouses – ratio	1/2	Annual			
<b>1.3.5</b> Distribution cost per order transported, where GHSC-TA Francophone TO supports distribution processes – \$	6%	4%	2%	4%	4.8%
<b>1.3.6</b> Warehousing cost per total value of stock, for GHSC-TA Francophone TO managed or contracted warehouses – \$	6%	0%	6%	3%	3%
<b>1.3.7</b> Inventory Accuracy Rate - %	90%				88%
IR 1.4: Data Visibility and Stock Monitoring Enhanced					
<b>1.4.1</b> SDP Reporting rate to LMIS – %	80%	82%	69%	34%	51.8%
Cross-cutting Indicators					
<b>4.1.1</b> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No Target	N/A	0	N/A	0
<b>4.1.2</b> Number of endorsed supply chain management policies, regulations, strategies, or SOPs and allocated national government resources for its implementation – #	No Target	Annual			
<b>4.1.3</b> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No Target	N/A	0	N/A	0

<b>4.1.4</b> Number of people trained in a supply chain management functional area – #	No Target	73	194	194	0
<b>4.1.5a</b> SDP stock out rate for tracer <b>HIV/AIDS</b> commodities – %	5%	4%	23.9%	24.6%	17.4%
<b>4.1.5b</b> SDP stock out rate for tracer <b>Malaria</b> commodities – %	5%	24%	33.8%	15.0%	29.4%
<b>4.1.5c</b> SDP stock out rate for tracer <b>FP/RH</b> commodities – %	5%	54%	40.3%	23.4%	31.4%
<b>4.1.5d</b> SDP stock out rate for tracer <b>MNCH</b> commodities – %	5%	38%	33.6%	15.4%	28.7%

## ANNEX III: Senegal Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1: In-country Improved Policy, Governance, Strategy Coordination					
<b>1.1.1</b> Percentage of targeted supply chain activities in which the host country entity has achieved technical independence with GHSC project support – %	50%	Annual			
<b>1.1.2</b> Existence of a functional logistics coordination mechanism in place – yes or no	yes	Annual			
IR 1.2: Optimized Forecasting and Procurement Process are Implemented					
<b>1.2.1a</b> Forecast accuracy for <b>HIV/AIDS</b> tracer health commodities – %	80%	Annual			
<b>1.2.1b</b> Forecast accuracy for <b>Malaria</b> tracer health commodities – %	80%	Annual			
<b>1.2.1c</b> Forecast accuracy of <b>FP/RH</b> tracer health commodities – %	80%	Annual			
<b>1.2.2</b> Average cycle time/procurement time from the requisition order to product delivery, where GHSC-TA Francophone TO is directly supporting the supply chain operations - days	20	8.2	8.2	9.1	9.1
<b>1.2.3</b> Percentage of total spent or budgeted on procurement of health commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No Target	Annual			
<b>1.2.4</b> Number supply plans reviewed and updated during the quarter – #	12	2	3	3	2
IR 1.3: Best practices for Distribution, Warehousing, and Logistics Implemented					
<b>1.3.1a</b> Percentage of stock status observations in storage sites where <b>HIV/AIDS</b> commodities are stocked according to plan, by level in the supply system – %	60%	N/A	N/A	N/A	Central: 4.8% Regional: 19%
<b>1.3.1b</b> Percentage of stock status observations in storage sites where <b>Malaria</b> commodities are stocked according to plan, by level in the supply system – %	60%	Central: 40%	Central: 30%	Central: 21.2%	Central: 24% Regional: 21%
<b>1.3.1c</b> Percentage of stock status observations in storage sites where <b>FP/RH</b> commodities are stocked according to plan, by level in the supply system – %	60%	Central: 32.6%	Central: 39.4%	Central: 26.4%	Central: 26.6% Regional: 13%
IR 1.4: Data visibility and stock monitoring enhanced.					
<b>1.4.1</b> SDP reporting rate to LMIS – %	95%	93.4%	92.3%	N/A	N/A
<b>1.4.4</b> Number of PPMRs submitted for USG-funded commodities	8	2	2	2	2
Cross-cutting Indicators					

4.1.1 <sup>16</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	I	N/A	I
4.1.2 Number of endorsed the supply chain management policies, regulations, strategies, or SOPs and the required national government resources allocated for its implementation – #	No target	Annual			
4.1.3 <sup>17</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
4.1.4 Number of people trained in a supply chain management functional area – # (male/female)	No target	M: 11 F: 10	M: 0 F: 0	M: 0 F: 0	M: 8 F: 5
4.1.5a SDP stock out rate for tracer <b>HIV/AIDS</b> commodities – %	5%	N/A	N/A	N/A	N/A
4.1.5b SDP stock out rate for tracer <b>Malaria</b> commodities – %	5%	19.9%	17.7%	N/A	N/A
4.1.5c SDP stock out rate for tracer <b>FP/RH</b> commodities – %	5%	18%	20.4%	N/A	N/A

<sup>16</sup> Please note that this is indicator has a semi-annual reporting frequency.

<sup>17</sup> Ibid.

## ANNEX IV: WARO Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1. In-country improved policy, governance, strategy, coordination, and ownership.					
1.1.3 Number of focus countries receiving technical assistance on supply chain management – #	3	3	3	3	3
1.1.4 Number of formal agreements (MoU, policy, declaration, etc.) that address commodity security and are signed at the regional level (related to the institutionalization of transfer mechanism and inclusion of logistics management curricula in local or regional institutions) – #	No target	Annual			
IR 1.4. Data visibility and stock monitoring enhanced.					
1.4.3 Number of countries without stock outs of tracer contraceptives for more than 3 months - #	2	1	1	1	1
2.1.1 <sup>18</sup> Number of new registrations to the on-line training and knowledge sharing platform during the semester	40	N/A	146	N/A	23
2.1.2 <sup>19</sup> Total activity on the on-line training and knowledge sharing platform during the semester, by location.	No target	N/A	150	N/A	115

<sup>18</sup> Please note that this indicator has a semi-annual reporting frequency.

<sup>19</sup> Ibid.

## ANNEX V: Burkina Faso Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1. In-country improved policy, governance, strategy, coordination, and ownership.					
<b>1.1.1</b> Percentage of targeted supply chain activities in which the host country entity has achieved technical independence with GHSC-TA Francophone TO support – %	100%	Annual			
<b>1.1.2</b> Existence of a functional logistics coordination mechanism – yes/no	Yes	Annual			
IR 1.2 Optimized Forecasting and Procurement process are implemented.					
<b>1.2.1</b> Forecast accuracy for tracer <b>FP/RH</b> health commodities, by health element – %	20%	Annual			
<b>1.2.4</b> Number of <b>FP/RH</b> supply plan updated and reviewed during the quarter - #	4	1	1	1	1
IR 1.3. Best practices for distribution, warehousing, and logistics implemented.					
<b>1.3.1</b> Percentage of stock status observations in storage sites where <b>FP/RH</b> commodities are stocked according to plan, by level in supply system – %	30%			23.3%	33%
IR 1.4. Data visibility and stock monitoring enhanced.					
<b>1.4.1</b> SDP reporting rate to a logistics management information system (LMIS) – %	85%	Annual			
Cross-Cutting					
<b>4.1.1</b> <sup>20</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	1	N/A	2
<b>4.1.2</b> Endorsed the supply chain policies, regulations, strategies, or SOPs and allocated the required national government resources for its implementation.	No target	Annual			
<b>4.1.3</b> <sup>21</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
<b>4.1.4</b> Number of people trained in a supply chain management functional area – #	No target	66	150	0	37
<b>4.1.5c</b> <sup>22</sup> Stock out rate for tracer <b>FP/RH</b> commodities – %	9%	10%	10.3%	10%	10%

<sup>20</sup> Please note that this indicator has a semi-annual reporting frequency.

<sup>21</sup> Ibid.

<sup>22</sup> Please note that this indicator represents central level information.



## ANNEX VI: Niger Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1. In-country improved policy, governance, strategy, coordination, and ownership.					
<b>1.1.1</b> Percentage of targeted supply chain activities in which the host country entity has achieved technical independence with GHSC-TA Francophone TO support – %	100%	Annual			
<b>1.1.2</b> Existence of a functional logistics coordination mechanism – <i>yes/no</i>	Yes	Annual			
IR 1.2 Optimized Forecasting and Procurement process are implemented.					
<b>1.2.1</b> Forecast accuracy for tracer health commodities, by health element – %	20%	Annual			
<b>1.2.4</b> Number of <b>FP/RH</b> supply plan updated and reviewed during the quarter – #	4	1	1	1	0
IR 1.3. Best practices for distribution, warehousing, and logistics implemented.					
<b>1.3.1</b> Percentage of stock status observations in storage sites where <b>FP/RH</b> commodities are stocked according to plan, by level in supply system – %	40%			22.2%	22.2%
IR 1.4. Data visibility and stock monitoring enhanced.					
<b>1.4.1</b> SDP reporting rate to a logistics management information system (LMIS) – %	TBD	Annual			
Cross-Cutting					
<b>4.1.1</b> <sup>23</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	0	N/A	2
<b>4.1.2</b> Number of endorsed the supply chain policies, regulations, strategies, or SOPs and allocated the required national government resources for its implementation.	No target	Annual			
<b>4.1.3</b> <sup>24</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
<b>4.1.4</b> Number of people trained in a supply chain management functional area – #	No target	0	0	27	0
<b>4.1.5c</b> <sup>25</sup> Stock out rate for tracer <b>FP/RH</b> commodities– %	3%	0%	0.9%	0%	0%

<sup>23</sup> Please note that this indicator has a semi-annual reporting frequency.

<sup>24</sup> Ibid.

<sup>25</sup> This represent the stock out rate at central level.

## ANNEX VII: Togo Indicator Dashboard

Indicator Name	FY20 Target	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
IR 1.1. In-country improved policy, governance, strategy, coordination, and ownership.					
<b>1.1.1</b> Percentage of targeted supply chain activities in which the host country entity has achieved technical independence with GHSC-TA Francophone TO support – %	100%	Annual			
<b>1.1.2</b> Existence of a functional logistics coordination mechanism – <i>yes/no</i>	Yes	Annual			
IR 1.2 Optimized Forecasting and Procurement process are implemented.					
<b>1.2.1</b> Forecast accuracy for tracer <b>HIV/AIDS</b> commodities, by health element – %	TBD	Annual			
<b>1.2.1</b> Forecast accuracy for tracer <b>FP/RH</b> commodities, by health element – %	TBD	Annual			
<b>1.2.2</b> Average cycle time from the requisition order to product delivery, where GHSC-TA Francophone TO is directly supporting the supply chain operations – days	TBD				187
<b>1.2.3</b> Percentage of total spent or budgeted on procurement of commodities for public sector services by the government, USG, the Global Fund, or other sources – %	No target	Annual			
<b>1.2.4a</b> Number of <b>ARV</b> supply plans updated and reviewed during the quarter – #	4			0	1
<b>1.2.4a</b> Number of <b>RTK</b> supply plans updated and reviewed during the quarter – #	4			0	0
<b>1.2.4a</b> Number of <b>LAB</b> supply plans updated and reviewed during the quarter – #	4			0	0
<b>1.2.4c</b> Number of <b>FP/RH</b> supply plans updated and reviewed during the quarter – #	4	1	1	0	1
IR 1.3. Best practices for distribution, warehousing, and logistics implemented.					
<b>1.3.1a</b> Percentage of stock status observations in storage sites where tracer <b>HIV/AIDS</b> commodities are stocked according to plan, by level in supply system – %	TBD			N/A	17%
<b>1.3.1c</b> Percentage of stock status observations in storage sites where tracer <b>FP/RH</b> commodities are stocked according to plan, by level in supply system – %	TBD			9%	58%
IR 1.4. Data visibility and stock monitoring enhanced.					

<b>1.4.1</b> SDP reporting rate to a logistics management information system (LMIS) – %	TBD			N/A	86.1% <sup>26</sup>
<b>SC ARVCON</b> Number of units of adult and pediatric ARVs consumed at SDP level, by ARV drug category	TBD			N/A	427
Cross-Cutting					
<b>4.1.1</b> <sup>27</sup> Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-TA Francophone TO support – #	No target	N/A	0	N/A	2
<b>4.1.2</b> Number of endorsed the supply chain policies, regulations, strategies, or SOPs and allocated the required national government resources for its implementation.	No target	Annual			
<b>4.1.3</b> <sup>28</sup> Number of innovations that were developed, implemented, introduced, or taken to scale and are related to the health commodity market or supply chain best practices – #	No target	N/A	0	N/A	0
<b>4.1.4</b> Number of people trained in a supply chain management functional area – #	No target	0	0	30	0
<b>4.1.5a*</b> Stock out rate for tracer <b>HIV/AIDS</b> commodities – %	20%			N/A	13.75%
<b>4.1.5c*</b> Stock out rate for tracer <b>FP/RH</b> commodities – %	8%	6.1%	0%	9%	6%

<sup>26</sup> FP commodities LMIS reporting rate

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.