



FISCAL YEAR 2020
QUARTERLY REPORT – QUARTER 2
JANUARY 1 TO MARCH 31, 2020

Family planning and reproductive health commodities are stocked at a warehouse in Ghana. *Photo credit: GHSC-PSM*

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January 1 to March 31, 2020

Contract No. AID-OAA-I-15-00004

The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project is funded under USAID Contract No. AID-OAA-I-15-00004. GHSC-PSM connects technical solutions and proven commercial processes to promote efficient and cost-effective health supply chains worldwide. Our goal is to ensure uninterrupted supplies of health commodities to save lives and create a healthier future for all. The project purchases and delivers health commodities, offers comprehensive technical assistance to strengthen national supply-chain systems, and provides global supply-chain leadership.

GHSC-PSM is implemented by Chemonics International, in collaboration with Arbola Inc., Axios International Inc., IDA Foundation, IBM, IntraHealth International, Kuehne + Nagel Inc., McKinsey & Company, Panagora Group, Population Services International, SGS Nederland B.V., and University Research Co., LLC. To learn more, visit ghsupplychain.org

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Acronyms

3HP	isoniazid/rifapentine (combination treatment for tuberculosis)
3PL	third-party logistics
ALu	artemether-lumefantrine
API	active pharmaceutical ingredient
ART	anti-retroviral therapy
ARV	anti-retroviral
CARhs	Coordinated Assistance for Reproductive Health Supplies
CDC	U.S. Centers for Disease Control and Prevention
CMS	central medical store
CSP	Coordinated Supply Planning Group
DCP	decentralized procurement
DMPA	depot-medroxyprogesterone acetate
DPML	Directorate of Pharmacy Medicine and Laboratory
DRC	Democratic Republic of the Congo
DRF	drug revolving fund
DUE	drug use evaluation
EID	early infant diagnosis
eLMIS	electronic logistics management information system
ESCP	emergency supply chain preparedness
FASP	forecasting and supply planning
FP/RH	family planning/reproductive health
FY	fiscal year
GAD	goods availability date
GDSN	Global Data Synchronization Network
GHSC-PSM	Global Health Supply Chain Program-Procurement and Supply Management project
GHSC-QA	Global Health Supply Chain Program-Quality Assurance project
GHSC-RTK	Global Health Supply Chain Program-Rapid Test Kit project
GHSC-TA	Global Health Supply Chain Program-Technical Assistance project
GLN	global location number
Global FP VAN	Global Family Planning Visibility and Analytics Network
GTIN	global trade item number
IM	intramuscular
IUD	intrauterine device
JMS	Joint Medical Stores (Uganda)
KPI	key performance indicator
LLIN	long-lasting insecticide-treated net
LTA	long-term agreement
LZN	lamivudine/zidovudine/nevirapine
MCH	maternal and child health

MNCH	maternal, newborn, and child health
MOH	Ministry of Health
NMCP	National Malaria Control Program
OTD	on-time delivery
OTIF	on-time, in-full delivery
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMI	U.S. President’s Malaria Initiative
POMP	Proactive Order Management Process
PPMR	Procurement Planning and Monitoring Report
PPMRm	Procurement Planning and Monitoring Report-malaria
PrEP	pre-exposure prophylaxis
Q	quarter
QA	quality assurance
QC	quality control
RDC	regional distribution center
RDT	rapid diagnostic test
R&C	reagents and consumables
RFQ	request for quotation
RHSC	Reproductive Health Supplies Coalition
RTK	rapid test kit
SC	subcutaneous
SDP	service delivery point
SMO	social marketing organization
SOP	standard operating procedure
SPAQ	sulphadoxine-pyrimethamine + amodiaquine
SSWG	Systems Strengthening Working Group
TAF-ED	tenofovir alafenamide fumarate, emtricitabine, dolutegravir
TB	tuberculosis
TLD	tenofovir, lamivudine, dolutegravir
TO	task order
TPT	TB preventive therapy
TransIT	transportation information tool
UAV	unmanned aerial vehicle
UMPP	unusable medical and pharmaceutical products
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VMMC	voluntary medical male circumcision
WAHO	West African Health Organization
WHO	World Health Organization

Executive Summary

The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, funded by the U.S. Agency for International Development (USAID), is pleased to present this report to summarize our work and performance for Quarter 2 (Q2) of Fiscal Year 2020 (FY 2020). We describe our work in providing life-saving medicines and other health commodities and building efficient, reliable, and cost-effective supply chains for delivering these drugs and health supplies for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. President's Malaria Initiative (PMI), USAID's programs in voluntary family planning and reproductive health (FP/RH), and the Agency's program in maternal and child health (MCH), which share the cost of the project.

Mitigating Risk of Supply Chain Interruptions Due to Coronavirus

Q2 FY 2020 was marked by the onset and spread of the novel coronavirus (COVID-19). In just three months, the virus morphed from a national outbreak in China to a global pandemic. Cities and countries around the world implemented restrictions on transportation and workplaces in efforts to contain the disease, resulting in closed factories, offices, warehouses, ground transport companies, and canceled or restricted air, ocean, and ground travel.

GHSC-PSM began monitoring COVID-19 in December, when China alerted the World Health Organization of COVID-19 in Wuhan. In January, the project initiated a series of actions to formally assess and mitigate the impact of the virus on ongoing programs and to get ahead of the series of logistical and supply chain dominoes as the virus moved from a problem of origin to a problem of destination.

By March, the project saw a significant increase in caseloads in Europe, India, South Korea, and the United States, and the first cases in sub-Saharan Africa. This impacted manufacturing of raw materials and finished products as countries expanded restrictions on travelers as well as goods for import and export, including essential pharmaceuticals. The restrictions on travelers resulted in reductions in air freight capacity, which in turn impacted the project's ability to ship products from origin to destination.

Coronavirus Crisis Management

The project established a cross-functional coronavirus coordination team to monitor, manage, and mitigate, to the extent possible, the impact on GHSC-PSM supply chains and to prepare briefing materials for USAID. The initial briefing was held the first week of February, allowing USAID to initiate inter-agency and diplomatic means to further address delays. The project established an additional working group to define monitoring tools and provide predictive modeling of order risk and country priorities.

One of the first tools developed by the working group was a COVID-19 dashboard to identify and track orders at-risk for, or currently experiencing, impacts due to COVID-19. This weekly tool identifies impacted orders, estimated delivery dates (EDDs) based on current information, and projections of months of stock available at EDD. The dashboard is used in addition to standard order dashboards to prioritize affected orders for intervention and is available to country offices and USAID Missions.

Early Identification of Delayed and At-Risk Orders

In Q2 the project addressed order risk through the following actions:

- Obtaining daily updates from all third-party logistics (3PL) providers and weekly status reports from all Chinese suppliers.
- Conducting ongoing market assessments to identify capacity constraints at the key starting material, active pharmaceutical ingredient, and finished pharmaceutical product levels.
- Undertaking continuous reviews of orders with pending goods availability date (GAD) or pending pickup coming from suppliers known or suspected to be impacted by closures.
- Assessing the potential for quality sampling delays and whether testing laboratories are adequately stocked to address the influx of orders when backlogs are released.

Examples of Q2 logistical challenges:

- Shanghai imposed 14-day quarantines on truckers coming from elsewhere in China, contributing to logistical delays that impacted manufacturers and crippled ports.
- Massive labor shortages impacted manufacturers, ports, and other industries involved in the supply chain.
- Global ports began imposing quarantines on crews with China as a port of call in the 14 days prior.
- The project began:
 - Anticipating and planning for bidding wars and congestion surcharges, as well as possible detention and demurrage.
 - Monitoring availability/demand for lopinavir/ritonavir (LPV/r), a medication used in HIV/AIDS programs and considered early on as a potential treatment for COVID-19, which already faced constrained and variable supply.
 - Assessing the potential for disruptions to contraceptives and essential medicines because of the Indian government's March 3 export restrictions on a variety of active pharmaceutical ingredients and finished pharmaceutical products.

Mitigation Efforts

Global

- Through USAID/Washington, requested USAID Missions to support blanket duty waivers for the next 3–6 months for existing orders
- Sought exemption from countries on shelf life requirements for the next 3–6 months
- Supported GHSC-PSM field office staff in securing a designation as essential personnel to ensure freedom of movement where needed

Country-Level

- Supported advocacy efforts through the U.S. Embassy in India to facilitate the manufacture and movement of essential commodities, including pharmaceuticals
- Substituted products/formulations where possible to ensure continuous supply
- Reviewed supply plan and inventory data to identify and respond to urgent needs
- Consolidated shipments out of origin (India/Europe) and dispatched by charter where required

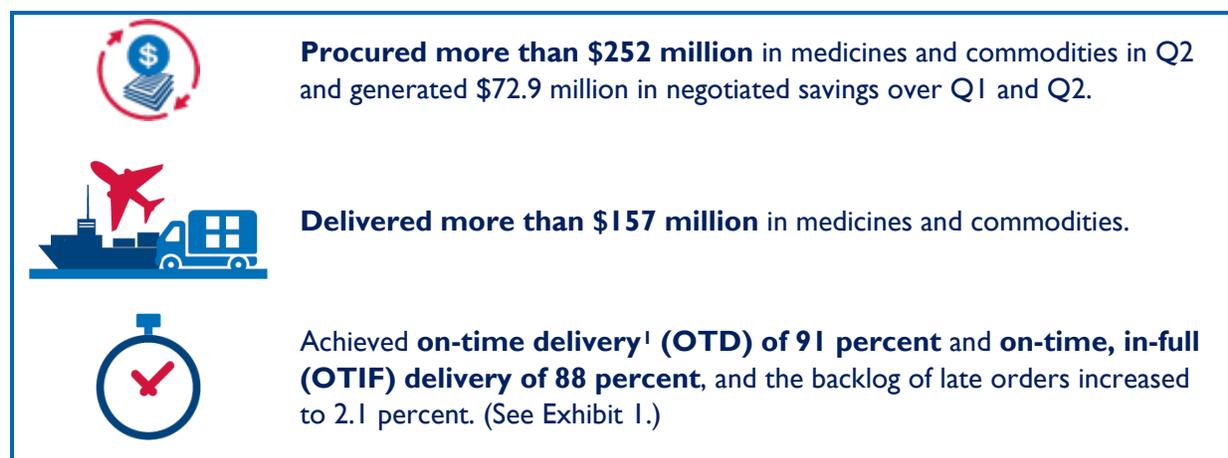
Preventing Country- and Site-Level Shortages

The project took the following actions:

- Established points of contact with country offices and Missions, as early as February 3, to share information and understand urgency.
- Identified options for alternate shipment modes, given the slowed operations at ocean ports and reduced or canceled flights into and out of mainland China. Options included converting urgent air orders to non-U.S. flag carriers, converting ocean shipments to air shipments to reduce delivery time, as warranted, and staggering orders to prevent delays as a result of the COVID-19 pandemic.
- Expedited shipments that had not yet obtained waivers to destination countries, when possible, and pre-positioned cargo at destination as quickly as possible on available flights or by sea.
- Encouraged country offices to move non-emergency commodities as close to service delivery points (SDPs) as reasonably possible to clear space in regional and central-level warehouses, creating storage capacity for additional project commodities and/or COVID-19 commodities.
- Began watching malaria rapid diagnostic test (RDTs) closely; suppliers projected up to three-month delays in sourcing bottles of buffer product from China for a particular point-of-care test. Liaised with recipient countries to determine whether alternative, more readily available, quality-equivalent packaging specifications for RDTs would be programmatically acceptable. As of Q2, two countries changed partial or entire orders to bulk packaging to avoid these delays.
- Initiated conversations with other global procurers to coordinate responses to COVID-19, as appropriate.
- Began reporting weekly to USAID on COVID-19-affected shipments, identifying any change in the delivery date and the reason for the change, allowing for mitigating actions to avoid stockouts and increase communications with stakeholders.

Global Supply-Chain Performance

Section C1 describes GHSC-PSM's global supply-chain procurement and logistics activities and achievements. Highlights of our global supply-chain performance in Q2 are provided below.



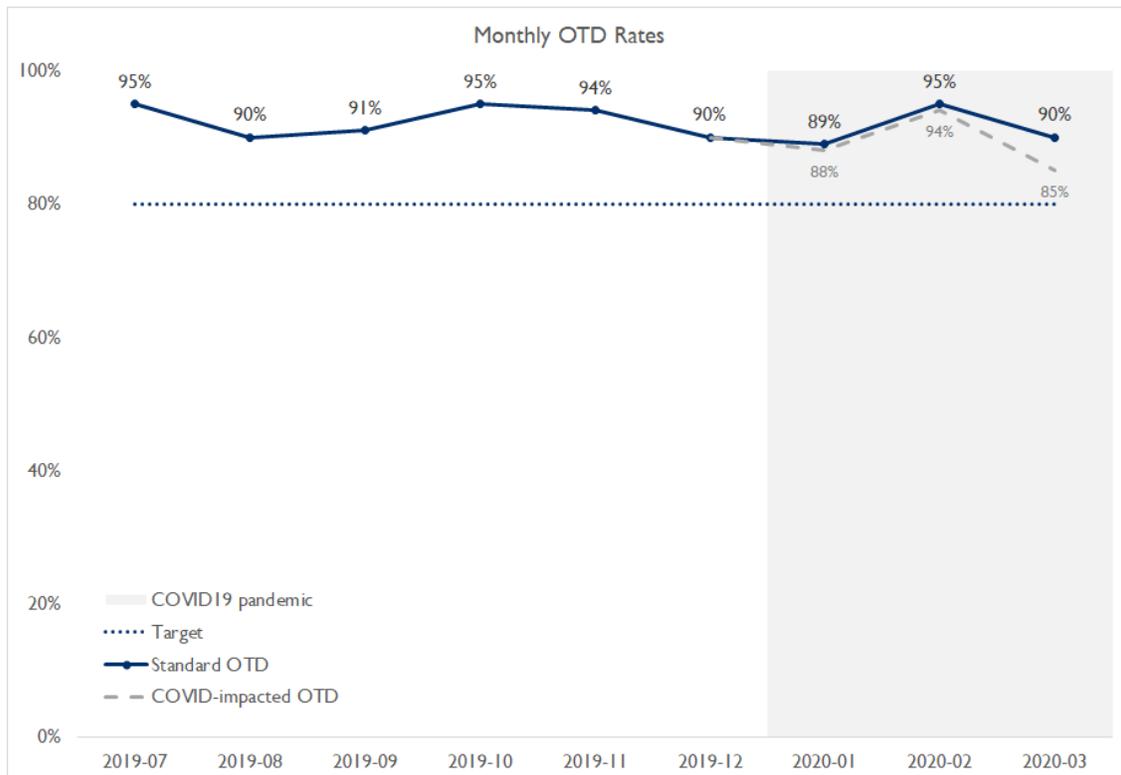
¹ The project's delivery window is -14/+7 days. With this window, deliveries are considered on time if they are made within the period 14 days before or seven days after the agreed delivery date.

OTD and OTIF rates were high for all health areas during Q2. OTD was 91 percent and OTIF 88 percent for the quarter, the fourth successive quarter that OTD has been above 90 percent and OTIF at 85 percent or above. OTD was 89 percent for HIV; 94 percent for malaria; 98 percent for FP/RH; and 100 percent for maternal, newborn, and child health (MNCH) medicines and commodities, each of which exceeded the contract’s target. GHSC-PSM continues to conduct root-cause analysis of late deliveries and to refine procurement and supply-chain processes to continuously improve performance.

During the period of the COVID-19 pandemic, GHSC-PSM will present two versions of its usual OTD indicator. The first will be the “standard” version, calculated according to the indicator definition as laid out in the project’s Monitoring and Evaluation plan and in accordance with all associated policies/ standard operating procedures (SOPs). These policies and SOPs allow for USAID-approved adjustments to agreed delivery dates when interruptions are beyond the project’s manageable control, including pandemic impacts. The “standard” version of OTD will therefore show the project’s performance, accounting for impacts of COVID-19 and other external disruptions. The second calculation of OTD is the “COVID-19-impacted” version. This version follows the same rules and definitions as the standard indicator, but the “control” for pandemic impacts will not be used.

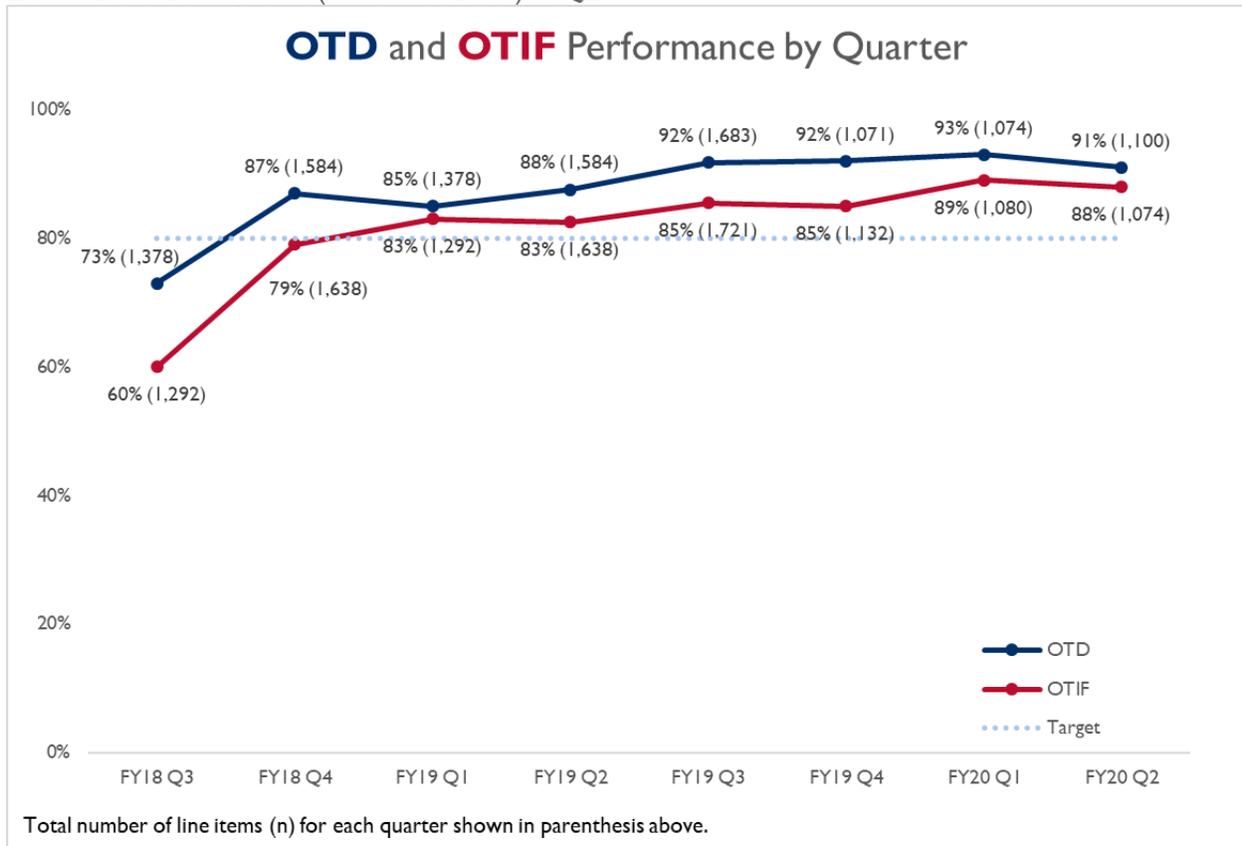
As indicated in the section above, GHSC-PSM continues to monitor, manage and, to the extent possible, mitigate the impact of COVID-19 on the timely delivery of orders. All pandemic-impacted line items will be assessed as on-time or not, according to the agreed delivery date at the time the order was approved. This version of the indicator will show the full impact of supplier, quality control testing, and logistics delays because of manufacturing shutdowns, port and border closures, and other pandemic control measures. These delays cannot be attributed to GHSC-PSM, but the project is committed to sharing these outcomes in the interest of full transparency and acknowledgement of the challenging and unprecedented circumstances presented by COVID-19.

Exhibit I. OTD July 2019–March 2020



While pandemic-related disruptions began to arise in December 2019, impacts on deliveries in Q2 FY 2020 were comparatively limited. (See Exhibit 2.)² The initial impact in China primarily affected the supply of active pharmaceutical ingredients, key starting materials, and other raw materials. Orders planned for delivery in January and February were largely in later stages of manufacturer fulfillment and were delivered on-time. However, as the pandemic escalated into March, the number of impacted orders rose. About five percent of HIV/AIDS line items intended for March delivery were delayed because of the pandemic. Impacts on orders still in-progress and planned for delivery in Q3 and Q4 are increasing, and on-time delivery performance is expected to be significantly disrupted over the next several months.

Exhibit 2. OTD and OTIF (sans-COVID-19) in Q2



Significant efforts were made in Q2 to stem the initial impacts of COVID-19 on freight and logistics as deliveries faced a shipping environment defined by unprecedented disruption. The project continues to adapt to unforeseen shifts in the marketplace. (See section CI for more details.)

Value to the U.S. Taxpayer and the U.S. Government’s International Health Programs

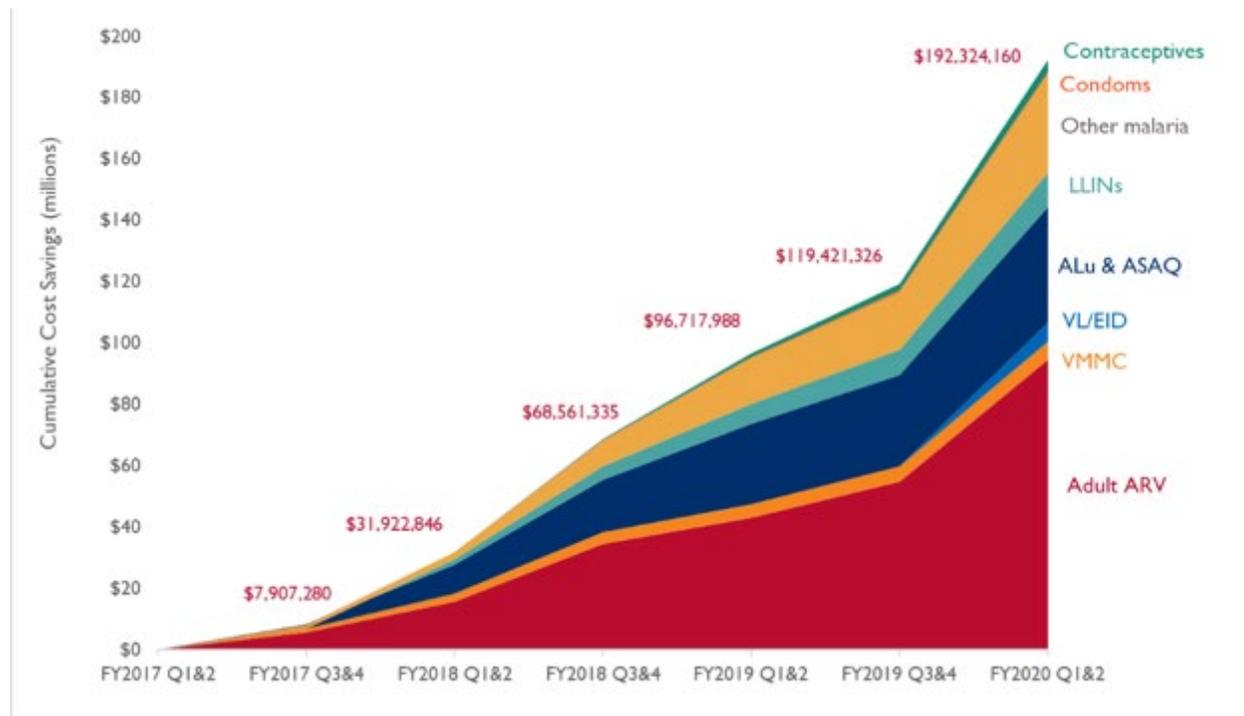
GHSC-PSM worked to achieve best value for the U.S. taxpayer by implementing approaches that result in lower costs for commodities and freight.

² Note that GHSC-PSM conducted a similar analysis on OTIF this quarter and found the standard and COVID-impacted results to be nearly identical. We expect to see a more meaningful divergence in Q3, as delayed deliveries of COVID-impacted line items are completed.

Cost-savings on medicines and health commodities

GHSC-PSM conducted a detailed analysis to understand the markets for the medicines and health commodities that we procure and brought this knowledge to supplier negotiations. Through careful negotiation of long-term contracts with suppliers, for major product groups alone, the project has saved \$193 million over the life of the project, including \$72.9 million from Q1 through Q2 FY 2020. (See Exhibit 3.)

Exhibit 3. GHSC-PSM has saved \$193 million on commodities since FY2017



To ensure long-term value and sustainability, GHSC-PSM achieved these cost-savings while working to ensure suppliers remain interested in competing in the market and expanding the number of suppliers in many commodity categories so the U.S. Government can benefit from a competitive supplier base. More information on this analysis appears in Section C1b.

Cost-savings on logistics

GHSC-PSM continues to save money on logistics through the project's optimized network of regional distribution centers. Savings are generated through:

- Warehousing savings from lower costs at the project's three regional distribution centers (RDCs)
- Transportation savings from shipping costs on commodities that moved through the three RDCs, compared to what shipping would have cost for those commodities under the previous five-warehouse model

The project also saves money on freight by implementing a fourth-party logistics (4PL) model, competing all lanes, and actively managing 3PL providers that service almost 6,000 lanes. The scale of the opportunity attracted many qualified freight forwarders, and the competition drove down prices. More information on this analysis appears in Section C1b.

Total cost-savings on logistics to date were \$29.7 million, including \$10.4 million from Q1 through Q2 FY 2020. (See Exhibit 4.) Total cost-savings to date include \$9.4 million in transportation and

warehousing costs due to optimizing the RDC network, and \$20.3 million from competing freight lanes. (See Exhibit 5.)

Exhibit 4. GHSC-PSM has saved \$29.7 million in overall logistics costs since FY 2017

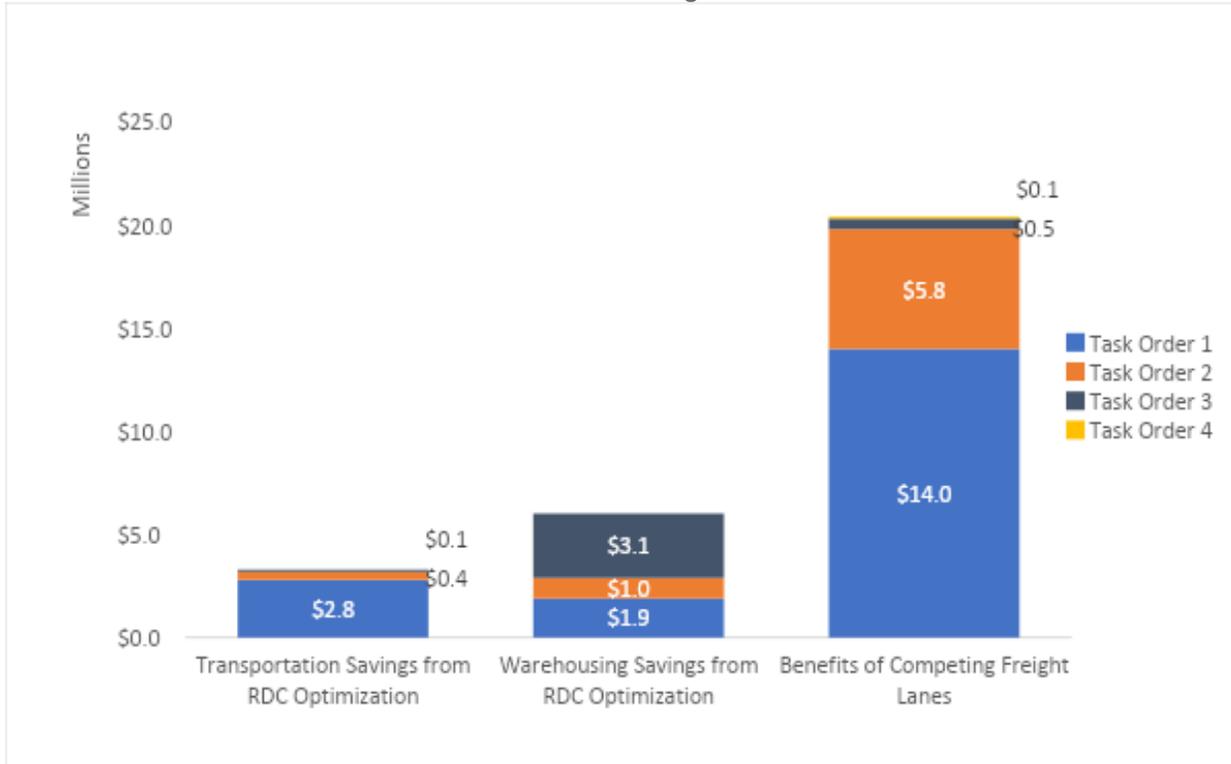
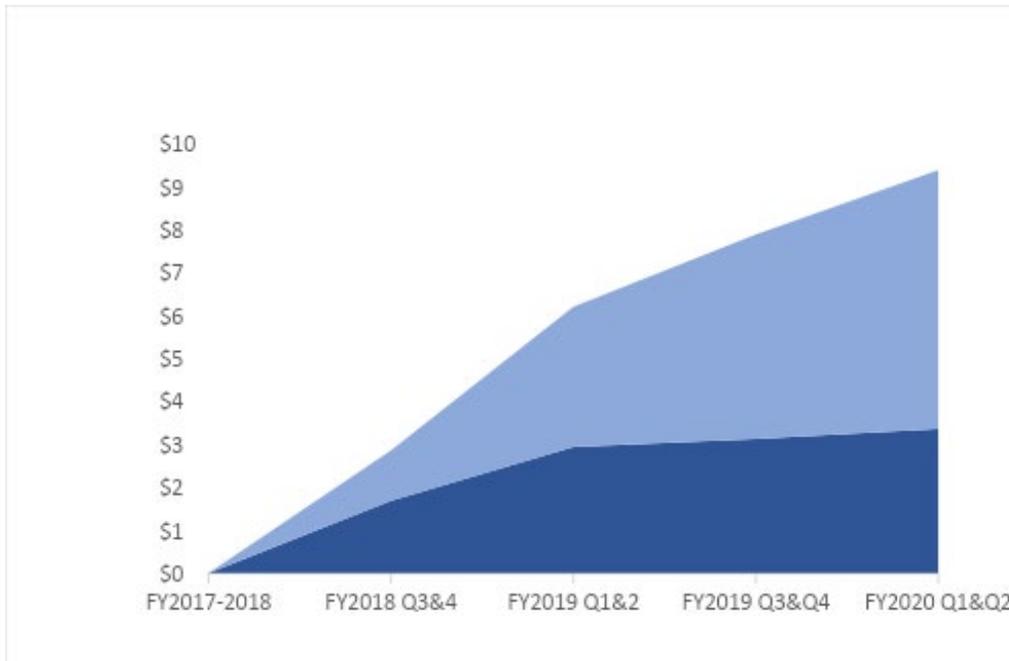


Exhibit 5. GHSC-PSM has saved \$9.4 million in transportation and warehousing costs since optimizing the RDC network. The light blue represents warehousing savings from RDC optimization, and the dark blue represents transportation savings from RDC optimization.



Health Areas

GHSC-PSM provides procurement services and technical assistance to strengthen supply chains and promote global collaboration for the U.S. Government's programs for HIV/AIDS, malaria, FP/RH, MNCH, and emerging health threats. We provide highlights of project achievements below.

HIV/AIDS

Mitigating the impact of COVID-19 on anti-retroviral supply. The initial targeting of lopinavir/ritonavir (LPV/r) as a treatment for COVID-19 created a significant spike in demand for this product and the active pharmaceutical ingredient used to manufacture it. To mitigate this, GHSC-PSM coordinated efforts to encourage certain countries to transition adult patients on LPV/r to atazanavir/ritonavir. GHSC-PSM also mitigated risks by working with suppliers to move up the GAD for TLD as much as possible and converted several RDC orders for various HIV/AIDS commodities to direct-drop orders for faster delivery to countries.

Transitioning to preferred first-line treatment tenofovir/lamivudine/dolutegravir (TLD). GHSC-PSM delivered TLD to 12 countries in Q2, including a first-time delivery to the Republic of Togo, and delivered 93 percent of TLD orders on time.

Using multi-month dispensing (MMD). In line with PEPFAR's guidance for all countries to increase MMD, GHSC-PSM continues to procure larger pack sizes of anti-retrovirals (ARVs), primarily 90- and 180-tablet bottles of TLD, giving a patient three or six months of treatment, respectively. In Q2, MMD packages for first-line treatment of TLD accounted for 93 percent of all quantities delivered, the largest amount of MMD packages delivered by percentage and total quantity over the life of the project.

Reducing the risk of stock-outs through scenario planning and monitoring. Using the GHSC-PSM scenario planning and monitoring tool, which visualizes, monitors, and plans different stock and delivery scenarios, potential stock-outs of pediatric ARVs in the Republic of Haiti and the Federal Republic of Nigeria were averted by identifying excess stock in other countries and rerouting them to each country.

Securing the preferred tuberculosis preventative therapy. A weekly dose of isoniazid/rifapentine (3HP) for three months is the new preferred tuberculosis preventative therapy (TPT) regimen. The previous regimen, consisting of isoniazid alone, remains in use while the production capacity for 3HP (which currently has a sole manufacturer) is scaled up. However, the global demand for rifapentine exceeds the single supplier's capacity, causing further challenges. In Q2, GHSC-PSM made significant progress in enabling the transition to 3HP by establishing a long-term agreement (LTA) with the sole supplier of 3HP fixed-dose combination (3HP FDC) and placing the first order for the Republic of Namibia. The project also secured the remaining TPT supply by procuring isoniazid directly from manufacturers in March 2020. (For more details on HIV/AIDS, see section B1.)



GHSC-PSM has delivered enough anti-retroviral therapy to provide nearly **8.5 million patient-years of HIV treatment to date.**

This includes **3.8 million patient-years of TLD treatment delivered to date.**

Malaria



To date, GHSC-PSM has delivered enough anti-malarials to **treat 226 million infections.**

This includes **treatment for 6.7 million infections in Q2.**

GHSC-PSM works to help PMI reduce deaths from malaria and decrease morbidity from the disease. (See box.)

On-time delivery. GHSC-PSM achieved consistently high OTD performance for malaria drugs and commodities in Q2—94 percent for the quarter.

Sourcing and procurement strategies. The ongoing fallout of the COVID-19 pandemic began to have a substantial impact on upstream malaria commodity supply chains in Q2. GHSC-PSM conducted ongoing assessments to develop mitigation strategies for maintaining availability of critical products. The project is also evaluating market health and existing sourcing strategies to steer sourcing plans for FY 2021.

Global collaboration on quality assurance. Due to quality assurance (QA) challenges resulting from COVID-19, the project introduced COVID-19 flags and codes to monitor related QA/quality control (QC) delays, and a risk-based approach that allowed reduced inspections and testing. The project also addressed quality concerns resulting from poor quality management system processes with two long-lasting insecticide-treated net (LLIN) manufacturers and an RDT manufacturer.

Procurement of LLINs. In Q2, GHSC-PSM distributed enough LLINs to protect over 15.7 million people in the Federal Democratic Republic of Ethiopia, Nigeria, and the Republic of Rwanda.

Global standards. By the end of Q2, GHSC-PSM had received global location numbers for 84.2 percent of in-scope TO2 suppliers; global trade item numbers for 67.1 percent of in-scope malaria trade items; and confirmation that 82.9 percent of in-scope items comply with the tertiary pack labeling requirement.

Prioritization of orders and transfer of stock. In the Republic of Cameroon, the project coordinated with the Global Fund and the National Malaria Control Program to transfer various quantities of artemether-lumefantrine (ALu) from Global Fund stocks to PMI-supported regions as a substitute for ALu 6x4. (For more details on malaria, see section B2.)

Family Planning and Reproductive Health

GHSC-PSM's support for USAID's programs in voluntary family planning/reproductive health (FP/RH) achieved several major milestones in Q2.

On-time delivery. GHSC-PSM delivered 98 percent of FP/RH commodities on time in Q2.

Collaboration with global stakeholders. In Q2, the project continued to build global partners' awareness of and support for the U.S. Government's FP/RH priorities and programs, and to support USAID's leadership in FP/RH commodity availability through:

- Attending the bi-annual FP2020 Performance Monitoring and Evidence Working Group meeting. At this meeting, GHSC-PSM led a session on measuring stock-outs. A major outcome of the meeting was a review of the post-2020 vision-level results statements and results framework.



GHSC-PSM has delivered enough contraceptives to **provide 63 million couple-years of protection to date.**

This includes **3.6 million couple-years of protection in Q2.**

- Chairing the bi-annual meeting of the Reproductive Health Supplies Coalition’s Systems Strengthening Working Group.
- Hosting the bi-annual Coordinated Supply Planning (CSP) Group meeting, where participants reviewed and validated the CSP/Coordinated Assistance for Reproductive Health Supplies 2020 strategy to present to the Global Family Planning Visibility and Analytics Network Steering Committee, including Consensus Planning Group branding/scope definition.

Contraceptive security tracking. In Q2, GHSC-PSM finalized data validation and analysis across 43 countries for the 2019 Contraceptive Security Indicators Survey and began preparing a report on the findings. In Q3, the project will share results with the FP/RH stakeholder community and publish findings and contextual documents on the GHSC program website.

Proactive Order Management Process (POMP). In Q2, the project expanded the FP/RH POMP process to all FP/RH countries with commodity funding to help them proactively place orders ahead of order lead times and aid planning, procurement, and fulfillment. Also, Burundi appropriately reduced its order quantity from 880K to 238K for supply-constrained subcutaneous depot-medroxyprogesterone acetate (DMPA-SC), preventing overspending and overstocking, and Haiti confirmed it would not order additional male condoms.

Launch of the Global Family Planning Catalog. GHSC-PSM supported the January launch of the Global Family Planning Catalog, a product information management tool to support managing FP/RH product data from multiple sources within the supply chain. (For more details on FP/RH, see section B3.)

MNCH

GHSC-PSM works to prevent child and maternal deaths by increasing access to quality-assured MNCH medicines and commodities, and by providing global technical leadership on MNCH commodities.

Delivering. In Q2, GHSC-PSM delivered \$1 million in MNCH drugs and commodities.

Improving the availability of quality oxytocin. The project continued to support the governments of Ghana, the Republic of Liberia, the Republic of Malawi, and Mozambique to improve the availability of quality oxytocin in Q2. GHSC-PSM advocacy in Liberia resulted in a government push for health facilities to store oxytocin in vaccine refrigerators and for health care workers to increase the use of misoprostol when oxytocin quality cannot be validated.

Improving MNCH data use. With recent increases in availability of reliable MNCH commodity data through LMIS improvements, in Q2, GHSC-PSM began investigating the extent to which these data are actually being used for MNCH commodity procurement and supply-chain decision-making. Findings will inform guidance and trainings for USAID-supported countries.

Leveraging the private sector to deliver quality-assured MNCH commodities. GHSC-PSM finalized two reports on the ability of domestic wholesalers to ensure the quality of MNCH commodities in Mozambique and the Republic of Zambia. As a result, strengthening wholesaler associations was identified as an opportunity for increasing wholesaler capacity and coordinating with national MNCH programs.

Evaluating newborn and child health drug interventions in Ethiopia. Results from pre- and post-intervention drug use evaluations conducted in Dire Dawa, Ethiopia, indicate that GHSC-PSM’s efforts to socialize good zinc prescribing practices through an informational campaign and supportive supervision for health facility staff were highly effective and present opportunities for scale-up in additional facilities. Among other improvements, percentage of patients with childhood diarrhea treated with zinc increased from 23 percent to 97 percent. (For more details, see section B4.)

Other Emerging Health Threats

In Q2, GHSC-PSM delivered 3.6 million male condoms for Zika prevention to the Republic of El Salvador and procured 160,000 bottles of mosquito repellent for the Republic of Paraguay.

Emergency supply-chain (ESC) preparedness. In Q2, GHSC-PSM conducted ESC workshops and trainings focused on Zika response in the Dominican Republic, the Republic of Ecuador, and the Organization of Eastern Caribbean States. In Burkina Faso, the project updated the country-specific ESC Playbook for COVID-19 and conducted an ESC simulation focusing on cholera. In the Republic of Sierra Leone, GHSC-PSM updated the country-specific ESC Playbook and conducted simulation exercises with a focus on COVID-19 preparations.

In collaboration with the GHSC Francophone task order, the project updated the global ESC Playbook, including developing a job aid for COVID-19 and hosting an internal webinar for project staff on use of the tool.

Strengthening Health Institutions

GHSC-PSM continues to manage 34 country or regional field offices. Supplemented by headquarters-based experts, these offices provide wide-ranging technical assistance to strengthen national health supply chains. Several years of investment in strengthening supply-chain systems are yielding important innovations and positive results on many fronts. Examples from Q2 include:

- In **Burkina Faso, Ethiopia, Haiti, the Federal Democratic Republic of Nepal, the Islamic Republic of Pakistan, and Sierra Leone**, conducted emergency supply-chain preparedness and response activities in readiness for COVID-19. (See section C2 for more details.)
- In **Burkina Faso, Cameroon, Ghana, the Republic of Guinea, Haiti, Mozambique**, and other countries, collected data from temperature and humidity data loggers installed. (See section C2 for more details.)
- In **the Republic of the Union of Myanmar (Burma)**, along with the Department of Human Resources for Health and the University of Public Health (UPH), delivered a two-week supply chain certificate course for 34 directors, deputy directors, assistant directors, and officers from the Ministry of Health and Sports who hold key supply chain positions. (See section C2 for more details.)
- In **Cameroon**, helped plan and facilitate the first national quarterly supply chain coordination meeting, with some 30 participants from all major stakeholders, including HIV/AIDS, malaria, and TB programs, government institutions, the central medical store, and partners. (See section C2 for more details.)
- In **the Kingdom of Swaziland (Eswatini)**, Eswatini facilitated the recycling of 12 tons of unusable medical and pharmaceutical products at no financial cost to the central medical stores and with minimal environmental impact. (See section C2 for more details.)
- In **Ghana**, along with the Global Fund, supported the Ministry of Health and Ghana Health Service in launching the Ghana Integrated Logistics Management Information System to support the use of data for decision-making to increase supply-chain efficiency at all levels. (See section C2 for more details.)
- In **Nigeria and Rwanda**, undertook new approaches to overcome travel restrictions imposed to prevent the spread of COVID-19. (See section C2 for more details.)

- In the **Republic of Uganda**, facilitated an activity-based costing activity with the Joint Medical Stores (JMS) in enabling JMS to view revenue streams and costs in relation to the privately and publicly funded commodities in JMS storage. (See section C2 for more details,)

The pages that follow provide additional detail on strides GHSC-PSM has made in Q2 to ensure the continuous availability of life-saving drugs, medical supplies, and health commodities to the people who need them around the world.

INTRODUCTION

A1. Background

GHSC-PSM works to ensure uninterrupted supplies of quality medicines and commodities to save lives and to create a healthier future for all. The project directly supports the following global health areas of importance to the U.S. Government:

- The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to help reach its HIV/AIDS global 95-95-95 testing, treatment, and viral load suppression targets.
- The U.S. President's Malaria Initiative (PMI) to reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.
- USAID's Family Planning and Reproductive Health (FP/RH) program to ensure that key reproductive-health commodities are available for safe and reliable voluntary family planning.
- USAID's maternal and child health (MCH) program to prevent child and maternal deaths.
- Other public health threats as they emerge, with support for Zika and COVID-19 at this time.

The project procures and delivers medicines and commodities, offers comprehensive technical assistance (TA) to strengthen national supply-chain systems, and provides global supply-chain leadership to ensure that life-saving health supplies reach those most in need. In Q2, the project procured commodities or provided TA to 61 countries. (See Exhibit 6 on the following page.)

A2. About This Report

We are pleased to present our performance report for fiscal year 2020 Q2 (January 1 through March 31, 2020). GHSC-PSM is a matrixed project that integrates work across two axes: health areas and technical objectives. Accordingly, the report is organized as follows:

- Section B summarizes major activities in each of the **five health areas**, including HIV/AIDS, malaria, FP/RH, maternal, newborn, and child health, and other public health threats.
- Section C describes activities under each of the **three main technical objectives** (global commodity procurement and logistics, systems strengthening, and global collaboration), including key indicator results for those objectives.
- Annex A provides **performance and context indicators** for FY 2020 (quarterly indicators).

Given the size and complexity of GHSC-PSM, this report summarizes our primary efforts and achievements in Q2, reports on semi-annual indicators, and reflects only a fraction of the project's efforts each day to help people around the world live healthier lives.

Exhibit 6. Countries for which GHSC-PSM procured commodities (proc.) or provided technical assistance (TA) in Q2.

	Proc.	TA		Proc.	TA
AFRICA:			ASIA:		
Republic of Angola	●	●	Islamic Republic of Afghanistan	●	
Republic of Benin	●		People's Democratic Republic of Bangladesh	●	
Republic of Botswana	●	●	Kingdom of Cambodia	●	●
Burkina Faso	●	●	Republic of Indonesia		●
Republic of Burundi	●	●	Republic of Kazakhstan	●	
Republic of Cameroon	●	●	Kyrgyz Republic	●	
Republic of Côte d'Ivoire	●		Lao People's Democratic Republic	●	
Democratic Republic of the Congo (DRC)	●		Republic of the Union of Myanmar	●	●
Federal Democratic Republic of Ethiopia	●	●	Federal Democratic Republic of Nepal	●	●
Republic of Ghana	●	●	Islamic Republic of Pakistan		●
Republic of Guinea	●	●	Independent State of Papua New Guinea	●	
Republic of Kenya	●	●	Republic of Tajikistan	●	
Kingdom of Lesotho		●	Kingdom of Thailand	●	●
Republic of Liberia	●	●	Socialist Republic of Viet Nam	●	●
Republic of Madagascar	●		LATIN AMERICA & CARIBBEAN:		
Republic of Malawi	●	●	Barbados		●
Republic of Mali	●	●	Dominican Republic	●	●
Republic of Mozambique	●	●	Republic of El Salvador	●	●
Republic of Namibia	●	●	Republic of Guatemala		●
Republic of the Niger	●	●	Republic of Haiti	●	●
Federal Republic of Nigeria	●	●	Republic of Honduras	●	●
Republic of Rwanda	●	●	Jamaica	●	●
Republic of Senegal	●	●	Republic of Panama	●	●
Republic of Sierra Leone	●	●	Republic of Paraguay	●	
Republic of South Africa	●		Republic of Peru	●	
Republic of South Sudan	●	●	Republic of Suriname	●	●
Kingdom of Swaziland (Eswatini)	●	●	OTHER:		
United Republic of Tanzania	●		Ukraine	●	
Republic of Togo	●		Republic of Yemen	●	
Republic of Uganda	●	●			
Republic of Zambia	●	●			
Republic of Zimbabwe	●	●			

PROGRESS BY HEALTH AREA

In this section, we summarize GHSC-PSM's support in Q2 for HIV/AIDS, malaria, family planning and reproductive health (FP/RH), maternal, newborn, and child health (MNCH), and other public health threats.

BI. HIV/AIDS



GHSC-PSM has delivered enough anti-retrovirals (ARVs) to provide **8.5 million patient-years of HIV treatment over the life of the project**, including **764 thousand patient-years of treatment in Q2**.



To date, GHSC-PSM has delivered more than **7 million 30-count bottles of tenofovir, lamivudine, dolutegravir (TLD)** to countries, which would provide more than **3.8 million patient-years of treatment**.

Multi-month dispensing packages of TLD first-line treatment accounted for **93 percent of all quantities delivered** in Q2.



A total 36 countries procured HIV/AIDS medicines and commodities and received health supply-chain systems strengthening with HIV/AIDS funding.



In Q2, the project saved **\$107 million** on major first-line adult ARVs, voluntary medical male circumcision (VMMC) items, condoms, and HIV lab diagnostic items.



GHSC-PSM brought **improved product visibility** into HIV commodities in **103 central and regional warehouses in 21 PEPFAR countries and 11,299 health facilities in 12 PEPFAR countries**.



In Q2, 10 countries procured **1.2 million viral-load tests** to support scale-up of patient viral-load testing.

GHSC-PSM supports PEPFAR's goal of controlling the HIV/AIDS epidemic by procuring and delivering medicines and commodities³ to prevent infection and treat people living with HIV (PLHIV), including those used to support viral-load testing to monitor treatment efficacy for PLHIV. GHSC-PSM is also implementing data visibility initiatives that support appropriate procurement and distribution of ARVs to link patients with the necessary commodities.

³ GHSC-PSM procured health commodities for the following countries: AFRICA: Angola, Botswana, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, DRC, Ethiopia, Ghana, Kingdom of Lesotho, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Eswatini, Tanzania, Togo, Uganda, Zambia, Zimbabwe; LATIN AMERICA AND THE CARIBBEAN (LAC): Colombia, Dominican Republic, Haiti, Jamaica, Republic of Panama, Peru, Suriname; ASIA: Burma, Nepal, Independent State of Papua New Guinea, Vietnam; EUROPE AND EURASIA (EE): Republic of Kazakhstan, the Kyrgyz Republic, Republic of Tajikistan, Ukraine.

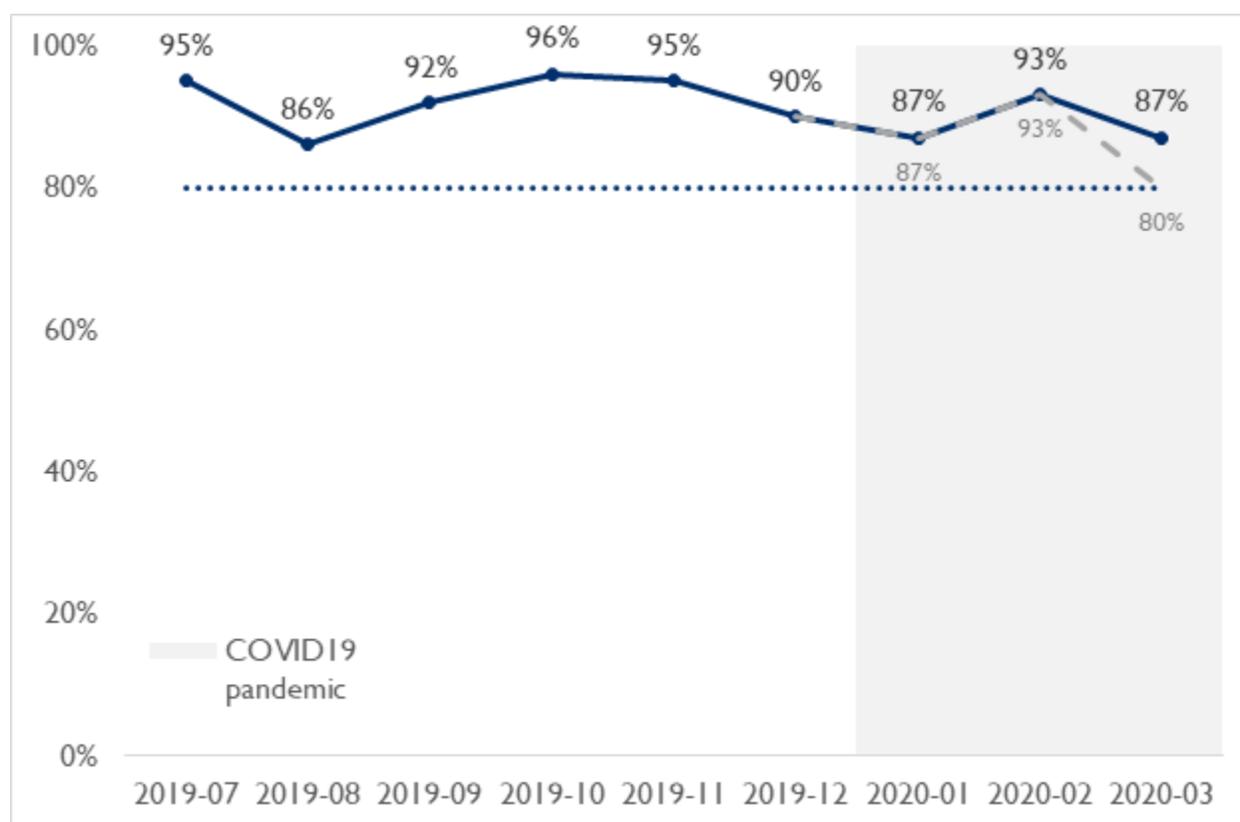
Impact of COVID-19 on HIV/AIDS Commodity On-time Delivery

In February, GHSC-PSM began to see the impact of COVID-19 on the supply of active pharmaceutical ingredients and key starting materials for ARVs from China. By March, GHSC-PSM saw the impact of COVID-19 spread globally outside of China and into India, threatening the supply of finished products, including ARVs and essential medicines. Subsequently, India entered its first lockdown, severely crippling manufacturing and logistics. Further, some countries in Africa started limiting or suspending the arrival of passenger flights to their respective countries, thereby significantly reducing airfreight cargo capacity. Also, the negative impact on manufacturing at various origin locations such as China and India, resulting in lower outputs, prompted steamship lines to reduce ocean freight capacity. The spread of the virus in various parts of the world resulted in staffing and safety concerns that further impacted the timely processing of cargo at ports. These factors affected on-time delivery (OTD) in March. (See Exhibit 7.)

The impact on lopinavir/ritonavir (LPV/r) initially being targeted to treat COVID-19 created a significant spike in demand for this product and the active pharmaceutical ingredient (API) used to manufacture it. This increased the price of the product and further constrained product availability.

GHSC-PSM also mitigated further risks by working with suppliers to move up the goods availability date (GAD) for TLD as much as possible and converted several RDC orders for various HIV/AIDS commodities to direct-drop orders for faster delivery to countries.

Exhibit 7. Monthly OTD rates, Task Order I



Cost-savings From Strategic Sourcing of HIV Commodities

GHSC-PSM's strategic sourcing activities have generated significant cost-savings for PEPFAR and the countries and people served by its HIV programs. As shown in Exhibit 8, the project has saved \$107 million

on major first-line adult ARVs, VMMC items, condoms, and HIV lab diagnostic items. **These savings represent 12.6 percent of total spending value in these categories over the life of the project, and 6.0 percent of spending on HIV commodities overall.** The biggest savings driver was TLD, which generated nearly \$40 million in savings this period (Q1–Q2 FY 2020) alone. This is because of the successful sourcing strategy adopted by GHSC-PSM, which has seen a price reduction of about 15 percent from the FY 2018 baseline price, along with the aggressive switch to bottles of 90 tablets, which made up 88 percent of triple fixed-dose procurements this period. The 90-tablet bottle supports multi-month dispensing (MMD) approaches being rolled out across many PEPFAR countries this year and was about 3 percent lower than the 30-count bottles.

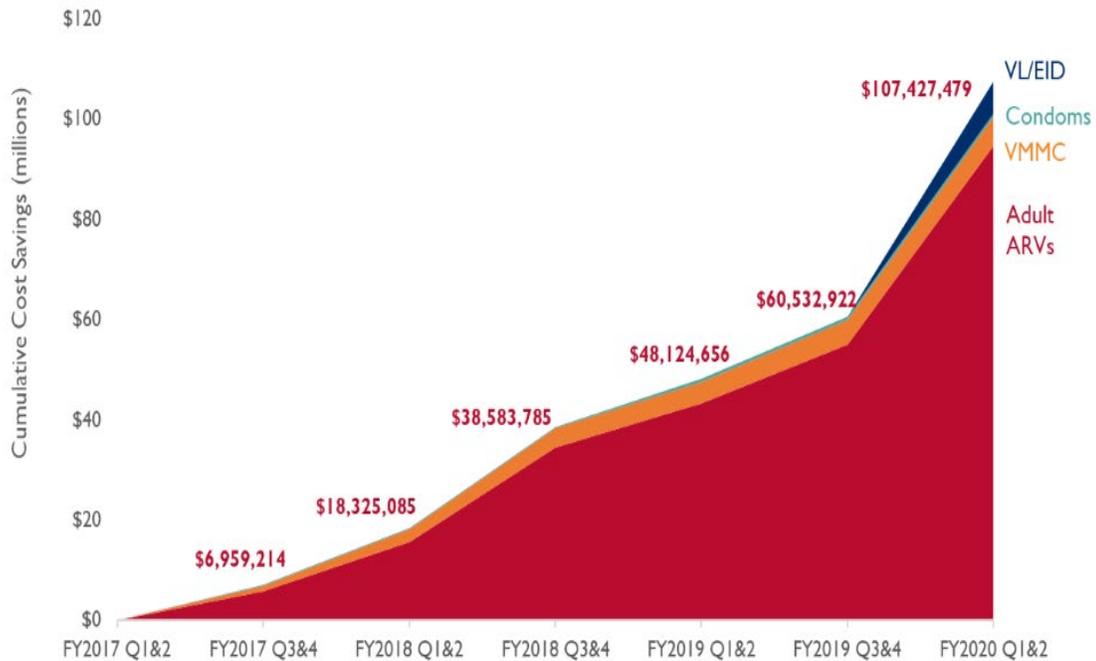
The project is also including cost-savings on HIV lab diagnostic commodities for the first time this period, following the implementation of global contracts with three key suppliers of viral-load and early infant diagnosis (VL/EID) reagents and consumables (R&C). **The new contracts reset the prices paid globally by all PEPFAR countries for VL/EID R&C, bringing estimated savings to country budgets based on current volumes of approximately \$20 million per year.**

The contracts also establish maintenance and service requirements, detailed key performance indicators (KPIs), and country-specific service prices for six “Wave 1” countries that represent more than 70 percent of PEPFAR’s procurement of VL/EID tests. In these countries, reagents and related services are provided on an all-inclusive basis. Volume commitments were made to suppliers for 2020 according to the volume tiers included in the global RFP. These firm commitments to suppliers for CY 2020 were made by GHSC-PSM with USAID’s concurrence.

Thanks to this new mechanism, already in Q2 FY 2020, GHSC-PSM has saved more than \$6 million of PEPFAR funds for viral-load testing. Beyond cost-savings, the new awards provide a framework for transforming how PEPFAR and other international funders work with countries to manage their VL/EID testing programs through standardizing performance reporting and an agreement to enable the connectivity of suppliers’ diagnostic equipment to provide automatic reporting of testing operational data. These innovations will improve countries’ and funders’ understanding of testing program performance and enhance the effective use of resources to meet global testing goals.

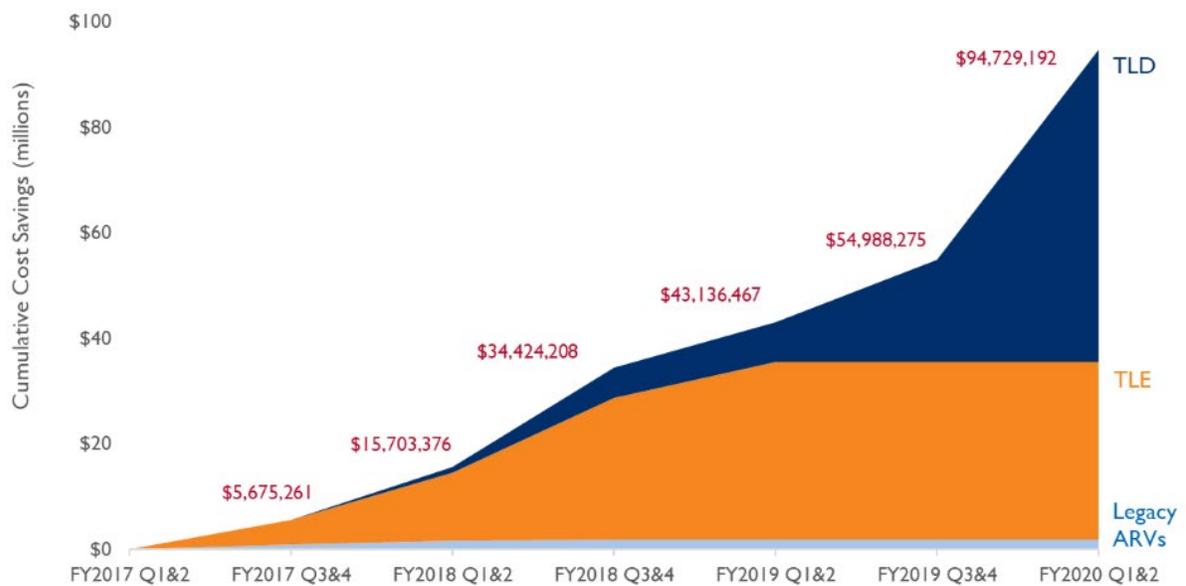
Note: Data for this period include corrections to errors in line-item total value data in the FY 2019 Q4 dataset. Cost-savings for previous periods will differ from previously reported figures.

Exhibit 8. GHSC-PSM has saved \$107 million on key HIV commodities since FY 2017



As shown in Exhibit 9, for adult first-line ARVs alone, GHSC-PSM saved \$94.7 million over the life of the contract compared to established baseline prices, including \$46.9 million from Q1 through Q2 FY 2019. This fiscal year, the project shifted its strategy to seek new prices from its ARV vendors quarterly rather than annually for the largest product, TLD. The project can therefore secure better prices more often than in previous years.

Exhibit 9. GHSC-PSM has saved \$94.7 million on adult ARVs since FY 2017



Legacy ARVs include LNZ (lamivudine/nevirapine/zidovudine). TLE = tenofovir/lamivudine/efavirenz; TLD = tenofovir/lamivudine/dolutegravir.

Supporting PEPFAR's Priorities

Pre-exposure prophylaxis

Multiple clinical trials have shown that daily, oral pre-exposure prophylaxis (PrEP or tenofovir/lamivudine (TL)) dramatically reduces the risk of HIV infection for people who take it as directed. In preparation for the estimated scale-up of PrEP, the quantities should cover most targets for the first half of the upcoming fiscal year.

Condoms

GHSC-PSM coordinated with other large donors to promote cross-organizational audits of suppliers and contribute to expanding a comprehensive database of country condom registrations to streamline importations. In Q2, GHSC-PSM began work to ensure packaging has a uniform size for dispenser packs, which will help reduce material and shipping costs.

The project extended long-term agreements (LTAs) with condom suppliers through November 2020. Also, GHSC-PSM began designing a future male condom and lubricant sourcing event to establish LTAs through the life of the project that will generate additional savings. Finally, the project increased frequency of communication with suppliers to ensure OTD of condom orders.

VMMC kits

As per the new PEPFAR guidance on sutures, which requires a new smaller suture for all circumcisions performed on 10- to 14-year-olds, GHSC-PSM procured enough kits to cover close to 50 percent of VMMCs for this targeted population. The new, single-use dorsal slit kit that the project is procuring and delivering to all VMMC countries will bring them in line with U.S. Centers for Disease Control and Prevention (CDC) kits to ensure they are all the same. Finally, GHSC-PSM met with implementing partners, including the CDC and U.S. Department of Defense in the United Republic of Tanzania, to better forecast essential medicines and VMMC kits for the next two years. The new plan will help GHSC-PSM track monthly consumption in Tanzania to ensure the assumptions are correct.

HIV/tuberculosis prevention and treatment

Tuberculosis (TB) is the leading cause of death among PLHIV, causing more than one-third of all AIDS-related deaths. To reduce the risk of active tuberculosis, The World Health Organization (WHO) recommends that PLHIV who are unlikely to have active TB should receive TB preventive treatment (TPT) as part of a comprehensive package of HIV care. TPT should also be given to those on anti-retroviral treatment, to pregnant women, and to those who have previously been treated for TB, irrespective of the degree of immunosuppression, even if latent TB infection testing is unavailable.

Treatment options include either six to 12 months of isoniazid prevention therapy, six to nine months of daily Q-TIB (fixed-dose combination of isoniazid, B6, and cotrimoxazole), or a weekly dose of isoniazid/rifapentine (3HP) for three months, the latter being the preferred regimen pending availability and sufficient production. In Q2, GHSC-PSM made significant progress in enabling the transition to 3HP by establishing an LTA with the sole supplier that manufactures 3HP fixed-dose combination (3HP FDC) and placing the first order for Namibia.

As global demand for rifapentine still exceeds the current capacity of manufacturers, GHSC-PSM secured the remaining TPT supply by procuring isoniazid directly from manufacturers in March 2020. The project released a request for quotes to procure the remainder of orders for Cameroon, the

Commodities Procured for HIV/AIDS Programs

- ARVs
- Diagnostics
- Essential medicines
- Injectable anesthetics
- Laboratory reagents
- Male and female condoms
- Personal lubricants
- VMMC kits

Democratic Republic of the Congo (DRC), Nigeria, and Tanzania along with projected quantities for the coming fiscal year.

Since establishing the isoniazid proactive bulk-ordering strategy in May 2019, GHSC-PSM has enabled a 12.5-week reduction in lead time compared to isoniazid orders placed before implementing the strategy. This has enabled the project to better meet the needs of the respective countries and facilitate faster scale-up of TPT.

Supporting the First 95: Testing

In support of rapid test kit (RTK) availability to reach the first 95 (HIV diagnosis), GHSC-PSM provides forecasting and supply planning as well as in-country logistics support to the Global Health Supply Chain Program-Rapid Test Kit (GHSC-RTK) project (implemented by Remote Medical International), which undertakes the actual procurement. The project also promotes better management of RTK orders and deliveries through the regional- and central-level stock data collected through the Warehouse AIDS Data Visibility, Evaluation and Reporting, or ADVISER, initiative. GHSC-PSM shares these data with GHSC-RTK monthly to guide RTK procurement planning and to triangulate data, reviewing HIV testing targets against RTK stock in countries with PEPFAR-supported HIV testing programs.

Scaling Up Supply of TLD

- To date, the project has delivered **7.1 million units of TLD to 13 countries.**
- This is enough to provide more than **3.8 million patient-years of TLD treatment.**

Supporting the Second 95: Treatment

TLD transition and multi-month dispensing

To help achieve HIV treatment goals, GHSC-PSM continued to support PEPFAR countries' transition to TLD, the preferred first-line ARV. In Q2, the project delivered TLD to 12 countries, including a first-time delivery to Togo.

In Q2, MMD packages, consisting of three or six months of treatment in one bottle, for first-line treatment of TLD accounted for 93 percent of all quantities delivered. This was the largest quantity of MMD packages delivered by percentage and total quantity since the start of the project. The project primarily delivered 90-count bottles of TLD, as well as 180-count bottles to Haiti and Uganda.

To ensure close coordination with key stakeholders on TLD uptake, the project regularly shares data and facilitates technical coordination meetings. GHSC-PSM continued to host the First-Line ARV Transition, or FLAT, technical working group, ensuring alignment between GHSC-PSM and USAID on TLD demand, supply, and delivery. In Q2, USAID and implementing partners at the country and head-office levels participated in the project's data-focused country TLD transition analysis presentations.

Legacy ARV drawdown

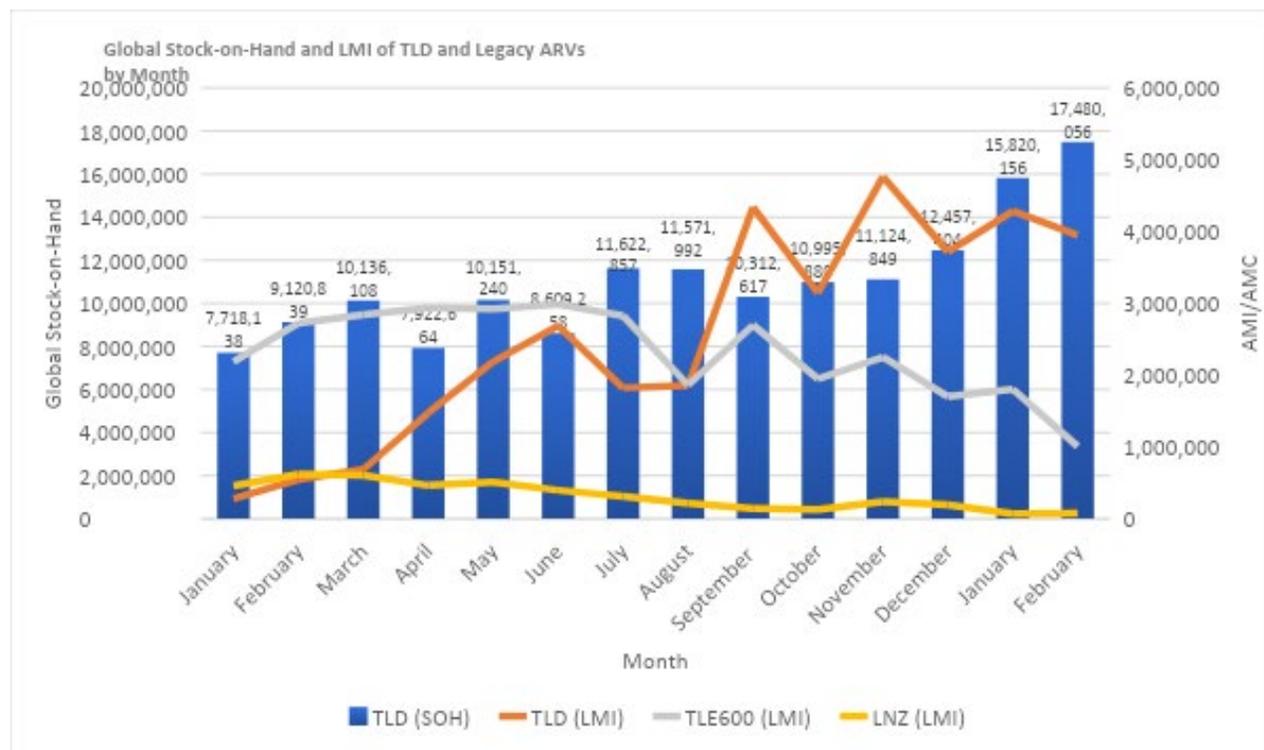
To support efficient transition to more effective treatment regimens (TLD), and minimize traces of less effective, older first-line ARV regimens (legacy ARVs), GHSC-PSM collects, reviews, and compiles monthly ARV inventory data from 30 central and 72 regional warehouses in 21 countries through First-Line ARV Reporting and Evaluation, or FLARE, reports.

Per PEPFAR Guidance, GHSC-PSM stopped procuring and more aggressively supported the transition of patients away from legacy ARVs containing nevirapine, such as lamivudine/zidovudine/nevirapine (LZN). GHSC-PSM aligned the ARVs in the project's product catalog with the PEPFAR formulary to promote optimal ARV regimen ordering. Weekly reports are submitted to USAID outlining any second-line or

suboptimal products that are ordered by partner countries so that both parties can engage country counterparts to determine if a better product should be selected.

According to the data collected in the FLARE reports, global issues of LNZ and TLE600 have decreased 83.5 percent and 54 percent, respectively, since January 2019. (See Exhibit 10.)

Exhibit 10. Drawdown of stock-on-hand and reduced consumption of LZN from January 2019 to February 2020⁴



The analysis above shows successful drawdown of efavirenz- and nevirapine-based regimens and an overall increase in TLD stock-on-hand each month.

Pediatric ARVs

GHSC-PSM continues to coordinate a biweekly pediatric ARV transition meeting with USAID that focuses on coordinating activities supporting the transition from nevirapine-based pediatric ART. Emphasis is placed on analyzing the supply and global demand of commodities on the optimal pediatric ARV formulary and limited-use list. In Q2, a key manufacturer of lopinavir/ritonavir 40/10 mg increased production capacity from 25,000 packs per month to an additional 200,000 per month to help meet client demand.

Key Pediatric Medicines Discussed During Pediatric ARV Transition Meetings

- Abacavir/lamivudine 120/60 mg
- Lopinavir/ritonavir 100/25 mg
- Lopinavir/ritonavir 40/10 mg pellets
- Lopinavir/ritonavir 40/10 mg granules

GHSC-PSM’s scenario planning and monitoring tool, which helps visualize, monitor, and plan different stock and delivery scenarios, identified potential stockouts in Haiti and Nigeria. This was then followed by the reallocation of products to go to those countries first instead of going to the originally planned

⁴ Countries included in this analysis were Botswana, Burundi, Cameroon, Côte d’Ivoire, DRC, eSwatini, Ethiopia, Ghana, Haiti, the Kingdom of Lesotho, Mozambique, Namibia, Nigeria, Rwanda, Uganda, Vietnam, Zambia, and Zimbabwe.

countries. GHSC-PSM's scenario planning and monitoring tool triangulates data from ARTMIS on actual orders and information from country supply plans. The cause of the potential stock-out of adult abacavir/lamivudine was that the aggregated demand within PEPFAR-supported countries exceeded production capacity. These supply planning data include actual and forecasted consumption, dispensing, issues, shipments, and stock-on-hand. By visualizing the status of each country by product or by product-equivalent aggregate, GHSC-PSM can better plan which orders should be prioritized while ensuring minimal delay when new regimens are introduced.

Supporting the Third 95: Viral-Load Testing

In Q2, GHSC-PSM continued to support PEPFAR countries by procuring viral-load testing reagents, specimen collection consumables, and testing equipment to reach viral-load and EID targets. As indicated above, the new pricing negotiated under the global RFP resulted in savings of approximately \$6 million in the quarter. The project maintained high OTD of 87 percent for 373 line items by using fixed-price, long-term agreements with multiple suppliers to procure laboratory consumables, medical supplies, general laboratory reagents, and laboratory support equipment. (For more information, see section CI, Global Commodity Procurement and Logistics.)

Implementing service and maintenance agreements

GHSC-PSM is working with a diagnostics manufacturer on introducing a new point-of-care platform for CD testing that will impact 50 clinical sites throughout Nigeria and make testing available for more than 50,000 patients. The agreement and all-inclusive costs will cover equipment leases, regular maintenance, training, and test kits. Finalization of the agreement is expected in Q3.

Supporting the Journey to Self-Reliance

In March, GHSC-PSM, in collaboration with Global Health Supply Chain-Quality Assurance (GHSC-QA), presented the Essential Medicines Local Procurement Strategy to USAID. Participants discussed the possibility of adopting a product-risk-based sourcing strategy for current local wholesalers along with a preliminary plan to identify new key local suppliers to onboard and pilot countries for implementation. The risk-based approach is focused on approved/qualified wholesalers located in DRC, Haiti, and Kenya.

The project also continued to build country capacity to procure viral-load testing reagents, specimen collection consumables, and testing equipment. GHSC-PSM worked with local partners in Burkina Faso and Rwanda to conduct laboratory forecasting and supply planning, enabling them to understand viral-load and early infant diagnosis commodity demands, what commodities to order, and when to order them. The project also provided remote refresher training to 20 people in each country on laboratory forecasting for viral-load scale-up using ForLab quantification software in eSwatini, Ghana, and Malawi. The training builds local capacity to plan for procurements, shipment, and storage of lab products.

Stock Tracking, Oversight and Planning for HIV/AIDS

GHSC-PSM regularly supports USAID's vision for improved data visibility into HIV commodity inventories at all levels of the supply chain. This includes collecting **site-level inventory data from 11,299 facilities in 12 countries⁵** along with **HIV commodity data at 103 central and regional warehouses.**

Inventory data for more than 20 HIV medicines and commodities at central and regional warehouse levels in 21 PEPFAR countries help to identify any potential stock imbalances. GHSC-PSM reports the data generated at this level on the status of first-line ARV drawdown, the transition to TLD, and HIV

⁵ GHSC-PSM is collecting site-level data from Angola, Botswana, Cameroon, Haiti, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Uganda, Zambia, and Zimbabwe.

commodity stock-out risk to USAID and PEPFAR. These reports help mitigate imbalances and avoid rationing and waste, where possible, by raising awareness, identifying opportunities to shift GHSC-PSM shipments, and supporting redistribution within a country.

Country Support

The HIV task order funds supply-chain systems strengthening in 36 countries.⁶

In August 2019, **Botswana** began rollout of TPT to select health facilities and gradually scaled up to more, covering a total 39 facilities. Recent changes to the national guidelines recommending 3HP, coupled with the increase of rifapentine on the market, meant that earlier quantifications had to be updated. The Ministry of Health and Wellness (MOHW) requested GHSC-PSM's assistance with the quantification revisions. GHSC-PSM revised the quantifications using QuanTB, an electronic quantification and early warning system designed to improve procurement processes, ordering, and supply planning for TPT, and mentored MOHW focal persons on software use and quantification practices, helping to build their capacity. The central medical stores then used outputs from this quantification to place TPT orders. Once delivered, these revised TPT orders will prevent TB co-infection in more than 200,000 ART patients. This will advance the project's goal of establishing technical independence in the countries in which it operates.

In **Malawi**, the unmanned aerial vehicle or drone pilot program,⁷ first started in July 2019 and initially slated to complete in November 2019, successfully transported HIV/AIDS test samples and results along with other health commodities to and from hard-to-reach areas around Lake Malawi. The pilot program illustrated inter-donor collaboration between USAID and United Nations Children's Fund (UNICEF), allowing it to run for three months longer than originally anticipated, well into February 2020. Data analyses indicate that the drone program reduced laboratory sample (viral-load, early infant diagnosis, and tuberculosis) turnaround time from eight or more weeks to approximately two weeks, enabling faster diagnoses and treatment. Also, the average number of samples collected during the drone activity increased by 130 percent as compared to before the onset of flight operations for Likoma and Chizumulu Islands. In other words, the number of samples collected, on average, more than doubled during this activity.

⁶ The countries for which GHSC-PSM provides technical assistance with HIV funding are: AFRICA: Angola, Botswana, Burkina Faso, Burundi, Cameroon, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe; LAC: Barbados, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Suriname; ASIA: Burma, Cambodia, Indonesia, Vietnam.

⁷ GHSC-PSM unmanned aerial vehicle pilot program: <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/information-center/research-corner/propelling-change>

B2. Malaria



Delivered enough anti-malarials to treat over **226.8 million infections** over the life of the project, including **6.7 million** in Q2.



A total of 30 countries procured malaria medicines and commodities, and 22 countries received health supply-chain systems strengthening with malaria funding under the contract.



Supported distribution of long-lasting insecticide-treated nets (LLINs) to provide **protection from malaria for nearly 19.2 million people** in Angola, Burundi, Ethiopia, Ghana, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, and the Republic of Zimbabwe.



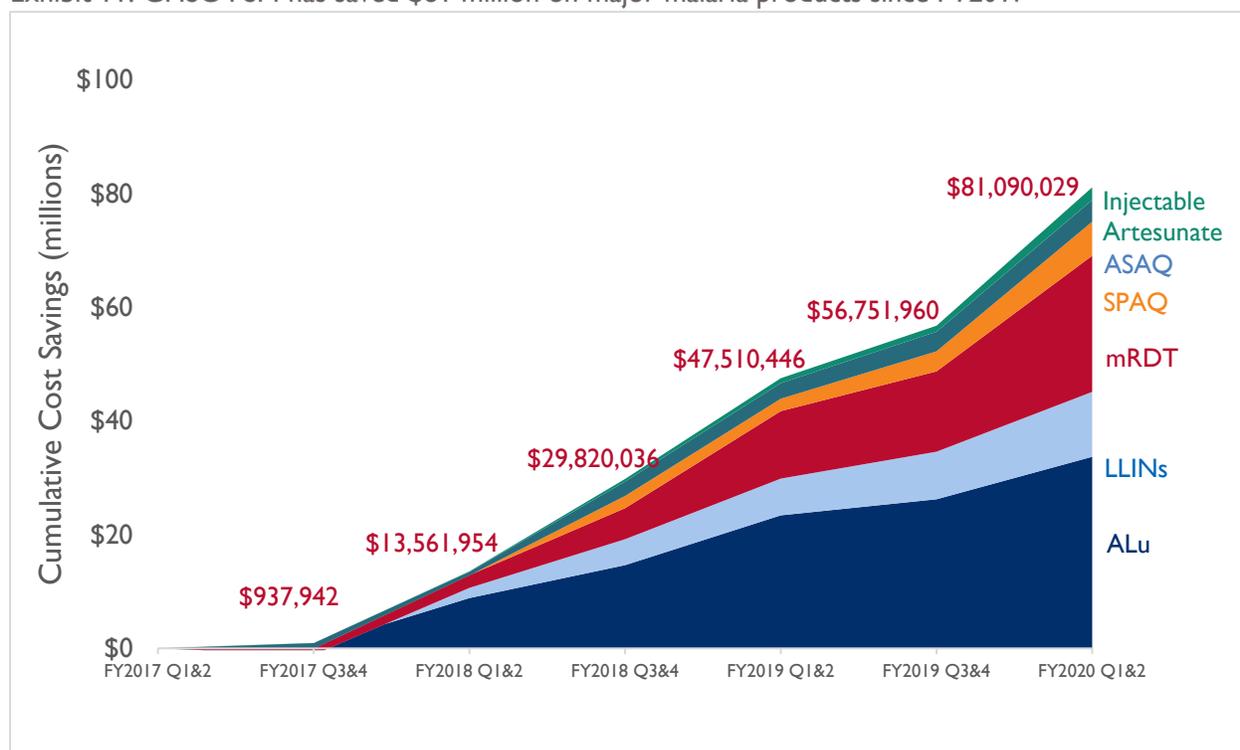
Continued to implement and evaluate sourcing strategies for **assessing malaria commodity market health** and mitigating risks for commodity security and quality.

Under the PMI-funded malaria task order, GHSC-PSM supplies life-saving prevention and treatment medicines, rapid diagnostic tests (RDTs), and LLINs. The project offers partner countries new approaches to strategic planning, logistics, data visibility, analytics, and capacity building. GHSC-PSM also provides technical guidance to strengthen global supply, demand, financing, and the introduction of new malaria medicines and commodities.

Cost-savings on Malaria Commodities

Over the life of the project, GHSC-PSM has achieved \$81 million in cost-savings for major malaria commodities. (See Exhibit 11.) These savings represent 15 percent of the total spending on these product categories over the life of the project, and 14 percent of the total value spent on malaria products overall. Much of these savings were achieved as a result of strategic sourcing initiatives over the life of the project that have focused on diversifying the supplier base for key commodities and locking in fixed and tiered pricing.

Exhibit 11. GHSC-PSM has saved \$81 million on major malaria products since FY2017



This period, following the implementation of new agreements for the products, GHSC-PSM expanded its savings analysis to include an additional SPAQ supplier. Other strong-performing categories this period included mRDTs, LLINs, and injectable artesunate.

Note: Cost-savings for previous periods will differ from previously reported figures. This is due to 1) reporting shifting from annual to semi-annual, which reset baseline prices for many product categories, and 2) data corrections for this period to address errors in line-item total value data in the Q4 FY 2019 dataset.

Commodity Sourcing, Procurement and Delivery

GHSC-PSM’s provision of malaria commodities in Q2 entailed strategic sourcing, procurement, QA, deliveries, and support for transferring/redistributing stocks, as summarized below.

Strategic sourcing

In Q2, GHSC-PSM strategic sourcing of malaria commodities focused on:

- Assessing and mitigating the impact of COVID-19.** The ongoing fallout of the COVID-19 pandemic began to substantially impact malaria commodity supply chains during Q2. In response, GHSC-PSM is conducting ongoing evaluations of the viability of existing sources of critical commodities, including availability of active pharmaceutical ingredients (APIs) and key starting materials (KSMs). The project is using these assessments to develop mitigation strategies aimed at ensuring the availability of crucial products despite such factors as constrained supply and limited transit options. Note these mitigation strategies look not only at finished products but also at raw materials such as KSMs and APIs.

- Refining 2021 sourcing strategies for malaria commodities.** In Q2, the project continued implementing new sourcing strategies first rolled out in Q1 with the MOPI9 call for orders by updating allocation methodologies for artemisinin-based finished pharmaceutical products, ITNs, and SP. The team also continued to execute the previously implemented allocation methodologies for lab products and RDTs. The project will continue evaluating these strategies into FY 2021, but available information is being used to assess market health, evaluate the effectiveness of existing strategies, and identify opportunities to better achieve project objectives in the future.

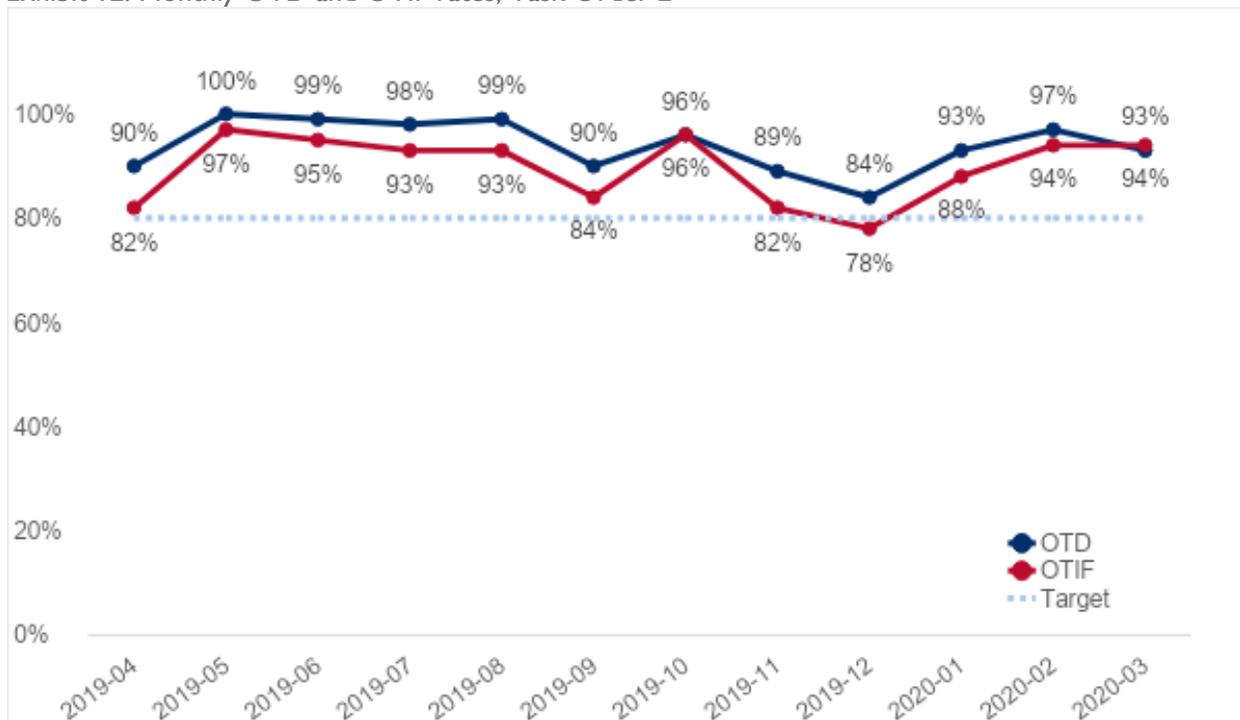
Procurement and deliveries

Since the start of the project, GHSC-PSM has procured malaria commodities⁸ for 30 countries (all PMI countries and two USAID-designated malaria countries). Over the life of the project, GHSC-PSM has procured \$590 million of malaria medicines and commodities, including \$64 million in Q2.

On-time and on-time in-full delivery

GHSC-PSM achieved consistently high on-time delivery rates for malaria commodities in Q2, reaching 93 percent in January, 97 percent in February, 93 percent in March, and 94 percent for the quarter. (See Exhibit 12.)⁹ On-time in-full (OTIF) rates for malaria commodities in Q2 reached 88 percent in January, 94 percent in February, 94 percent in March, and 92 percent for the quarter.

Exhibit 12. Monthly OTD and OTIF rates, Task Order 2



⁸ GHSC-PSM procured malaria commodities for the following countries: AFRICA: Angola, Benin, Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, DRC, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe; ASIA: Burma, Cambodia, Laos, Kingdom of Thailand.

⁹ GHSC-PSM analyzed OTIF and OTD performance using both standard and COVID-impacted methodologies. For malaria commodities, the Q2 results were identical. The project expects to see more divergence in the coming quarters as the effects of pandemic-related disruptions begin to emerge in end delivery results.

Quality Assurance

In Q2, because of QA challenges related to COVID-19, the project adjusted the QA/QC process to a risk-based approach to reduce inspections and testing. The project adapted QA processes for all malaria task order commodities, including pharmaceuticals, RDTs, and LLINs, to expedite pick-up to get ahead of potential COVID-19 delays. Third-party inspections are no longer required for pharmaceuticals and RDTs, and all commodities can be shipped without waiting for samples to arrive at the lab. This adjustment was approved by PMI and will be effective from April 2020 through July 2020. The risk-based approach relies on assessing historical data and commodity type to determine inspection reductions. The project also introduced remote inspections for consignments that could not be inspected in person due to COVID-19 restrictions. Under normal circumstances, it could take up to seven days for inspection and sampling, and another 14 days for the samples to arrive at the lab and be confirmed for the project to receive the QA green light.

At the end of Q2, the project successfully picked up four malaria RDT orders from the manufacturer, totaling 104,936kg, for Burkina Faso, Nigeria, Sierra Leone, and Uganda. Due to the QA modifications, the POs were picked up in 15 days or less of the actual goods availability date.

The project successfully evaluated and procured SPAQ from a new supplier. The evaluation of the supplier included reviewing corrective and protective action, or CAPA, reports and batch records, and enhanced testing to ensure the safety and efficacy of the SPAQ lots procured.

With PMI's support, GHSC-PSM obtained an updated redistricted commodity waiver list that the project used to update the list of eligible products for procurement.

Quality Assurance Management System in use

The Quality Assurance Management System (QAMS) provides real-time data on quality assurance information for malaria commodity orders to inform planning and decision-making for commodity shipments and other activities that depend on QC activities. In Q2, the project operationalized malaria task order QA reason codes approved by PMI in the QAMS. The project also began adding COVID-19-related reason codes and flags to monitor and report associated QA/QC delays.

Reduced testing cost-savings and key performance indicators

The project achieved an in-target QA lead time for a KPI of 87 percent and continued to implement the risk-based reduced testing protocol, which led to cost-savings of \$8,377 for Q2 and a total of \$26,991 for FY 2020.

GHSC-PSM addresses challenges due to an LLIN manufacturer's quality issues

In Q2, GHSC-PSM continued activities to address challenges related to an LLIN manufacturer's quality issues, and to investigate new quality issues with another LLIN manufacturer that reported incorrect quantities of insecticide in two lots of LLINs. The project conducted additional post-shipment testing to investigate new and ongoing quality issues for these lots. The project also notified the World Health Organization Prequalification Programme of the new investigation.

GHSC-PSM addresses challenges due to an RDT manufacturer's quality issues

The project investigated quality issues for an RDT supplier and found the issues resulted from weak QMS controls during the manufacturing process and qualification of products. GHSC-PSM provided recommendations to PMI to inform decisions on future use of the supplier and on alternative suppliers to address overall market health needs, and that could help fill the gap while the current supplier addresses the concerns indicated in the WHO inspection report.

GHSC-PSM QA collaboration with global donors

The project continued to coordinate with the Global Fund on QA activities. PMI and the Global Fund engage the same manufacturers, use the same WHO guidance, and often experience similar supplier challenges. Representatives from both teams discussed QA/QC activities to mitigate COVID-19 restrictions, out-of-specification investigations, and other shared experiences.

Global Standards and Advocacy

As of Q2, pharmaceutical, medical device, sterile kit, and reagent suppliers are required to provide evidence of Phase 1 and Phase 2 capabilities. (See Global Supply Chain Section C1a for Phase 1 and Phase 2 details.)

By the end of Q2, GHSC-PSM had received global location numbers (GLNs) for 84.2 percent of in-scope¹⁰ malaria suppliers; global trade item numbers (GTINs) for 67.1 percent of in-scope malaria trade items; and confirmation that 82.9 percent of in-scope items comply with the tertiary pack labeling requirement. (See Exhibit 13.) Overall, a total of 48 percent of in-scope malaria commodities were Phase 1 compliant by Q2.

Exhibit 13. Commodities meeting Phase 1 and Phase 2 compliance by tracer category as of FY20 Q2

Tracer Category	Phase 1 Compliance (Mandatory Beginning December 2018)	Phase 2 Compliance (Mandatory Beginning December 2019)
Malaria RDTs	100%	50%
Artemisinin-based combination therapies (ACTs)	90%	16.3%
Severe malaria medications	66.7%	11.1%
SP	71.4%	0%
Seasonal malaria chemoprevention	100.0%	0%
Other pharmaceuticals	20%	0%
Grand total	82.9%	14.5%

Sixty-six percent of in-scope malaria commodity suppliers are currently contracted with a GSI Global Data Synchronization Network (GDSN) data pool, and GHSC-PSM is synchronizing product master data for 14.5 percent of malaria commodities. GHSC-PSM confirmed compliance on future secondary pack labeling requirements for 67.1 percent of malaria trade items in advance of the upcoming Phase 3 deadline in June 2020.

Strategic engagement

In January 2020, the TraceNet working group, chaired by representatives from USAID and the Global Fund, published *Recommended Identification, Capture, and Data Sharing Specifications for Long-Lasting Insecticide-Treated Nets (LLINs)*, which includes a phased implementation timeline from 2020 to 2022 that aligns with the timeline and scope of the USAID global standards requirement for pharmaceuticals,

¹⁰ In-scope commodities are defined as pharmaceuticals, medical devices, sterile kits, and laboratory reagents that are currently listed as saleable in the ARTMIS product catalog and have been purchased before. As of March 27, 2020, a total of 76 malaria trade items are considered in-scope for this requirement. Please note that the number of items considered in-scope, and therefore compliance rates, will fluctuate quarter to quarter because of changes in active contracts, phasing out of unsaleable items, and introduction of new suppliers and trade items.

medical devices, sterile kits, and reagents. The document is endorsed by USAID and the Global Fund, with contributors from 10 manufacturers.¹¹

Since publication, GHSC-PSM has coordinated closely with the IDA Foundation, the Global Fund's procurement agent for LLINs, to support suppliers in next steps for implementation. In February 2020, GHSC-PSM, the IDA Foundation, and GSI hosted a webinar entitled *Registering with GSI; Assigning GTINs and GLNs* to prepare manufacturers to meet the Phase I deadline in June 2020. Phase I requires providing GTINs for trade items and GLNs for business locations. Also, the working group is collaborating with USAID, the Global Fund, and the IDA Foundation to develop a GDSN attribute guide for LLINs in advance of the Phase 2 GDSN deadline in December 2020.

Prioritizing Orders and Transferring Stock

In Cameroon, the project supported the Direction of Pharmacies, Medicines and Laboratories and National Malaria Control Program (NMCP) in conducting the quarterly review and update of the malaria supply plan, which included a pipeline analysis. The analysis showed a nationwide stockout of SP 500/25mg, sufficient stock of artemether/lumefantrine (ALu) 20/120mg 6x1 and 6x3, and low stock of ALu 6x2. The analysis also found stockout of ALu 6x4 in the PMI-supported regions. To resolve the SP stockout, the project expedited an order of 27,075 boxes of 50x3 blister packs that were in the pipeline. The project also coordinated with the Global Fund and the NMCP to transfer various quantities of ALu 6x1, 6x2, and 6x3 from Global Fund stocks to PMI-supported regions as a substitute for ALu 6x4.

In Q2, the Lao People's Democratic Republic and the Kingdom of Cambodia began submitting data to the Procurement Planning and Monitoring Report for malaria (PPMRm), bringing the total number of countries reporting to 29. The PPMRm collects and reports information on stock status and on host governments' and other donors' shipments. The visibility into stock status and shipment information enables PMI, the project, and countries to make decisions on prioritizing, expediting, transferring, or delaying procurements or shipments, and facilitates review of forecasts and supply plans to optimize procurements.

Based on PPMRm data, the following actions were taken at the global or national level during Q2:

- **Angola:** The project recommended that the MOH fulfill its procurement commitment for ALu 6x1, 6x3, and artesunate injectable to avoid stockouts. The project also recommended that the MOH defer planned procurements of artesunate suppository until next year to allow monitoring for proper use at the facility level to inform future procurements based on need.
- **Burundi:** Because of a stockout of artesunate injectables at the central warehouse, GHSC-PSM, in collaboration with the Malaria Task Force, recommended reviewing health facility consumption trends for artesunate injectable 60mg to inform supply planning and recommended treatment for severe cases of malaria with quinine injectables until the expected artesunate injectable shipments arrive in Q3.
- **Republic of Senegal:** Because of overstock of artesunate injectables at the central level, the project decided to delay a shipment with an original requested delivery date in September to the end of December 2020.

¹¹ A to Z Textile Mills Ltd., BASF, Disease Control Technologies, Fujian Yamei Industry and Trade CO., Ltd., LIFE IDEAS Biological Technology Ltd., Mainpol GmbH, Shobikaa Impex Private Ltd., Sumitomo Chemical Co., Ltd., Vestergaard, V.K.A. Polymers Private Limited, and Yorkool International Limited.

- **Zambia:** Because of low stock and stockout risks of ALu, the project coordinated partial delivery of an ALu order by air to expedite the shipment.

LLIN Distribution Support

In Q2, many countries launched or continued large-scale LLIN campaigns and routine distribution as a key malaria prevention strategy. These massive initiatives ensure beneficiaries receive the nets they need in advance of the rainy season, particularly in high-impact areas. While the actual distributions can last just a few weeks, logistics, supply planning, procurement, and pre-positioning the nets can take months. In Q2, the project distributed 3.7 million LLINs through routine distribution and 5.9 million LLINs through mass distribution campaigns, enough to protect 19.3 million people in total. (See Exhibit 14.)

Exhibit 14. LLINs distributed in FY 2020 Q2

	Location	Number of LLINs
Routine Distribution	Multiple ¹²	3,693,868
Mass Distribution	Ethiopia	1,500,000
	Rwanda	1,930,791
	Nigeria	2,520,795
	Total (routine + mass)	9,645,454

GHSC-PSM supported the following LLIN distribution activities:

- **Angola:** Distributed 184,200 LLINs in five provinces for routine distribution.
- **Burundi:** In collaboration with NMCP and Population Services International (PSI), distributed 67,770 LLINs from the central warehouse to 24 health districts for routine distribution.
- **Ethiopia:** Supported mass distribution of 1.49 million LLINs to 691 kebeles (health posts) in 46 woredas (districts) in the Southern Nations, Nationalities, and People's regions, through technical assistance in creating the distribution strategy, developing distribution job aids with the MOH, transporting LLINs from the central level to health posts, and tracking stock levels. Of the 1.49 million LLINs, more than 1.1 million were distributed to approximately half a million households, benefiting 2.1 million people. With the MOH, the project also trained 3,259 health care workers involved in the LLIN distribution in logistics, social mobilization, and related campaign activities.
- **Ghana:** Contracted with third-party logistics service providers to support the NMCP in distributing 14,000 LLINs to 252 schools (public and private) in Cape Coast and Twifo Hemang Lower Denkyira districts.
- **Liberia:** Conducted routine distribution of 15,900 LLINs to facilities in Montserrado and Bong counties.
- **Malawi:** Conducted routine distribution of 327,450 LLINs to 626 health facilities across 28 districts.
- **Mozambique:** Distributed 520,550 LLINs to nine provinces and the capital city for routine distribution.

¹² GHSC-PSM conducts routine LLIN distribution in Angola, Burundi, Ethiopia, Ghana, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, and Zimbabwe.

- **Nigeria:** Facilitated distribution planning and coordination with state programs and implementing partners and led training for campaign personnel to facilitate distribution of 2,520,795 LLINs through mass campaigns. The project also provided financial support for training and travel costs of some personnel.
- **Rwanda:** Conducted routine distribution of 1,393,378 piperonyl butoxide (PBO) LLINs to 81 health centers and 968,650 standard LLINs to 84 health centers, as well as mass distribution of 1,087,991 PBO LLINs and 842,800 standard LLINs.
- **Sierra Leone:** Conducted first- and last-mile routine distribution of 163,720 LLINs.
- **Zimbabwe:** Delivered 38,250 LLINs by truck to health facilities as part of routine distribution.

Country Support

GHSC-PSM provided supply-chain systems strengthening support for malaria medicines and commodities in 23 countries in Q2.¹³ Activities included:

Ghana

With the support of GHSC-PSM and the Global Fund, the Ghana Ministry of Health (MOH) and Ghana Health Service (GHS) launched the Ghana Integrated Logistics Management Information System (GhiLMIS) on February 7, 2020. Since June 2019, GHSC-PSM supported the MOH and GHS in conducting Phase I rollout of the system to 299 facilities, which includes hospitals, regional medical stores, and central-level entities. The implementation of GhiLMIS is providing the MOH and GHS with quick access and visibility into critical supply chain data for decision-making. Ghana will continue with Phase 2 to onboard more facilities to the GhiLMIS to attain full operating capability and help attain end-to-end data visibility.

Republic of Mali

Through implementing and monitoring the maintenance plan developed by GHSC-PSM in collaboration with the *Pharmacie Populaire du Mali* (PPM), the Bamako warehouse-in-a-box (WiB) is fully functional. In Q2, GHSC-PSM and PPM reinforced proper use of WiB equipment and compliance with safe handling procedures through an initial training for all WiB staff, followed by daily monitoring. This daily monitoring has made it possible to keep the WiB staff free from accidents during handling, and the maintenance plan serves to protect equipment from rapid wear and keep it functioning optimally. So far, no major incident has been reported.

Republic of Niger

The project helped the NMCP launch a call center on March 6, 2020, to support the last-mile distribution pilot and LMIS roll-out. The call center aims to gather logistics information for malaria commodities to monitor the quality of the supply chain in the context of the paper-based LMIS recently launched by the DPHMT/MSP (*Direction de la Pharmacie et de la médecine traditionnelle/Ministère de la sante publique*). Call center staff are now collecting information from the Dosso and Tahoua regions. The project and the NMCP will closely monitor call center results for these regions before scaling up to other regions.

¹³ GHSC-PSM provides technical assistance to countries with malaria funding: Angola, Burkina Faso, Burma, Burundi, Cambodia, Cameroon, Ethiopia, Ghana, Guinea, Laos, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, South Sudan, Thailand, Uganda, Zambia, and Zimbabwe.

B3. Family Planning and Reproductive Health

	Delivered enough contraceptives to provide 63 million couple-years of protection over the life of the project, including 3.6 million in Q2 FY 2020 .
	A total 26 countries procured FP/RH commodities,¹⁴ and health supply-chain systems-strengthening support was provided to 24 countries with FP/RH funding.
	Validated and analyzed data on 70 contraceptive security quantitative and qualitative indicators from 43 countries with initial findings presented below. Supported the launch in January of the Global Family Planning Visibility and Analytics Network (GFPVAN) Catalog , a product information management tool configured with FP/RH product data from multiple sources within the supply chain. The tool will ultimately support the product information needs of national information systems.
	Continued to successfully fulfill USAID-supported countries' orders in a timely manner, achieving 98 percent OTD for the quarter overall.

The FP/RH task order procures and delivers FP/RH commodities in support of USAID's voluntary family-planning programs, through USAID's Central Contraceptive Procurement (CCP) mechanism; offers technical assistance to improve supply systems and contraceptive security in partner countries; and provides technical leadership to strengthen global supply, increase financing, and introduce new FP/RH commodities.

Addressing FP/RH Priorities

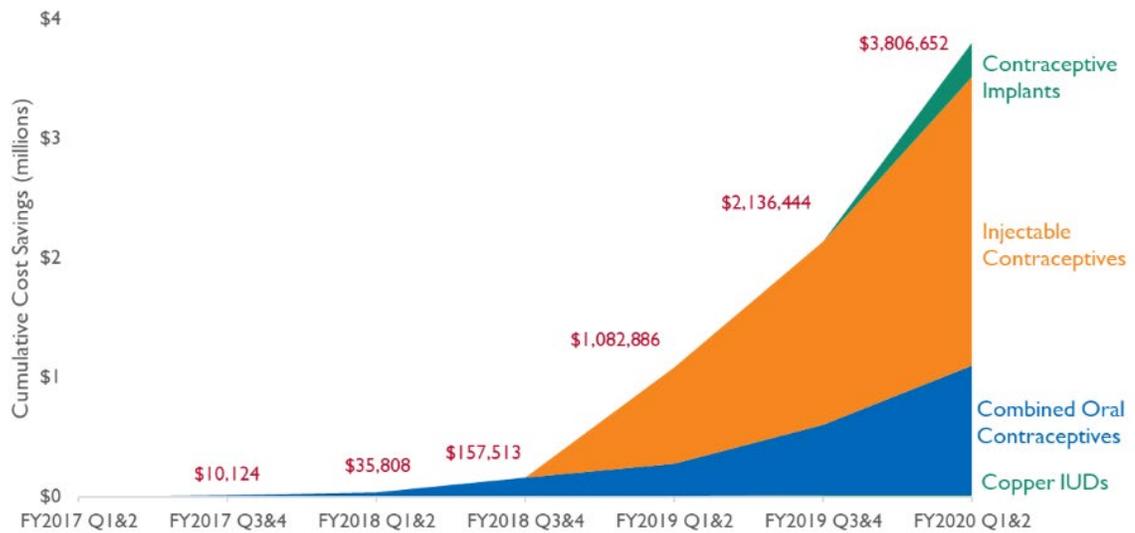
GHSC-PSM addressed USAID's FP/RH priorities by managing and continuously improving its global supply operations; partnering with countries to build self-reliant supply chains; and leading with knowledge and evidence. Below, GHSC-PSM provides examples of its work in these areas.

Cost-savings on Contraceptives

GHSC-PSM's strategic sourcing activities generate significant cost-savings for USAID through diversifying the supply base, adding generic products into historically constrained and non-competitive markets, and negotiating new supply contracts. As shown in Exhibit 15, the project has saved \$3.8 million on combined oral contraceptives, injectable contraceptives, copper-bearing intrauterine devices (IUDs), and implants over the life of the project. These savings represent about 4.3 percent of the procurement value of these key commodities over the life of the project, and about 2.9 percent of contraceptive spending overall.

¹⁴ Per USAID guidance, all condom procurements are counted under the HIV/AIDS task order.

Exhibit 15. GHSC-PSM has saved \$3.8 million on contraceptives since FY2017



The biggest savings driver continues to be intramuscular depot-medroxyprogesterone acetate (DMPA-IM), where the introduction of a generic supplier has brought significant cost benefits. Procurements of generic DMPA-IM now represent 55 percent of all injectable procurements (by value) over the last four quarters. The project is also tracking savings on contraceptive implants for the first time this period. Before FY 2020, GHSC-PSM paid a single global access price for all implants. In Q2, the project secured a new supplier of two-rod implants at a lower price point, helping to generate significant savings on this product.

Note: Data for this period include corrections to errors in line-item total value data in the FY 2019 Q4 dataset. Cost-savings for previous periods will differ from previously reported figures.

Commodity Sourcing and Procurement

Fulfilling country orders and on-time performance

GHSC-PSM continued to successfully fulfill USAID-supported countries' orders in a timely manner, achieving 98 percent OTD for the quarter. This was achieved thanks to strong integration among supply-chain activities and functions, such as close monitoring of country-level supply plans, inventory levels, and other demand signals; a strong sourcing strategy fed by market intelligence; effective vendor management of the supplier base; close monitoring of the project's supply central stock, and allocation of country orders (procurement and fulfillment functions), all while engaging and coordinating with the FP/RH community, such as the Coordinated Supply Planning group, to ensure the project's performance is meeting countries' needs.

Commodities Procured for FP/RH Programs

- Consumable kits for implants
- Contraceptive implants
- Cyclebeads®
- Injectables
- Intrauterine devices
- Oral contraceptive pills

Addressing the constrained global supply of FP/RH products

The global supply markets for injectables and implants remain constrained because of production holds and production limitations in that global demand exceeds available supply. GHSC-PSM activities are supporting a strong sourcing strategy focused on reducing the risk of supply for these two commodity categories. Meanwhile, the integration of the POMP initiative further strengthened the FP/RH task order's routine demand planning cycle and is discussed in more detail below.

The project also leveraged various sourcing approaches to address supply constraints for injectables by expanding its available pool of qualified suppliers. In January 2020, GHSC-PSM held a Sourcing Governance Board meeting to discuss and align the project's DMPA request for quotation (RFQ) award strategy to achieve strategic objectives and ensure continuous supply of quality-assured products. Long-term agreements will be fully executed with supplier(s) in Q3 FY 2020. Also, GHSC-PSM released Amendment 1 to its injectables solicitation issued in June 2019 to allow additional supplier(s) to respond. This RFQ closed on May 5, 2020.



Client receives counseling on modern contraceptive options at a local clinic in Ghana. Photo credit: Charlotte Stein/GHSC-PSM

Commodity Council 5 (contraceptives)

In February 2020, GHSC-PSM convened Commodity Council 5 covering all contraceptive commodity categories, including injectables, orals, implants, IUDs/hormonal intrauterine systems (IUS), and CycleBeads. The Commodity Council reviewed FY 2019 achievements and provided a strategic roadmap by product category for FP/RH task order procurement and associated functions in the near-(one-year) and medium-term (three-year) that supports USAID's FP/RH programmatic and market health objectives; mitigates supply risk and ensures continuous supply; and delivers cost-savings and value for money. In FY 2019, GHSC-PSM generated \$2.4 million in cost-savings on contraceptives. During this meeting, GHSC-PSM obtained approval to convene biannual Commodity Council 5 meetings to review progress against the goals and objectives outlined in the sourcing strategy.

Hormonal IUS

In Q2, GHSC-PSM continued to support increased access to hormonal IUS. GHSC-PSM issued Round 2 of its hormonal IUS solicitation to allow additional supplier(s) to respond. This RFQ closes on June 12, 2020. Also, GHSC-PSM coordinated with partners in supporting efforts to ensure continual supply of hormonal IUS to pilot sites in Zambia.

Proactive order management process

GHSC-PSM developed the POMP as a mechanism to help countries be proactive in placing orders in accordance with supply plans before order lead times. As a result, procurement teams can plan, procure, and fulfill the country's needs as they arise and improve on-time delivery. In Q2, the FP/RH POMP process expanded beyond five pilot countries (Ethiopia, Haiti, Mozambique, Rwanda, and Zambia) to all FP/PRH countries. With POMP, the project placed Mozambique's lubricant orders with sufficient lead time for 2020 and into 2021. Also, Burundi appropriately reduced its order quantity from 880K to 238K for supply-constrained subcutaneous DMPA (DMPA-SC), preventing overspending and overstocking, and Haiti confirmed it would not order additional male condoms.

Social Marketing Engagement Activities

Given the lack of visibility into procurement-related activities for social marketing organizations (SMOs), the project, along with USAID, identified the need for a more robust approach to SMO engagement. The following activities were conducted in support of the SMO strategy developed in Q1 of this year.

Database of procurements

GHSC-PSM developed a database of USAID-supported SMO condoms and contraceptive procurements between 2000 and 2020 that continues to be updated. This database will provide various stakeholders with information on product type and quantities delivered to SMOs per year.

Mapping USAID-supported SMOs

The project continues to develop SMO profiles that enable tracking of contract dates, product portfolio, brands and regulations, and registrations among other key information. To inform these profiles, GHSC-PSM conducted an SMO survey that provided needed visibility into these areas. The survey also yielded key insights, most notably on SMO condom packaging to support the ongoing development of a condom sourcing strategy and explore rationalization of packaging requirements across organizations to improve lead-times. GHSC-PSM documented how certain packaging and/or branding customization elements impact delivery lead-times and then shared the lead timetable with SMOs to enable them to make more practical delivery date requests.

Social marketing support in countries

SMO stock data and forecasts continue to assist in developing country fulfillment plans, to inform monthly demand and supply reviews and order reconciliation meetings, and to support advocacy with suppliers for globally constrained products. Project engagement with SMOs has already yielded several successes.

- By closely tracking stock-level data provided by FHI360, GHSC-PSM canceled a Uganda Depo-Provera order, thereby preventing overstock during a time where the SMO was rolling-off. The initial forecasting was not capturing the quantity of Depo-Provera used for overbranding. Also, time constraints could not have permitted overbranding and distribution before FHI360's contract ended in June 2020.
- By sharing forecasting data with suppliers, GHSC-PSM is also assisting them in making a business case for registration (e.g., TFHO-Ghana) and enabling the project to recommend order placement for supply-constrained products with long lead-times (e.g., ABMS-Benin Combination 3 and ADEMAS-Senegal Sayana Press).

Additional SMO country support included:

- Re-initiating the registration process for Maximum Classic condoms for UDH-Zambia, which had gone dormant in-country despite ongoing orders.
- Supporting the development of a new SM condom brand, Ebony and Ebony Plus, by TFHO-Ghana.
- Implementing a short-term strategy to distribute Triclofem in place of Confiance (the Depo-Provera SMO brand) to mitigate Depo-Provera supply constraints in Mali. The project identified local regulatory limitations that prevent the overbranding of Triclofem to SMO brand—Confiance. These regulations limited the SMO from switching suppliers of DMPA-IM to prevent program disruption and ensure product availability. By identifying this regulatory constraint, Mali

could improve supply availability and reduce the risk of stockouts because it could now procure a generic substitute and distribute without overbranding.

Collaboration with Global Stakeholders

In Q2, the project continued to build global partners' awareness of and support for the U.S. Government's FP/RH priorities and programs, and to support USAID's leadership in FP/RH commodity availability through the following activities.

FP2020 Performance Monitoring and Evidence Working Group

In February, GHSC-PSM attended the bi-annual FP2020 Performance Monitoring and Evidence (PME) Working Group meeting. The PME Working Group is a forum for sharing knowledge and technical advice on how to monitor progress toward the FP2020 goal of 120 million new users; to promote the use of data to inform decision-making; and to contribute to the understanding of quantitative and qualitative evidence in key dimensions of family planning, such as quality of care and human rights. At this meeting, the working group discussed the post-2020 strategy and how organizations could support the strategy moving forward. GHSC-PSM led a session on measuring stockouts and participated in discussions on how to communicate uncertainty in data, understanding contraceptive discontinuation and method switching. A major outcome of the meeting was a review of the post-2020 vision-level results statements and results framework; GHSC-PSM provided comments.

Systems Strengthening Working Group

In January, GHSC-PSM chaired the bi-annual meeting of the Reproductive Health Supplies Coalition's (RHSC) Systems Strengthening Working Group in Washington, DC. Participants from 19 organizations participated in discussions and made presentations on several topics, including:

- Family planning markets
- FP/RH supplies in humanitarian settings
- Health financing
- Stockout of consumable products for long-acting methods
- Visibility and analytics
- Workforce development

Outputs from the meeting included collaboration with working groups of the RHSC, topics for webinars to be held in Q3, and strengthened communications with other global initiatives, particularly PtD.

Coordinated Supply Planning Group

As a member of the Coordinated Supply Planning (CSP) Group, GHSC-PSM hosted the bi-annual CSP meeting in Crystal City in January with participants from United Nations Population Fund (UNFPA), USAID, JSI, CHAI, RHSC, and BMGF. Meeting objectives included:

- Agreeing on CSP priority activities considering available human resources
- Debriefing on the monthly process implemented following the June 2019 in-person CSP meeting
- Reviewing CSP forecasting methodology and outputs, including timing of updates provided to suppliers
- Reviewing supply outlooks for constrained products in 2020

- Reviewing the scope of CSP, including roles and responsibilities for CSP members, product priorities, and linkages with other groups working on programmatic and supply issues
- Sharing protocols, agreeing on refinements/improvements for processes and communications used for product allocation and tracking for constrained supply products

The CSP Group also reviewed and validated the CSP/Coordinated Assistance for Reproductive Health Supplies (CARhs) 2020 strategy to present to GFPVAN Steering Committee, including Consensus Planning Group branding/scope definition, discussed CSP/CARhs merging and hybrid process timelines, and discussed next steps for GFPVAN.

Disseminating private and total market contraceptive data analyses

In March 2020, GHSC-PSM awarded a task order to IQVIA to update and disseminate total market analyses from FY 2018 and FY 2019. These analyses will enable the MOH and stakeholders to better understand the availability of contraceptive supplies in the Republic of Kenya and the Republic of South Africa to strengthen country health systems through increased understanding of the private-sector market, including method mix, for contraceptives in these countries. Key deliverables include the submission of two papers for publication by a peer-reviewed journal and presentations to key stakeholders expected by the end of the calendar year.

Enhancing visibility of family-planning supplies data

GHSC-PSM continued to support the launch of the Global Family Planning Visibility and Analytics Network (Global FP VAN), the reproductive-health community's pioneering undertaking to increase supply-chain visibility and improve collaboration across stakeholders. In January and February, GHSC-PSM trained 25 representatives in Ghana and Malawi from the Ministry of Health, UNFPA, and GHSC-PSM field offices on how to use the GFPVAN platform to share consumption data, access upstream order/shipment data, and use the platform to support supply planning. The project also developed two dashboards within the GFPVAN platform to track FP/RH commodity inventory levels and easily identify stockouts in the West Africa region.

A key challenge for collaborative management of FP supplies is the complete and consistent identification of product data across supply chain stakeholders. GHSC-PSM supported the January launch of the Global Family Planning Catalog (GFP Cat), a product information management tool to support the management of FP/RH product data from multiple sources within the supply chain. GHSC-PSM helped perform user acceptance testing, gather requirements, and develop a minimum set of FP product attributes that the tools should capture. In the short-term, GFP Cat will support the GFPVAN, and long-term it will serve the product information needs of national information systems.

Global collaboration to avert stock-outs and expiries

In Q2, GHSC-PSM's Procurement Planning and Monitoring Report (PPMR) team received and processed 65 reports from 26 countries. Based on data on stock imbalances in the PPMR, the project worked with the CARhs group to:

- Achieve three product transfers among programs in Benin, the Republic of Madagascar, and Togo. As a result, family-planning programs could replenish their stocks and increase cross-program collaboration.
- Create six new shipments for Angola, Benin, Côte d'Ivoire, Madagascar, the Islamic Republic of Mauritania, and Togo.
- Expedite five shipments to Benin, Côte d'Ivoire, Liberia, and Madagascar to prevent or mitigate stockouts.

- Postpone or cancel six shipments to Benin, Burkina Faso, Mauritania, and Liberia to reduce or avoid overstock and prevent commodity expiries.

Also, GHSC-PSM worked with CARhs to coordinate streamlined reporting schedules for programs in multiple countries in alignment with the FY 2019 PPMR budget reduction. Reports were shifted from monthly to quarterly for programs in Burkina Faso, Cameroon, Chad, Gabon, Kenya, Mozambique, and Togo. The RHSC designed and now manages a new system to enable quarterly inventory data reporting directly into the Global FP VAN for programs in Angola, Cape Verde, Gambia, Guinea Bissau, Sao Tome & Principe, and Sierra Leone. Also, donors responded to 25 information requests and 16 issues highlighted by programs through PPMR submissions, providing in-country counterparts with valuable information on upcoming shipments and requests for assistance.

Collaboration with UNFPA

GHSC-PSM attended a joint meeting of UNFPA, USAID, and GHSC-QA in which participants exchanged information about sourcing practices and procurement approaches for the FP/RH and condom portfolios. Discussions included ongoing collaboration activities on the joint registration tool, the GFPVAN and global standards, as well as how to best support countries in the context of the global supply shortages of injectables and implants.

Contraceptive security tracking

In Q2, GHSC-PSM finalized data validation and analysis across 43 countries for the 2019 Contraceptive Security Indicators Survey (CS Survey). In Q3, the project will share results with the FP/RH stakeholder community and publish findings and contextual documents on the GHSC program website. In Q4, the interactive dashboard on the website will be updated to reflect the 2019 results. Key findings include:

- In 95 percent of surveyed countries, contraceptive commodity committees are present and for the most part, active. They meet often and implement policies, procedures, and/or action plans.
- Commitments to increasing governments' share of contraceptive financing are high with 92 percent of surveyed countries making FY 2020 commitments to increase domestic financing. However, progress toward this goal is slow, and the government's share of total contraceptive financing at 37 percent is lower than it was in 2017 at 41 percent. This trend is true for Africa (27 countries surveyed) and for Latin America and the Caribbean (six countries surveyed), while for Asia (nine countries surveyed), governments' share of contraceptive financing (90 percent) is increasing.
- The percentage of countries reporting policies that hinder private-sector distribution of contraceptives (10 percent) continues to decline with each survey year.
- The percentage of countries where government health insurance covers family planning fees has increased from 29 to 42 percent since the 2017 CS Indicators survey.
- In nearly all surveyed countries, family planning is promoted through one or more channels, most commonly through community mobilization/engagement (95 percent of countries).

Findings from Countries Surveyed on Contraceptive Security

- 95 percent have contraceptive commodity committees
- 92 percent made commitments to increase their share of contraceptive financing, but progress this goal is slow
- 10 percent report policies that hinder private sector distribution of contraceptives

- The proportion of FP providers trained in implant and IUD insertion and removal is low: 52 percent of the 31 countries that responded estimated that only half or fewer of providers are trained.
- Among surveyed countries, 93 percent have an LMIS that includes contraceptive commodities.
- Among surveyed countries, 79 percent reported government-led private-sector engagement plans that include family planning/reproductive health; 55 of these reported that they are implementing at least a few actions from these plans.

Country Support

Below, we illustrate the technical assistance that GHSC-PSM provided to strengthen in-country¹⁵ supply chains for FP/RH commodities this reporting period.

In Burkina Faso, USAID’s Amplify-Family Planning and Sexual and Reproductive Health (Amplify-FP) project is helping MOH increase demand for FP/RH services in four health districts. Following a needs assessment conducted by Amplify-FP in collaboration with the MOH in two of those districts, they found:

- Availability of the LMIS form for reporting was limited in 35 percent of the private health facilities
- Most of the service providers at the health facilities were not trained in logistics management, particularly those working in the private health facilities
- Physical inventory of FP products at health facilities was not up to date
- Health facilities were not practicing proper procedures for adequate storage of health commodities in general, and for contraceptives in particular

To address these challenges, GHSC-PSM, in collaboration with Amplify-FP, conducted a training on the integrated logistics management information system (LMIS) for 124 health facility storekeepers (responsible for commodity management) and 87 FP service providers (heads of peripheral health centers) in Amplify-FP intervention districts (Boromo, Dafra, and Do). The training aimed to strengthen their skills in the proper management of commodities, logistics and data collection, and analysis for decision-making. The trainees now have the necessary skills to correctly apply the integrated LMIS procedures and contribute to the continuous availability of health products at the service delivery point (SDP) level.

GHSC-PSM will provide technical assistance to health district teams to ensure follow-up with trained staff at their sites through quarterly supervision visits.

In the Republic of South Sudan, GHSC-PSM operates a call center that collects stock status information from SDP and county storage facilities to strengthen information sharing among FP supply-chain partners at the central level. In February, partners discussed a suspected oversupply of FP/RH commodities at service delivery points and county depots, with no evidence of proportional uptake. With the improved information sharing facilitated by the call center, the MOH and family planning supply-chain partners and GHSC-PSM were able to triangulate commodity distribution data, stock data, and SDP stock data from 801 health

¹⁵ GHSC-PSM procured FP/RH commodities for the following countries: AFRICA: Angola, Benin, Burkina Faso, Burundi, DRC, Ethiopia, Ghana, Guinea, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Tanzania, Togo, Uganda, Zambia; LAC: Haiti; ASIA/NEAR EAST: Islamic Republic of Afghanistan, People’s Democratic Republic of Bangladesh, Nepal, Yemen. The countries for which GHSC-PSM provides technical assistance with FP/RH funding are: AFRICA: Angola, Burkina Faso, Burundi, Ethiopia, Ghana, Guinea, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, South Sudan, Uganda, Zambia; LAC: El Salvador, Republic of Guatemala, Haiti, Republic of Honduras, Nicaragua, Panama; ASIA/NEAR EAST: Nepal, Pakistan.

facilities and client data from 403 SDPs obtained from the health management information system. Through analysis of these data, GHSC-PSM and supply-chain partners confirmed the overstock of family planning commodities in South Sudan in a meeting of stakeholders in March. This led to the unanimous agreement among stakeholders to take the following actions:

- Conduct a holistic review and develop a three-year forecast and supply plan for FP commodities
- Conduct redistribution and reverse logistics to improve equitable distribution of FP commodities
- Improve advocacy, sensitization, and awareness-creation activities to increase uptake of FP services
- Review distribution plans to ensure efficient future distributions

By applying practical solutions to increase data visibility and information sharing through the Call Center and by promoting stakeholder data sharing, GHSC-PSM is improving supply-chain management for FP commodities.

B4. Maternal, Newborn, and Child Health



Five countries procured MNCH medicines and commodities and 15 countries received health supply-chain systems strengthening



By the end of Q2, the project had procured **\$10.9 million in MNCH commodities over the life of the project, including \$1.4 million in Q2.**



The project continued to lead efforts **to improve the availability of quality oxytocin** in Ghana, Liberia, Malawi, and Mozambique.

Under the Maternal and Child Health task order, GHSC-PSM supports efforts to prevent child and maternal deaths by increasing access to quality-assured medicines and supplies for MNCH. In collaboration with USAID, the project provides global technical leadership on MNCH commodities and ensures that supply-chain management considerations are included in global dialogue and initiatives. GHSC-PSM focused on three key areas during this reporting period: improving the availability of quality oxytocin, strengthening systems for newborn and child health medicines and commodities, and improving availability and use of data for MNCH commodities management.

Improving the Availability of Quality Oxytocin

Oxytocin, the recommended product for preventing and treating postpartum hemorrhage (PPH), is a heat-sensitive uterotonic that requires transport and storage in a temperature-controlled supply chain, or cold chain. Storing oxytocin at room temperature or higher can result in product degradation. Keeping oxytocin within a proper temperature range is a common challenge in many countries where cold chain infrastructure is limited. Given known quality issues with oxytocin, GHSC-PSM's MNCH task order is supporting efforts to improve oxytocin quality through in-depth analysis of the effects of time and temperature on oxytocin degradation.

Malawi and Mozambique. In a collaborative effort, GHSC-PSM, IBM, and Monash University are combining data from national logistics and management information systems (LMISs), temperature databases, and



GHSC-PSM is helping countries identify supply-chain challenges related to keeping oxytocin cold throughout transportation and storage. The project is also supporting changes to address these challenges, such as installing temperature monitoring devices, pictured here. *Photo Credit: GHSC-PSM/Bobby Neptune*

oxytocin degradation studies to predict oxytocin degradation patterns under real low- and middle-income country (LMIC) supply-chain conditions. This activity is underway in Mozambique and was initiated in Malawi in Q2. GHSC-PSM and partners will use the findings to improve supply-chain management of oxytocin, assess cold chain capabilities, and ensure that quality oxytocin reaches the women who need it.

Liberia. In October 2019, Liberia’s Deputy Minister of Health Services and Chief Medical Officer issued a statement calling on health facilities and supply-chain managers to store oxytocin in vaccine refrigerators and to stock and use misoprostol for PPH management in health facilities. To support this government initiative, the project convened government and implementing partner stakeholders in February 2020 to increase their awareness of supply-chain factors that negatively affect oxytocin quality and of alternative uterotonic options. As a result, Liberia’s Family Health Division agreed to champion efforts to improve misoprostol availability in health facilities and support activities to integrate oxytocin into the vaccine cold chain. Following the meeting, increased quantities of misoprostol were included in the national MNCH commodity quantification.

Improving MNCH Commodity Data Use

Over the past several years, LMIS investments have increased in many countries, and data on MNCH commodity availability have proliferated. Use of these data, however, has been limited. In Q2, GHSC-PSM began investigating to what extent decision-makers use data to inform procurement and supply-chain decisions, and in circumstances where data are not used, to determine barriers to use. Following this initial diagnostic phase, the project will broadly disseminate its recommendations to improve data use for decision-making. Trainings in USAID-supported countries will likely follow, with work spanning through September 2020.

Ensuring the Availability of Quality-Assured MNCH Commodities



Public-sector MNCH supply in Liberia and Mali. Increasing global availability of amoxicillin dispersible tablets (DTs), co-packaged oral rehydration salts (ORS) and zinc, and appropriate newborn resuscitation equipment has been identified as a crucial step to prevent child and newborn deaths. However, uptake and use of amoxicillin DT and co-packaged ORS and zinc have been limited. In Q2, GHSC-PSM conducted a rapid assessment on the availability of quality newborn and child health (NBCH) commodities in Liberia.

GHSC-PSM supports countries as they update treatment guidelines and government policies to promote the use of WHO-recommended newborn health commodities. *Photo credit: GHSC-PSM/Bobby Neptune*

This followed a similar study in Mali that elevated attention to crucial NBCH commodities and triggered the government of Mali to update its standard treatment guidelines that now reflect WHO-

recommended formulations for treatment of childhood pneumonia. Following the study, government stakeholders in Liberia quantified amoxicillin DT and co-packaged ORS and zinc for the first time. This quantification will inform supply plans and budget requests from the Liberian government and partners in coming months. In addition to the technical assessment of NBCH commodities in Liberia, GHSC-PSM responded to a request from the Mission and adjusted its scope so that it could provide recommendations on policies, governance systems, and government structures to increase investment in MNCH. The project is now working alongside government partners to act on study findings and recommendations and to advocate for improved maternal health commodity management.

Private-sector MNCH suppliers. In Q2, GHSC-PSM finalized its MNCH commodity wholesaler assessments conducted in Mozambique and Zambia. The assessment reports address the ability of domestic wholesalers to ensure the quality of MNCH commodities in these countries. GHSC-PSM socialized the report findings with relevant stakeholders in Mozambique and Zambia and will disseminate the reports more broadly in Q3 and Q4 FY 2020. Building on these assessments, GHSC-PSM has planned additional activities to improve the quality of available MNCH commodities by engaging wholesalers and wholesaler associations.

Procurement and Deliveries

GHSC-PSM procured MNCH commodities for five countries in Q2.¹⁶ This includes a large procurement and delivery of 41 lines of essential medicines to DRC. Also, GHSC-PSM used supply plans to draft an order of essential medicines and consumables to support emerging drug revolving funds (DRFs) in Nigeria. The establishment of DRFs will provide a sustainable mechanism by which select Nigerian states can ensure a steady supply of essential MNCH commodities. The GHSC-PSM-drafted order will be the first set of commodities managed by the DRFs as they start up.

Country Support

GHSC-PSM provided supply-chain systems strengthening for MNCH commodities in 15 countries¹⁷ in Q2.

MNCH data in Zambia used to increase financing and commodity availability. GHSC-PSM supports the Government of Zambia in improving data collection and analysis through training and ensures MNCH commodities are captured in Zambia's national LMIS. As a result of these efforts, reliable stock data were used to advocate for improving the availability of magnesium sulfate to treat eclampsia and pre-eclampsia. The Zambian Ministry of Health released emergency funds in November 2019 to procure 25,000 vials of the commodity. By the end of Q2, a partial shipment of 10,000 units had been delivered and distributed to facilities, and preliminary EUV survey data indicated the percentage of facilities stocked out of magnesium sulfate for three or more consecutive days has declined significantly between August 2019 and February 2020.

Newborn and child health interventions in Ethiopia. GHSC-PSM in Ethiopia implemented intervention strategies to improve zinc prescribing practices and increase its use to manage childhood diarrhea. These strategies were designed using findings from a project-led drug use evaluation (DUE) conducted in June 2019 at Addis Ketema Health Center in Dire Dawa, Ethiopia. Implemented through February 2020, the strategies included dissemination of DUE findings, standard treatment guidelines, and relevant drug formularies; socialization of prescribing practices and promotion of co-packaged ORS and zinc; and supportive supervision for facility staff. Additional advocacy with the regional health bureau led to support from the bureau and its

¹⁶ Countries that received procurement support for MNCH: DRC, Haiti, Liberia, Mali, and Nigeria

¹⁷ The countries for which GHSC-PSM provides technical assistance with MNCH funding are: AFRICA: Burkina Faso, Ethiopia, Ghana, Guinea, Kenya (TO5), Liberia, Malawi, Mali, Mozambique, Nigeria, Rwanda, Zambia; LAC: Haiti; ASIA: Nepal, Pakistan

enforcement of the updated prescribing practices. GHSC-PSM conducted a post-intervention DUE in March 2020. During each evaluation, data from 100 child medical records were collected and reviewed using a tool that had been tailored by GHSC-PSM to reflect Ethiopia's standard treatment guidelines.

The June 2019, DUE indicated that providers at Addis Ketema Health Center had limited knowledge of zinc's benefits and how to prescribe zinc appropriately according to standard treatment guidelines. Following the intervention to improve this knowledge, the following changes were reported (in March 2020):

- The percentage of patients treated with zinc increased from 23 percent to 97 percent
- Accurate dosage improved from 52 percent to 98 percent
- Correctly prescribed duration of the regimen increased from 35 percent to 90 percent
- Prescription of antibiotics decreased from 94 percent to 48 percent (indicating an empirical reduction in treatment of diarrhea with antibiotics)
- Consumption of co-packaged ORS and zinc increased from 0 percent to 87 percent

The effectiveness of these strategies to improve proper management of childhood diarrhea at this large hospital in Dire Dawa present opportunities for scale-up in additional facilities in Ethiopia.

B5. Other Emerging Health Threats

	Delivered 3.6 million male condoms to El Salvador for pregnant women to share with their partners to prevent sexual transmission of the Zika virus and avert microcephaly cases.
	Distributed repellent to antenatal care facilities to ensure that pregnant women have access to Zika prevention commodities.
	Conducted technical assistance activities in three countries and held a regional workshop to build the capacity of health ministry supply-chain teams to prepare for future outbreaks of infectious disease.

GHSC-PSM is working with Ministries of Health across Latin American and the Caribbean to provide critical Zika diagnostic and prevention supplies. The project is also building resilient supply chains that are equipped to face the challenge of emerging public health threats when they arise.

Supporting the Zika Response

GHSC-PSM provides commodities used by health programs to help pregnant women throughout Latin America and the Caribbean to avoid contracting Zika, an arbovirus and sexually transmitted infection that can cause severe birth defects when it infects women during pregnancy. The project is equipping health ministries with male condoms and mosquito repellent and providing technical assistance to prevent Zika's spread.

In Q2, the project collected lessons learned from GHSC-PSM's Zika response activities across several country contexts. This information will be shared in a report, to be published in Q3.

Repellent

Following a large delivery of mosquito repellent spray to Paraguay in September 2019, GHSC-PSM procured an additional 160,000 bottles in Q2, with expected delivery in June 2020.

Condoms

The project also delivered 3.6 million male condoms to El Salvador in March 2020 to reduce Zika transmission.

Emergency Supply-Chain Preparedness

GHSC-PSM began emergency supply-chain preparedness (ESCP) activities in three countries and the Organization of Eastern Caribbean States (OECS). The project also finalized plans to provide ESCP technical assistance in the Dominican Republic. The local organization slated to provide this technical assistance will also help the MOH evaluate the sustainability of ESCP efforts in the Dominican Republic.

The Dominican Republic

GHSC-PSM worked with the Dominican Republic Mission and MOH to engage a local supply-chain organization in ESCP activities. GHSC-PSM trained the organization, GIS Consulting Group, on the project's established ESCP processes so that it can work with the government in a long-term capacity and ensure sustainability of its efforts. These efforts include developing a standard operating procedures

manual and checklist to monitor ESCP work, advocating for an MOH resolution to institutionalize the ESCP processes, and delivering additional ESCP training for national-level staff.

Ecuador

With support from the Ecuadorian MOH, the project conducted ESCP training focused on Zika outbreak in February and March 2020. Since GHSC-PSM began implementing ESCP in Ecuador, stakeholders have been strengthening key supply-chain areas, but still face challenges. Two critical challenges are (1) addressing legal challenges for stockpiling resources and (2) establishing mechanisms for dedicated emergency response funding.

Peru

Peru engages many organizations in its health supply-chain management systems, so coordination among them takes longer than for other countries. This hurdle was compounded by a surge in COVID-19 cases in March 2020, shortly after GHSC-PSM's ESCP activities were approved in Peru. As the COVID-19 pandemic continues, ESCP activities in Peru have been postponed. The project will continue to communicate with MOH counterparts about preparedness and monitor the situation with the hope of re-scheduling a condensed three-week ESCP activity later this year, after the situation has stabilized and travel restrictions are lifted.

Caribbean

In January 2020, the governments of Saint Lucia, Saint Vincent and the Grenadines, Saint Kitts and Nevis, and authorities from the OECS completed ESCP activities with GHSC-PSM. ESCP training in this region was accomplished quickly thanks in large part to the commitment of key local counterparts who worked additional hours to cover all the material.

ESCP participants discussed challenges for tapping into emergency financing; the capabilities and challenges of information systems for data visibility and use; and warehousing, forecasting, and distribution limitations. Participants agreed that the ESCP work coincided well with the emerging threat of COVID-19 and that it directly impacted how they would adjust their ESCP efforts in the near term to combat the disease.

PROGRESS BY OBJECTIVE

CI. Global Commodity Procurement and Logistics



Procured \$252.4 million in health commodities in Q2. Procurement values have reached **\$2.5 billion for the life of the project.**



Delivered 1,074 line-item orders in Q2, with a value of **\$157 million.**



Delivered 91 percent of line items on time, based on the defined on-time window (within the period 14 days before or seven days after the agreed delivery date). **Delivered 88 percent on time and in full**



Saved \$72.9 million in commodity procurements through strategic sourcing negotiations over Q1 and Q2.

CIa. Global Supply Chain: Focused on Safe, Reliable, Continuous Supply

GHSC-PSM's procurement strategy seeks to continuously identify opportunities to pursue three main objectives:

- Reduce response/cycle times, lead times, and transaction costs
- Increase on-time deliveries
- Balance price, delivery, and quality (i.e., achieve best value)

In Q2, we maintained extremely strong OTD and OTIF while lowering overall commodity and supply-chain costs. We did so by focusing on the following initiatives.

More Health Through Market Dynamics, Strategic Sourcing, and Supplier Management

GHSC-PSM continues to work across the project and alongside external stakeholders to understand markets for the medicines and other health commodities that the project procures. The project developed sourcing strategies and built strategic relationships with suppliers that shaped markets, enhanced project performance, and achieved greater value for USAID within each product category. In Q2, GHSC-PSM conducted actionable market analysis, led strategy development, shared sourcing

The Global Supply Chain at a Glance

- 74 countries served over the life of the project
- 1,363 products in the catalog provided by 344 suppliers
- Five international freight forwarders responsible for 7,141 shipping lanes

best practices, contributed to process improvements, led negotiations, and continued proactive contract management with suppliers.

Key sourcing activities for 2020

In January, the project reviewed and updated the annual strategic sourcing calendar covering sourcing activities planned for calendar year 2020 to create awareness across program areas and facilitate planning with GHSC-QA. The calendar captures all RFQs and sourcing event milestones, including the wholesaler summit. Key sourcing activities planned in 2020 include (and additional updates appear below):

- A new RFP for condoms to consider additional suppliers and update prices
- A new RFP to recompetete the price schedule awards for general lab supplies among QA-approved wholesalers
- Awards to suppliers of DMPA-IM and DMPA-SC
- Quarterly RFPs to restock TLD based on forecasted demand
- RFP for hormonal IUS
- RFPs to recompetete awards and allocations for suppliers of malaria products, including pharmaceuticals, LLINs, and rapid diagnostic tests

Supplier relationship management

Conducted quarterly business reviews with 11 critical GHSC-PSM suppliers across HIV/AIDS, malaria, and FP/RH. During these meetings, the project engages suppliers in discussions on strategic topics, such as quality and regulatory updates, performance and action plan reviews, and areas for further collaboration and improvement.

Belgium regional distribution center visit

GHSC-PSM hosted a visit by Alan Bornbusch, Commodity Security and Logistics Division Chief, USAID, on a visit to the Belgium regional distribution center (RDC), where he received a briefing and toured the facility. The Belgium RDC is the project's primary facility where it maintains the FP/RH stockpile, as most of its manufacturers are based in Europe, in addition to some HIV and malaria commodities. The RDC is strategically located within two hours of the two largest ports in Europe and close to Brussels airport, which has many flights servicing West Africa.

Market dynamics and strategic sourcing activities focused on particular health areas are detailed in the individual TO sections. (For more details on HIV/AIDS, see section B1; for malaria, see section B2; for FP/RH, see section B3; for MNCH, see section B4.)

Viral-Load/Early Infant Diagnosis Negotiations

In Q2, GHSC-PSM concluded negotiations with the three major global suppliers of equipment and reagents for the viral-load testing and early infant diagnosis. The new contracts reset the prices paid globally by all PEPFAR countries for VL/EID reagents and consumables (R&C), bringing estimated savings to country budgets based on current volumes of approximately \$20 million per year. The contracts also establish maintenance and service requirements, detailed KPIs, and country-specific service prices for six "Wave 1" countries that represent more than 70 percent of PEPFAR's procurement of VL/EID tests. In these countries, reagents and related services are provided on an all-inclusive basis. Volume commitments were made to suppliers for 2020 according to the volume tiers included in the global RFP. These firm commitments to suppliers for CY 2020 were made by GHSC-PSM with USAID's concurrence. Thanks to this new mechanism, already in the first quarter of the calendar year 2020,

GHSC-PSM has saved more than \$6 million PEPFAR funds for viral-load testing. Beyond cost-savings, the new awards provide a framework for transforming how PEPFAR and other international funders work with countries to manage their VL/EID testing programs, through standardization of performance reporting, and agreement to enable the connectivity of suppliers' diagnostic equipment to provide automatic reporting of testing operational data. These innovations will improve countries' and funders' understanding of testing program performance and enhance the effective use of resources to meet global testing goals.

Postponed Essential Medicines Wholesaler Summit due to COVID-19

At the end of March, GHSC-PSM assessed the timing and scope of planned sourcing events, given the growing impact of the COVID-19 pandemic, and decided to postpone the Essential Medicines Wholesaler Summit that had been scheduled for the week of April 20.

Decentralized Procurement

GHSC-PSM continues to pursue its strategy of decentralized procurement, or management of procurement of goods and services through nine field offices. With decentralized procurement (DCP), the procurement specialist is closer to the recipient and to the authorized in-country distributor. As a result, DCP allows for more efficient coordination and processing of any changes in specifications, quantities, or delivery terms, which can reduce cycle time and bolster on-time delivery.

In Q2, the project continued to manage a high volume of orders (371) under DCP, with 84 percent OTD for the quarter; however, these orders faced challenges due to COVID-19. Examples of issues and solutions include:

- **Logistics.** Several shipments were available at the vendor or manufacturer but could not be moved to their destination due to unavailability of flights or to lockdowns at points of origin or destination. The project looked at creative solutions such as charter flights and switching from airfreight to ocean; however, some adjustments led to increased freight costs or delayed delivery. Also, one frozen shipment for Burundi was picked up from the supplier in Germany just before the lockdown and remains with the third-party logistics (3PL) provider, requiring regular dry icing.
- **Personal protective equipment.** Production in China was stalled, and shipments were delayed due to COVID-19. Several countries implemented bans or added requirements for personal-protective equipment (PPE) exports. For products like examination gloves, the demand exceeded supply, resulting in an impact on price and availability.
- **VL/EID reagents.** Manufacturers of VL/EID reagents have started production of COVID-19 tests, potentially impacting production and availability of VL/EID reagents and consumables. We are collaborating with the vendors and recipient countries about availability versus priorities, to try to minimize the stock-outs. However, there is a risk that in the future not all sites may have sufficient products to run the required tests.

Driving Performance With Analytics Tools

As part of the project's continuous improvement processes, GHSC-PSM is strengthening existing tools to meet emerging needs and to design new tools to support innovations in operations. Recent updates that help the project better meet USAID's needs include the following:

- **iValua.** GHSC-PSM is implementing iValua, a modern and user-friendly sourcing platform through which suppliers are invited to see line items and submit bids electronically. This platform will harmonize and standardize the bid solicitation process with the added benefit of housing all supplier communications and contracts within one system. In preparation for the iValua Sourcing Management module April go live, the project tested the system and conducted training and change management to facilitate supplier adoption.

At the conclusion of the rollout, suppliers can view all sourcing events that they are participating in, their supplier questionnaires, and their contracts in one convenient platform. Training materials and job aids will be available on the ARTMIS landing page. In the future, the platform will also assist in the evaluation of vendor bids.

- **Requisition order (RO) automation tool.** The project is piloting a RO automation tool with the goal of reducing the number of days from RO clarification to initial RO approval for all products with long-term agreements and to automate sourcing decisions. The initial pilot is focused on lab and DCP program commodities. Full release of the tool is expected by the end of FY 2020.
- **Requisition order pipeline dashboard.** Since the introduction of the requisition order pipeline dashboard in September 2017, the dashboard has become a key tool used by project procurement specialists in their daily work. The dashboard now includes and visualizes information on projected on-time delivery and on-time delivery-in-full performance to help teams track and manage orders to both these standards.
- **Freight estimator tool.** GHSC-PSM updated the freight estimator tool with rates from the 2019 freight awards, to allow INCO term specification and to improve the user interface.
- **Order promising tool.** The project continues to update and release the order promising tool, or OPT, monthly so that it reflects current data and supports responsible setting of delivery commitments.

Global Standards and Traceability

In January 2018, GHSC-PSM implemented a new procurement requirement for suppliers of pharmaceuticals, medical devices, laboratory reagents, and sterile kits to identify and label their commodities in accordance with GSI global standards for health care. The requirement also includes exchange of product master data through the GSI GDSN.

To provide suppliers with the time needed to make necessary investments for compliance, the requirement has a phased implementation; the first phase was mandated by December 30, 2018. In Phase I, suppliers needed to submit the GLNs identifying their business entities; GTINs identifying their items and various levels of packaging; and label the tertiary pack trade item with a barcode encoded the GTIN, batch/lot, and expiration date. At the end of Q2 FY 2020, GHSC-PSM had received GLNs for 71.3 percent of in-scope¹⁸ manufacturers; GTINs for 66.2 percent of in-scope trade items; and confirmation that 70.8 percent of all in-scope items comply with the tertiary pack labeling requirement. Overall, approximately 69 percent of in-

¹⁸ In-scope commodities are defined as pharmaceuticals, medical devices, sterile kits, and laboratory reagents that are currently listed as saleable in the ARTMIS product catalog and have been purchased before. As of March 27, 2020, a total of 435 trade items in the product catalog are considered in-scope for this requirement. Please note that the number of items considered in scope, and therefore compliance rates, will fluctuate quarter to quarter because of changes in active contracts, phasing out of unsaleable items, and introduction of new suppliers and trade items.

scope commodities were Phase 1 compliant by Q2 FY 2020, marking a 28 percent increase in Phase 1 compliance from Q1 FY 2020.

In Phase 2, suppliers were required to submit master data for their products through the GDSN by December 30, 2019. As of the end of Q1 FY 2020, 75 percent of GHSC-PSM's in-scope suppliers were contracted with a GDSN data pool. GHSC-PSM is synchronizing master data for 11 percent of trade items across a number of health areas, including HIV/AIDS pharmaceuticals, laboratory equipment and reagents, VMMC kits, malaria pharmaceuticals, contraceptive implants, IUDs, and essential medicines. The number of suppliers with a signed GDSN contract is a strong indicator that significant growth in compliance should be realized in FY 2020 as suppliers work to load and synchronize their product master data with GHSC-PSM. Exhibit 16 shows compliance levels for Phases 1 and 2.

Exhibit 16. Phases 1 and 2 compliance

Commodity Subcategory	Phase 1 Compliance as of FY 2020 (Mandatory as of December 2018)	Phase 2 Compliance as of FY 2020 (Mandatory as of December 2019)
HIV/AIDS		
Female condoms	100.0%	100.0%
HIV/AIDS pharmaceuticals	100.0%	22.2%
Laboratory consumables	44.4%	0.0%
Laboratory reagents	62.8%	6.7%
Male condoms	97.5%	0.0%
VMMC kits	33.3%	25%
Malaria		
Malaria pharmaceuticals	76.7%	16.3%
Malaria RDTs	94.4%	50.0%
FP/RH		
Contraceptive implants	100.0%	80.0%
Injectable contraceptives	100.0%	0.0%
Intrauterine devices	100.0%	100.0%
Oral contraceptives	100.0%	0.0%
Cross-Cutting		
Essential medicines	50.6%	1.5%
Medical supplies	4.0%	0.0%
Grand total	69.4%	11.0%

GHSC-PSM also confirmed compliance with future secondary pack labeling requirements for 57.9 percent of in-scope trade items in advance of the upcoming Phase 3 deadline in June 2020.

Quality assurance

GHSC-PSM continues to collaborate with GHSC-QA to maintain communication flow, identify areas of mutual concern and solutions, and ensure QA requirements are incorporated into GHSC-PSM systems, as applicable.

- In Q2, in collaboration with GHSC-QA, the project moved from a manual incident notification to an e-notification that is incorporated into the Assurex system. Now forms are available live when entering the system, thus eliminating notification delays, creating greater visibility, and reducing level of effort. Notifications now contain all relevant attachments and information.
- Finalized the Recall Market Withdrawal standard operating procedures (SOPs) that will optimize the recall process. The SOPs are under review.
- Developed an activity matrix to evaluate QA-related activities and clarify GHSC-PSM versus GHSC-QA roles, which was shared with USAID CORs. Through this process, stakeholders identified gaps, optimized processes, and increased collaboration. As a result, the Chemonics/FHI 360 memorandum of understanding was revised to provide further clarity.
- To generate greater efficiencies with lab suppliers, rather than conduct document reviews each time a lab order is placed, GHSC-QA is conducting site audits on eligible suppliers and GHSC-PSM modified basic ordering agreements (BOAs) to make suppliers accountable for QA-related documentation. Suppliers are now required to make documentation available by request within 24 hours. This, in turn, is reducing project document reviews for these low-risk commodities.

QA for malaria commodities

QA for malaria commodities is detailed in section B2 Malaria.

Deliver Return

Initial impacts of COVID-19 on freight and logistics

In Q2, deliveries faced a shipping environment defined by unprecedented COVID-19 shutdowns. The project has been adapting to unforeseen shifts in the marketplace and worked closely with the 3PLs to find solutions.

- **Origin challenges.** With China's factories and warehouses closed, import/export came to a halt, the need for cargo vessels fell, and many sailings were cancelled. As early as January 31, Maersk reported that shipments could face complications like changing vessels or changing locations for receipt and delivery. Within a month, 3PLs reported that ocean shipping was under severe strain, congestion at Chinese ports was at critical levels, costs were going up, and only 60–70 percent of shipments were expected to sail on schedule.
- **Air travel.** Disruptions in Europe greatly impacted the HIV task order's laboratory commodity orders. On-time delivery went from 100 percent in January and February 2020 to 68 percent for these commodities in March. HIV/AIDS lab consumables and reagents almost always ship in the bellies of passenger planes. When the international travel bans began in Europe around March 14, flight capacity dropped sharply. Airlines either cancelled or reduced flights to just a few per week. Reduced service meant delays, backlogs, and increased rates.
- **Cold chain challenges.** It was nearly impossible to find flights for frozen reagents that need to be stored at –20C and re-iced every two days. GHSC-PSM weighed risks: To fly cargo and risk high storage costs and damage to temperature-sensitive reagents if booked flights were cancelled? Or wait for certain schedules and risk the possibility of weeks or months without flight capacity from Europe to Africa? GHSC-PSM and the 3PLs weighed these risks for each consignment and developed appropriate solutions for each consignment throughout the quarter.

- **Trucking challenges at origin and destination.** Trucking challenges were most apparent in China, with drivers unable to enter or depart from major cities. Inter-country trucking suffered delays, and air and ocean backlogs led to congestion in and out of ports in addition to lack of truck and driver availability. Europe’s policies had less of an impact on truck movement; some border crossings were impaired, and truck movement was slower because of limited driver availability. In Africa, trucking across borders to inland countries was hampered by officials' interpretations of quarantine and testing requirements—this was acutely evidenced when five of the project’s 3PL drivers were detained as they crossed the border into Zambia with a refrigerated shipment of TLD. With support from the MOH and USAID Mission, the drivers were released after four days to successfully deliver their shipments to the central medical stores.

CIb. Project Performance

In this section, we summarize findings on key indicators of global supply-chain performance. More detail on these and other indicators appears in Annex A.

Timeliness of Delivery

GHSC-PSM measures on-time delivery in two ways:

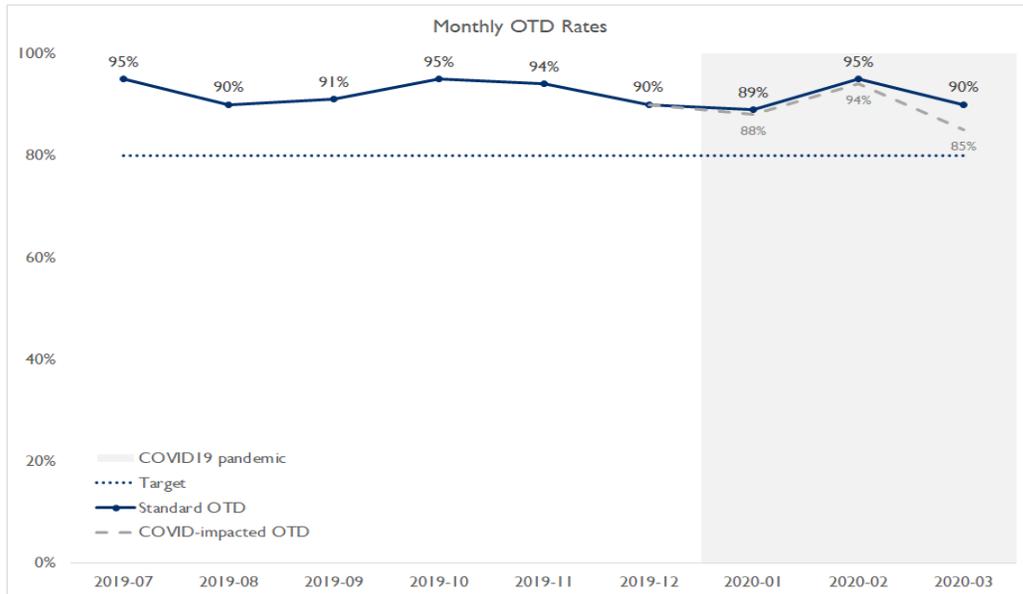
- OTD is the number of on-time deliveries as a percentage of expected deliveries in the period.
- The OTIF rate reflects the number of on-time deliveries as a percentage of all actual deliveries in the period.

OTD is a more accurate reflection of recent performance, while OTIF is a lagging indicator as late orders due in prior periods get delivered.

In Q2, GHSC-PSM OTD was 91 percent and OTIF 88 percent for the quarter, the fourth successive quarter that OTD has been above 90 percent and OTIF at 85 percent or above. (See Exhibits 17 and 18.)

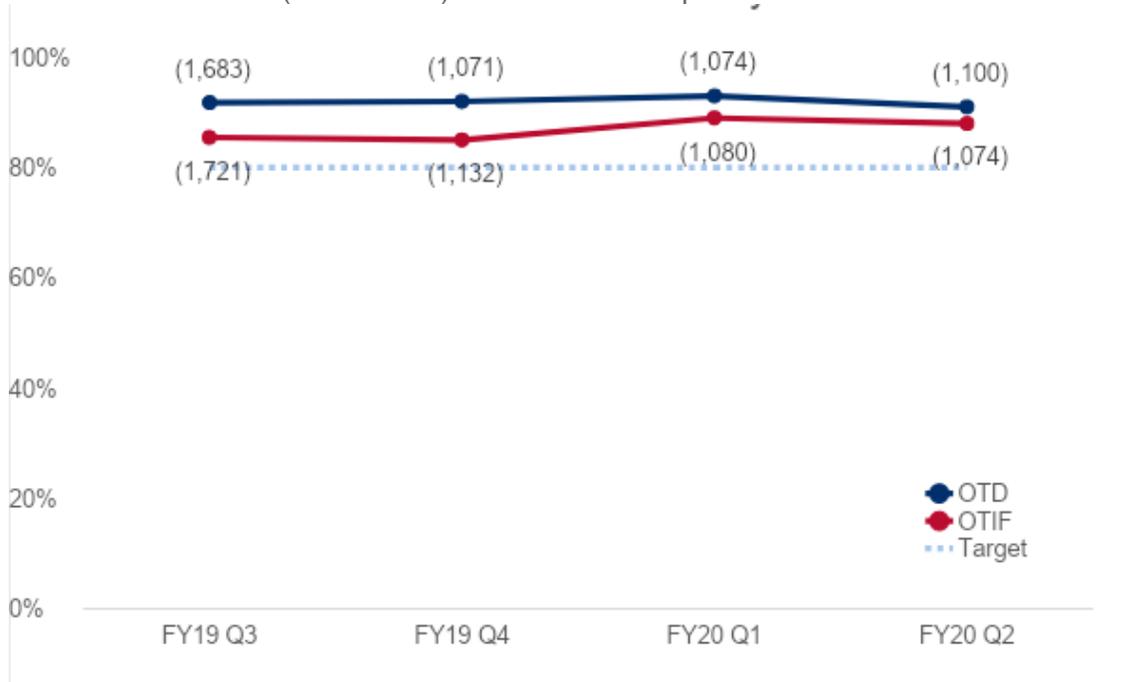
As mentioned in the Executive Summary, during the period of the COVID-19 pandemic, GHSC-PSM will present two versions of its usual OTD indicator. The first will be the “standard” version, calculated according to the indicator definition as laid out in the [project’s monitoring and evaluation plan](#) and in accordance with all associated policies.

Exhibit 17. July 2019 through March 2020 monthly OTD



While pandemic-related disruptions began to arise in December of 2019, impacts on deliveries in Q2 FY 2020 were comparatively limited. Orders planned for delivery in January and February were largely in later stages of manufacturer fulfillment and could proceed to deliver on-time. However, as the pandemic escalated into March, the number of impacted orders started to increase. About five percent of primarily HIV/AIDS line items originally promised for March delivery were delayed because of the pandemic. Impacts on in-progress orders planned for delivery in Q3 and Q4 are on the rise, and on-time delivery performance is expected to be significantly disrupted over the next several months.

Exhibit 18: OTD and OTIF (sans-COVID) over the last four quarters



C2. Systems-Strengthening Technical Assistance

	Assisted 35 countries with health supply-chain systems strengthening.
	Provided technical feedback on 55 supply plans to strengthen national supply planning capabilities.
	Held a webinar with 97 participants on “Emergency Supply Chain Response in the Context of COVID-19” to share tools included in the USAID Global Health Supply Chain Program’s Emergency Supply Chain (ESC) Playbook.

GHSC-PSM’s strategic goal is for every country to have a locally led health supply chain that is integrated, optimized, accountable, agile, lean, and able to sustainably supply quality products to all citizens. To support this, headquarters-based health supply-chain systems-strengthening technical specialists work with field teams to define systems-strengthening strategies that are appropriate to the local context and that can be realistically achieved. Emphasis is placed on automated data capture and real-time end-to-end data visibility, pharmaceutical-grade infrastructure, and efficient distribution across countries. Each supply chain should be managed by supply-chain professionals dedicated to quality improvement, and, where possible, develop strategies to outsource functions to accountable private-sector providers.

Different health areas fund supply-chain systems-strengthening assistance in each country. The costs are proportionally shared across health task orders (HIV/AIDS, malaria, FP/RH, and MNCH). Cost-sharing formulas are reviewed annually to verify that each health area’s share of the total cost for technical assistance remains equitable. Systems-strengthening efforts associated with health area-specific activities (e.g., LLIN distribution for malaria or viral-load scale-up for HIV) are supported entirely by the relevant health area.

C2a. Activities and Achievements

The project strengthens health supply-chain systems by bringing tailored assistance to yield important achievements and results. Following are highlights of where and how GHSC-PSM applied health supply-chain systems-strengthening approaches in specific countries in Q2.

Emergency Preparedness and Response

Before COVID-19, the ESC Playbook—created under the USAID Global Health Supply Chain-Technical Assistance (GHSC-TA) Francophone Task Order (FTO) and available as a resource on [GHSupplyChain.org](https://www.ghsupplychain.org)¹⁹—had been introduced to 16 countries, including 13 by GHSC-PSM. In response to the COVID-19 pandemic, GHSC-PSM created several additional tips and tools on topics related to emergency preparedness, including guidance on minimizing the spread of infection among warehouse staff and using containers for medium- and long-term storage. The project also hosted a webinar, “Emergency Supply Chain Response in the Context of COVID-19,” with 97 participants. The webinar addressed how the playbook can help countries prepare for and deploy the necessary systems and tools to respond to major disruptions like COVID-19. One of the presenters was GHSC-PSM’s country

¹⁹ <https://www.ghsupplychain.org/ESC-Preparedness-Response>

director in Burkina Faso, who explained how the playbook helped stakeholders prepare for COVID-19 response there.

Various USAID Missions called on GHSC-PSM to provide emergency response support for continuity of operations, including for preparations related to COVID-19. Travel restrictions resulting from actions to prevent the spread of COVID-19 were a major concern. Many country programs, including **Nigeria**, aimed to overcome travel restrictions by providing drivers of 3PLs with passes and letters to allow passage when police or military personnel stopped them to verify the need for travel. In **Rwanda**, the project coordinated with the Rwanda National Police, Immigration Services, and other government agencies to prevent supply interruptions at port of entry and within the country, providing logistics details such as vehicle license plate numbers, itineraries, and drivers' identification. In **Zambia**, five of the project's 3PL drivers were detained as they entered the country with a refrigerated shipment of TLD, where they were refused food, water, and toileting facilities and received conflicting information from authorities. With support from the MOH and USAID Mission, the drivers were released after four days to successfully deliver their shipments to the central medical stores.



One of the many COVID-19 and emergency supply chain resources now available at GHSupplyChain.org

In **Burkina Faso**, GHSC-PSM and CORUS (Public Health Emergency Operation Center) held a WHO-funded functional simulation exercise on cholera with 50 participants from the central and regional levels, as well as from WHO and the World Bank. GHSC-PSM also continues to build on work done in FY 2019 with funding under the GHSA to customize the ESCP for Burkina Faso. USAID approved GHSC-PSM to use GHSA budget to support COVID-19 response by working with the Emergency Supply-Chain National Team to identify the list of commodities required for managing COVID-19 and develop job aids related to supply-chain management.

In **Ethiopia**, GHSC-PSM supported emergency preparedness for COVID-19 as part of the National Emergency Operation Center (EOC) logistics team, led by the Ethiopia Public Health Institute/Public Health Emergency Management. GHSC-PSM participated in response scenario developments, selection of emergency supplies—including PPE, medicines, test kits/reagents, and medical devices—and forecasting needed quantities. In the last week of March 2020, GHSC-PSM assigned a full-time senior supply-chain expert to work as part of the EOC logistics team. The project also participated in re-activating the emergency supply-chain management technical working group, which prioritized reviewing the stock status of PPE. GHSC-PSM contributed guidance to seven regional COVID-19 emergency supply chain and response taskforces, where it supported regional health bureaus in developing logistic plans of action and procurement lists, forecasting, preparing alcohol-based hand sanitizer, and developing allocations and distribution of PPE, including alcohol, sanitizer, and face masks. The project supported regional health bureaus in maintaining supply-chain activities for basic health services and for priority health programs. The project also discussed other potential activities and support with the acting head of the EOC and the USAID Mission.

In **Haiti**, GHSC-PSM implemented a strategy to pre-position and distribute available ARVs, medicines to treat opportunistic infections, and laboratory commodities to public health facilities supporting HIV/AIDS programs in all 10 of Haiti's departments. The goal was to ensure that the needed commodities are available to patients in anticipation of possible supply-chain interruptions because of COVID-19 restrictions in travel. At the end of the quarter, the project was preparing similar distribution of FP/RH and MNCH commodities.

In **Nepal**, GHSC-PSM supported the Government of Nepal in developing a quantification, forecasting, and procurement plan for equipment, including ventilators, and other commodities for COVID-19 response. The Government of Nepal began procuring the commodities and mobilizing support from donors. GHSC-PSM also helped the Management Division of the Ministry of Health and Population to develop a plan to distribute COVID-19 commodities to provinces and hospitals. To ensure effective tracking and monitoring of COVID-19 commodities, GHSC-PSM began adding them to the existing electronic logistics management information system (eLMIS). The project continued to build human resource capacity in logistics coordination and distribution of COVID-19 commodities at the central and provincial levels and supported Provincial Health Logistic Management Centers to receive commodities from the central level.



In Nepal, GHSC-PSM worked quickly to add COVID-19 commodities to the eLMIS system. *Photo credit: GHSC-PSM.*

In **Pakistan**, under the GHSA, the Ministry of National Health Services, Regulation, and Coordination (MoNHSR&C) asked GHSC-PSM to provide rapid support for developing the COVID-19 Management Information System,²⁰ including an inventory management system for the National Institute of Health (NIH); a procurement module for the National Disaster Management Authority; forecasting, information management, and procurement modules for MoNHSR&C; and a Travelers Surveillance Management Information System for all airports/seaports, NIH, central health establishments, and national and provincial disease surveillance and response units. The project trained some 110 government officials on the management information system products. GHSC-PSM also designed and automated an online tool²¹ to calculate quantities needed for PPE. The tool is now featured in an online COVID-19 PPE quantification module by i+ academy, a consultancy in the Netherlands.²² Leveraging USAID funding, these technology solutions may serve as a foundation for Pakistan's journey to self-reliance for infectious disease supply-chain management and financing.

In **Sierra Leone**, GHSC-PSM coordinated the review and update of the Global Health Security Agenda (GHSA) Emergency Supply Chain Playbook with the ESC core team, which consists of representatives from the Ministry of Health, Ministry of Agriculture, and Environment Protection Agency, among other government departments, as part of a OneHealth approach. The update included general modifications for the Sierra Leone context, as well as an expanded critical commodities list for COVID-19 response, and a new COVID-19-specific job aid. The project conducted two simulation exercises targeting COVID-19 preparedness and response, bringing together stakeholders from across Sierra Leone's health supply chain, including district and hospital pharmacists, logistics officers, operational officers, medical officers, the Pharmacy Board of Sierra Leone, and the Office of National Security.. The simulation exercise strengthened the country's ESC response to outbreaks, and the Sierra Leone ESC core team is currently using the updated playbook to lead national preparedness efforts for ongoing COVID-19 response.

²⁰ <http://ncov.lmis.gov.pk/ncovlmis/>

²¹ http://ncov.lmis.gov.pk/ncovlmis/fasp_covid19.php

²² <https://www.iplusacademy.org/enroll/index.php?id=98>

Warehousing and Distribution

GHSC-PSM continues to improve warehousing and distribution systems through 33 field offices. Interventions aim to improve data-driven decision-making across the supply chain, optimize warehouse networks, and increase efficiencies in warehousing and distribution operations.

- **Activity-based costing.** In Uganda, GHSC-PSM facilitated an activity-based costing activity with the Joint Medical Stores (JMS), enabling JMS to view revenue streams and costs in relation to the privately and publicly funded commodities in JMS storage. Now that JMS understands the actual cost of each activity (receiving, loading, delivery, and more), it can focus on increased efficiency and pass on cost-savings to its customers.
- **Temperature and humidity monitoring in the supply chain.** GHSC-PSM collected data from temperature and humidity data loggers installed in Burkina Faso, Cameroon, Guinea, Haiti, Mozambique, and other countries and initiated conversations with Mauritania's MOH to connect existing data about commodity temperature stability with information from manufacturers. In addition to helping ensure product quality, temperature and humidity data can inform changes to storage and routing to avoid temperature or humidity extremes. Because of the COVID-19 pandemic, the project postponed some installations planned for Q2.
- **Transportation information tool (TransIT®).** GHSC-PSM and USAID continued work to transition TransIT—an electronic tool that transmits real-time proof of delivery to health facilities—to an open-source product by the fall of 2020. The United Nations Foundation's Digital Impact Alliance (DIAL) is helping with the initiative.
- **Unmanned aerial vehicles (UAVs).** In Malawi, data analysis from the UAV (drone) pilot program showed that the program more than doubled the number of laboratory samples (EID, TB, and VL) collected and reduced turnaround time from eight or more weeks to about two weeks, enabling faster diagnoses and treatment. Although GHSC-PSM ended the activity in Malawi, cost-savings and inter-donor collaboration between USAID and UNICEF allowed the activity to run for three months longer than originally planned.

In Eswatini, GHSC-PSM facilitated the recycling of 12 tons of unusable medical and pharmaceutical products (UMPP) to the central medical store (CMS) with minimal environmental impact. Because of various factors, including the breakdown of the only nationally licensed incinerator for UMPP disposal, CMS had developed a five-year backlog of 50 tons of UMPP that was taking up much-needed storage space. In September 2019, GHSC-PSM engaged a waste management consultancy firm, which recommended—as part of a larger disposal plan—the recycling of metals (e.g., needles), plastic (e.g., syringes and hub cutters), and fabric (e.g., gauze dressings and cotton wool) components of UMPP. GHSC-PSM helped identify and contract with a licensed recycling company to segregate, package, and dispose of the recyclable UMPP. Recycling the 12 tons of waste saved CMS and MOH the cost of shipping and high-temperature incineration in South Africa and freed up more than 300 cubic meters of storage space. Recycling will remain a disposal option for all appropriate metal, plastic, and fabric UMPP in Eswatini.

In Ghana, three of 53 previously installed digital temperature sensors (loggers) at Eastern and Brong Ahafo Regional Medical Stores proved the value of this technology to reduce wastage of temperature-sensitive commodities. The loggers, which GHSC-PSM had installed in 2019, detected problems with three refrigerators that prompted the medical stores to immediately transfer \$31,000 of commodities, including \$10,300 of oxytocin, to functioning refrigerators and procure replacement refrigerators that are now in use. GHSC-PSM will next install temperature monitoring devices in warehouses and delivery

trucks in two more regions. For sustainability, information technical and medical store staff from each region received training and participated in each installation.

In **Zimbabwe**, GHSC-PSM installed temperature and humidity monitors in four NatPharm (central medical store) warehouses and provided on-the-job training in installation for NatPharm staff, who then installed the monitors in two additional warehouses. The installation of 96 remote data loggers addressed a recognized need for reliable and timely temperature and humidity tracking. The project also implemented TransIT and expanded the system to all regional NatPharm warehouses. NatPharm and GHSC-PSM will leverage TransIT for the next three to five months to identify strengths and weaknesses in the transportation management system.

Workforce Development

GHSC-PSM strengthens public health supply-chain workforces through 11 field offices. These interventions build sustainable workforces through professionalization and systematic approaches to workforce development, putting countries on a path to self-reliance.

The project released the third *Supply Chain Management Resource Digest* through the International Association of Public Health Logisticians. The digest provides a range of resources that support the journey to self-reliance, including tools, web resources, reports, journal articles, open editorials, case studies, and videos on improving supply chains, typically from private-sector experts.

In **Burma**, GHSC-PSM, the Department of Human Resources for Health and the University of Public Health (UPH) delivered a two-week supply-chain certificate course for 34 directors, deputy directors, assistant directors, and officers from the Ministry of Health and Sports who hold key supply-chain positions. Participants will implement what they learned through their work at hospital stores, regional warehouses, and central warehouses. For sustainability, the University of Public Health, Yangon, took ownership of the course and will use it to train more professionals from the public and private sector; one-third of the participants were trained as future co-facilitators. The course is the first step for the opening of diploma, degree, and master programs in supply chain at UPH.

Management Information Systems

GHSC-PSM strengthened country supply-chain information systems through 32 field offices. Although at different levels of supply-chain maturity, these countries are on a path to developing end-to-end data visibility, with data-driven mechanisms to support evidence-based decision-making.

In **Ghana**, GHSC-PSM and the Global Fund supported the MOH and Ghana Health Service (GHS) to launch the Ghana Integrated Logistics Management Information System (GhiLMIS) at an event with the Minister of Health and representatives from the Ghanaian Government, USAID, and other development partners and health programs. GhiLMIS supports the use of data for decision-making to increase supply-chain efficiency at all levels. Since June 2019, 299 hospitals, regional medical stores, and central level entities have adopted the system. Roll-out to some 1,000 health centers (intermediary facilities) is planned for FY 2020 and to community-based health planning and services compounds in FY 2021.

In the **Socialist Republic of Vietnam**, since FY 2019, GHSC-PSM has taken steps to implement improvements to the eLMIS of Vietnam Social Security (VSS) and Vietnam Administration for AIDS Control (VAAC). In Q2, the project worked with a sub-contractor to help VSS in developing an electronic module to streamline Social Health Insurance (SHI) drug supply management and monitor payments related to SHI drug procurement. As a part of the contract, VSS approved the first deliverable and system design in February 2020. The project also awarded a subcontract to develop an electronic

module for ARV quantification and reporting for VAAC. VAAC approved the first deliverable, an ARV quantification module, and began testing in February 2020. Next steps include completion of an eLMIS module for VSS and VAAC.

Governance, Financing, and Leadership

With GHSC-PSM support, countries aim to achieve a responsive health supply-chain system led by a strong team with managerial capacity, institutionalized checks and balances, robust governance oversight, open civil society involvement, and cost-effective and transparent financing mechanisms. GHSC-PSM strengthens governance, financing, and leadership through four field offices.

In **Cameroon**, at the request of the Directorate of Pharmacy Medicine and Laboratory (DPML), GHSC-PSM helped plan and facilitate the first national quarterly supply-chain coordination meeting, with some 30 participants from all major stakeholders, including HIV/AIDS, malaria, and TB programs, government institutions, the central medical store, and partners. This milestone event followed the issuance of a service note by the Minister of Public Health in January 2020 that instructed the integration of various programs' commodities into the national procedures, aiming to eliminate lack of coordination that had led to persistent stock-outs and expiries of priority program commodities. Participants at the coordination meeting developed a national reporting framework with key indicators and a list of key corrective actions to improve commodity availability, including developing standard operating procedures for quantification, forecasting, and supply planning; establishing a supply-chain coordination framework at the central and regional levels; and training regional supply-chain managers. Two weeks later, DPML hosted the first-ever integrated quarterly supply plan review meeting for HIV/AIDS, malaria, and TB.

In **Rwanda**, the Food and Drug Administration (Rwanda FDA) disseminated and shared on various digital platforms new regulations, guidelines, processes, and standard operating procedures governing the registration of medicines, medical products, and antiseptics and the registration of medical devices. GHSC-PSM played a vital role by helping draft the documents and supporting their review and validation by key governmental and private-sector stakeholders. These activities mark an important milestone for the Rwanda FDA, a relatively new regulatory agency established by law in 2018.

Global Standards and Traceability

GHSC-PSM is supporting 16 countries in implementing and using global supply-chain standards (GSI) for product identification, location identification, and product master data. Adoption of global standards helps countries to reduce costs, improve efficiency, and improve the availability of health commodities in their public-health supply chains.

To support country programs with GSI implementation, GHSC-PSM published the *Product Master Data Management Reference Guide and Toolkit*. The Reference Guide supports an accessible and consistent approach to communicating and managing accurate product information throughout the product lifecycle. The toolkit serves as an annex to the Guide and contains practical examples, tools, and templates to support users in implementing disciplined approaches to defining, sourcing, and managing product master data.

In **Botswana**, GHSC-PSM supported the Botswana Medicines Regulatory Authority (BOMRA) in raising awareness of and advocacy for GSI standards in both the human and animal health sectors. Project staff met individually with a number of key stakeholder groups, including traditional ones like the MOH and CMS and non-traditional ones like medical aid schemes, the Botswana Institute of Clinical Laboratory Professionals, BOTPHARMA (pharmaceutical wholesalers association), Botswana Unified Revenue

Services, local medical insurance companies, the Ministry of Agriculture, the Pharmaceutical Society of Botswana, the Southern Africa Development Community (SADC), and the World Organization for Animal Health to discuss potential focus areas for standards implementation. The project then held an educational workshop with 40 representatives across the public and private sectors to further define the objectives of Botswana's health sector, build a deeper understanding of the technical aspects of GSI and their relevance to Botswana's objectives, and lay the foundation for the sequencing and dependencies for implementation. Each stakeholder group identified specific objectives that they agreed could be fulfilled by implementing global standards and traceability. BOMRA will hold a national vision and strategy workshop to inform ongoing activities and provide clear direction for all stakeholders in support of traceability implementation.

In **Nigeria**, GHSC-PSM supported USAID and the Global Fund to consolidate efforts under a new Nigeria Pharmaceutical Traceability Work Plan that supports the Federal Ministry of Health (FMOH) and the National Agency for Food and Drug Administration and Control (NAFDAC) in leveraging global standards to improve supply-chain efficiencies and data quality and visibility. The draft four-phase plan consolidates input from existing strategy documents and concept notes, including the Draft Nigeria Pharmaceutical Traceability Strategy, the NAFDAC 5 Year [Traceability] Implementation Plan, and the Draft Traceability of Pharmaceutical Products in The Nigerian Healthcare Supply Chain Project Proposal. The work plan is now with USAID and the Global Fund, who will seek buy-in from FMOH and NAFDAC and aim to allocate resources among donors to support implementation.

In **Rwanda**, GHSC-PSM continued to provide remote support to the MOH and Rwanda FDA's global standards and traceability initiatives. The project helped with drafting and review of several program documents, including terms of reference for the Global Standards & Traceability Technical Working Group; developing a model regulatory directive for traceability implementation for the Rwanda FDA; and developing outlines of specifications for manufacturers to meet the emerging regulatory mandate on standardized identification and labeling. This remote support is proving to be effective and sustainable during the COVID-19 outbreak.

In **Zimbabwe**, GHSC-PSM supported the Ministry of Health and Child Care and the Medicines Control Authority of Zimbabwe to implement the Zimbabwe National Pharmaceutical Traceability Vision and Strategy Workshop, attended by nearly 30 participants across 13 public and private sector entities. Leveraging lessons learned from implementing similar workshops in other countries, GHSC-PSM adjusted the workshop to focus on developing a results framework for traceability, with detailed descriptions of activities, outputs, intermediate results, and strategic objectives. The framework specified stakeholders and established timelines to incorporate GSI into the National Health Strategy. GHSC-PSM will next prepare a vision and strategy document, including a high-level roadmap that details foundational activities needed over the next three or more years to advance pharmaceutical traceability in Zimbabwe.



In Zimbabwe, workshop participants work through a series of exercises to develop a results framework. *Photo credit: GHSC-PSM.*

Forecasting and Supply Planning

GHSC-PSM continues to provide forecasting and supply planning (FASP) support in 33 countries to help institutionalize processes so countries move from relying on external technical support to developing their own fully integrated FASP capabilities as part of the journey to self-reliance.

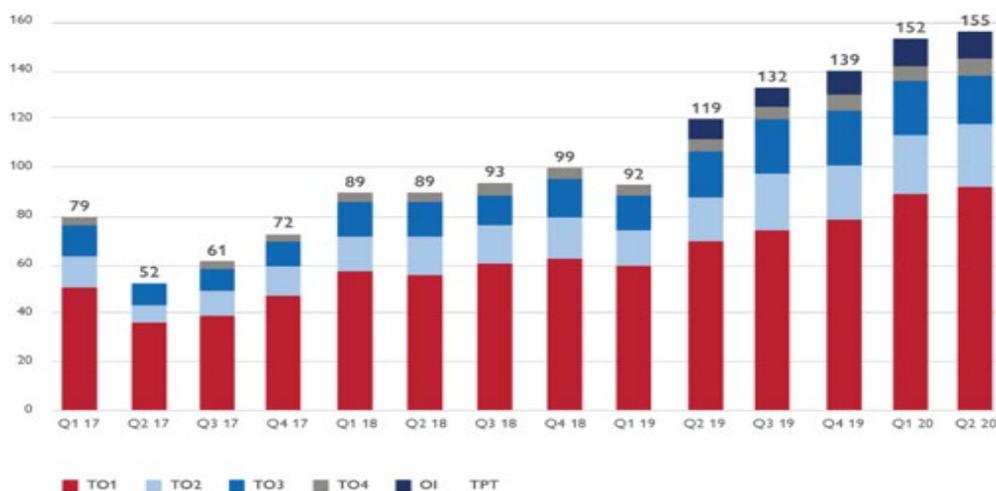
In **Burkina Faso**, GHSC-PSM supported the annual HIV/AIDS commodity quantification and provided training on tools for forecasting (Quantimed) and supply monitoring and planning (PipeLine) to several national stakeholders, including central medical stores (CAMEG), National HIV/AIDS Program (PSSLS-IST), National Reference Laboratory (LNR), and National Tuberculosis Program (PNT).

For the **South Africa Region**, the project supported USAID during three weeks of regional planning meetings, providing technical assistance and feedback for the FY21 Country Operational Plan and Regional Operational Plan.

Supply plans

Country programs continued to update and submit supply plans. Because of the worsening COVID-19 pandemic, GHSC-PSM asked country offices to submit, if possible, their supply plans before the March 15 deadline to help streamline identification and mitigation of potential supply disruptions. Despite challenges to completing the supply planning exercise as usual, the total number of submissions was higher than the number received during the past few quarters, as shown in Exhibit 19.

Exhibit 19. GHSC-PSM supply plan submissions over time



Laboratory Technical Support

GHSC-PSM continues to provide FASP support for laboratory products in 16 countries. By providing training on standard tools, such as ForLab, GHSC-PSM helps in-country quantification staff reduce reliance on external consultants.

In **Burkina Faso**, GHSC-PSM trained 21 in-country quantification teams including members from CAMEG, PSSLS-IST, LNR, and PNT on the use of ForLab, and performed annual forecasting for viral load/EID tests and RTK products.

In **Ghana, Malawi, and eSwatini**, GHSC-PSM supported remote training webinars on the ForLab tool and conducted annual forecasting and supply planning.

GHSC-PSM also works with implementing partners to conduct diagnostic network optimization using the Opti-DX, a new tool on which GHSC-PSM is working to provide improvements.

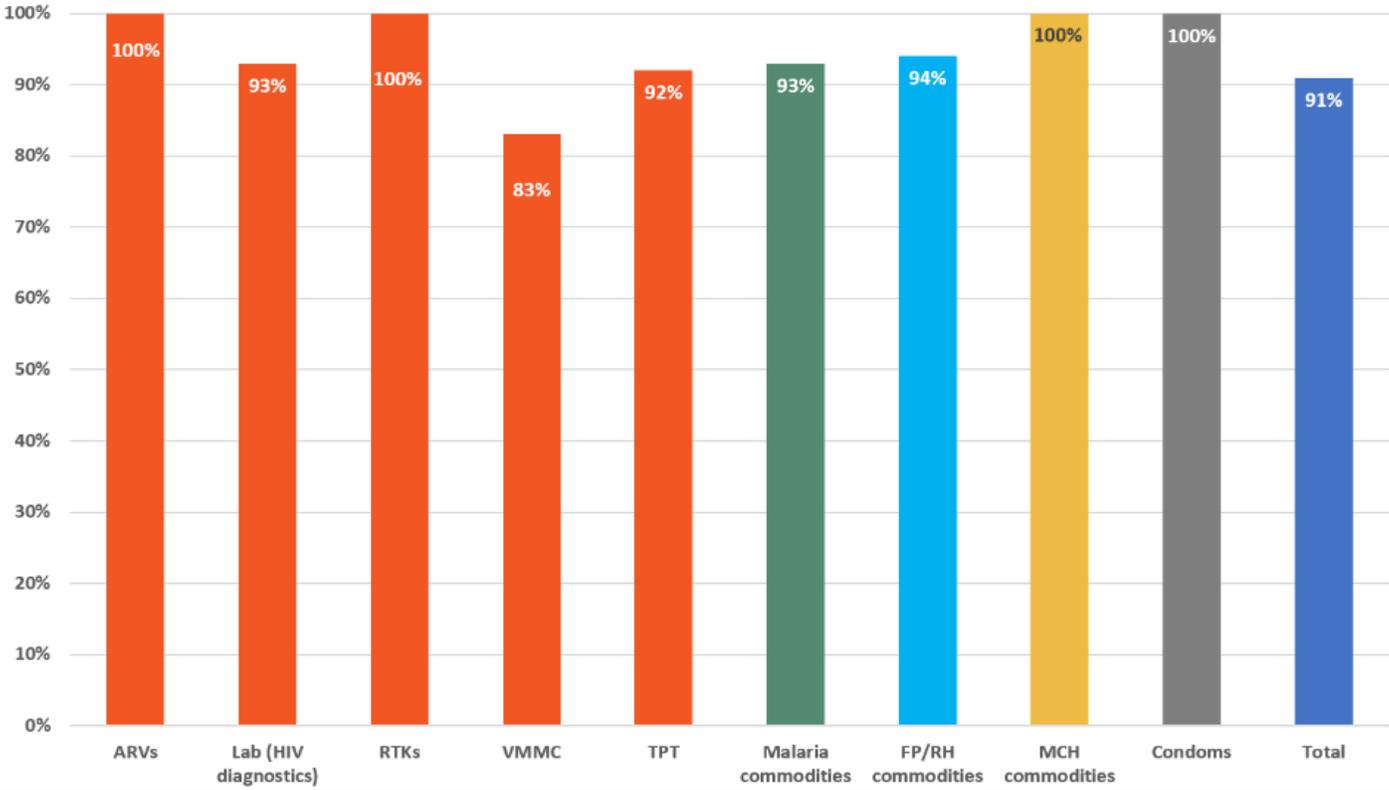
C2b. Project Performance

GHSC-PSM collects and analyzes data on a variety of indicators of national supply-chain system health to understand the environments in which we operate and to help us calibrate our work. These indicators also help establish priorities for our health supply-chain systems-strengthening support and, over time, will allow us to assess the outcomes of our technical assistance. Values for these indicators are provided in Annex A. To facilitate understanding of progress in each country, health supply-chain systems-strengthening indicators are presented country by country and include important contextual information for each country. Dashboards with these country-specific indicators are made available for GHSC-PSM field offices to explore with in-country stakeholders.

Quarterly Supply Plan Updates

In Exhibit 20, we present results for one indicator—percentage of countries conducting quarterly supply plan updates—that is critical to ensuring procurements are planned well ahead so that adequate stock levels can be maintained in the supply chains that we support.

Exhibit 20. Percentage of required supply plans submitted during Q2 by commodity group



Under the quantification paradigm supported by GHSC-PSM, supply plans take a regularly updated, forward-looking view of demand for 18 months. This comprehensive, systematic, and long-term approach to supply planning provides visibility into monthly demand, even if a single quarterly update is not submitted.

Countries develop and submit to GHSC-PSM supply plans for up to eight commodity groups. Supply plans are the source of country-level procurements, based on projections of consumption and inventory. For Q2, GHSC-PSM received 155 supply plans. Out of 139 expected Priority I supply plans, 133 were submitted from 36 countries.²³

GHSC-PSM monitors supply plans quarterly to identify common errors and omissions across countries or commodity categories, to assess results from earlier improvement efforts, and to identify areas for additional guidance and mentoring. The quality of the plans is assessed against 16 criteria, with the reviews generating actionable recommendations for improvement. The supply plan reviews identify issues with future orders, allowing the field offices to take pre-emptive actions to minimize the impact.

Capacity Building

The number of people trained provides a basic illustration of where the project is focusing its capacity-building resources and where it might expect related supply-chain outcomes to improve. A high number of individuals were trained in Q2, with a total of 1,746 trainees (709 women and 1,037 men).

Most trainings were cross-cutting, meaning they addressed topics relevant to multiple health areas. By funding source, 43 percent were trained with HIV/AIDS funding; 21 percent with malaria funding; 21 percent with FP/RH funding; and 15 percent with MNCH funding. Trainings focused on warehousing and inventory management, logistics management information system, governance and finance, transportation and distribution, and human resources capacity development.

²³ Some supply plans that GHSC-PSM receives are not required because GHSC-PSM does not have a presence in the country or because GHSC-PSM does not procure the items covered by those plans. These additional plans nonetheless provide the project with insight on the market size and scope for various commodities and can be shared with global stakeholders.

C3. Global Collaboration

	Collaborated with the GHSC-TA Francophone task order to conduct two webinars on Emergency Supply Chain Preparedness and Response for approximately 300 attendees.
	Continued to participate actively in global fora , sharing data and promoting new approaches.
	Participated in newly formed global malaria taskforces in coordinating actions to mitigate the impact of COVID-19 .

GHSC-PSM's global collaboration in Q2 focused on strategic engagement, market dynamics, and other research, awareness, and advocacy efforts. The scale, scope, and complexity of managing a global supply chain requires us to collaborate with many global and local partners to ensure the availability of medicines and health commodities. By integrating our work across health sectors and sharing information, resources, activities, and capabilities, we can achieve together what we could never achieve alone.

Strategic Engagement

As described throughout this report, GHSC-PSM engages actively with other global players to promote the availability of medicines and commodities. We do so by providing supply-chain expertise to important global fora, working with global partners to allocate scarce supply, promoting harmonization of standards and practices, and working to manage commodity stock information as a global good. Our contributions are recapped below.

Global standards and traceability

- *Global Traceability Visioning Workshop next steps.* GHSC-PSM synthesized the outputs of the December 2019 workshop into a playback deck for participants, documenting some of the "big ideas" that came out of the session and completing a preliminary assessment under the criteria for analysis. GHSC-PSM supported USAID in hosting a follow-up call with workshop invitees across the donor community to review the output and discuss next steps. Further discussion on how to carry these "big ideas" forward will be part of the agenda of the next Inter-agency Supply Chain Group meeting.
- *RxGPS Alliance.* RxGPS Alliance is a group of multinational pharmaceutical supply-chain stakeholders with a common interest in developing consensus strategies, policy principles, and policy recommendations that advance global alignment of drug serialization and tracing requirements to enhance patient safety, supply-chain security, and drug availability around the world. As members of the World Bank Global Steering Committee on Quality Assurance of Medicines, USAID and GHSC-PSM routinely interact with RxGPS as a mechanism to solicit input from the private sector in GSI and traceability initiatives. In Q2, the project presented during two RxGPS board calls, synthesizing some of the outputs from the Global Traceability Visioning

Workshop, offering ideas on how RxGPS can support the initiative, and providing insight into the landscape of GSI and traceability implementation in Africa in backing their strategy to support further harmonization across the world.

- *Southern Africa Development Community*. In Q1, through the initial Zimbabwe GSI short-term technical assistance and engagement with Medicines Control Authority of Zimbabwe, GHSC-PSM reviewed and provided feedback on the SADC Harmonized Product Labeling Guideline being developed by the Zazibona Product Labeling TWG. In identifying this activity and sharing information with other interested stakeholders in the global health community (i.e., donor partners, World Bank Global Steering Committee on Quality Assurance of Medicines, RxGPS Alliance, International Federation of Pharmaceutical Manufacturers & Associations, GSI), the TWG generated significant advocacy for a standardized set of identifiers and data carriers in their regional approach, and in alignment with product labeling guidance developed by the donor community. In Q2, GHSC-PSM continued this engagement through further meetings with the TWG points of contacts in Botswana and Zimbabwe, taking the opportunity to generate further awareness of GSI standards as they relate to the goals of the TWG, advocate for alignment with existing global approaches, and offer opportunities for engagement as requested by the group in support of further refinement of the guideline. GHSC-PSM continues to follow up with implementing agencies of the guideline (e.g., country regulatory authorities and ministries of health) in the SADC region to support awareness and alignment between the guideline and existing traceability strategy goals.

Supply-chain expertise provided to important global fora

- GHSC-PSM represents the supply-chain point of view in key global meetings to ensure donors and governments consider the supply chain in program planning. This assists them in gaining timely access to the commodities their programs need. Participating in these meetings also helps GHSC-PSM to stay current with emerging trends and requirements so we are ready to respond to global health commodity needs. Specifically, in Q2, as described in Sections B1 through C1, GHSC-PSM conducted the following activities:

COVID-19 response

- Provided background and recommended discussion points on pharmaceutical supply chains to a February 2020 congressional hearing on U.S. and international COVID-19, hosted by Representative Ami Bera (CA).
- Participated in three taskforces to support the WHO-convened COVID-19 Work Stream 3 to assess and coordinate actions for mitigating the impact of COVID-19 on malaria commodities: one on malaria RDTs based on the existing malaria RDT Procurement Taskforce, a new taskforce on malaria medicines, and another on indoor residual spraying and LLINs that is based on the work that the Alliance for Malaria Prevention is spearheading. These taskforces include participants from PMI, the Global Fund, WHO, UNICEF, CHAI, the Gates Foundation, Médecins Sans Frontières (MSF), and Medicines for Malaria Venture (MMV), among others.

Collaboration With Other USAID GHSC Projects

GHSC-PSM is a member of the GHSC program family and interacts regularly with the other GHSC projects. Below we summarize examples of collaboration with other GHSC projects in Q2.

- In March 2020, GHSC-PSM collaborated with the GHSC-TA Francophone task order to update the ESC Playbook, including adding a job aid for COVID-19. To present the new materials and to position the program as a resource for ESC, the cross-project team hosted internal and external webinars titled “Emergency Supply Chain Preparedness in the Context of COVID-19” with approximately 300 attendees.

GHSC-PSM’s collaboration activities with GHSC-QA are detailed in Section C I.



GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

Global Supply Chain M&E Indicator Performance

FY2020 Quarter 2, January - March 2020

Delivery Impact to Date



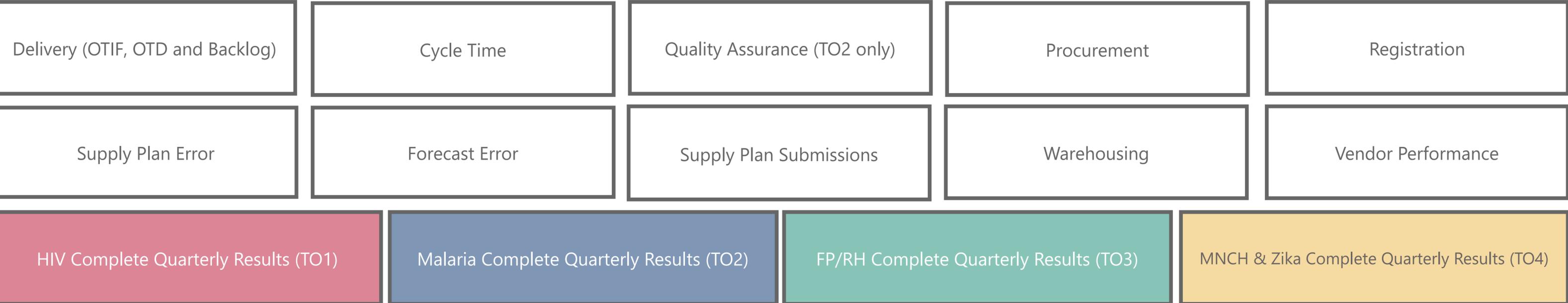
Number of ACT treatments delivered
226,753,247



Number of Couple Years Protection delivered
63,198,053



Person-years of ARV treatment delivered
8,479,845



Fiscal Year 2020 Key Performance Overview - IDIQ

		FY 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4	FY 2020
Reporting Period (Quarter) Start Date		10/01/19	01/01/20	04/01/20	07/01/20	10/01/19
Reporting Period (Quarter) End Date		12/31/19	03/31/20	06/30/20	09/30/20	09/30/20
Global Supply Chain						
A1a.	Percentage of line items delivered on time and in full, within the minimum delivery window	89%	88%			
A1b.	Percentage of line items delivered on time, within the minimum delivery window	93%				
A3.	Cycle time (average) – # days per shipment	228	255			
A4.	Inventory turns (average number of times inventory cycles through GHSC-PSM-controlled global facilities) – ratio	<i>Annual Indicator</i>				
A5.	Total landed cost (logistics costs)	12.5%		<i>Semiannual Indicator</i>		
A13.	Percentage of batches of product showing nonconformity (out of specification percentage)	1.2%	3.6%			

Important: Key performance metrics on this page are intended to provide an overall snapshot of the project's performance. They may conceal nuances of TO and/or country performance and must be interpreted in light of individual TO and/or country performance of more granular data.

Fiscal Year 2020 Key Performance Overview - IDIQ

			FY 2020 Q1	FY 2020 Q2	FY 2020 Q3	FY 2020 Q4	FY 2020
Reporting Period (Quarter) Start Date			10/01/19	01/01/20	04/01/20	07/01/20	10/01/19
Reporting Period (Quarter) End Date			12/31/19	03/31/20	06/30/20	09/30/20	09/30/20
In Country							
B1.	Stockout rate at SDPs		16.9%	17.8%			
B2.	Percentage of stock status observations in storage sites where commodities are stocked according to plan, by level in supply system		24.1%	20.2%			
B3.	SDP reporting rate to the logistics management information system (LMIS)		76.5%	84.4%			
C1.	Number of people trained – #	TO-Specific Trainings Combined	935	1,148			
		Cross-TO Trainings	731	632			
		All Trainings (TO-Specific & Cross-TO)	1,666	1,780			

Important: Key performance metrics on this page are intended to provide an overall snapshot of the project's performance. They may conceal nuances of TO and/or country performance and must be interpreted in light of individual TO and/or country performance of more granular data.

Fiscal Year 2020 Key Performance Overview By Task Order

Indicator		IDIQ FY20 Target	Task Order 1 HIV/AIDS				Task Order 2 Malaria					Task Order 3 PRH					Task Order 4 – MNCH					
			FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2	FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2	FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2	FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2
Global Supply Chain																						
A1a	Percentage of line items delivered on time and in full, within the minimum delivery window (Total number of line items delivered)	80%	80%	85%	83%	90%	85%	80%	88%	91%	87%	92%	80%	93%	85%	86%	95%	80%	83%	89%	100%	100%
				1114	878	879	744		270	205	147	238		92	40	51	66		245	9	3	26
A1b	Percentage of line items delivered on time within the minimum delivery window (Total number of ADDs in the quarter)	80%	80%	92%	91%	94%	89%	80%	97%	97%	91%	94%	80%	100%	94%	89%	98%	80%	85%	91%	100%	100%
				1085	817	872	767		264	207	147	247		93	36	54	60		241	11	1	26
A3	Cycle time (average) – days per line item delivered	225	213	219	217	201	208	295	324	322	372	389	RDC: 263 DD: 268	RDC 314 DD: 238	RDC 381 DD: 237	RDC 268 DD: 280	RDC 229 DD: 220	206	454	219	306	354
A4	Inventory turns – ratio	NA	4	6.6		Annual		4	3.9		Annual		3	1.4		Annual		NA	No inventory held			

A2: See Task Order 2 QA-specific indicators below. This indicator is not reported for TO1, TO3, and TO4 because QA processes for these task orders are managed by the GHSC-QA project. Fiscal Year targets represent desired indicator result aggregated over the full fiscal year.

Indicator		IDIQ FY20 Target	Task Order 1 HIV/AIDS				Task Order 2 Malaria					Task Order 3 PRH					Task Order 4 – MNCH					
			FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2	FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2	FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2	FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2
A5	Total landed cost (logistics costs)	16.5%	9.8%	8.4%	7.2%		33.8%	34.7%		28.5%		15.2%	14.4%	13.2%		30.0%	36.2%		63.2%			
A6a	Absolute percent supply plan error, with variants annual absolute percent error and supply plan bias	See Forecast and Supply Plan Performance pages for detailed indicator results																				
A6b	Absolute percent forecast error, with variants annual absolute percent error and forecast bias																					
A7	Temporary waiver percentage	NA	NA	Not required for TO1 per M&E Plan				NA	NA	NA	5%	10%	NA	NA	NA	7%	3%	NA	Not required for TO4 per M&E Plan			
A8	Average percentage of shelf life remaining for warehoused commodities, weighted by the value of each commodity's stock	NA	78%	80%	77%	83%	82%	70%	59%	71%	74%	83%	78%	83%	83%	83%	82%	NA	No inventory held			
A10	Percentage of product procured using a framework contract (framework contract percentage)	NA	83%	81%	87%	91%	86%	73%	19%	57%	37%	79%	95%	100%	100%	100%	100%	75%	88%	100%	57%	100%
A16	Percentage of backlogged line	<5%	<5%	2%	0.4%	0.8%	2.6%	<5%	1%	0.5%	0.7%	0.9%	<5%	0%	0.4%	0.0%	0.0%	<5%	2%	0%	0.0%	0.0%

A9, A11, A12: These indicators have been removed from the GHSC-PSM M&E Plan with approval from USAID.

A13, A14, A15: See Task Order 2-specific indicator results below. These indicators are not reported for TO1, TO3, and TO4 because QA processes for these task orders are managed by the GHSC-QA project.

Fiscal Year targets represent desired indicator result aggregated over the full fiscal year.

Indicator		Task Order 2 Malaria				
		FY20 Target	2019 Q3	2019 Q4	2020 Q1	2020 Q2
A2	Percentage of QA processes completed within the total estimated QA lead times	80%	74%	100%	94%	87%
A13	Percentage of batches of product for which the final result is showing nonconformity (out of specification percentage)	<1%	0.0%	0.0%	1.2%	3.6%
A14b	Average vendor rating score – QA labs	NA	80%	85%	90%	80%
A15	Percentage of QA investigation reports submitted within 30 calendar days of outcome determination (QA investigation report submission)	90%	50%		80%	
Indicator		Crosscutting				
A14a	Average vendor rating score – Suppliers	NA	74%	71%	80%	77%
A14c	Average vendor rating score – Freight Forwarders	NA	84%	84%	85%	85%

Fiscal Year targets represent desired indicator result aggregated over the full fiscal year. For certain performance indicators GHSC-PSM and USAID have agreed that targets are not appropriate, either because performance is not fully within project control, to avoid unwanted incentives, or because there is insufficient data to set targets at this time. For more detail, please see Annex C of the GHSC-PSM Monitoring and Evaluation Plan (17 Mar 2020).

Indicator		Task Order 1 HIV/AIDS				Task Order 2 Malaria				Task Order 3 PRH				Task Order 4 – MNCH				Crosscutting			
		2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2
In country Context, Performance, and Sustainability																					
B1	Stockout rate at SDPs	11%	9%	10%	12%	13%	12%	16%	20%	15%	19%	20%	19%	NA				NA			
B2	Percentage of stock status observations in storage sites where commodities are stocked according to plan, by level in supply system	37%	36%	31%	29%	26%	22%	23%	17%	18%	15%	19%	16%	NA				NA			
B3	SDP reporting rate to the logistics management information system (LMIS)	84%	87%	81%	84%	76%	73%	81%	87%	78%	82%	78%	84%	71%	74%	64%	81%	NA			
B4	Average rating of in-country data confidence at the central, subnational, and SDP levels – (0-9 scale)	5.7		Annual		7.0		Annual		6.4		Annual		6.7		Annual		NA			
B5	Percentage of required annual forecasts conducted	<i>See country-specific indicator pages for detailed data for this indicator (reported annually).</i>																			
B6	Percentage of required supply plans submitted to GHSC-PSM during the quarter	<i>See Supply Plan Submission and country-specific indicator pages for detailed data for this indicator.</i>																			

Targets for in-country performance indicators are set at the country level. Targets are not required for context indicators.

Indicator	Task Order 1 HIV/AIDS				Task Order 2 Malaria				Task Order 3 PRH				Task Order 4 – MNCH				Crosscutting			
	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2

In country Context, Performance, and Sustainability

B7	Percentage of total spent or budgeted on procurement of commodities for public sector services by funding source	See country-specific indicator pages for detailed data for this indicator (reported annually).																						
B8	Percentage of targeted supply chain activities in which the host country entity has achieved technical independence with GHSC-PSM technical assistance.	See country-specific indicator pages for detailed data for this indicator (reported annually).																						
B9	Supply chain technical staff turnover rate	See country-specific indicator pages for detailed data for this indicator (reported annually).																						
B10	Percentage of countries that have a functional logistics coordination mechanism in place	75%	Annual	72%	Annual	69%	Annual	67%	Annual	NA														
B11	Percentage of leadership positions in supply chain management that are held by women	NA		NA		NA		NA		NA												31%	Annual	

Targets for in-country performance indicators are set at the country level. Targets are not required for context indicators.

Indicator	Task Order 1 HIV/AIDS				Task Order 2 Malaria				Task Order 3 PRH				Task Order 4 – MNCH				Crosscutting			
	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2

In country Context, Performance, and Sustainability

B12	Absolute percent consumption forecast error, with forecast bias variant	<i>See country-specific indicator pages for detailed data for this indicator (reported annually).</i>																						
C1	Number of innovations (including operations research studies) that were developed, implemented, or introduced and are related to the health commodity market or supply chain best practices	0	6	3	3	0	1	0	2	1	1	2	1	2	0	0	2	5	8	6	2			
C2	Number of people trained	942	1246	192	578	667	379	711	217	192	324	32	240	389	11	0	113	3073	6930	731	632			
C7a	Percentage of product lost due to expiry while under GHSC-PSM control	<i>See Warehouse Performance and country-specific indicator pages for detailed data for this indicator.</i>																						
C7b	Percentage of product lost due to theft, damage, or other causes while under GHSC-PSM control	<i>See 3PL and Commodity Vendor Performance and country-specific indicators pages for detailed data for this indicator.</i>																						

Targets for in-country performance indicators are set at the country level. Targets are not required for context indicators. C3, C4, C5 and C6: These indicators have been removed from the GHSC-PSM M&E Plan with approval from USAID.

Indicator		Task Order 1 HIV/AIDS				Task Order 2 Malaria				Task Order 3 PRH				Task Order 4 MNCH				Crosscutting				
		2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	
In country Context, Performance, and Sustainability																						
C8	Number of global advocacy engagements in support of improved availability of essential health commodities	0		3			1		5			7		6			3		1		5	7
C10	Percentage of GHSC-PSM-procured or supported molecular instruments that remained functional during the reporting period	71%	76%	79%	77%		NA					NA					NA					
C11	Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance	See country-specific indicator pages for detailed narratives for this indicator.																				

Targets for in-country performance indicators are set at the country level. Targets are not required for context indicators.

C9: This indicator has been removed from the GHSC-PSM M&E Plan with USAID approval.

Delivery Performance

Current Reporting Period

2020-Q2



A1a. On-time, In-Full Delivery

Task Order	Total # of Line Items Delivered	OTIF	OTIF Target
TO1	744	85%	80%
TO2	238	92%	80%
TO3	66	95%	80%
TO4	26	100%	80%
Total	1,074	88%	80%

A1b. On-time Delivery

Task Order	Total # of Line Items with ADDs in the quarter	OTD	OTD Target
TO1	767	89%	80%
TO2	247	94%	80%
TO3	60	98%	80%
TO4	26	100%	80%
Total	1,100	91%	80%

A16. Backlog Percentage

Task Order	Total # of line items with ADDs in the last 12 months	Backlog	Backlog target
TO1	3,582	2.6%	5%
TO2	861	0.9%	5%
TO3	242	0.0%	5%
TO4	269	0.0%	5%
Total	4,954	2.1%	5%

Analysis

Delivery performance for TO4 was strong this quarter, at 100 percent for both OTIF and OTD, and zero items remaining in the backlog. Delivery volume was slightly higher this quarter, as the project began delivery of large essential medicines orders for DRC. OTIF and OTD for family planning commodities performed well this quarter, with both metrics climbing above 90 percent. The task order also notched a second quarter with zero items remaining in the backlog. OTIF and OTD performance for malaria commodities remained strong this quarter. The total number of line items delivered increased, as did both OTIF and OTD performance. The backlog percentage also remained low, with less than 1 percent of all line items with agreed delivery dates in the last year still undelivered at the end of the quarter. Performance for both OTIF and OTD exceeded the 80 percent target for HIV commodities this quarter, at 85 percent OTIF and 89 percent OTD. The backlog rate rose for the period, to 2.6 percent, still under the target of 5 percent or less. Some drivers behind this increase included delayed fulfillment due to vendor shelf life capabilities for some items; a supplier transition; and technical issues delaying order execution, among others. Fulfillment has progressed since the end of the quarter, and more than half of backlogged items for the period have since been delivered.

Data notes

- See "Indicator Details" pages in this report for more information.
- Quarterly indicator targets are effective beginning FY2018 Q4.
- Line items are considered on time if they are delivered between 14 calendar days before and up to 7 calendar days after the agreed delivery date.
- All male and female condom and lubricant deliveries are reported under TO1.

See next page for
break down by
product category



Delivery Performance

Current Reporting Period

2020-Q2



A1a. OTIF rate

A1b. OTD rate

A16. Backlog percentage

Task Order	OTIF	Total # of Line Items Delivered	OTD	Total # of Line Items with ADDs in the quarter	Backlog	Total # of line items with ADDs in the last 12 months
TO1	85%	744	89%	767	2.6%	3,582
Adult ARV	89%	96	92%	101	0.8%	371
Condoms	83%	35	78%	41	1.0%	195
Food and WASH					0.0%	1
HIV RTK					0.0%	2
Laboratory	83%	358	87%	373	3.4%	1,914
Other Non-Pharma	87%	104	92%	106	3.8%	425
Other Pharma	100%	27	87%	30	1.8%	227
Other RTK	100%	4	100%	4	0.0%	9
Pediatric ARV	88%	66	97%	62	0.4%	277
TB HIV	93%	27	96%	26	2.3%	44
Vehicles and other equipment					33.3%	3
VMMC	63%	27	79%	24	0.0%	114
TO2	92%	238	94%	247	0.9%	861
ACTs	96%	79	99%	84	0.0%	324
Laboratory	96%	81	100%	78	0.0%	142
LLINs	86%	35	90%	39	0.9%	112
mRDTs	100%	2	100%	2	0.0%	97
Other Non-Pharma	95%	22	95%	22	2.3%	43
Other Pharma	100%	3	100%	3	0.0%	10
Severe Malaria Meds	57%	7	38%	13	9.0%	67
SMC	75%	4	100%	3	0.0%	23
SP	60%	5	100%	3	0.0%	43

A1a. OTIF rate

A1b. OTD rate

A16. Backlog percentage

Task Order	OTIF	Total # of Line Items Delivered	OTD	Total # of Line Items with ADDs in the quarter	Backlog	Total # of line items with ADDs in the last 12 months
TO3	95%	66	98%	60	0.0%	242
Combined Oral Contraceptives	89%	19	100%	17	0.0%	44
Copper-Bearing Intrauterine Devices	100%	1	100%	1	0.0%	17
Emergency Oral Contraceptives					0.0%	10
Implantable Contraceptives	91%	11	100%	10	0.0%	68
Injectable Contraceptives	100%	21	94%	18	0.0%	54
Other Non-Pharma					0.0%	11
Progestin Only Pills	100%	13	100%	13	0.0%	34
Standard Days Method	100%	1	100%	1	0.0%	4
TO4	100%	26	100%	26	0.0%	269
Laboratory	100%	1	100%	1	0.0%	9
Other Non-Pharma					0.0%	213
Other Pharma	100%	25	100%	25	0.0%	41
Other RTK					0.0%	3
TB HIV					0.0%	3

Data notes

See "Indicator Details" pages in this report for more information.

Quarterly indicator targets are effective beginning FY2018 Q4.

Line items are considered on time if they are delivered between 14 calendar days before and up to 7 calendar days after the agreed delivery date.

All male and female condom and lubricant deliveries are reported under TO1.

Cycle Time Performance

Current Reporting Period

2020-Q2



A3. Average overall cycle time

Task Order	# of line items delivered	Average Cycle Time	Cycle time target
TO1	744	208	216
TO2	238	398	295
TO3	66	229	
TO4	26	354	206
Total	1074	255	228

A3. Average overall cycle time (with TO3 Targets)

Task Order	# of line items delivered	Average Cycle Time	Cycle time target
TO3	66	229	
Direct drop fulfillment	6	220	260
Warehouse fulfillment	60	229	250

See next page for break downs by process segment, product category, fulfillment channel, and transportation mode



Task Order	Analysis
TO1	Cycle time for HIV commodities has remained relatively consistent for several quarters, both on end-to-end measurements and for individual process segments. Overall performance averaged at 208 days, below the target of 216 days. For direct drop fulfillments, early stage process segments remained consistent, while average manufacture and pick up times increased slightly. For warehouse fulfillments, reduction in clarifications, sourcing, preparation, and pick up segments time resulted in the shortest average cycle times in several quarters.
TO1	Cycle times for the pick up and deliver segments exclude any deliveries shipped under C and D Incoterms. These deliveries are handled by suppliers, meaning that pick up dates are not relevant or available, and pick up/deliver segments cannot be calculated. Due to the large line item volume of these types of orders for TO1, the pick up and deliver segment data reported for TO1 direct drops represents only about 45 percent of all TO1 direct drops.
TO2	Average cycle time for quality assurance was 53 days, an increase from the previous period (36 days).
TO2	Average end-to-end cycle time for malaria orders rose this quarter, to 398 days. This is consistent with increased used of ocean shipping, per the current fulfillment strategy for the task order. The share of line items delivered via ocean rose to 75 percent this quarter, up from 55 percent in Q1 and 13 percent in Q4. The average time to deliver for these line items was 107 days, compared to 16 days for item delivered via other modes. The benefits of this strategy have begun to show in the results for total landed cost (A5), where freight and logistics costs per dollar delivered have begun to fall for the first time. Looking at segments earlier in the ordering process, the project saw improvements in average times to clarify, source, approve, and process POs and DOs for orders.
TO3	Average cycle times for direct drop of family planning items fell to its shortest performance in several quarters, averaging 220 days across the six line items fulfilled via this channel. Improvements were mainly driven by reductions in the sourcing and manufacturing process segments.
TO3	Average cycle times for orders fulfilled from GHSC-PSM's warehouse fell to 229 days this quarter, below the target of 250 days. This builds on Q1 performance, where the project began to "return to normal" after a few dramatic outliers caused cycle times to spike in Q3 and Q4. Segment cycle times for clarifications and fulfillment planning have remained consistent, while time to process DOs, prepare, and pick up orders has varied with the product and country mix from quarter to quarter.
TO4	Cycle time for MNCH orders rose this quarter, to 353 days. All deliveries were to the DRC. While all process segments from USAID approval averaged within normal performance, the sourcing time was longer than usual. This was due to significant reviews and adjustments of the orders during this period, all of which were essential medicines and laboratory items for DRC. Due to budgetary interdependencies across these orders, freight cost estimates were reviewed in detail prior to USAID approval of the order, causing an increased segment time for this quarter.

Data notes

Quarterly indicator targets are effective beginning FY2018 Q4.

Overall cycle time is defined as the number of days between when a customer order is submitted to when the shipment is actually delivered to the customer, inclusive of the start/end days and all holds or other dwell times. The project is implementing new dwell tracking procedures, with the intent of reporting dwell-adjusted cycle time by FY2021.

Data on overall cycle start and end dates are complete for all line items delivered this quarter. However, internal milestone data may not be complete for some line items. In these cases, line items with incomplete data are excluded from the segment averages. For this reason, the sum of all segments may not be equal to the overall average per task order and fulfillment channel, especially in earlier reporting periods.

Cycle Time Performance

Current Reporting Period

2020-Q2



A3. Average overall cycle time by product group, fulfillment channel, and transportation mode (TO1, TO2, and TO3)

Fulfillment Channel Task Order	Direct Drop Fulfillment				Warehouse Fulfillment			Total
	Air	Land	Multiple	Sea	Air	Land	Sea	
TO1	207	191	281	285	190	231	227	208
Adult ARV	198			354	159	237	287	225
Condoms	257			359	281		195	234
Laboratory	192	195	279	279				194
Other Non-Pharma	265	168	282	282				183
Other Pharma	225	179		295		217		222
Other RTK	187							187
Pediatric ARV	267			311	274	283	150	273
TB HIV	174			288	132			218
VMMC	159	551		162				204
TO2	367	403	576	422	204		126	398
ACTs	375	248	576	560	200			430
Laboratory	158			402				399
LLINs				343				343
mRDTs	165			176				171
Other Non-Pharma				404				404
Other Pharma	274	731						579
Severe Malaria Meds	402			331			126	342
SMC					217			217
SP	414	525						436
TO3	236		316	176	233	203	226	229
Combined Oral Contraceptives			316		191		254	221
Copper-Bearing Intrauterine Devices							149	149
Implantable Contraceptives	198				351		213	287
Injectable Contraceptives	274			165	201	203	208	202
Progestin Only Pills					248		212	242
Standard Days Method				199				199

A3. Average overall cycle time by product group, fulfillment channel, and transportation mode (TO4)

Fulfillment Channel Product Category	Direct Drop Fulfillment		Total
	Air	Sea	
Laboratory	294		294
Other Pharma		356	356
Total	294	356	354

Data notes

Data on overall cycle start and end dates are complete for all line items delivered this quarter. However, internal milestone data may not be complete for some line items. In these cases, line items with incomplete data are excluded from the segment averages. For this reason, the sum of all segments may not be equal to the overall average per task order and fulfillment channel, especially in earlier reporting periods.

Overall cycle time is defined as the number of days between when a customer order is submitted to when the shipment is actually delivered to the customer, inclusive of the start/end days and all holds or other dwell times. The project is implementing new dwell tracking procedures, with the intent of reporting dwell-adjusted cycle time by FY2021.

Quarterly indicator targets are effective beginning FY2018 Q4.

Average cycle times by process segment

Fulfillment channel	Clarify and Source	USAID Approval	Process PO/DO	Manufacture/Prepare and Pick Up Order	Manufacture	Pick Up	Deliver
Direct drop fulfillment	68	12	38		81	47	53
TO1	53	3	42		80	34	23
TO2		37	25		85	70	92
TO3		3	76		64	14	45
TO4	135	3	36		63	30	86
Warehouse fulfillment	66	6	72	43			30
TO1	47	5	106	26			31
TO2		1	4	49			13
TO3		10	32	72			34
Total	68	11	43	99			47

Quality Assurance Performance (TO2 only)

Current Reporting Period

2020-Q2



Data notes

All QA activities for TO2 are conducted by GHSC-PSM. All QA activities for TO1, TO3, and TO4 are managed by the USAID GHSC-QA contract. GHSC-QA may be contacted for data related to these TOs.

Exceptional procedures outside of routine QA testing and clearance are excluded from indicator A2. This includes consignments requiring QA investigations, method transfers, non-PMI procurements, post-shipment quality control, and LLIN shipments requiring witnessing of loading and/or sealing of goods.

Quarterly indicator targets are effective beginning FY2018 Q4.

A2. QA processes completed within required lead times

Task Order	Total # of QA processes completed	% QA Processes On Time	A2 Target
TO2	46	87%	80%
ACTs	18	100%	80%
LLINs	9	100%	80%
mRDTs	10	100%	80%
Other Pharma	1	0%	80%
Severe Malaria Meds	5	60%	80%
SMC	2	0%	80%
SP	1	0%	80%

A13. Out-of-specification percentage

Task Order	Total # of batches tested	Out-of-specification percentage	A13 Target
TO2	195	3.6%	1%
ACTs	40	2.5%	1%
LLINs	8	0.0%	1%
mRDTs	33	3.0%	1%
Other Pharma	9	0.0%	1%
Severe Malaria Meds	16	0.0%	1%
SMC	66	0.0%	1%
SP	23	21.7%	1%

A15. QA investigation report submission

Task Order	# of reports due	Report submissions	A15 Target
TO2	5	80%	90%
ACTs	2	50%	90%
LLINs	1	100%	90%
mRDTs	0		90%
Other Non-Pharma	0		90%
Other Pharma	0		90%
Severe Malaria Meds	0		90%
SMC	0		90%
SP	2	100%	90%

Ref	Analysis
A02	Performance for TO2 QA laboratory vendors remained above the targeted level this quarter, with 87 percent of routine processes completed within the required lead times, including 100 percent performance for ACTs, mRDTs, and LLINs. Improved forecasting process, close monitoring of activities at key laboratories to ensure activities are on track, and strategic allocation of method transfers to ensure lab capacity is not compromised have all contributed to continued strong performance. Looking ahead to the coming quarter, efforts will be focused on mitigating the impact of COVID-19 on the supply chain by paralleling QC activities, using a risk-based approach to determine which QC activities can be suspended, and working closely with labs to understand their capacity constraints and how to alleviate delays. (Note that there were no instances where QA processes were disrupted due to the COVID-19 pandemic this quarter. Greater impacts are anticipated for the coming quarters, at which point this indicator will be analyzed and reported using appropriate reason codes, in alignment with OTIF and OTD reporting elsewhere in this report).
A13	Out of specification findings rose this quarter, to 3.6 percent of batches tested. The majority of OOS results were for sulphadoxine-pyrimethamine. The OOS impacted multiple lots across two orders, which was therefore rejected and a hold was placed on further procurements, pending a root cause analysis by the supplier. Other findings this quarter include an OOS results for one lot of AL, which was replaced, and one for RDT, which was for the G6PD product.
A14b	The overall score for QA labs fell from 90 percent to 80 percent this quarter. Indicators for timeliness, cost, and customer service all declined, while completeness of documentation improved and responsiveness stayed at 100 percent.
A15	The GHSC-PSM TO2 QA team submitted 4 out of 5 QA investigation reports on time in Q1-Q2. The fifth was missed due to a miscalculation of the due date. The team is in the pilot stage of adding out of specification (OOS) reporting to the project's Continual Improvement database, which will track deadlines and generate reminders to finalize reports.

Warehouse Performance and Product Losses

Current Reporting Period

2020-Q2

C7a and C7b. Product loss due to expiry, theft, damage and other causes while in GHSC-PSM control

Task Order	Country	Type of Loss	Product Group	Loss Value	Loss Denominator	% Loss
TO2	Rwanda	Damage	ACT	\$51	\$774,515	0.01%
TO2	Nigeria	Damage	ACTs	\$48	\$6,109,481	0.00%
TO2	Rwanda	Damage	ACTs	\$267	\$4,278,156	0.01%
TO1	RDC	Damage	Adult ARV	\$530	\$67,117,739	0.00%
TO1	Uganda	Damage	Adult ARVs	\$275	\$18,692,404	0.00%
TO1	Nigeria	Damage	ARVs	\$37	\$21,947,519	0.00%
TO1	Rwanda	Damage	ARVs	\$189	\$33,327,903	0.00%
TO1	Rwanda	Damage	Essential Meds	\$507	\$737,558	0.07%
TO3	RDC	Damage	Implantable Contraceptives	\$340	\$3,474,072	0.01%
TO3	Bangladesh	Damage	Injectable Contraceptives	\$352	\$660,000	0.05%
TO1	Haiti	Damage	Laboratory	\$12,144	\$2,237,729	0.54%
TO1	Rwanda	Damage	Laboratory	\$10	\$3,142,956	0.00%
TO2	RDC	Damage	mRDTs	\$72	\$8,760,104	0.00%
TO3	Rwanda	Damage	Oral contraceptive	\$0	\$295,586	0.00%
TO2	Rwanda	Damage	RTDs, ACTs	\$4,406	\$1,004,604	0.44%
TO2	DRC	Damage	Severe Malaria Meds	\$105	\$2,250,553	0.00%
TO2	RDC	Damage	SMC	\$571	\$8,131,969	0.01%
TO2	Niger	Damage	SP	\$27	\$269,400	0.01%
TO1	RDC	Expiry	ARVs	\$45,825	\$25,138,609	0.18%
TO3	RDC	Expiry	Injectable Contraceptives	\$97	\$10,365,578	0.00%
TO2	RDC	Expiry	NA	\$0	\$14,344	0.00%
TO1	Rwanda	Mising Product	ARVs	\$14	\$6,279,205	0.00%
TO2	Mozambique	Missing product	LLINs	\$1,943	\$5,326,265	0.04%
TO1	Zambia	Temperature Excursion	Laboratory	\$177	\$17,788,639	0.00%

A8. Shelf life remaining

Task Order	Inventory Balance	% Shelf Life Remaining	Shelf life target
TO1	\$104,788,078	82%	78%
TO2	\$21,697,296	69%	70%
TO3	\$58,668,600	84%	77%
Total	\$185,153,973	78%	

Ref	Analysis
A08	Average remaining shelf life for items in the ALu emergency stockpile rose to 83 percent this quarter. Overall inventory balance fell to about \$14,000 at the end of the quarter, but inbound orders throughout Q3 and Q4 are expected to maintain adequate emergency supplies of ALu. The team is closely monitoring ACT demand, which is expected to increase to some degree given shortages of mRDTs now anticipated in the global market.
A08	Average shelf life remaining for HIV inventory remained consistent this quarter, at 82 percent.
A08	Overall shelf life remaining for family planning items was 82 percent, which is consistent with performance over the last several quarters.
C07a	There was a minimal expiry of some vials of injectable contraceptive this quarter, totaling less than \$100.
C07a	There was an expiry of some adult and pediatric ARVs at the RDC this quarter. This was due to a country order that experienced a long waiver delay, which caused the shelf life of these items to dwindle, with no opportunity to reallocate. The loss represents only 0.18 percent of HIV inventory, continuing Task Order 1's strong record of minimal expiries.
C07a	There was no expiry of malaria products this quarter.
C07b	Due to the intensive nature of incident reporting, root cause analysis, and loss value validation, losses are often reported one or more quarters after the incident takes place. The number of incidents included here this quarter has increased as the M&E team has cleared a reporting backlog. There has been no unusual increase in incident frequency in the supply chain.
C07b	The most common forms of product loss continue to be damage or discrepancies that occur during transit through the global supply chain, which affect relatively small proportions of GHSC-PSM's order volume. These types of losses are typical for large supply chain operations.

Data notes

Average inventory balance (A4 and C7a denominator) is calculated using the ending balance at the close of each month.

Expired inventory is excluded from shelf life calculations (A8). It is reported under product loss.

Quarterly indicator targets are effective beginning FY2018 Q4. Per the project M&E plan, no targets are required for product loss indicators (C7a and C7b).

Task Order 1 inventory includes all condoms. GHSC-PSM does not hold any inventory for Task Order 4.

Procurement Performance

Current Reporting Period

2020-Q2

A10. Framework contract percentage

Task Order	Procurement total	Framework contract percentage	Framework contract target
TO1	\$175,054,968	86%	80%
TO2	\$64,218,588	79%	80%
TO3	\$10,984,558	100%	95%
TO4	\$2,120,500	100%	75%
Total	\$252,378,614	85%	NA

A10. Product-level detail

Task Order	Framework contract percentage	Procurement total
TO1	86%	\$175,054,968
Adult ARV	100%	\$102,937,278
Condoms	100%	\$5,455,757
Food and WASH	0%	\$301,000
Laboratory	51%	\$45,539,478
Other Non-Pharma	16%	\$1,194,531
Other Pharma	100%	\$1,880,187
Other RTK	2%	\$353,108
Pediatric ARV	100%	\$11,189,352
TB HIV	100%	\$3,560,807
VMMC	100%	\$2,643,470
TO2	79%	\$64,218,588
ACTs	98%	\$16,368,612
Laboratory	100%	\$99,858
LLINs	53%	\$27,182,746
mRDTs	100%	\$11,369,258
Other Non-Pharma	100%	\$134,688
Other Pharma	100%	\$47,270
Severe Malaria Meds	100%	\$4,473,855
SMC	100%	\$2,642,724
SP	100%	\$1,899,577

A10. Product-level detail

Task Order	Framework contract percentage	Procurement total
TO3	100%	\$10,984,558
Combined Oral Contraceptives	100%	\$1,903,650
Emergency Oral Contraceptives	100%	\$173,616
Implantable Contraceptives	100%	\$5,665,880
Injectable Contraceptives	100%	\$2,920,762
Other Non-Pharma	100%	\$49,550
Progestin Only Pills	100%	\$245,376
Standard Days Method	100%	\$25,725
TO4	100%	\$2,120,500
Other Non-Pharma	100%	\$981,510
Other Pharma	100%	\$1,138,990

Analysis

Procurement totals rose for maternal, newborn, and child health commodities this quarter. Purchases were focused on essential medicines, for which GHSC-PSM maintains basic ordering agreements with wholesalers. One order of insect repellent for Zika prevention was also executed this quarter, also under a framework contract.

The project procured 86 percent of its HIV products under framework agreements this quarter, exceeding the target of 80 percent. After a surge in ARV purchasing in Q1, driving up both the overall dollar total and the framework contract rate, ARV procurements returned to a more routine level as a share of HIV procurements in Q2. Lab procurements increased in value, share of HIV procurement total, and use of framework agreements. For the first time, more than half of lab procurements were executed under framework contracts this quarter. While some proportion of lab items will continue to be procured under one-off contracts due to the variety of products and frequency of new SKUs, procurements of high-value viral load reagents are expected to continue to shift under this indicator as more procurements are placed under global framework agreements.

TO3 continues to procure all items under framework contracts, per the sourcing strategy for these commodities.

Use of framework contracts for malaria procurements rose significantly this quarter, right in line with an increase in the targeted performance. This was due to two key drivers: 1) a large overall increase in procurements across product categories, especially for ACTs and mRDTs, which have long fallen under long-term agreements, and 2) the first releases of purchase orders for LLINs under framework agreements. More than half of net procurements this quarter fell under these agreements.

Data notes

Procurement totals are equal to the total value of all line items procured from vendors each period. This includes Purchase Orders and warehouse Replenishment Orders. Distribution Orders released from the RDCs to countries are not counted, as these quantities are already included when the items are first purchased as Replenishment Orders.

Framework contracts include indefinite delivery, indefinite quantity contracts (IDIQs), blanket purchase agreements (BPAs), and basic ordering agreements (BOAs). Non-framework contracts include firm fixed price and fixed unit price subcontracts, simplified purchase agreements, and other types of one-off purchase orders.

Commodities are considered "purchased" if the "PO Released for Fulfillment Date" in ARTMIS falls within the reporting period.

Registration Waivers

A7. Temporary registration waiver percentage

Task Order	Temporary registration waiver percentage	Total # of line items delivered
TO2	5.0%	238
Laboratory	0.0%	81
ACTs	3.8%	79
LLINs	0.0%	35
Other Non-Pharma	0.0%	22
Severe Malaria Meds	42.9%	7
SP	60.0%	5
SMC	0.0%	4
Other Pharma	33.3%	3
mRDTs	100.0%	2
TO3	6.1%	66
Injectable Contraceptives	4.8%	21
Combined Oral Contraceptives	5.3%	19
Progestin Only Pills	7.7%	13
Implantable Contraceptives	9.1%	11
Copper-Bearing Intrauterine Devices	0.0%	1
Standard Days Method	0.0%	1
Emergency Oral Contraceptives		0
Other Non-Pharma		0
Total	5.3%	304

Analysis

The use of registration waivers to import malaria commodities fell to 5 percent of delivered line items this quarter. All other items were either registered or did not require registration.

The use of registration waivers to import family planning and reproductive health products remained consistent this quarter, at around 6 percent of line items delivered. This included a shipment of combined oral contraceptives to Haiti, which does not have a functioning registration agency. Any unregistered products will continue to require the use of waivers, as new registrations cannot be processed. Other items requiring waivers this quarter included DMPA-IM and combined oral contraceptives for Mozambique, and implants for Angola. In the case of Angola, which is not a USAID PRH priority country, GHSC-PSM was asked to procure this item to fill a funding gap to help alleviate a stockout. As always, GHSC-PSM and GHSC-QA work strategically to communicate USAID priorities and forecast demand to help vendors target their registration efforts, but the need to use occasional waivers is likely to continue.

Supply Plan Submissions

Current Reporting Period

2020-Q2

B6. Quarterly supply plan submission rate to GHSC-PSM HQ

Product Group	# of supply plans required	Supply plan submission rate	Submission target
ARVs	18	100%	85%
Condoms	18	100%	85%
FP commodities	18	94%	85%
Lab (HIV diagnostics)	15	93%	85%
Malaria commodities	29	90%	80%
RTKs	17	100%	85%
TPT	13	92%	
VMMC	6	83%	65%
Total	134		

Analysis

Supply plan submissions were strong in HIV/AIDS product categories this quarter, exceeding the targets for all product groups.

Submissions of supply plans for family planning products and condoms was strong this quarter, at 94 and 100 percent, respectively. The only omission on the family planning side was Nepal, for which necessary data inputs from government systems were not available in time to complete the supply plan.

Malaria supply plan submissions have steadily improved following the implementation of expanded requirements. The submission rate has now reached 90 percent.

Supply Plan and Forecast Performance

A6a. Supply plan error - HIV Products

Product Category	Supply plan/ forecast error	Supply plan/ forecast bias	4-quarter error	Annual APE Target	4-quarter bias
Adult ARV	19%	8%	10%	26%	8%
Condoms	35%	12%	13%	33%	8%
Laboratory	23%	15%	25%	28%	25%
Pediatric ARV	38%	-5%	12%	26%	-1%

A6a. Supply plan error - Malaria products

Product Category	Supply plan/ forecast error	Supply plan/ forecast bias	4-quarter error	Annual APE Target	4-quarter bias
ACTs	46%	-46%	45%	35%	-45%
mRDTs	7%	7%	19%	35%	-19%

A6b. Forecast error - Family Planning products

Product Category	Supply plan/ forecast error	Supply plan/ forecast bias	4-quarter error	Annual APE Target	4-quarter bias
Combined Oral Contraceptives	4%	4%	3%	30%	3%
Copper-bearing Intrauterine Devices	0%	0%	10%	30%	-10%
Implantable Contraceptives	2%	-2%	17%	30%	17%
Injectable Contraceptives	29%	-29%	15%	30%	15%
Progestin Only Pills	0%	0%	1%	30%	1%

Analysis

Variance for condom orders improved this quarter, falling from 51 percent in Q1 to only 8 percent in Q2. Two countries placed orders with short lead times prior to requested delivery, both of which were unable to plan sooner due to funding uncertainties. The Plan team and Commodity Security teams are working together to identify ways to improve funding visibility moving forward.

Supply plan variance for adult ARVs improved this quarter, falling from 64 percent in Q1 to just 4 percent in Q2. Performance remained constant on the four-quarter measure, a legacy of the higher demand in Q1. On the pediatric side, a trend of orders exceeding supply plan quantities has continued, nudging four-quarter performance up to 27 percent, despite an improvement in Q2 performance on its own. A degree of variance in both adult and pediatric ARV performance is expected in the current context of multiple product and packaging transitions, in support of regimen transitions and multi-month dispensing.

Supply plan error for ACTs fell this quarter, from more than 200 percent variance in Q1 to only 46 percent in Q2. In both quarters, under-ordering compared to supply plans has been driven by country shifts away from AS/AQ toward greater use of ALu. In Q2, quantities for several AS/AQ orders from Nigeria were revised down to align with reduced consumption as the country phases out use of these products. GHSC-PSM is monitoring ACT supply to ensure compensation for reductions in AS/AQ with increases in another ACT product, in line with MOP2020 guidance and gap analysis.

Performance for mRDTs remained consistent this quarter, with orders slightly exceeding supply plan quantities. Increased demand in this category has helped to make up for over-forecasts in previous quarters, narrowing variance on the four-quarter measure of supply plan error to 19 percent.

Ordering for HIV lab commodities was slightly below supply plan quantities this quarter, but in general the category continued a run of strong performance. Lab items have maintained performance within a narrower targeted range of 25 percent for this fiscal year.

Forecast error has remained low for most contraceptive products this quarter, including implants, combined oral contraceptives, progestin-only pills (POPs), and copper-bearing IUDs. In the case of POPs and IUDs, orders matched forecasts exactly. In the case of injectable contraceptives, ordered quantities fell short of forecasted quantities. This was due to cancellations or quantity reductions in several countries, mostly related to lack of funding. Condom forecast performance, which improved this quarter but which still saw some late-placed orders in excess of planned quantities, was also impacted by funding uncertainties. The Plan team is working with the Commodity Security team to find ways to improve funding visibility moving forward.

Vendor Performance

Current Reporting Period

2020-Q2

A14a-c. Average vendor rating score

Vendor Type	Average vendor rating
Commodity Supplier	77%
Freight Forwarder	85%
QA Lab	80%

Analysis

Freight forwarder performance remained steady at 85 percent. Invoice accuracy declined during this period, due to the rush to submit all invoices by the close of the fiscal year, which for 3PLs was February or March. Spot quote turnaround time, on the other hand, improved markedly, while the other indicators were largely unchanged.

Supplier OTIF fell slightly from 80 to 77 percent. This quarter, an additional 10 suppliers were added to the list of high risk/high value suppliers that are tracked through this metric and monitored closely.

The overall score for QA labs fell from 90 percent to 80 percent this quarter. Indicators for timeliness, cost, and customer service all declined, while completeness of documentation improved and responsiveness stayed at 100 percent.

14b. QA Lab Vendor Scorecard Components, Weighting, and Scores

Component Name	Indicator Name	Indicator Score	Indicator Weight (Overall)	Overall Weighted Score
1 - Reliability (Timeliness of Service)	Does the lab provide on-time provision of completed test reports?	76%	48%	36%
2 - Responsiveness	Does the lab provide prompt response after receipt of GHSC-PSM request for testing	100%	15%	15%
3 - Completeness of Documentation	Frequency of modification to Certificates of Analysis (CoA)	85%	18%	15%
4 - Invoice Accuracy	Submitted invoices for routing testing adhere to set IDIQ pricing	73%	10%	7%
5 - Service	Adherence to other terms and conditions, not related to reliability, responsiveness, completeness, and cost (Qualitative)	70%	10%	7%
Total			100%	80%

Data notes

Per the GHSC-PSM M&E plan, targets are not required for vendor performance indicators.

Total Landed Cost

Current Reporting Period

2020-Q2

A5. Total Landed Costs

Task Order	Total Landed Cost (Freight and Logistics)	TLC Target	Delivery Total	Total Landed Cost (Freight, Logistics, and HQ Operations)
TO1	7.2%	10%	\$470,176,199	11.6%
TO2	28.5%	34%	\$140,475,707	33.9%
TO3	13.2%	15%	\$39,755,520	25.9%
TO4	63.2%	30%	\$4,609,158	87.8%
Total	12.5%	17%	\$655,016,583	17.7%

A5. Cost Breakdown

Cost Type	TO1	TO2	TO3	TO4	Total
Freight and Logistics	\$33,652,237	\$40,003,023	\$5,242,105	\$2,914,226	\$81,811,591
Country-specific Logistics	\$2,379,513	\$2,026,880	\$820,429	\$295,398	\$5,522,220
Demurrage	\$123,056	\$25,661	\$35,006	\$39,732	\$223,456
Drop Ship Freight	\$15,459,358	\$33,734,166	\$1,552,031	\$2,568,731	\$53,314,287
Inbound Freight	\$5,414,114	\$611,554	\$274,872	\$0	\$6,300,539
Insurance	\$523,655	\$286,989	(\$77,339)	(\$16,242)	\$717,063
Loss	\$9,088	\$78	\$1,839	\$5	\$11,010
Outbound Freight	\$7,415,574	\$2,165,117	\$2,079,647	\$7,902	\$11,668,240
Security	\$477,404	\$155,709	\$49,161	\$1,824	\$684,098
Warehousing	\$1,850,475	\$996,869	\$506,458	\$16,876	\$3,370,678
HQ Operations	\$20,685,131	\$7,556,615	\$5,058,294	\$1,130,464	\$34,430,505
Forecasting and Supply Planning	\$3,059,408	\$964,408	\$945,138	\$86,447	\$5,055,400
GS1	\$597,439	\$353,124	\$116,905	\$21,319	\$1,088,786
MIS	\$2,925,042	\$1,565,764	\$1,606,666	\$95,279	\$6,192,751
Monitoring and Evaluation	\$4,030,132	\$1,071,747	\$681,645	\$189,976	\$5,973,500
Procurement	\$7,497,250	\$3,216,794	\$1,536,099	\$636,741	\$12,886,883
Warehousing and Distribution	\$2,575,860	\$384,778	\$171,843	\$100,703	\$3,233,185
Total	\$54,337,368	\$47,559,638	\$10,300,399	\$4,044,690	\$116,242,096

Analysis

Per agreement with USAID, quality assurance costs are not included in this indicator, since GHSC-PSM does not manage QA across all TOs. For TO2, where QA is managed by the project, the total landed cost (freight and logistics) with QA included increases to 29.6 percent. Total landed cost including HQ operations is 35.6 percent with QA included.

Total landed cost for Task Order 1 fell this period, from 8.4 to 7.2 percent. Costs fell for all freight categories (inbound, outbound, and drop ship) while remaining relatively consistent in other logistics categories. The metric also improved slightly for the variant including HQ operations costs, which fell from 12.5 to 11.6 percent.

Total landed cost for Task Order 2 began to decline this period, after several periods of increase. The reduction, from 34.7 to 28.5 percent, was driven mainly by a steep drop in expenses for drop ship freight. A contributing factor may be the increased use of ocean shipping, a less expensive mode which is now used to transport the majority of malaria commodity volume.

Total landed cost for Task Order 3 continued a slight downward trend this quarter, falling from 14.4 to 13.2 percent. Overall spending on freight and logistics remained consistent this period, with increases in country-specific logistics costs and drop ship freight offset by reduced expenses for outbound freight from the RDCs. With the same overall level of spending, however, the project was able to deliver nearly 10 percent more commodity value compared to the previous period. The total value of deliveries rose from \$36.2 to \$39.8 million.

Total landed costs continues to be an erratic indicator for TO4, due to its comparatively low volumes. The measurement is sensitive to changes in delivery volumes and lags between the timing of deliveries and payment of invoices. The 12-month value of deliveries fell by more than half this period, from \$9.4 to \$4.6 million. Overall freight expenses also fell, through not by as much, causing the total landed cost value to rise. This may be due to invoicing lags, with expenses from FY2019 Q2 deliveries to DRC trailing into the current period (FY19 Q3-FY20 Q2) as their invoices payments were completed. (Invoice payments typically occur 60 days after shipments are delivered, assuming no clarifications, corrections, or other invoicing delays are required). The actual total landed cost for the FY2019 Q2 reporting period are likely higher than the project is able to report, and the growth in costs per dollar delivered through to the current period is likely not as steep as it appears in the visual above.

Data notes

GHSC-PSM's total landed cost indicator is equal to the sum of all costs associated with commodity delivery, divided by the total value of commodities delivered. It is reported semiannually, for a rolling 12-month period. It provides a high-level sense of the project's relative operations and direct logistics costs, but it may lack precision for several reasons: 1) Commodity cost savings may cause the denominator to decrease, even if volume stays the same. This may have the effect of increasing total landed cost as percentage, even if costs in the numerator remain the same. 2) Logistics costs for items shipped under C and D Incoterms are built into the commodity cost charged by the supplier. They cannot be separated out and assigned to the numerator. 3) Costs in the numerator represent invoices paid, per the project monthly financial statement, while commodity costs are based on items delivered. Numerator costs may therefore be delayed compared to delivery activity represented by the denominator.

Global Advocacy Engagements

Current Reporting Period

2020-Q2



Crosscutting

8

Name of Engagement	Description
2019 GS1 Healthcare Conference (Mumbai, India - November 2019)	GHSC-PSM's Global Standards Team presented with USAID and other donors on global progress toward implementation of GS1 standards for "rest of world" commodities; met with GHSC-PSM suppliers based in India to discuss compliance; and participated in a think tank with regulators (e.g. Ethiopia, Nigeria) to discuss challenges and recommendations for implementation of traceability in those countries.
Global Health Supply Chain Summit	The Global Health Supply Chain Summit (GHSCS) was held November 20-22, 2019 in Johannesburg, South Africa. Five project staff from HQ and our Cameroon country office gave presentations. The project also presented four posters from HQ staff and our Mali, Mozambique, and Guinea offices. Topics included vendor-managed inventory, UAVs, commodity data for decision-making and commodity security, disaster response, and pharmacovigilance.
Global Health Supply Chains: The Role of Private Wholesalers & Distributors in Improving Access to Medicines	Several GHSC-PSM staff attended this panel discussion at the Center for Global Development in Washington, DC. Speakers discussed progress in working with pharmaceutical wholesalers in sub-Saharan Africa to provide a quality-assured and reliable supply of medicines and public health commodities.
Global Traceability Visioning Workshop (Washington, DC - December 2019)	GHSC-PSM's Global Standards Team hosted a Global Traceability Visioning Workshop, bringing together participants across donor organizations (i.e. USAID, UNFPA, Global Fund, World Bank), countries (i.e. Nigeria, Ethiopia), and private sector associations to develop a vision for global traceability of pharmaceuticals from manufacturer to country, brainstorm "big ideas" to advance implementation, and formulate concepts for donors to take forward over the next two to three years.
National Supply Chain Assessment Toolkit Training	Between November 12 and 15th, two GHSC-PSM staff traveled to Johannesburg, South Africa to support the implementation of an NSCA training with two USAID personnel. The training was intended for interested potential implementers and other stakeholders. GHSC-PSM staff co-led half of the workshops training sessions, focusing on technical sessions and those on past implementations and best practices. Overall, the implementation of the NSCA training was a great success. There was a large and diverse group of 31 supply chain and public health professionals who attended the training. Participants came from a wide range of organizations including NGO partners, university researchers, Ministry of Health staff, and donor institution representatives.
Prescription for Progress: Bringing Health Solutions to Scale	On February 20, 2020, GHSC-PSM's Haiti Country Director presented on using technology to improve health outcomes, especially to deliver commodities to the last mile, at the Devex Live event, Prescription for Progress: Bringing Health Solutions to Scale, held in San Francisco, California.
Workshop: UAM System Integration and Smart Cities	The team lead for GHSC-PSM's warehousing and distribution joined global participants at this event, cohosted by NASA and Accenture on March 2, 2020, to discuss UAV research in the field of urban air mobility to explore ways to encourage a safe and efficient air transportation system.
World Bank Global Steering Committee on Quality Assurance of Medicines	GHSC-PSM's Global Standards Team Lead participates in quarterly GSC meetings at the World Bank to present to the broader donor community and the Private Sector Advisory Council on USAID/GHSC-PSM progress for global standards implementation and report out on ongoing country activities. This forum provides the opportunity to identify areas for collaboration -- for example, document input and review, GS1 Africa conference organization, and participation in national traceability workshops as relevant to various stakeholders.

Global Advocacy Engagements

Current Reporting Period

2020-Q2



HIV/AIDS

3

Name of Engagement	Description
ARV Procurement Working Group Quarter 4 Meeting	The ARV Procurement Working Group (APWG) meets on a quarterly basis to discuss pediatric ARV orders and secure on-time delivery with global partners, regional bodies, and international agencies. TO1 staff participated in the Q4 APWG on December 11, 2019.
International Conference on AIDS and STIs in Africa	The 2019 International Conference on AIDS and STIs in Africa (ICASA) was held in Kigali, Rwanda from December 2-7, 2019. Throughout the conference, project staff from HQ and our country offices presented on various TO1 initiatives, including the implementation of multimonth dispensing, vendor-managed inventory, viral load network improvements, and TLD data use. The project also hosted a panel discussion on lessons learned from the TLD transition. More than 260 participants from 35 countries attended, ranging from service providers to government representatives, donors, researchers, and more. Project staff also participated in a panel discussion on the Journey to Self-Reliance.
ARV Buyer Seller Summit	On November 25-27, 2019, GHSC-PSM joined global HIV/AIDS partners at the annual ARV Buyer Seller Summit, hosted in Washington, DC by USAID, PEPFAR, Global Fund, and the Republic of South Africa's National Department of Health. TO1 project staff supported multiple sessions and presented "Supply Chain Optimization through End-to-End Data Visibility."



Maternal, Newborn, and Child Health

1

Name of Engagement	Description
Reproductive Health Supplies Coalition's Maternal Health Supplies Caucus	On October 2 and 3, GHSC-PSM hosted the fall in-person meeting of the Reproductive Health Supplies Coalition's Maternal Health Supplies Caucus in Crystal City. Discussion included next steps on having tranexamic acid and blood products workstreams under the caucus, the status of the antihypertensives workstream, an update on an Innovation Fund project, and discussion of the 2019-2020 workplan. It also included a presentation on findings from the White Ribbon Alliance's What Women Want survey, a review of Ending Eclampsia project highlights, and a uterotronics panel with updates on carbetocin, oxytocin in the EPI supply chain, and the USAID decision making tool.

Global Advocacy Engagements

Current Reporting Period

2020-Q2



Malaria

5

Name of Engagement	Description
15th Annual Vector Control Working Group Conference	The Roll Back Malaria 15th Annual Vector Control Working Group provided a forum where all malaria constituencies came together to build consensus on the challenges, gaps, and opportunities in vector control. The three-day conference, held at the Movenpick hotel in Geneva, Switzerland from February 3-5 2020, provided a platform for the malaria vector control community to exchange the latest best practices and research relevant to current and future malaria vector control operations.
ASTMH	The American Society of Tropical Medicine and Hygiene (ASTMH) 2019 annual meeting was held in Washington, DC from November 20-24, 2019. The meeting brought nearly 4,900 attendees from 119 countries. The meeting covered various tropical diseases, prevention, treatments, and research in oral and oral presentations. The GHSC-PSM Ethiopia field office gave a poster presentation, "Assessment of artesunate injectables consumption in selected public hospitals of the Tigray region of northern Ethiopia: Evidence-based guidance to improve medicine use." In addition to other attendees who visited the poster presentation, PMI and the Ethiopian Ministry of Health (EMoH) delegates attended and appreciated GHSC-PSM's sharing of best experiences resulting from the support provided to improve rational use of medicines in Ethiopia. The TO2 attendees also participated in the malaria-related technical presentations and networked with other participants from other organizations or countries.
PMI Implementing Partners Meeting	In January, GHSC-PSM hosted the first quarterly PMI Partners Meeting, which provided implementing partners an opportunity to engage directly with PMI leadership to discuss emerging topics within malaria programming, as well as opportunities for collaboration. Partners who attended other than GHSC-PSM included Vector Link, PMI Measure Malaria, Civis, Impact Malaria, and Breakthrough Action and Research. The first quarterly meeting introduced PMI's vision to develop a data lake, entitled Malaria Data Integration and Visualization platform for Eradication (MDIVE). The following partners meeting, held in April, discussed the COVID impact and strategies to ensure programming continuity.
Alliance for Malaria Prevention Partners Meeting (January 30-31, 2020)	Held from January 30-31, 2020 at the International Federation of the Red Cross and Red Crescent Societies (IFRC) office in Geneva, Switzerland, the 2020 Alliance for Malaria Prevention Partners' Meeting largely focused on the malaria-burden country perspective. The main themes were data use to improve campaign impact through mapping and stratification, new insecticide-treated net (ITN) types to address insecticide resistance, and use of social and behavior change communication to improve accuracy of household registration and ITN allocation, all with the ultimate goal of improving ITN distribution outcomes.
TraceNet Working Group	GHSC-PSM's Global Standards Team convened the TraceNet Working Group, a collaboration among donors, country programs, and the LLIN manufacturing industry, to develop a set of mutually agreeable requirements and timelines for the implementation of standardized identification, data capture, and data sharing specifications for LLINs to align with the progress made for other commodities. TraceNet met bi-weekly from May 2019 through launch of the guideline in January 2020 and continues to hold quarterly webinars to support suppliers in implementation.

Global Advocacy Engagements

Current Reporting Period

2020-Q2



Family Planning and Reproductive Health

6

Name of Engagement	Description
Coordinated Supply Planning Emergency Meeting	In December, the CSP group members, along with guests from Jhpiego, the UK Department for International Development (DFID), Bill and Melinda Gates Foundation (BMGF), and Children’s Investment Fund Foundation (CIFF), met at UNFPA’s office in New York City for a day-long discussion on demand-supply gaps in the implants and injectables markets. The discussion included donor perspectives on introduction and scale-up efforts for the injectable depot - medroxyprogesterone acetate subcutaneous (DMPA-SC) and implants, and the DMPA-SC supply outlook and implications for the generic alternative, DMPA-intra-muscular (DMPA-IM). GHSC-PSM plays a critical role in CSP’s commodity allocation efforts by providing data and insight to the decision making process and then, in turn, implementing the outputs through its procurement.
FP2020 Performance Monitoring and Evidence working group meeting	In February, GHSC-PSM attended the bi-annual FP2020 Performance Monitoring and Evidence (PME) Working Group meeting. The PME Working Group is a forum to share knowledge and technical advice on monitoring progress toward the FP2020 goal of 120 million new users; to promote the use of data to inform decision making; and to contribute to the understanding of evidence in key dimensions of family planning, such as quality of care and human rights. At this meeting, the working group discussed the post-2020 strategy and how organizations could support the strategy moving forward. GHSC-PSM led a discussion session on measuring stockouts and participated in other discussions, including how to communicate uncertainty in data, and understanding contraceptive discontinuation and method switching. A major outcome of the meeting was a review of the post-2020 vision-level results statements and results framework, which GHSC-PSM provided comments on.
Reproductive Health Supplies Coalition Systems Strengthening Working Group biannual meeting	In January, GHSC-PSM chaired the bi-annual meeting of the Reproductive Health Supplies Coalition’s (RHSC) Systems Strengthening Working Group in Washington, DC. Participants from 19 organizations partook in presentations and discussions on a variety of topics including: stockout of consumable products for long-acting methods, family planning markets, FP/RH supplies in humanitarian settings, visibility and analytics, workforce development, and health financing. Outputs from the meeting include collaborative work with working groups of the RHSC, topics for webinars to be held in the springtime, and strengthening communications with other global initiatives-- particularly People that Deliver (PtD).
Coordinated Supply Planning Meeting	On January 14-15, GHSC-PSM, as a member of the CSP (Coordinated Supply Planning) Group, hosted the bi-annual CSP meeting in Crystal City with participants from UNFPA, USAID, JSI, CHAI, RHSC, and BMGF. Meeting objectives included reviewing the scope of CSP (including roles and responsibilities for CSP members, product priorities, and linkages with other groups working on programmatic and supply issues), agreeing on CSP priority activities considering available human resources, reviewing supply outlooks for constrained products in 2020, reviewing CSP forecasting methodology and outputs (including timing of updates provided to suppliers and sharing protocols), agreeing on improvements for processes and communications used for product allocation and tracking for constrained supply products, and debriefing on the monthly process implemented following the June 2019 in-person CSP meeting. The CSP Group also reviewed and validated the CSP/CARhs 2020 strategy to present to the GFPVAN Steering Committee, including CPG branding/scope definition, discussed CSP/CARhs merging and hybrid process timelines, and discussed next steps for GFPVAN.
Inter-agency working group on reproductive health in crisis meeting on humanitarian advocacy	RHSC and IAWG co-organized an in-person meeting in Washington, DC to develop a shared advocacy agenda for increased attention to SRH supplies in the humanitarian-development nexus, including during the preparedness and protracted response/recovery stages of the emergency programming cycle. The purpose of the meeting was to further define the advocacy objectives, priorities, target audiences, and activities, culminating in a one-year workplan focusing on both global and national levels. The TO3 Senior Technical Advisor attended on behalf of the project.
8th annual meeting of the Ouagadougou Partnership	The three-day meeting (December 3-5, 2019) in Cotonou, Benin, brought together ministries of health and civil society organizations from the nine Ouagadougou Partnership countries, donors, and partners in the region to review current progress toward the Partnership’s objectives. The theme of the meeting was “Youth and social behavior change: demand creation and demand satisfaction.” The organizers included several sessions around this theme, including discussions of progress toward the FP2020 goals, country commitments to respond to the needs of youth in family planning, and FP procurement financing. The Task Order Director represented GHSC-PSM and provided insight on the work supported by USAID on the surveys conducted in all nine Francophone countries to collect commodity security indicators.

Complete Quarterly Results (TO1)

Reporting Period

2020-Q2

A1a. OTIF rate A1b. OTD rate A16. Backlog percentage A10. Framework contracting

Task Order	OTIF	Total # of Line Items Delivered	OTD	Total # of Line Items with ADDs in the quarter	Backlog	Total # of line items with ADDs in the last 12 months	Framework contract percentage	Procurement total
TO1	85%	744	89%	767	2.6%	3,582	86%	\$175,054,968
Adult ARV	89%	96	92%	101	0.8%	371	100%	\$102,937,278
Condoms	83%	35	78%	41	1.0%	195	100%	\$5,455,757
Food and WASH					0.0%	1	0%	\$301,000
HIV RTK					0.0%	2		
Laboratory	83%	358	87%	373	3.4%	1,914	51%	\$45,539,478
Other Non-Pharma	87%	104	92%	106	3.8%	425	16%	\$1,194,531
Other Pharma	100%	27	87%	30	1.8%	227	100%	\$1,880,187
Other RTK	100%	4	100%	4	0.0%	9	2%	\$353,108
Pediatric ARV	88%	66	97%	62	0.4%	277	100%	\$11,189,352
TB HIV	93%	27	96%	26	2.3%	44	100%	\$3,560,807
Vehicles and other equipment					33.3%	3		
VMMC	63%	27	79%	24	0.0%	114	100%	\$2,643,470
Total	85%	744	89%	767	2.6%	3,582	86%	\$175,054,968

A6a and A6b. Absolute percent supply plan or forecast error

A6 Indicator	Supply plan/ forecast error	Supply plan/ forecast bias	4-quarter error	4-quarter bias
A6a - Supply plan error				
Adult ARV	4%	4%	23%	23%
Laboratory	7%	-7%	3%	3%
Pediatric ARV	18%	18%	27%	27%
A6b - Forecast Error				
Condoms	8%	8%	7%	-7%

B6. Quarterly supply plan submissions

Product Group	Supply plan submission rate	# of supply plans required
ARVs	100%	18
Condoms	100%	18
Lab (HIV diagnostics)	93%	15
RTKs	100%	17
VMMC	83%	6

A3. Cycle time (average)

Fulfillment Channel Task Order	Direct Drop Fulfillment				Warehouse Fulfillment			Total
	Air	Land	Multiple	Sea	Air	Land	Sea	
TO1	207	191	281	285	190	231	227	208
Adult ARV	198			354	159	237	287	225
Condoms	257			359	281		195	234
Laboratory	192	195	279	279				194
Other Non-Pharma	265	168	282	282				183
Other Pharma	225	179		295		217		222
Other RTK	187							187
Pediatric ARV	267			311	274	283	150	273
TB HIV	174			288	132			218
VMMC	159	551		162				204
Total	207	191	281	285	190	231	227	208

C7a and C7b. Product loss due to expiry, theft, damage, and other causes

Country	Type of Loss	Product Group	Loss Value	Loss Denominator	% Loss
RDC	Damage	Adult ARV	\$530	\$67,117,739	0.00%
Uganda	Damage	Adult ARVs	\$275	\$18,692,404	0.00%
Nigeria	Damage	ARVs	\$37	\$21,947,519	0.00%
Rwanda	Damage	ARVs	\$189	\$33,327,903	0.00%
Rwanda	Damage	Essential Meds	\$507	\$737,558	0.07%
Haiti	Damage	Laboratory	\$12,144	\$2,237,729	0.54%
Rwanda	Damage	Laboratory	\$10	\$3,142,956	0.00%
RDC	Expiry	ARVs	\$45,825	\$25,138,609	0.18%
Rwanda	Mising Product	ARVs	\$14	\$6,279,205	0.00%
Zambia	Temperature Excursion	Laboratory	\$177	\$17,788,639	0.00%

A8. Shelf life remaining

% Shelf Life Remaining	Inventory Balance
82%	\$25,138,609

Crosscutting indicators

A14. Average vendor ratings

Vendor Type	Average vendor rating
Commodity Supplier	77%
Freight Forwarder	85%

Complete Quarterly Results (TO2)

Reporting Period

2020-Q2



Task Order	A1a. OTIF rate		A1b. OTD rate		A16. Backlog		A7. Waiver percentage		A10. Framework contracting		A2. QA processes on time		A13 Out-of-spec		A15. QA reports	
	OTIF	Total # of Line Items Delivered	OTD	Total # of Line Items with ADDs in the quarter	Backlog	Total # of line items with ADDs in the last 12 months	Temporary registration waiver percentage	Total # of line items delivered	Framework contract percentage	Procurement total	% QA Processes On Time	Total # of QA processes completed	Out-of-specification percentage	Total # of batches tested	Report submissions	# of reports due
TO2	92%	238	94%	247	0.9%	861	5.0%	238	79%	\$64,218,588	87%	46	3.6%	195	80%	5
ACTs	96%	79	99%	84	0.0%	324	3.8%	79	98%	\$16,368,612	100%	18	2.5%	40	50%	2
Laboratory	96%	81	100%	78	0.0%	142	0.0%	81	100%	\$99,858						
LLINs	86%	35	90%	39	0.9%	112	0.0%	35	53%	\$27,182,746	100%	9	0.0%	8	100%	1
mRDTs	100%	2	100%	2	0.0%	97	100.0%	2	100%	\$11,369,258	100%	10	3.0%	33		0
Other Non-Pharma	95%	22	95%	22	2.3%	43	0.0%	22	100%	\$134,688						0
Other Pharma	100%	3	100%	3	0.0%	10	33.3%	3	100%	\$47,270	0%	1	0.0%	9		0
Severe Malaria Meds	57%	7	38%	13	9.0%	67	42.9%	7	100%	\$4,473,855	60%	5	0.0%	16		0
SMC	75%	4	100%	3	0.0%	23	0.0%	4	100%	\$2,642,724	0%	2	0.0%	66		0
SP	60%	5	100%	3	0.0%	43	60.0%	5	100%	\$1,899,577	0%	1	21.7%	23	100%	2
Total	92%	238	94%	247	0.9%	861	5.0%	238	79%	\$64,218,588	87%	46	3.6%	195	80%	5

A3. Cycle time (average)

Fulfillment Channel Task Order	Direct Drop Fulfillment				Warehouse Fulfillment		Total
	Air	Land	Multiple	Sea	Air	Sea	
TO2	367	403	576	422	204	126	398
ACTs	375	248	576	560	200		430
Laboratory	158			402			399
LLINs				343			343
mRDTs	165			176			171
Other Non-Pharma				404			404
Other Pharma	274	731					579
Severe Malaria Meds	402			331		126	342
SMC					217		217
SP	414	525					436
Total	367	403	576	422	204	126	398

C7a and C7b. Product loss due to expiry, theft, damage, and other causes

Country	Type of Loss	Product Group	Loss Value	Loss Denominator	% Loss
Rwanda	Damage	ACT	\$51	\$774,515	0.01%
Nigeria	Damage	ACTs	\$48	\$6,109,481	0.00%
Rwanda	Damage	ACTs	\$267	\$4,278,156	0.01%
RDC	Damage	mRDTs	\$72	\$8,760,104	0.00%
Rwanda	Damage	RTDs, ACTs	\$4,406	\$1,004,604	0.44%
DRC	Damage	Severe Malaria Meds	\$105	\$2,250,553	0.00%
RDC	Damage	SMC	\$571	\$8,131,969	0.01%
Niger	Damage	SP	\$27	\$269,400	0.01%
RDC	Expiry	NA	\$0	\$14,344	0.00%
Mozambique	Missing product	LLINs	\$1,943	\$5,326,265	0.04%

B6. Quarterly supply plan submissions

Product Group	Supply plan submission rate	# of supply plans required
Malaria commodities	90%	29

A8. Shelf life remaining

% Shelf Life Remaining	Inventory Balance
83%	\$14,344

A14. Average vendor rating - QA labs

Average vendor rating
242%

Crosscutting indicators

A14. Average vendor ratings

Vendor Type	Average vendor rating
Commodity Supplier	77%
Freight Forwarder	85%

A6a. Absolute percent supply plan error

A6 Indicator	Supply plan/ forecast error	Supply plan/ forecast bias	4-quarter error	4-quarter bias
A6a - Supply plan error				
ACTs	46%	-46%	45%	-45%
mRDTs	7%	7%	19%	-19%

Complete Quarterly Results (TO3)

Reporting Period

2020-Q2

A1a. OTIF rate

A1b. OTD rate

A16. Backlog percentage

A10. Framework contracting

A6b. Absolute percent forecast error

Task Order	OTIF	Total # of Line Items Delivered	OTD	Total # of Line Items with ADDs in the quarter	Backlog	Total # of line items with ADDs in the last 12 months	Framework contract percentage	Procurement total
TO3	95%	66	98%	60	0.0%	242	100%	\$10,984,558
Combined Oral Contraceptives	89%	19	100%	17	0.0%	44	100%	\$1,903,650
Copper-Bearing Intrauterine Devices	100%	1	100%	1	0.0%	17		
Emergency Oral Contraceptives					0.0%	10	100%	\$173,616
Implantable Contraceptives	91%	11	100%	10	0.0%	68	100%	\$5,665,880
Injectable Contraceptives	100%	21	94%	18	0.0%	54	100%	\$2,920,762
Other Non-Pharma					0.0%	11	100%	\$49,550
Progestin Only Pills	100%	13	100%	13	0.0%	34	100%	\$245,376
Standard Days Method	100%	1	100%	1	0.0%	4	100%	\$25,725
Total	95%	66	98%	60	0.0%	242	100%	\$10,984,558

A6 Indicator	Supply plan/ forecast error	Supply plan/ forecast bias	4-quarter error	4-quarter bias
A6b - Forecast Error				
Combined Oral Contraceptives	4%	4%	3%	3%
Condoms	8%	8%	7%	-7%
Copper-bearing Intrauterine Devices	0%	0%	10%	-10%
Implantable Contraceptives	2%	-2%	17%	17%
Injectable Contraceptives	29%	-29%	15%	15%
Progestin Only Pills	0%	0%	1%	1%

A3. Cycle time (average)

Fulfillment Channel Task Order	Direct Drop Fulfillment			Warehouse Fulfillment			Total
	Air	Multiple	Sea	Air	Land	Sea	
TO3	236	316	176	233	203	226	229
Combined Oral Contraceptives		316		191		254	221
Copper-Bearing Intrauterine Devices						149	149
Implantable Contraceptives	198			351		213	287
Injectable Contraceptives	274		165	201	203	208	202
Progestin Only Pills				248		212	242
Standard Days Method			199				199
Total	236	316	176	233	203	226	229

C7a and C7b. Product loss due to expiry, theft, damage, and other causes

Country	Type of Loss	Product Group	Loss Value	Loss Denominator	% Loss
RDC	Damage	Implantable Contraceptives	\$340	\$3,474,072	0.01%
Bangladesh	Damage	Injectable Contraceptives	\$352	\$660,000	0.05%
Rwanda	Damage	Oral contraceptive	\$0	\$295,586	0.00%
RDC	Expiry	Injectable Contraceptives	\$97	\$10,365,578	0.00%

B6. Quarterly supply plan submissions

Product Group	Supply plan submission rate	# of supply plans required
Condoms	100%	18
FP commodities	94%	18

A8. Shelf life remaining

% Shelf Life Remaining	Inventory Balance
82%	\$10,365,578

A7. Temporary Waiver Percentage

Task Order	Temporary registration waiver percentage	Total # of line items delivered
TO3	6.1%	66
Combined Oral Contraceptives	5.3%	19
Copper-Bearing Intrauterine Devices	0.0%	1
Emergency Oral Contraceptives		0
Implantable Contraceptives	9.1%	11
Injectable Contraceptives	4.8%	21
Other Non-Pharma		0
Progestin Only Pills	7.7%	13
Standard Days Method	0.0%	1
Total	6.1%	66

Crosscutting indicators A14. Average vendor ratings

Vendor Type	Average vendor rating
Commodity Supplier	77%
Freight Forwarder	85%

Complete Quarterly Results (T04)

Reporting Period

2020-Q2



Crosscutting indicators

A14. Average vendor ratings

Vendor Type	Average vendor rating
Commodity Supplier	77%
Freight Forwarder	85%

A1a. OTIF rate A1b. OTD rate A16. Backlog percentage A10. Framework contracting

Task Order	OTIF	Total # of Line Items Delivered	OTD	Total # of Line Items with ADDs in the quarter	Backlog	Total # of line items with ADDs in the last 12 months	Framework contract percentage	Procurement total
T04	100%	26	100%	26	0.0%	269	100%	\$2,120,500
Laboratory	100%	1	100%	1	0.0%	9		
Other Non-Pharma					0.0%	213	100%	\$981,510
Other Pharma	100%	25	100%	25	0.0%	41	100%	\$1,138,990
Other RTK					0.0%	3		
TB HIV					0.0%	3		
Total	100%	26	100%	26	0.0%	269	100%	\$2,120,500

A3. Cycle time (average)

Task Order	Direct Drop Fulfillment	Total
T04	354	354
Laboratory	294	294
Other Pharma	356	356
Total	354	354

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Delivery Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A01a	On Time, In Full Delivery (OTIF) - Percentage of line items delivered on time and in full, within the minimum delivery window (within -14/+7 calendar days of the agreed delivery date (ADD))	Number of line items delivered to the recipient on time and in full during the quarter	Total number of line items delivered to the recipient during the quarter	ARTMIS	Quarterly	Lines items are considered on-time and in-full if the full ordered quantity of the line item is delivered to the recipient within the -14/+7 day delivery window. If the line item is partially delivered within the window, it may be considered on-time but not in-full.
A01b	On Time Delivery (OTD) — Percentage of line items delivered on time, within the minimum delivery window (within -14/+7 calendar days of the agreed delivery date (ADD))	Number of line items with an ADD during the quarter that were delivered to the recipient on time	Total number of line items with an ADD during the quarter	ARTMIS	Quarterly	
A16	Percentage of backlogged line items	Number of line items with an ADD on or before the reporting period end date, within a rolling 12-month period, that have not been cancelled or put on hold and that are currently undelivered and late	Total number of line items with an ADD on or before the reporting period end date, within a rolling 12-month period, that have not been cancelled or put on hold	ARTMIS	Quarterly	

Cycle time Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A03	Cycle time (average)	Sum of cycle time for all line items delivered during the quarter	Count of all line items delivered during the quarter	ARTMIS	Quarterly	Overall cycle time is defined as the number of days between when a customer order is submitted to when the shipment is actually delivered to the customer, inclusive of the start/end days and all holds or other dwell times. The project is implementing new dwell tracking procedures, with the intent of reporting dwell-adjusted cycle time by FY2021.

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Quality Assurance Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A02	Percentage of QA processes completed within the total estimated QA lead times (on-time completion rate for QA processes)	Number of consignments complying with the pre-established QA lead times during the quarter	Total number of consignments requiring QA processes that were cleared for shipment during the quarter	QA Database	Quarterly	Consignment is defined as a shipment of commodities, including one or more line items. QA process transactions are managed at the consignment level, regardless of the number of line items in the consignment.
A13	Percentage of batches of product for which the final result is showing nonconformity (out of specification percentage)	Total number of batches of product showing nonconformity during the quarter	Total number of batches tested during the quarter	QA Database	Quarterly	
A14b	Average vendor rating score - QA lab services	Sum of all key vendor ratings.	Number of key vendors from whom GHSC-PSM procured lab testing services during the quarter	QA scorecard	Quarterly	All vendors are equally weighted in the overall score, regardless of procurement volume from each vendor.
A15	Percentage of quality assurance Investigation reports submitted within 30 calendar days of outcome determination (QA investigation report submission)	Number of QA investigation reports submitted to PMI within 30 days of outcome determination	Total number of QA investigation reports due during the reporting period	QA Database, email submissions	Semiannual	

Procurement Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A07	Percentage of line items imported using a temporary registration waiver (temporary waiver percentage)	Number of line items that were imported using a temporary registration waiver	Total number of line items delivered to the recipient during the quarter	Supplier registration bidding documentation	Quarterly	
A10	Percentage of product procured using a framework contract (framework contract percentage)	Value of product purchased through framework contracts during the quarter	Total value of commodities purchased during the quarter	ARTMIS	Quarterly	

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Forecast and Supply Planning Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A06a	Absolute percent supply plan error, with variants annual absolute percent error and supply plan bias	Absolute value of the differences between the actual quantities with requested delivery dates during the quarter minus the quantities planned for delivery according to country supply plans	Sum of the actual quantities with requested delivery dates during the quarter	ARTMIS, Country Supply Plans	Quarterly	Supply plan error is currently calculated for adult and pediatric ARVs, HIV lab products, ACTs, and malaria rapid diagnostic tests. Planned quantities are drawn from an aggregation of country supply plans submitted in the prior quarter, including only the quantities that are forecasted to be procured through GHSC-PSM. Actual quantities are derived based on the requested delivery dates for products included in customer ROs submitted to ARTMIS.
A06b	Absolute percent forecast error, with variants annual absolute percent error and forecast bias	Absolute value of the differences between the actual quantities with requested delivery dates during the quarter minus the quantities planned for delivery according to the global demand forecast	Sum of the actual quantities with requested delivery dates during the quarter	ARTMIS, Country Supply Plans, PPMR, other sources	Quarterly	Forecast error is currently calculated for condoms and contraceptives. Forecasted or planned quantities are drawn from the GHSC-PSM global demand forecasts for each product, which are based on an aggregation of country supply plans submitted in the prior quarter and additional inputs, such as country order history, data from coordinated planning groups, and global market dynamics indicators. Actual quantities are derived based on the requested delivery dates for products included in customer ROs submitted to ARTMIS.

Warehouse Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A04	Inventory turns (average number of times inventory cycles through GHSC-PSM controlled global facilities)	Total ex-works cost of goods distributed from GHSC-PSM-controlled global inventory stocks (in USD) within the fiscal year	Average monthly inventory balance (in USD)	Inventory extract	Annual	
A08	Average percentage of shelf life remaining for warehoused commodities, weighted by the value of each commodity's stock (product at risk percentage)	Percentage of shelf life remaining at the end of the quarter, weighted by value of commodities, summed across all products	Total value of commodities, summed across all products, at the end of the quarter	Inventory extract	Quarterly	Shelf life requirements vary by country and by product.

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

3PL and Commodity Vendor Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A14a	Average vendor rating score - Commodity suppliers	Sum of all key vendor ratings	Number of key vendors from whom GHSC-PSM procured products/commodities during the quarter	ARTMIS	Quarterly	Scorecards are compiled on one-month lag, i.e. Q1 data represents vendor performance from Sept-Nov. Supplier OTIF is currently reported for high value and/or high risk suppliers. Only suppliers for which one or more order line items were fulfilled in this reporting period were included. All vendors are equally weighted in the overall score, regardless of procurement volume from each vendor.
A14c	Average vendor rating score - Freight forwarders	Sum of all key vendor ratings	Number of key vendors from whom GHSC-PSM procured freight forwarding services during the quarter	3PL scorecard	Quarterly	To allow complete data collection, freight forwarder scorecards are conducted on a one-month lag (i.e. Q1 data represents performance from Sept-Nov, rather than Oct-Dec). Overall score is weighted by delivery volume, such that vendors who deliver a greater number of shipments will have a relatively greater impact on the result.

Product Loss Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
C07a	Percentage of product lost due to expiry while under GHSC-PSM control (product loss percentage)	Total value of product lost due to expiry during the quarter	Average inventory balance (in USD) during the quarter	Inventory reports	Quarterly	Expiries from the Regional Distribution Centers (RDCS) are presented in the GSC section of this report. Expiries that occur in warehouses that GHSC-PSM manages in countries are reported in the country-specific sections of this report.
C07b	Percentage of product lost due to theft, damage, or other causes, while under GHSC-PSM control (product loss percentage)	Total value of product lost due to theft, damage, or other causes during the quarter	For losses in transit: Total value (in USD) of product delivered during the quarter For losses in storage: Average inventory balance (in USD) during the quarter	GHSC-PSM Continual Improvement system reports	Quarterly	Product losses due to incidents are reported only after the actual value of the loss has been determined, which may be later than the quarter in which the incident took place or was first reported to GHSC-PSM Continual Improvement.

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Total Landed Cost

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A05	Total Landed Cost (as a percentage of total value of commodities delivered to recipients)	Sum of all freight and logistics costs (in USD) paid by GHSC-PSM during the reporting period	Sum of the value of all commodities delivered to recipients during the reporting period	ARTMIS, Monthly Financial Statement	Semiannual	The project will also report a variant of this indicator that includes all HQ supply chain operations costs in the numerator. Quality assurance costs will be excluded from all task orders, as QA costs are not paid by GHSC-PSM for all task orders. A version of the indicator including QA costs will be reported for Task Order 2 only.

Global Advocacy Engagements

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
C08	Number of global advocacy engagements in support of improved availability of essential health commodities	Number of global advocacy engagements in support of improved availability of essential health commodities	NA	Project work plans, narrative reports	Semiannual	

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Total Landed Cost

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
A05	Total Landed Cost (as a percentage of total value of commodities delivered to recipients)	Sum of all freight and logistics costs (in USD) paid by GHSC-PSM during the reporting period	Sum of the value of all commodities delivered to recipients during the reporting period	ARTMIS, Monthly Financial Statement	Semiannual	The project will also report a variant of this indicator that includes all HQ supply chain operations costs in the numerator. Quality assurance costs will be excluded from all task orders, as QA costs are not paid by GHSC-PSM for all task orders. A version of the indicator including QA costs will be reported for Task Order 2 only.

Global Advocacy Engagements

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
C08	Number of global advocacy engagements in support of improved availability of essential health commodities	Number of global advocacy engagements in support of improved availability of essential health commodities	NA	Project work plans, narrative reports	Semiannual	

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Delivery Impact Indicators

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
NA	Number of ACT treatments delivered	Sum of ACT treatments delivered to countries, where a treatment is equal to one blister strip		ARTMIS	Quarterly	Includes malaria treatments delivered over the life of the project, with "full dose" based on WHO-recommended treatment guidelines. Specific medicines counted are limited to those used only for treatments, and not primarily as prophylaxis. Specifically, it includes Artemether/Lumefantrine, Artesunate/Amodiaquine, and Arteminol/Piperaquine formulas.
NA	Number of Couple Years Protection delivered	Total of contraceptive method units delivered to countries, multiplied by the couple-years protection conversion factors per method, summed across all contraceptive methods delivered.		ARTMIS and USAID/MEASURE CYP conversion factors	Quarterly	CYP is a standard indicator calculated by multiplying the quantity of each contraceptive method distributed by a conversion factor to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed for all methods to obtain a total CYP figure. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, e.g., condoms and oral contraceptives, may be used incorrectly and then discarded, or that intrauterine devices (IUDs) and implants may be removed before their life span is realized. This GHSC-PSM measure includes all condoms, IUDs, and hormone (oral, injectable, and implantable) contraceptives delivered over the life of the project, with the conversion factor provided by USAID/MEASURE (see https://www.usaid.gov/what-we-do/global-health/family-planning/couple-years-protection-cyp for details).
NA	Person-years of ARV treatment delivered	Sum of the monthly treatment units of adult first-line ARV treatments delivered to countries , divided by 12		ARTMIS	Quarterly	This report only includes Adult Efavirenz/Lamivudine/Tenofovir (TLE, Nevirapine/Lamivudine/Zidovudine (NLZ), and Dolutegravir/Lamivudine/Tenofovir (TLD). Doses for calculating treatments are based on World Health Organization (WHO)-recommended guidelines. The calculation of patient-years allows GHSC-PSM to monitor effectiveness and efficiency by a standard unit.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

All



SDP Stockout Rates by Country - Overall

FY Quarter ▼

2020-Q2 ▼

GHSC-PSM Support	Angola	Botswana	Burkina Faso	Burma	Burundi	Cambodia	Eswatini	Ethiopia	Ghana	Guinea	Haiti	Indonesia	Kenya	Lesotho	Liberia	Malawi	Mali	Mozambique	Namibia	Nepal	Nigeria	Pakistan	Rwanda	Sierra Leone	Zambia	Zimbabwe
Supported	41.5%	11.8%	21.1%		0.9%	4.0%	6.5%	8.3%	9.0%	8.3%	0.5%	2.0%	28.1%	5.9%	30.8%	6.7%	19.4%	12.2%	1.4%	9.5%	11.3%	30.4%	1.6%	24.7%	40.7%	13.6%
Not Supported				0.0%											65.2%				0.4%							

Country	Stockout rate	Notes
Uganda	4.9%	Uganda is reported separately because its overall result includes a composite stockout rate (AL inability to treat). Composite stockout rates for AL inability to treat and PRH methods are excluded from other countries' overall results, so as to prevent double-counting of products included in the composites. For more details on the Uganda case, see "SDP Stockout Rates by Country - Malaria" in the following pages.

SDP Stockout Rates by Country - HIV/AIDS

GHSC-PSM Support Task Order	Not Supported			Supported																				
	Burma	Liberia	Namibia	Angola	Botswana	Burkina Faso	Burundi	Eswatini	Ethiopia	Ghana	Haiti	Indonesia	Lesotho	Liberia	Malawi	Mali	Mozambique	Namibia	Nigeria	Rwanda	Uganda	Zambia	Zimbabwe	
TO1-HIV/AIDS	0.0%	65.2%	0.4%	32.0%	11.8%	11.7%	1.4%	6.5%	9.9%	17.8%	0.8%	2.0%	5.9%	37.5%	4.8%	6.6%	6.6%	1.4%	14.8%	1.7%	4.8%	24.3%	8.9%	
1st line adult ARV	0.0%	64.1%	2.7%	0.0%	0.0%	0.0%	1.5%	4.4%	2.2%	14.0%	0.0%	0.0%	1.0%	37.5%	5.9%	0.0%	0.0%	0.0%	8.8%	1.1%	5.4%	23.4%	0.5%	
2nd line adult ARV	0.0%	75.2%	0.0%	64.7%	0.0%	5.9%	1.4%	12.5%	4.6%	43.7%	0.8%	0.0%	1.0%	62.5%	9.9%	3.6%	1.5%	0.0%	5.4%	1.5%	3.5%	8.4%	11.7%	
Pediatric ARV	0.0%	86.5%	0.0%	6.7%	3.0%	5.9%	2.0%	20.7%	5.2%	24.3%	3.0%	0.0%	3.9%	50.0%	0.7%	5.7%	2.5%	4.8%	17.4%	1.5%	9.5%	23.9%	4.0%	
First RTK		57.1%	0.0%	0.0%	14.3%	0.0%	1.9%	0.0%	5.5%	6.4%	0.8%	2.0%	1.0%	25.0%	2.0%	13.6%	11.5%	0.0%	11.1%	1.8%	1.9%	31.8%	7.1%	
Second RTK		46.2%	0.0%	0.0%	71.4%	5.9%	2.1%	1.4%	14.2%	7.2%	0.8%	4.5%	0.5%	12.5%	7.9%	14.6%	15.1%	0.0%	14.0%	2.5%		10.0%	6.5%	
Tie-breaker RTK			0.0%						12.4%			5.0%	2.1%					4.8%	9.5%		3.8%		30.1%	
Viral load reagent	0.0%				13.3%	0.0%		0.0%	15.8%				0.0%				0.0%		0.0%	0.0%	0.0%	30.8%	0.0%	
Viral load consumable	0.0%				13.3%	0.0%		0.0%	40.1%										0.0%	0.0%				
EID reagent	0.0%				20.0%	0.0%			17.6%				0.0%				0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	
EID consumable	0.0%				23.8%	17.6%			35.9%										0.0%	0.0%				
Male condoms (HIV)			0.0%	50.0%	0.0%	7.3%	0.2%	8.1%	2.6%	9.6%	0.0%		0.8%		2.4%		13.2%	0.0%	28.2%	1.9%		21.5%	2.9%	
Female condoms (HIV)			0.0%	100.0%	6.1%	16.5%	0.0%	7.1%		36.4%			5.0%		2.3%		12.1%	0.0%	10.2%	1.5%		51.0%	7.1%	
RUTF													38.6%											

SDP Stockout Rates by Country - Malaria

FY Quarter

2020-Q2

Table 1. Overall malaria stockout rates with product breakdown

GHSC-PSM Support Task Order	Supported																
	Angola	Burkina Faso	Burundi	Cambodia	Ethiopia	Ghana	Guinea	Kenya	Liberia	Malawi	Mali	Mozambique	Nigeria	Rwanda	Sierra Leone	Zambia	Zimbabwe
TO2-Malaria	41.8%	28.8%	0.9%	4.0%	13.1%	40.4%	5.8%	23.4%	30.5%	9.3%	26.1%	19.0%	8.6%	1.5%	24.7%	40.4%	20.5%
AL 6x1	40.0%	61.2%	1.8%		17.8%	25.0%	15.6%	12.7%	37.9%	17.9%	34.4%	19.8%	3.4%	2.1%	28.5%	42.4%	36.2%
AL 6x2	30.0%	28.8%	1.9%		20.3%	41.2%	13.9%	32.9%	34.6%	9.4%	39.2%	24.1%	5.0%	1.5%	27.6%	51.8%	30.0%
AL 6x3	10.0%	25.4%	0.0%		15.8%	88.9%	2.4%	27.2%	27.6%	12.4%	23.4%	26.1%	19.2%	1.3%	17.1%	35.4%	19.6%
AL 6x4	10.0%	27.9%	0.6%		9.6%	19.0%	2.1%	26.0%	39.2%	10.8%	17.8%	23.1%	8.2%	1.2%	16.4%	24.4%	19.6%
AS/AQ 100/270mgx3	57.0%		0.8%			90.0%			23.2%				2.4%				
AS/AQ 100/270mgx6	43.6%		1.6%			65.0%			32.6%				3.0%				
AS/AQ 25/67.5mg	54.4%		1.4%			55.6%			26.1%				1.9%				
AS/AQ 50/135mg	45.3%		0.6%			52.4%			44.9%				2.0%				
ASMQ 100mg/200mg FDC 6 tabs				0.9%													
mRDT	17.1%	10.5%	0.4%	7.1%	4.2%	25.0%	0.6%	16.9%	16.7%	0.9%	39.3%	9.2%	16.1%	1.3%	25.3%	19.3%	4.4%
SP	21.3%	12.6%	0.8%			8.3%	0.4%	24.7%	16.1%	7.5%	18.7%	11.4%	5.2%		39.3%	74.2%	5.5%
LLINs		35.4%	0.8%						38.5%	5.8%	14.2%	17.9%	35.7%		20.1%		

Table 2. Inability to treat with AL (Composite stockout rate of four AL presentations)

GHSC-PSM Support Task Order	Supported														
	Angola	Burkina Faso	Ethiopia	Ghana	Guinea	Kenya	Malawi	Mali	Mozambique	Nigeria	Rwanda	Sierra Leone	Uganda	Zambia	Zimbabwe
TO2-Malaria															
AL inability to treat	0.0%	7.3%	0.1%	11.1%	0.4%	6.9%	0.3%	3.7%	5.5%	1.3%	0.0%	9.8%	1.9%	8.4%	5.8%

Table 3. Malaria stockout rates for Uganda

GHSC-PSM Support Task Order	Supported Uganda
TO2-Malaria	3.4%
AL inability to treat	1.9%
mRDT	5.0%

Data Notes

Table 1:

Overall malaria stockout rates are calculated as an aggregation of stock observations across all malaria products. AL inability to treat is excluded from the overall result, as AL presentations are already factored in individually.

Table 2:

AL inability to treat is presented for each country that uses AL, separately from the overall results in Table 1.

Table 3:

In Uganda, health facilities report on all presentations of AL as a single item, equivalent to AL inability to treat. Stockout data is not available by individual presentation. As a result, GHSC-PSM incorporates AL inability to treat into Uganda's TO2 overall stockout rate to ensure that these essential products are represented.

SDP Stockout Rates by Country - Family Planning

In GHSC-PSM-supported regions

Table 1. Family planning stockout rates - Product level

Task Order	Burkina Faso	Burundi	Ethiopia	Ghana	Guinea	Haiti	Kenya	Liberia	Malawi	Mali	Mozambique	Nepal	Nigeria	Pakistan	Rwanda	Uganda	Zambia
TO3-PRH	16.5%	0.3%	4.7%	7.6%	11.4%	0.2%	32.4%	31.0%	4.9%	14.2%	11.2%	9.5%	11.1%	30.4%	1.6%	10.6%	50.5%
Combined oral contraceptive with iron	8.1%	0.0%	4.6%	11.0%	11.5%	0.0%		21.7%	5.9%	17.8%		9.6%	9.5%	43.7%	2.3%		53.3%
Combined oral contraceptive							13.9%				15.3%						
DMPA-Subcutaneous injectable	19.6%								3.2%		13.0%		23.7%				
NET-En Injectable				4.9%									6.3%				59.4%
DMPA-Intramuscular injectable	6.7%	0.3%	2.5%	2.4%	20.4%	0.0%	11.1%	13.6%	14.4%	12.0%	13.0%	6.0%	9.1%	20.5%	1.3%	10.6%	57.5%
1-rod implant	41.5%		7.8%	4.2%			46.7%		6.4%				16.1%		1.4%		61.1%
2-rod implant	5.6%	0.6%	2.5%	3.3%	11.5%	0.5%	23.4%	26.2%	3.2%	6.1%	5.8%	13.6%	14.1%		1.8%		62.3%
Emergency contraceptive, 2 tablets			7.9%				61.7%		30.4%		11.1%						
Progestin only pills	22.4%	0.0%	10.5%	11.3%	8.8%		35.3%	25.4%	2.7%	17.9%	8.4%		7.9%		1.2%		56.0%
Copper-bearing IUD	17.0%	0.0%	1.5%	37.6%	5.4%	0.5%	33.2%	60.1%	2.1%	10.2%	3.5%	17.7%	8.4%	11.5%	1.9%		40.3%
Calendar-based awareness methods	20.1%					0.0%		45.1%		14.2%						1.0%	
Male condoms (FP)	7.3%	0.2%	2.6%	9.6%	11.3%	0.0%	33.9%	14.0%	2.4%	11.4%	13.2%	8.2%		39.3%	1.9%		21.5%
Female condoms (FP)	16.5%	0.0%		36.4%				49.3%	2.3%	28.5%	12.1%				1.5%		51.0%

Table 2. Family planning stockout rates - Method level

Tracer Product	Burkina Faso	Burundi	Ethiopia	Ghana	Guinea	Haiti	Kenya	Liberia	Malawi	Mali	Mozambique	Nepal	Nigeria	Pakistan	Rwanda	Uganda	Zambia
Combined oral methods	8.1%	0.0%	4.6%	11.0%	11.5%	0.0%	13.9%	21.7%	5.9%	17.8%	15.3%	9.6%	9.5%	43.7%	2.3%		53.3%
Injectable contraceptives		0.3%	2.5%	1.8%	20.4%	0.0%	11.1%	13.6%	0.5%	12.0%	12.9%	6.0%	3.0%	20.5%	1.3%	10.6%	46.9%
Implantable contraceptives		0.6%	3.1%	1.9%	11.5%	0.5%	14.1%	26.2%	0.9%	6.1%	5.8%	13.6%	9.2%		0.2%		53.7%
Emergency oral contraceptives		0.7%	7.9%				61.7%		30.4%		11.1%						
Progestin-only methods	22.4%	0.0%	10.5%	11.3%	8.8%		35.3%	25.4%	2.7%	17.9%	8.4%		7.9%		1.2%		56.0%
Copper-bearing IUD	17.0%	0.0%	1.5%	37.6%	5.4%	0.5%	33.2%	60.1%	2.1%	10.2%	3.5%	17.7%	8.4%	11.5%	1.9%		40.3%
Calendar-based awareness methods	20.1%					0.0%		45.1%		14.2%						1.0%	
Male condoms (FP)	7.3%	0.2%	2.6%	9.6%	11.3%	0.0%	33.9%	14.0%	2.4%	11.4%	13.2%	8.2%		39.3%	1.9%		21.5%
Female condoms (FP)	16.5%	0.0%		36.4%				49.3%	2.3%	28.5%	12.1%				1.5%		51.0%

Data Notes

The PRH "method level" (Table 2) refers to the percentage of facilities stocked out of all products offered within a given method. The stockout rate at the "product" level (Table 1) refers to the percentage of sites stocked out of that particular product (depending on what is offered at a particular facility). A facility could be stocked out of one product and not stocked out at the method level. Only product-level stock observations are factored into overall performance at the task order level, to prevent double-counting between products and methods.

Stocked According to Plan Rates by Country

Country	Stocked according to plan	Overstocked	Understocked	Stocked out
Angola	3%	6%	34%	56%
Botswana	28%	6%	56%	11%
Burkina Faso	41%	29%	24%	6%
Burma	41%	32%	27%	
Burundi	28%	11%	44%	16%
Cambodia	16%	68%	14%	2%
Cameroon	16%	14%	37%	33%
Eswatini	14%	42%	17%	28%
Ethiopia	12%	46%	32%	10%
Ghana	17%	10%	39%	33%
Guinea	24%	15%	24%	37%
Haiti	33%	33%	33%	
Indonesia	17%	33%	50%	0%
Kenya	2%	11%	20%	67%
Laos	16%	68%	11%	5%
Lesotho	24%	6%	58%	12%
Liberia	13%	58%	29%	
Malawi	45%	5%	50%	
Mali	13%	37%	21%	29%
Mozambique	27%	21%	41%	12%
Namibia	35%	10%	40%	15%
Nigeria	25%	22%	53%	
Pakistan	25%	44%	0%	31%
Rwanda	35%	20%	46%	0%
Sierra Leone	5%	5%	86%	5%
Thailand		50%	50%	
Uganda	35%	35%	22%	9%
Vietnam		100%		
Zambia	36%	14%	45%	5%
Zimbabwe	6%	44%	50%	0%

Data Notes

Above data shows observations from the central and first subnational storage levels for which data is available in each country. Data on individual country pages may include additional supply chain levels.

LMIS Reporting Rates by Country

Country	Not Supported	Supported
Botswana		100%
Burma	100%	
Eswatini		100%
Indonesia		100%
Nigeria		100%
Haiti		100%
Kenya		99%
Lesotho		99%
Cambodia		99%
Uganda		99%
Guinea		97%
Rwanda		96%
Mali		94%
Ethiopia		94%
Namibia	93%	91%
Malawi		92%
Zambia		86%
Burkina Faso		81%
Pakistan		80%
Angola		79%
Mozambique		79%
Liberia	65%	83%
Sierra Leone		77%
Nepal		70%
Burundi		69%
Ghana		66%
Zimbabwe		64%

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
B01	Stockout rate at SDPs	Number of SDPs that were stocked out of a specific tracer product according to the ending balance of the most recent logistics report (or on the day of site visit)	Total number of SDPs that reported/were visited in GHSC-PSM-supported countries that offer the tracer product	LMIS reports, End User Verification surveys, other country-specific stock data sources	Quarterly	Stockout rates are provide for all tracer products for which data is available, regardless of whether GHSC-PSM procures or delivers the product. Data is provided for the ending balance of the middle month of each quarter for most countries. "Composite stockouts" are presented for select malaria and family planning commodities, indicating where SDPs are stocked out of all products they offer within the same product type or contraceptive method. At the task order level, aggregated stockout rates are calculated based on all SDP stock observations summed across all tracer products for that TO. TO-level denominators will therefore be greater than the number of SDPs that reported in that health area.
B02	Percentage of stock status observations in storage sites, where commodities are stocked according to plan, by level in supply system	Number of stock status observations for a tracer product that are within the designated minimum and maximum quantities at storage sites	Total number of stock status observations for a tracer product at storage sites	Warehouse management information systems, partner stock reports	Quarterly	Stocked according to plan rates are provided for all tracer products for which data is available, regardless of whether GHSC-PSM procures, delivers, or manages inventory for the product. Stock "observations" are typically based on inventory reports and will include as many observations (monthly, quarterly) from as many storage locations as are available at the time of reporting.
B03	SDP reporting rate to the LMIS	Number of SDPs whose LMIS report(s) or order form(s) were received at the central level within 30 days of the specified in-country deadline	The total number of SDPs in country that are required to report	LMIS reports, other country-specific stock data sources	Quarterly	All sites that have submitted reports within 30 days of the country-specified deadline are considered "reporting" for this indicator. Some countries have limited access to SDP-level data and are reporting rates from a small number of sites. Number of sites reporting for each country is listed on the "Complete Results" page for each country.
B06	Percentage of required supply plans submitted to GHSC-PSM during the quarter	Number of required supply plans that were submitted to GHSC-PSM in the quarter	Total number of required supply plans	Country supply plans, FASP tracker	Quarterly	Supply plan submission expectations are determined in consultation with USAID, headquarters FASP team, and field office technical leads. Submission rates are only calculated for prioritized submissions. Additional supply plans beyond the requirements are often submitted to GHSC-PSM headquarters.

Indicator Details

Check out the [GHSC-PSM IDIQ M&E Plan](#) for complete details on all our indicators.

Indicator Code	Name	Numerator	Denominator	Data Source(s)	Reporting frequency	Other Info
C01	Number of innovations (including operations research studies) that were developed, implemented, or introduced and are related to the health commodity market or supply chain best practices	Number of innovations (including operations research studies) that were developed, implemented, or introduced and are related to the health commodity market or supply chain best practices	NA	Field office reports, work plans	Quarterly	Innovations are reported in the quarter in which they are launched. Activities are considered innovations if they represent a significant advancement for the country. Similar activities may be reported from multiple countries.
C02	Number of people trained	Number of people trained. "People trained" refers to any type of participant, student, or learner in a training event, regardless of its duration	NA	Registration forms, attendance sheets	Quarterly	Training of USAID and GHSC-PSM personnel is excluded from this indicator. Participants may be counted more than once if they attend multiple discrete training activities.
C07a	Percentage of product lost due to expiry while under GHSC-PSM control (product loss percentage)	Total value of product lost due to expiry during the quarter	Average inventory balance (in USD) during the quarter	Inventory reports	Quarterly	Expiries from the Regional Distribution Centers (RDCS) are presented in the GSC section of this report. Expiries that occur in warehouses that GHSC-PSM manages in countries are reported in the country-specific sections of this report.
C07b	Percentage of product lost due to theft, damage, or other causes, while under GHSC-PSM control (product loss percentage)	Total value of product lost due to theft, damage, or other causes during the quarter	For losses in transit: Total value (in USD) of product delivered during the quarter For losses in storage: Average inventory balance (in USD) during the quarter	GHSC-PSM Continual Improvement system reports	Quarterly	Product losses due to incidents are reported only after the actual value of the loss has been determined, which may be later than the quarter in which the incident took place or was first reported to GHSC-PSM Continual Improvement.
C10	Percentage of GHSC-PSM-procured or supported molecular instruments that remained functional during the reporting period	Total number of GHSC-PSM-procured or supported molecular instruments that remained functional for the entire reporting period	Total number of molecular instruments in the country that were procured or are supported by GHSC-PSM	Lab instrument outage reports	Quarterly	
C11	Supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance	Description of major GHSC-PSM efforts around developing or updating supply chain policies, regulations, strategies, or SOPs	NA	Field office reports, work plans	Quarterly	

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Angola



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Angola

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	122	32.0%
1st line adult ARV	18	0.0%
2nd line adult ARV	17	64.7%
Pediatric ARV	15	6.7%
First RTK	18	0.0%
Second RTK	18	0.0%
Male condoms (HIV)	18	50.0%
Female condoms (HIV)	18	100.0%
Total	122	32.0%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	4,132	41.7%
AL 6x1	10	40.0%
AL 6x2	10	30.0%
AL 6x3	10	10.0%
AL 6x4	10	10.0%
AL inability to treat	10	0.0%
AS/AQ 100/270mgx3	761	57.0%
AS/AQ 100/270mgx6	761	43.6%
AS/AQ 25/67.5mg	761	54.4%
AS/AQ 50/135mg	761	45.3%
mRDT	771	17.1%
SP	267	21.3%
Total	4,132	41.7%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	18	100%
TO2-Malaria	975	79%
Total	993	79%

Ref Analysis

- B1** For HIV commodities, Angola's overall stockout rate ticked upwards to 32 percent this quarter from 26 percent last quarter. This increase was primarily driven by second-line ARVs , which experienced an expiry and a delay in arrival of a second shipment in the country, as well as first-line pediatric ARVs. The pediatric ARV stockout rate is suffering from COVID-related impacts which are resulting in challenges in securing adequate transport for products to the last mile. As always, female condoms continue to skew the stockout rate as this commodity is still being reported on though no product flows through the system and the stockout rate continues to remain at 100 percent. GHSC-PSM will look into possibly removing this item as a tracer moving forward. Looking at malaria products, the overall stockout rate rose from 32 percent in Q1 to 42 percent in Q2. A distribution of ASAQ was in process at the time of data collection, with many of the reporting facilities submitting stock reports prior to receiving the distribution. This was the primary driver of the observed increased stockout rates.
- B3** Angola added an additional 92 SDPs to the reporting cycle this quarter for a total of 993 facilities. For HIV, all 18 facilities reported for a 100 percent reporting rate. For malaria, 79 percent of expected facilities reported. This is relatively unchanged from 80 percent the previous quarter. GHSC-PSM worked hard to sustain reporting rates as their denominator continued to increased.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Angola ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	87	36%	41%	12%	11%
TO1-HIV/AIDS	21	24%	24%	29%	24%
TO2-Malaria	30	17%	77%	7%	0%
TO3-PRH	36	67%	14%	6%	14%
Subnational level 1	1,262	58%	34%	3%	6%
TO1-HIV/AIDS	84	35%	37%	6%	23%
TO2-Malaria	540	36%	58%	4%	2%
TO3-PRH	638	79%	14%	1%	7%
Total	1,349	56%	34%	3%	6%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 For HIV commodities, Angola's overall stocked according to plan rate rose from 1 percent last quarter to 10 percent this quarter. Stockout rates have also plummeted from 72 percent to 32 percent. This was driven primarily by improvements in availability of first-line ARVs, first RTKs, and second RTKs. As with SDP stockout rates, the figures are negatively impacted by female condoms which continue to have 100 percent stockout rate and are not flowing through the system. Looking at malaria commodities, Angola's overall stocked according to plan rate has decreased from 7 percent last quarter to 4 percent this quarter. There continues to be low availability of ASAQ presentations throughout the country which is driving these low performance figures. In May, 1,250,000 PMI-funded RDTs are expected to arrive. The distribution plan is being approved by the DNSP (National Public Health Directive), and they will be distributed in the 18 provinces. Additionally, a total of 3,196,825 treatments of the four ASAQ presentations from USAID PMI are expected to arrive in September 2020. For PRH commodities, the overall stocked according to plan rate has remained the same at 4 percent. High contraceptive stockout rates continue and can be attributed to the fact that neither donors nor the Ministry of Health procured contraceptives during FY2019. A USAID PRH-funded shipment of 1,612,800 microgynon and 8,000 IUDs is expected to arrive in May. A World Bank-funded shipment is also expected to arrive in May, consisting of 3,600,000 microgynon, 1,800 medroxyprogesterone acetate 104 mg/0.65 mL vials, 5,000 noristerat 1ml amp, 14,000 levonorgestrel 0.75mg tablets, and 30,240,000 male condoms.

C7 GHSC-PSM in Angola had no product loss to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Angola ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Angola has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Malaria commodities	Yes
RTKs	Yes

Analysis

All required supply plans were updated and submitted to GHSC-PSM HQ.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 Angola has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Angola ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	Total
Female	38	0	38
Male	20	13	33
Total	58	13	71

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	Total
Subnational level 1	15	13	28
Subnational level 2	43		43
Total	58	13	71

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	Total
TO-specific	58	13	71
Total	58	13	71

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	Total
MIS	15		15
Warehousing and Inventory Management	43	13	56
Total	58	13	71

▲ Analysis

In this quarter, 71 health professionals were trained in two areas as follows: TO1: Fifty-eight health professionals benefited from an MIS and Supply Chain Management training session in Huambo and Benguela province. TO2: Thirteen health professionals benefited from a Supply Chain Management training session in Lunda Sul province. MOH health professionals have also experienced difficulties in the various areas of the supply chain, for example, such as stock management, logistics, etc. For this reason, GHSC-PSM technical advisors continuously perform on-the-job-training and supportive supervision to improve the quality of services provided by health professionals. For the next quarter more trainings and supervision in different TOs are planned.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM in Angola does not support any molecular instruments and does not report on this indicator.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/Ritonavir
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
First RTK	Determine
Second RTK	Uni-Gold
Tie-breaker RTK	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Angola ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO2-Malaria	41.8%	4,122
SP	21.3%	267
mRDT	17.1%	771
AS/AQ 50/135mg	45.3%	761
AS/AQ 25/67.5mg	54.4%	761
AS/AQ 100/270mgx6	43.6%	761
AS/AQ 100/270mgx3	57.0%	761
AL 6x4	10.0%	10
AL 6x3	10.0%	10
AL 6x2	30.0%	10
AL 6x1	40.0%	10
TO1-HIV/AIDS	32.0%	122
Female condoms (HIV)	100.0%	18
Male condoms (HIV)	50.0%	18
Second RTK	0.0%	18
First RTK	0.0%	18
Pediatric ARV	6.7%	15
2nd line adult ARV	64.7%	17
1st line adult ARV	0.0%	18
Total	41.5%	4,244

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	0.0%	10

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	18
TO2-Malaria	79%	975

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	12%	11%	41%	36%	81
TO1-HIV/AIDS	29%	24%	24%	24%	21
TO2-Malaria	7%	0%	77%	17%	30
TO3-PRH	6%	14%	14%	67%	36
Subnational level 1	3%	6%	34%	58%	1,262
TO1-HIV/AIDS	6%	23%	37%	35%	84
TO2-Malaria	4%	2%	58%	36%	540
TO3-PRH	1%	7%	14%	79%	638
Total	3%	6%	34%	56%	1,349

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	38	20	58
TO2-Malaria	0	13	13
Total	38	33	71

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Malaria commodities	1	1
RTKs	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Botswana

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	263	11.8%
1st line adult ARV	33	0.0%
2nd line adult ARV	33	0.0%
Pediatric ARV	33	3.0%
First RTK	21	14.3%
Second RTK	21	71.4%
Viral load reagent	15	13.3%
Viral load consumable	15	13.3%
EID reagent	5	20.0%
EID consumable	21	23.8%
Male condoms (HIV)	33	0.0%
Female condoms (HIV)	33	6.1%
Total	263	11.8%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	33	100%
Total	33	100%

Ref Analysis

- B1 1. The average rate of stockouts for HIV/AIDS tracer commodities increased from Q1 (4.6 percent) to Q2 (11.8 percent), but this was primarily driven by high stockouts rate of second RTKs, Unigold (71%). ARVs: In this period, no facilities reported stockouts for first- or second-line adult ARVs, and the most commonly used first-line pediatric ARV was stocked out in only 1 of the 33 project-supported sites. Universal ability to treat in supported sites reflects two developments: (1) GHSC-PSM's procurement and delivery of all emergency ARV procurements (including 800,000 packs of TLD) with funding through the PEPFAR emergency commodity fund; and (2) the high court's reversal of a previous interdiction of the CMS's ability to run ARV tenders.
- B1 2. RTKs: The increase in the average stockout rate is largely driven by widespread stockouts of the second RTK (Unigold HIV 1/2), reported in 15 of 21 project-supported facilities. The majority of the stocked out facilities had a batch of the product expire at the end of January 2020, causing the stockouts. CMS procured and delivered a fresh batch of the product by mid-March 2020 and the stockouts have since been resolved. Meanwhile, the first RTK was still available in most reporting facilities (18 of 21).
- B1 3. Viral load, EID reagents, and consumables: Reported stockouts of laboratory tracer commodities remained relatively high (13.3 percent for viral load consumables, 20 percent for EID reagent, 23.8 percent for EID consumables), though improved from those reported in the previous quarter.
- B3 Consistent with the previous quarter, all 33 of the prioritized list of facilities (GHSC-PSM-supported facilities) successfully submitted their ARV LMIS report to CMS (100 percent).

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	36	11%	56%	28%	6%
TO1-HIV/AIDS	36	11%	56%	28%	6%
Total	36	11%	56%	28%	6%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 ARVs: All three ARV tracer commodities (first- and second-line adult and first-line pediatric) were stocked according to plan in all three observations at the central level in FY2020 Q2. This is a significant improvement from previous quarters, reflecting the positive actions and developments discussed in B1.
- B2 Condoms: The central stock of male condoms declined in this reporting period (one observation stocked according to plan, three understocked, two stocked out). Following central level overstocks (and related storage constraints) in FY2019, the CMS pushed stock to the district warehouses and facility stores and did not place orders to replenish stock in a timely manner. While this has not yet resulted in reported stockouts at the facility level, GHSC-PSM is in the process of procuring gap-filling stock of male condoms to alleviate the current shortage at the central level. The CMS has also placed orders for 14.5 million units.
- B2 Laboratory: Tracer HIV laboratory commodities were understocked or stocked out in all observations at the central level in FY2020 Q2. The figures are consistent with previous quarters and reflect challenges with an ongoing introduction of new brands of viral load machines that require a change in the commodities used.
- B2 RTKs: The first RTK was consistently understocked at the central level in FY2020 Q2 and the second RTK was understocked in two observations and stocked out in a third. As explained in B1, a batch of the second RTK expired in January 2020, leading to widespread stockouts until CMS procured additional product in mid-March 2020.
- C7 GHSC-PSM does not have custody of any products in Botswana and therefore does not report on product losses.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Botswana ▼ 2020-Q2 ▼

Total Innovations implemented this quarter
 Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Botswana has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
RTKs	Yes

Analysis

Supply plans for ARV and RTK commodities were successfully prepared and submitted to HQ for FY2020 Q2. Through the technical assistance of GHSC-PSM, a PipeLine database for ARVs and RTKs was developed for monitoring stocks and to serve as an early warning tool for prompting supply plan and procurement decisions.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 Botswana has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country



FY Quarter



Botswana



2020-Q2



C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis



No trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

Country ▼ Botswana ▼ FY Quarter ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM Botswana does not procure or support molecular instruments in the country.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Dolutegravir 300/300/50mg
2nd line adult ARV	Tenofovir/Lamivudine/Dolutegravir 300/300/50mg
Pediatric ARV	Lopinavir/Ritonavir 125mg
First RTK	Determine
Second RTK	Uni-Gold
Tie-breaker RTK	ELISA Confirmatory Test
Viral load reagent	Cobas Ampliprep/Cobas taqman HIV-1 test 48 tests
Viral load consumable	Cobas Ampliprep/CobasTaqman Wash reagent 5.1L
EID reagent	Kit CAP-G/CTM HIV 1-Qual v2.0 (CEIVD), 48 Tests
EID consumable	Dried Blood Spot Collection Kit

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Botswana ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	11.8%	263
Female condoms (HIV)	6.1%	33
Male condoms (HIV)	0.0%	33
EID consumable	23.8%	21
EID reagent	20.0%	5
Viral load consumable	13.3%	15
Viral load reagent	13.3%	15
Second RTK	71.4%	21
First RTK	14.3%	21
Pediatric ARV	3.0%	33
2nd line adult ARV	0.0%	33
1st line adult ARV	0.0%	33
Total	11.8%	263

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	33

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	28%	6%	56%	11%	36
TO1-HIV/AIDS	28%	6%	56%	11%	36
Total	28%	6%	56%	11%	36

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
RTKs	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Burkina Faso



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Burkina Faso

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	3,905	11.7%
1st line adult ARV	17	0.0%
2nd line adult ARV	17	5.9%
Pediatric ARV	17	5.9%
First RTK	17	0.0%
Second RTK	17	5.9%
Viral load reagent	3	0.0%
Viral load consumable	3	0.0%
EID reagent	3	0.0%
EID consumable	17	17.6%
Male condoms (HIV)	1,897	7.3%
Female condoms (HIV)	1,897	16.5%
Total	3,905	11.7%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	13,320	26.1%
AL 6x1	1,665	61.2%
AL 6x2	1,665	28.8%
AL 6x3	1,665	25.4%
AL 6x4	1,665	27.9%
AL inability to treat	1,665	7.3%
mRDT	1,665	10.5%
SP	1,665	12.6%
LLINs	1,665	35.4%
Total	13,320	26.1%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	18,970	16.5%
Combined oral contraceptive with iron	1,897	8.1%
DMPA-Subcutaneous injectable	1,897	19.6%
DMPA-Intramuscular injectable	1,897	6.7%
1-rod implant	1,897	41.5%
2-rod implant	1,897	5.6%
Progestin only pills	1,897	22.4%
Copper-bearing IUD	1,897	17.0%
Calendar-based awareness methods	1,897	20.1%
Male condoms (FP)	1,897	7.3%
Female condoms (FP)	1,897	16.5%
Total	18,970	16.5%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	17	100%
TO2-Malaria	2,205	76%
TO3-PRH	2,218	86%
TO4-MCH	2,218	86%
Total	6,658	82%

Ref Analysis

- B1 Stockouts of malaria commodities have increased from 17 percent to 29 percent since last quarter, while decreasing slightly for HIV/AIDS and FP/RH commodities.
- B1 The project is advocating for HIV/AIDS and FP/RH stock data to be incorporated into the Endos system in tandem with malaria commodity data to improve data quality and increase efficiencies.
- B1 TO1: In the absence of data on HIV/AIDS commodities in the Endos system (DHIS2), the government continues to rely on a rapid data collection tool that PEPFAR uses as its data source. The stockout rate ticked down from 14 percent to 12 percent.
- B1 TO2: Nearly all products saw a large increase in stockouts this quarter, in particular ACTs. GHSC-PSM is working to advance delivery dates for AL 6x2 orders that were expected in May 2020 and also follow up with partner organizations to ensure delivery of the expected AL 6x1 and AL 6x4 orders. For AL 6x3, the stockout rate increase continues to be due to the non-ordering of this product by health facilities due to its under-consumption. GHSC-PSM is encouraging the PNLN and other partners to bring this to the attention of district pharmacies to ensure they order this product as it is in overstock (centrally). Similarly, LLIN stockouts were in part fueled by a late delivery by another donor that was expected in February and now expected in Quarter 3. To help address these shortages, GHSC-PSM plans to take stock of the quantities of LLINs remaining from the 2019 campaign and request authorization to use these for routine facility distribution where needed.
- B1 TO3: The stockout rate for FP/RH commodities decreased slightly, from 19 percent to 17 percent. The project recommended several steps to improve stock status, including analyzing and reviewing data immediately upon collection, redistributing stocks between health districts and facilities, and updating average monthly consumption and months of stock for all products each quarter at the district level.
- B3 Reporting of malaria commodities in Endos is now back up to levels attained prior to last year's health worker strike, at 76 percent this quarter. For the other health areas collected through rapid data collection tools, reporting rates remained relatively constant from last quarter, with an increase in FP/RH reporting from 79 percent to 86 percent of sites, also due to the lifting of the strike.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Burkina Faso ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	17	6%	24%	41%	29%
TO2-Malaria	7		43%	29%	29%
TO3-PRH	10	10%	10%	50%	30%
Total	17	6%	24%	41%	29%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 AL 6x3 was overstocked (20 months of stock) due to low consumption. This product is not currently at risk of expiration, as the earliest expiration date for the units in stock is November 2020. The project is encouraging redistribution of this and any overstocks between facilities.
- B2 For malaria commodities, 29 percent were stocked according to plan while 43 percent were understocked. Understocking of AL 6x2 and 6x4 are due to a lack of adherence to the delivery schedule for PMI-financed commodities. The same is true for RDTs, which were understocked. Deliveries of AL 6x2 and 6x4 were expected in May, which will bring those stock levels up to the planned level. Similarly, a delivery of 0.04 months of stock of RDTs (3 million) financed by PMI was expected in May.
- B2 Stock observations are now available for both malaria and FP/RH commodities at the central medical stores. These data show that stock levels of FP/RH commodities are satisfactory, with 45 percent stocked according to plan, 36 percent overstocked, 9 percent understocked, and 9 percent stocked out (only calendar-based awareness methods).

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Burkina Faso ▼ 2020-Q2 ▼

Total Innovations implemented this quarter Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Burkina Faso does not have any innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	Yes

Analysis

The malaria commodity quarterly supply plan was updated and shared with the home office.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 There are no new supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ FY Quarter ▼
 Burkina Faso ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Female	4	90	1	95
Male	8	123	1	132
Total	12	213	2	227

C2. Number of people trained by supply chain level

Supply Chain Level	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Central	12	2	2	16
SDP		211		211
Total	12	213	2	227

C2. Number of people trained by funding source and type

Type	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Cross-TO	12	2	2	16
TO-specific		211		211
Total	12	213	2	227

C2. Number of people trained by technical area

Supply Chain Function	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Human Resources Capacity Development		211		211
Monitoring and Evaluation	12	2	2	16
Total	12	213	2	227

▲ Analysis

At the central level, data collectors were trained on monitoring and evaluation for the latest round of the End Use Verification (EUV) survey, conducted in March for malaria commodities, and for the first time also including FP/RH and MNCH commodities. A training was also conducted on the management of family planning commodities for district health managers in the Do and Dafra districts of Haut Bassins region, and in Boromo district of Boucle du Mouhoun region.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter

Burkina Faso ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Ténofovir/emtricitabine/Efavirenz 300/200/600 mg
2nd line adult ARV	Abacavir/Lamivudine 600/300 mg + Lopinavir/ritonavir 200/50 mg
Pediatric ARV	Zidovudine/Lamivudine/Névirapine 60/30/50 mg
First RTK	Determine HIV
Second RTK	SD Bioline HIV
Viral load reagent	Abbott RealTime HIV-1 Amplification Reagent Kit
Viral load consumable	Consumables for manual and automatic extraction
EID reagent	Abbott RealTime HIV-1 Qualitative Amplification Reagent Kit
EID consumable	DBS kit

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Burkina Faso ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO3-PRH	16.5%	18,970
Female condoms (FP)	16.5%	1,897
Male condoms (FP)	7.3%	1,897
Calendar-based awareness methods	20.1%	1,897
Copper-bearing IUD	17.0%	1,897
Progestin only pills	22.4%	1,897
2-rod implant	5.6%	1,897
1-rod implant	41.5%	1,897
DMPA-Intramuscular injectable	6.7%	1,897
DMPA-Subcutaneous injectable	19.6%	1,897
Combined oral contraceptive with iron	8.1%	1,897
TO2-Malaria	28.8%	11,655
LLINs	35.4%	1,665
SP	12.6%	1,665
mRDT	10.5%	1,665
AL 6x4	27.9%	1,665
AL 6x3	25.4%	1,665
AL 6x2	28.8%	1,665
AL 6x1	61.2%	1,665
TO1-HIV/AIDS	11.7%	3,905
Female condoms (HIV)	16.5%	1,897
Male condoms (HIV)	7.3%	1,897
EID consumable	17.6%	17
EID reagent	0.0%	3
Viral load consumable	0.0%	3
Viral load reagent	0.0%	3
Second RTK	5.9%	17
First RTK	0.0%	17
Pediatric ARV	5.9%	17
2nd line adult ARV	5.9%	17
1st line adult ARV	0.0%	17
Total	21.1%	30,736

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	7.3%	1,665
TO3-PRH		
Combined oral methods	8.1%	1,897
Progestin-only methods	22.4%	1,897

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	17
TO2-Malaria	76%	2,205
TO3-PRH	86%	2,218
TO4-MCH	86%	2,218

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	41%	29%	24%	6%	17
TO2-Malaria	29%	29%	43%		7
TO3-PRH	50%	30%	10%	10%	10
Total	41%	29%	24%	6%	17

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO2-Malaria	4	8	12
TO3-PRH	90	123	213
TO4-MCH	1	1	2
Total	95	132	227

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Burma



Service Delivery Point Stockouts and Reporting Rates

For countries with data available from GHSC-PSM non-supported regions

Country
 FY Quarter

B1. Stockout rate at service delivery points - SDPs located in supported regions

GHSC-PSM Support	Stockout rate	# SDP stock observations
Total		

B1. Stockout rate at service delivery points - SDPs located in non-supported regions

GHSC-PSM Support	Stockout rate	# SDP stock observations
Not Supported	0.0%	20
TO1-HIV/AIDS	0.0%	20
1st line adult ARV	0.0%	3
2nd line adult ARV	0.0%	3
Pediatric ARV	0.0%	2
Viral load reagent	0.0%	4
Viral load consumable	0.0%	4
EID reagent	0.0%	2
EID consumable	0.0%	2
Total	0.0%	20

B3. LMIS reporting rate

GHSC-PSM Support	Total # of SDPs required to report	Reporting rate
Not Supported	10	100%
Total	10	100%

Ref Analysis

- B1 GHSC-PSM continued its technical support to three ART centers (Mingalardon Specialist Hospital and Waibargi Specialist Hospital in Yangon, and Naypyitaw 1,000-bed Hospital) for quarterly ARV stock monitoring, and four viral load PCR sites (National Health Laboratory and Mingalardon Specialist Hospital in Yangon, Public Health Laboratory in Mandalay and Magway Hospital Lab) for quarterly stock monitoring of viral load commodities. FY2020 Q2, all three ART centers and four Abbot viral load sites provide stock monitoring reports and two (total of two labs in country) have a functioning stock monitoring/EWS system. As result, no ART sites, viral load labs, or EID labs experienced a stockout of tracer commodities in FY2020 Q2.
- B3 In FY2020 Q2, all of the 10 tertiary-level SDPs (three ARV centers, four Abbot viral load/EID sites, and three labs) submitted LMIS reports on time, representing a 100 percent reporting rate.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	6			100%	
TO1-HIV/AIDS	3			100%	
TO2-Malaria	3			100%	
Subnational level 1	111		29%	38%	33%
TO1-HIV/AIDS	72		15%	46%	39%
TO2-Malaria	39		54%	23%	23%
Total	117		27%	41%	32%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 For HIV/AIDS commodities, Burma submits data not only for central and subnational level-1, but also from regional warehouses of mSupply data as subnational level-1. Central is National AIDS Program (NAP), and subnational level-1 is NAP partners UNION, Alliance, IOM, MSI, MDM, MSFCH, PSI. Overall stocked according to plan rates have increased from 45 percent last quarter to 48 percent this quarter. This improvement is primarily driven by an increase of appropriate stock levels of all three ARV tracer products at the subnational level-1. No HIV product reported this quarter had a warehouse stockout anywhere in the supply chain. For malaria products, stock observations from the National Malaria Control Program (NMCP) are reported as Central level data, while Defeat Malaria (the main service delivery partner) and state and regional 18 warehouses are counted under the Subnational level -1. Overall, malaria products stayed the same for their stocked according to plan rates, unchanged from 29 percent last quarter. GHSC-PSM continues to work closely with government partners to ensure stock is appropriately positioned with the supply chain.
- C7 GHSC-PSM in Burma does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Burma ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Burma has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	Yes

Analysis

All required supply plans were updated and submitted to GHSC-PSM HQ.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 Burma has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ FY Quarter ▼
 Burma ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	Total
Female	18	6	24
Male	3	7	10
Total	21	13	34

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	Total
Central	21	13	34
Total	21	13	34

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	Total
Cross-TO	21	13	34
Total	21	13	34

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	Total
Human Resources Capacity Development	21	13	34
Total	21	13	34

▲ Analysis

GHSC-PSM Burma conducted one training for 34 participants. The program supported the first iteration of the supply chain certificate course, hosted by the University of Public Health, Yangon. The University will now be able to conduct future facilitations of this course on their campus as one third of the participants were trained as future co-facilitators. They can lead future iterations of the course in the University of Public Health. This course is the first step for the opening of Diploma, Degree and Master programs in Supply Chain at the University of Public Health.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM in Burma does not support any molecular instruments and does not report on this indicator.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Efavirenz/Lamivudine/Tenofovir DF 600/300/300 mg
2nd line adult ARV	Lopinavir/Ritonavir 200/50 mg
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
Viral load reagent	Abbott RealTime HIV-1 Amplification Reagent Kit – Quantitative
Viral load consumable	2.0 ml skirted base cryovials with knurls
EID reagent	Abbott RealTime HIV-1 Amplification Reagent Kit – Qualitative
EID consumable	Tube, screw cap, conical, 50ml set, box/500

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Burma ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM non-supported regi...

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	0.0%	20
EID consumable	0.0%	2
EID reagent	0.0%	2
Viral load consumable	0.0%	4
Viral load reagent	0.0%	4
Pediatric ARV	0.0%	2
2nd line adult ARV	0.0%	3
1st line adult ARV	0.0%	3
Total	0.0%	20

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM non-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	10

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	100%				6
TO1-HIV/AIDS	100%				3
TO2-Malaria	100%				3
Subnational level 1	38%	33%	29%		111
TO1-HIV/AIDS	46%	39%	15%		72
TO2-Malaria	23%	23%	54%		39
Total	41%	32%	27%		117

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	18	3	21
TO2-Malaria	6	7	13
Total	24	10	34

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Burundi



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Burundi

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
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Total

Ref Analysis

- B1 Service delivery point data were not available in Burundi at the time of reporting. The Direction du Systeme National d'Information Sanitaire (DSNIS) implemented a new procedure at the end of 2019 requiring all health districts to review and approve the DHIS2 data before it becomes available for reporting. At the time of project reporting, not enough approved data were available for January-March to allow for indicator calculation for FY2020 Q2.
- B3 No reporting rate can be calculated for FY2020 Q2 at this time due to the DSNIS data review process.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Burundi ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	75	7%	47%	33%	14%
TO1-HIV/AIDS	32	0%	41%	50%	9%
TO2-Malaria	33	12%	55%	18%	15%
TO3-PRH	10	10%	40%	30%	20%
Subnational level 1	1,087	17%	44%	28%	11%
TO1-HIV/AIDS	484	22%	34%	30%	14%
TO2-Malaria	603	13%	52%	26%	9%
Total	1,162	16%	44%	28%	11%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 The overall stocked according to plan rate (including both central and district levels) fell from 40 percent to 31 percent this quarter. While no stockouts were reported at the central level, increased stockouts were reported at the districts. This is largely due to product transitions currently taking place, as first-line adult ARVs are shifting from TLE to TLD and pediatrics are shifting from LNZ to abacavir/lamivudine. Sites are reporting stockouts of legacy products, while the new products are showing higher rates of overstocking and stocked according to plan as items are distributed from CAMEBU to the districts.

Within the malaria program, central and district-level sites are reporting more instances of stockouts and understocks, although stocked according to plan rates have improved at the central level. Product transitions are also a factor here, as Burundi phases out the use of ASAQ as its first-line ACT treatment. Understocks are therefore expected during this period.

Stocked according to plan rates also fell for family planning items this quarter, from 67 percent to 30 percent. Delivery delays have contributed to understocks of some items. DMPA-IM, implants, oral contraceptives, and male condoms were understocked. Only one item (DMPA-SC) reported a stockout this quarter. A GHSC-PSM shipment of this product is scheduled to arrive in FY2020 Q3.

C7 There were no product losses in GHSC-PSM custody to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Burundi ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Burundi has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
RTKs	Yes

Analysis

All expected supply plans were completed and submitted to GHSC-PSM HQ this quarter. The project credits the establishment of quantification subcommittees for each health program and good collaboration among the key stakeholders.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

During this reporting period, GHSC-PSM project staff participated in three retreats organized for the technical committees appointed by the MOH to prepare a funding request concept note to submit to the Global Fund. On March 8, 2020, the Malaria committee successfully submitted a draft concept note to GF. In addition, GHSC-PSM provided logistic support for an 11 day retreat to: (1) finalize the program gap analysis and complete the ad hoc tool; (2) finalize the funding landscape table; (3) finalize the action plan and related budget; (4) finalize the performance framework for the malaria and health system strengthening component; (5) finalize the hierarchical funding request beyond the allocated amount; (6) complete and finalize the list of health products, including malaria commodities and non-malaria laboratory commodities, and (7) clean and finalize the funding request form. The final concept note was submitted to the GF on March 25, 2020.

GHSC-PSM provided logistic and financial support to the PNLS/IST to organize two rounds of retreats to support the development of documents for the Concept Note for Global Fund Grants for 2021-2023. There were 35 participants in the first round and 31 in the second, coming from MOH institutions and local organizations. A final draft of concept note for funds request was submitted to global funds for comments on March 25, 2020.

GHSC-PSM supported the PNLS and participated in the review, development, and validation of the HIV treatment guidelines and implementation plan, including the TLD transition and multi-month dispensing (MMD) in 2020.

Training for supply chain partners

Country ▼ FY Quarter ▼

Burundi ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	Total
Female	10	12	5	27
Male	8	10	3	21
Total	18	22	8	48

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	Total
Subnational level 1	18	22	8	48
Total	18	22	8	48

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	Total
Cross-TO	18	22	8	48
Total	18	22	8	48

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	Total
MIS	18	22	8	48
Total	18	22	8	48

▲ Analysis

In the context ensuring a reliable information and logistics management system for health products, the GHSC-PSM project, in collaboration with the DPML, DSNIS, CAMEBU, PNLS, PNILP and PNSR, organized supportive supervision visits targeting 48 sites located in 12 health districts. The overall objective of this supportive supervision was twofold: 1) to ensure the effective use and correct completion of standardized tools for management and reporting on health products, and 2) the entry of logistical data into DHIS2 to support informed decision-making at different supply chain levels.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter ▼
 Burundi ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

75%

Analysis

To ensure uninterrupted availability of HIV viral load testing services, GHSC-PSM entered into a maintenance contract with Abbott, beginning in February through the end of the fiscal year. The contract covers eight instruments in three locations. It allow these sites to benefit from quarterly preventive maintenance as well as services in the event of a breakdown. Of the eight machines, two instruments experienced downtime this quarter due to defects in a spare part. The parts have been replaced, although the same instruments now face problems with the stability of electrical power. The grounding is being reinstalled to address this issue.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Dolutegravir 300/300/50mg
2nd line adult ARV	Abacavir/Lamivudine 600/300 mg
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
First RTK	Determine
Second RTK	STAT-PAK Dipstick
Tie-breaker RTK	Not reported
Viral load reagent	
Viral load consumable	Not reported
EID reagent	
EID consumable	

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Burundi ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO3-PRH	0.3%	3,142
Female condoms (FP)	0.0%	55
Male condoms (FP)	0.2%	499
Copper-bearing IUD	0.0%	195
Progestin only pills	0.0%	371
2-rod implant	0.6%	848
DMPA-Intramuscular injectable	0.3%	584
Combined oral contraceptive with iron	0.0%	590
TO2-Malaria	0.9%	5,132
LLINs	0.8%	610
SP	0.8%	624
mRDT	0.4%	714
AS/AQ 50/135mg	0.6%	660
AS/AQ 25/67.5mg	1.4%	565
AS/AQ 100/270mgx6	1.6%	667
AS/AQ 100/270mgx3	0.8%	654
AL 6x4	0.6%	160
AL 6x3	0.0%	157
AL 6x2	1.9%	155
AL 6x1	1.8%	166
TO1-HIV/AIDS	1.4%	2,293
Female condoms (HIV)	0.0%	55
Male condoms (HIV)	0.2%	499
Second RTK	2.1%	243
First RTK	1.9%	575
Pediatric ARV	2.0%	101
2nd line adult ARV	1.4%	74
1st line adult ARV	1.5%	746
Total	0.9%	10,013

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO3-PRH		
Combined oral methods	0.0%	590
Injectable contraceptives	0.3%	584
Implantable contraceptives	0.6%	543
Emergency oral contraceptives	0.7%	305
Progestin-only methods	0.0%	371

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	70%	816
TO2-Malaria	71%	816
TO3-PRH	66%	680

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	33%	14%	47%	7%	73
TO1-HIV/AIDS	50%	9%	41%	0%	32
TO2-Malaria	18%	15%	55%	12%	33
TO3-PRH	30%	20%	40%	10%	10
Subnational level 1	28%	11%	44%	17%	1,087
TO1-HIV/AIDS	30%	14%	34%	22%	484
TO2-Malaria	26%	9%	52%	13%	603
Total	28%	11%	44%	16%	1,160

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	10	8	18
TO2-Malaria	12	10	22
TO3-PRH	5	3	8
Total	27	21	48

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
8	75%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Cambodia



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Cambodia

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	1,924	4.0%
ASMQ 100mg/200mg	962	0.9%
FDC 6 tabs		
mRDT	962	7.1%
Total	1,924	4.0%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO2-Malaria	972	99%
Total	972	99%

Ref Analysis

- B1** This is the second quarter for which Cambodia is reporting stock data. The list of products has been expanded from last quarter to also include AS/MQ. The stockout rates for AS/MQ this quarter was just 0.9 percent. Looking at RDTs, the stockout rate has reduced slightly from 7.8 percent in the previous quarter down to 7.1 percent this quarter.. GHSC-PSM will continue to expand its list of products being reported in the coming reports, as feasible.
- B3** This is the second quarter for which Cambodia is reporting stock data. Building off of the strong performance last quarter of 99 percent reporting rate, this quarter the reporting rate was steady at 99 percent.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Cambodia ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	6		33%	17%	50%
TO1-HIV/AIDS	4		25%	25%	50%
TO2-Malaria	2		50%		50%
Subnational level 1	106	2%	13%	16%	69%
TO2-Malaria	106	2%	13%	16%	69%
Total	112	2%	14%	16%	68%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 This is the second quarter for which Cambodia is reporting stock data. The list of products has been expanded from last quarter to also include AS/MQ. For malaria products, the understock rate is 100 percent for RDTs, and ASMQ 100mg/200mg FDC 6 tabs at the central level have an overstock rate of 100 percent. Looking at the subnational level, RDTs are stocked according to plan 30 percent of the time while AS/MQ is 98 percent overstocked. For HIV commodities, there is only central level data, which show that the overall stocked according to plan rate is 25 percent.

C7 GHSC-PSM in Cambodia does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Cambodia ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Cambodia has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	Yes

Analysis

All required supply plans were submitted by GHSC-PSM Cambodia.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 Cambodia has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ FY Quarter ▼
 Cambodia ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	Total
Female	1	14	15
Male	20	36	56
Total	21	50	71

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	Total
Central	21	3	24
Subnational level 1		47	47
Total	21	50	71

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	Total
TO-specific	21	50	71
Total	21	50	71

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	Total
MIS	21	47	68
Warehousing and Inventory Management		3	3
Total	21	50	71

▲ Analysis

In Q2 FY2020, GHSC-PSM Cambodia supported trainings for 71 government participants (56 male, 15 female). The activities focused on MIS and warehouse and inventory management for both central and sub-national levels.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Cambodia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO2-Malaria	4.0%	1,924
mRDT	7.1%	962
ASMQ 100mg/200mg FDC 6 tabs	0.9%	962
Total	4.0%	1,924

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO2-Malaria	99%	972

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	17%	50%	33%		6
TO1-HIV/AIDS	25%	50%	25%		4
TO2-Malaria		50%	50%		2
Subnational level 1	16%	69%	13%	2%	106
TO2-Malaria	16%	69%	13%	2%	106
Total	16%	68%	14%	2%	112

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	1	20	21
TO2-Malaria	14	36	50
Total	15	56	71

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Cameroon



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country FY Quarter

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
Total		

Ref Analysis

B1	GHSC-PSM in Cameroon was unable to report on this indicator due to the quality of the DHIS2 data.
B3	GHSC-PSM in Cameroon was unable to report on this indicator due to the quality of the DHIS2 data.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	29	34%	21%	21%	24%
TO2-Malaria	29	34%	21%	21%	24%
Subnational level 1	180	32%	40%	16%	12%
TO2-Malaria	180	32%	40%	16%	12%
Total	209	33%	37%	16%	14%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 While SP and RDTs are reported for all 10 regions in Cameroon, ALu is only reported in the two PMI-supported regions (North and Far North) and ASAQ only in non-PMI supported regions (the other eight regions). This is because ASAQ is no longer offered in supported regions. While the overall stocked according to plan rate increased about 14 percent from last quarter due to the arrival most products in country, it still remained pretty low at 16 percent. Most observations were understocked or stocked out. This can be attributed to the increase in stock out rate of SP due to expiry of the quantity available in February 2020, as well as the fact the products that arrived in the warehouses were then distributed further down the supply chain.

C7 GHSC-PSM in Cameroon had no product loss to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Cameroon ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

New approaches **1**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
Crosscutting	New approaches	With continuous support from GHSC-PSM in Cameroon, the Directorate of Pharmacy Medicine and Laboratory (DPML) has normalized supply chain coordination in country. This was done through a service note that was issued in January 2020 instructing the integration of commodities across program areas into national procedures, including the implementation of a quarterly supply chain coordination meeting at DPML. The first such meeting was held in March 2020 by DPML with support from GHSC-PSM. There were about 30 participants representing HIV, malaria, and tuberculosis programs, government institutions, the Central Medical Store, and implementing partners. Based on identified keys challenges, a national reporting framework with key indicators and a list of main corrective actions for shortcomings in the supply chain were developed. The actions proposed included the redefinition of the normative framework of the Supply Chain Coordination Units at central and regional levels, the development of SOPs for quantification and forecasting and supply planning, the inauguration of the supply chain coordination framework at central and regional levels, and training for regional supply chain managers. Two weeks later, DPML held its first integrated quarterly supply plan review meeting for the three priority health programs, HIV/AIDS, Malaria and TB. Prior to this, programs quantified, ordered, and distributed commodities on their own. In doing so, they bypassed the routine national supply chain system, with their decisions based on programmatic perspectives that may differ from actual national needs and historic utilization data. Meanwhile, their control over the distribution and utilization at regional and health facility levels was poor. This resulted in persistent stockouts of priority program products and high expiration rates.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
RTKs	Yes
TPT	Yes

Analysis

▲ GHSC-PSM in Cameroon updated and submitted all five of their required supply plans this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

GHSC-PSM in Cameroon did not develop or update any supply chain policies, regulations, strategies, or SOPs this quarter.

Training for supply chain partners

Country **FY Quarter**
Cameroon 2020-Q2

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

▲ GHSC-PSM in Cameroon had no trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

Country ▼ Cameroon ▼ FY Quarter ▼ 2020-Q2

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM in Cameroon does not report on the molecular instrument indicator.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Abacavir/Lamivudine 600/300 mg
Pediatric ARV	Zidovudine/Lamivudine/Nevirapine 60/30/50 mg
First RTK	Determine
Second RTK	OraQuick, Shanghi
Tie-breaker RTK	Not reported
Viral load reagent	Not reported
Viral load consumable	Not reported
EID reagent	Not reported
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Cameroon ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
Total		

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
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B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	21%	24%	21%	34%	29
TO2-Malaria	21%	24%	21%	34%	29
Subnational level 1	16%	12%	40%	32%	180
TO2-Malaria	16%	12%	40%	32%	180
Total	16%	14%	37%	33%	209

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Eswatini



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Eswatini

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	527	6.5%
1st line adult ARV	45	4.4%
2nd line adult ARV	40	12.5%
Pediatric ARV	29	20.7%
First RTK	76	0.0%
Second RTK	71	1.4%
Viral load reagent	2	0.0%
Viral load consumable	2	0.0%
EID reagent	0	
EID consumable	0	
Male condoms (HIV)	136	8.1%
Female condoms (HIV)	126	7.1%
RUTF	0	
Total	527	6.5%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	45	100%
Total	45	100%

Ref Analysis

- B1 The average stockout rate for HIV/AIDS tracer commodities at Eswatini SDPs was 6.5 percent in FY2020 Q2, an increase from the 3.6 percent recorded in Q1 and 4.8 percent reported in FY2019 Q4. The most used first-line pediatric ARV recorded the highest stockout rate in the period, with 6 of 29 reporting SDPs reporting stockouts of the product (20.7 percent). The most used second-line adult ARV recorded the second highest stockout rate, with 5 of 40 reporting SDPs stocked out (13 percent). In the latter case, the central warehouse was itself stocked out of the commodity in all three Q2 observations. Delayed implementation of the new MOH upfront payment method for procurement likely contributed to this central level stockout. Looking forward, a newly developed regional and facility data sharing framework is intended to improved the availability of monthly data to better monitor SDP stock levels and facilitate timely action where stock levels fall below recommended minimums (e.g., by redistributing products across facilities).
- B3 It is important to note that the central medical store (CMS) does not directly track the reporting rates of SDPs. Reporting rates for this indicator are inferred from the presence or absence of monthly stock statuses within the CTS. Each quarter, the tracer commodity for which the most monthly stock statuses are available is used to sum the indicator's numerator. In FY2020 Q1, this commodity was the most-used first-line ARV. In the previous quarter, it was the most-used second-line adult ARV. Similarly, this indicator specifically tracks reporting rates for the ART/PMTCT report and requisitions form, which includes ARVs, because these commodities receive the most GHSC-PSM procurement support. Forty-five SDPs are required to submit this form each month. Additional reporting and requisition forms exist in Eswatini's system. Two others include TO1 tracer commodities: the FP form (which includes male condoms) and the Lab form (which includes HIV RTKs, viral load reagent, and consumables). Throughout there are notable delays in SDPs in submitting their commodity reports to the Data Management Unit at the CMS reflecting transport challenges unclear reporting channels and weak regional support structures to support timely reporting.
- B3 Overall, total reporting rates greatly improved in this quarter, rising from 112 reports received in Q1 to 525 received in Q2. This is at least partly due to the strengthened support supervision and mentorship efforts done of the Regional Logistics Officers (RLOs) and their MOH counterparts. The project RLOs support MOH pharmacists' efforts to improve reporting. The project also seconded a data clerk to MOH CMS to support data entry of LMIS reports. A newly developed regional and facility data sharing framework will improve reporting on a monthly basis, and all SDPs that did not report will be targeted for mentorship by the regional team. An SCM facility league has been created with recognition of best performing SDPs and is expected to encourage facilities to individually monitor and take actions when stock levels are low.
- B3 The rate of reporting of SDPs into the Commodity Tracking System (CTS) reached 100 percent (45/45) for FY2020 Q2. This builds on improvements over the last two quarters (77.8 percent in FY2019 Q4, 88.9 percent in FY2020 Q1), and is partly due to the targeted, strengthened support supervision and mentorship efforts of the project's regional logistics officers and their MOH counterparts. The denominator for this indicator is the number of ART SDPs required to report and order ARV commodities through the CTS.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	36	28%	17%	14%	42%
TO1-HIV/AIDS	36	28%	17%	14%	42%
Total	36	28%	17%	14%	42%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 In FY2020 Q2, none of the HIV/AIDS tracer commodities were consistently stocked according to plan at the central level in the three observations conducted. The central medical stores use the minimum of four and maximum of seven months of stock (MOS) to determine stock that is stocked according to plan. The most used first-line HIV treatment for adults was understocked in two observations and stocked out on one. Last quarter, the same commodity was consistently stocked according to plan. The most used second-line adult ARV was stocked out in all three observations this quarter, while the most used pediatric ARVs were understocked in one observation and stocked out in two. The persistent understocking in FY2020 Q2 reflects the uncontrolled transition of clients from TLE to TLD (now largely complete) and delays in implementation of the new MOH prepaid method of procuring ART medicines. TLD 90 count bottles were stocked centrally and acted as safety stock, but were used only for clients on six month scripting.
- B2 While the introduction of the new payment method for MOH-procured ARVs led to initial stockouts, the process should lead to more stable funding and timely deliveries moving forward. The MOH has shared annual supply plan requirements with suppliers to plan and manufacture needs ahead of time to allow for minimal delay from prepayment time to delivery of commodities.
- C7 No products are stored under GHSC-PSM Eswatini control.

Supply plans, innovations, and strategic activities

Country FY Quarter

Total Innovations implemented this quarter

New approaches **1**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO1-HIV/AIDS	New approaches	<p>1. This quarter, the project supported the roll out of a regional and facility data sharing framework and supporting incentive processes. These are intended to improve the availability of monthly data to better monitor SDP stock levels and facilitate timely action where stock levels fall below recommended minimums (e.g., by redistributing products across facilities). The framework builds upon the support the project provides with four Regional Logistics Officers embedded within Regional Health Management Teams (RHMTs) to provide continuous supportive supervision to health facilities on supply chain management.</p> <p>2. The data sharing agreement and processes ensure that data collected from the supportive supervision visits (including stock statuses) are immediately shared with the RHMTs to inform corrective decision making. This facility-level data helps to identify bottlenecks and challenges and facilitates tailored action plans to improve performance in low-performing facilities. The RHMTs are able to visualize the facility performances across a range of assessed supply chain functions on android tablets in real time, and further project-provided analysis of the data is provided via reports.</p> <p>3. As part of the rollout, the project supported the creation of a Supply Chain Management (SCM) facility league to recognize best performing SDPs and encourage good performance in inventory management and adherence to the supply chain standard operating procedures. Every quarter, the region that scores high in a composite performance indicator is awarded with a prize and within regions the highest scoring facilities are also awarded</p>

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
Lab (HIV diagnostics)	Yes
RTKs	Yes
TPT	Yes
VMMC	Yes

Analysis

All six expected supply plans were successfully conducted and submitted to HQ in FY2020 Q2. This is an improvement from past quarters, when submission was delayed due to coordination challenges. To maintain future performance, the project has agreed to conduct a quarterly supply planning exercise with MOH counterparts a month in advance of the HQ submission timelines.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

Eswatini has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Eswatini ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	Total
	0	0
Total	0	0

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	Total
TO-specific	0	0
Total	0	0

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	Total
	0	0
Total	0	0

Analysis

▲ There are no trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

Country ▼ Eswatini ▼ FY Quarter ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM Eswatini does not procure or support molecular instruments in the country.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Dolutegravir (300/300/50mg)
2nd line adult ARV	Atazanavir/Ritonavir (300/100mg)
Pediatric ARV	Abacavir/Lamivudine (60/30mg) (ABC/3TC)
First RTK	Determine HIV 1/2
Second RTK	Unigold HIV KIT
Tie-breaker RTK	None
Viral load reagent	CAP/CTM HIV-1 Monitor V2.0
Viral load consumable	CAP K TIPS
EID reagent	HIV-1 Qualitative Test
EID consumable	HIV-1 Qual Spex

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ Eswatini ▼ FY Quarter ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	6.5%	527
RUTF		0
Female condoms (HIV)	7.1%	126
Male condoms (HIV)	8.1%	136
EID consumable		0
EID reagent		0
Viral load consumable	0.0%	2
Viral load reagent	0.0%	2
Second RTK	1.4%	71
First RTK	0.0%	76
Pediatric ARV	20.7%	29
2nd line adult ARV	12.5%	40
1st line adult ARV	4.4%	45
Total	6.5%	527

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	45

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	14%	42%	17%	28%	36
TO1-HIV/AIDS	14%	42%	17%	28%	36
Total	14%	42%	17%	28%	36

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
TO1-HIV/AIDS	0 0
Total	0 0

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
Lab (HIV diagnostics)	1	1
RTKs	1	1
TPT	1	1
VMMC	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country

Ethiopia

FY Quarter

2020-Q2

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	5,623	9.9%
1st line adult ARV	990	2.2%
2nd line adult ARV	476	4.6%
Pediatric ARV	877	5.2%
First RTK	694	5.5%
Second RTK	576	14.2%
Tie-breaker RTK	558	12.4%
Viral load reagent	19	15.8%
Viral load consumable	329	40.1%
EID reagent	17	17.6%
EID consumable	329	35.9%
Male condoms (HIV)	758	2.6%
Total	5,623	9.9%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	2,957	9.6%
AL 6x1	376	17.8%
AL 6x2	380	20.3%
AL 6x3	329	15.8%
AL 6x4	774	9.6%
AL inability to treat	790	0.1%
mRDT	308	4.2%
Total	2,957	9.6%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	6,430	4.7%
Combined oral contraceptive with iron	945	4.6%
DMPA-Intramuscular injectable	1,035	2.5%
1-rod implant	900	7.8%
2-rod implant	713	2.5%
Emergency contraceptive, 2 tablets	720	7.9%
Progestin only pills	505	10.5%
Copper-bearing IUD	854	1.5%
Male condoms (FP)	758	2.6%
Total	6,430	4.7%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	1,239	95%
TO2-Malaria	1,059	90%
TO3-PRH	1,173	96%
TO4-MCH	1,173	90%
Total	4,644	93%

Ref Analysis

- B1 Stockout rates of all three RTKs continue to improve, while some of the remaining reported stockouts can be explained by the common data quality problem of reporting not fully integrated into the Integrated Pharmaceuticals Logistics System (IPLS).
- B1 The performance for FY2020 Q2 shows an overall stockout rate of 7 percent, which is lower than the previous quarter (10 percent) and the lowest since FY2019 Q3.
- B1 TO1: Stockout rates for HIV/AIDS commodities increased slightly from 9 percent to 10 percent of facilities this quarter. The main contributors were stockouts of EID consumables (36 percent of SDPs) and viral load consumables (40 percent). This very high stockout rate of viral load consumables was due to facilities substituting other consumables (EDTA and cryogenic tubes) to transfer samples. The combined stockout rate for all the three viral load consumables was 4 percent of facilities. The main reason for high stockouts of EID consumables was a procurement delay due a shift in the team responsible for lab product management at EPSA.
- B1 TO2: Malaria commodity stockout rates continued their decreasing trend this quarter. The percentage of facilities "unable to treat" with AL (inability to treat) registered its lowest rate since the start of the project in Ethiopia, at 0.1 percent. Despite government procurement delays in recent reporting periods, the only shortage at the central warehouse for malaria commodities was for RDTs, while RDT stockouts at facilities declined from 10 percent to 4 percent this quarter.
- B1 TO3: The stockout rate for family planning/reproductive health commodities fell to 4.7 percent, bringing it just within the target of 5 percent. This improvement in stock availability was true for all reported FP/RH products. Expedited procurements to avoid national-level shortages, along with regular stock analysis and tracking of distribution to SDPs, played important roles in this improvement.
- B3 Efforts by the project may have contributed to reporting rate improvements, including follow-up and reminders to sites/pre-alerts about RRF submission, strengthening of regular data quality analysis practices and use of the analysis results to identify low performing service delivery points for more follow up and support, and advocacy to include data analysis results as an agenda point in branch-based technical working groups.
- B3 Out of the 18 EPSA regional hubs, Semera and Bahir Dar had the highest reporting rates (100 percent and 99 percent, respectively); all hubs achieved a reporting rate of 80 percent and above. Security problems affected reporting in a few parts of the country.
- B3 The SDP reporting rate to the LMIS increased among all health areas this quarter. The greatest increase was observed for MNCH sites, from 76 percent to 90 percent of SDPs reporting.

Warehouse stock status and product losses

Country ▼ Ethiopia ▼ FY Quarter ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	24		52%	9%	39%
TO1-HIV/AIDS	11		73%		27%
TO2-Malaria	5		40%	20%	40%
TO3-PRH	8		25%	13%	63%
Subnational level 1	360	11%	31%	12%	46%
TO1-HIV/AIDS	126	10%	30%	13%	46%
TO2-Malaria	90	14%	44%	9%	32%
TO3-PRH	144	9%	21%	12%	58%
Total	384	10%	32%	12%	46%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 The rate of observations stocked according to plan for all levels and health areas combined has continued to hover between 10 percent and 20 percent. There was also no change this quarter at the central or regional level for commodities as a whole. GHSC-PSM in Ethiopia continues to assist the EPSA in triangulating consumption and service data during refills, and in improving data quality at SDPs and storage sites
- B2 TO1: The stocked according to plan rate for HIV/AIDS commodities significantly decreased this quarter, from 22 percent to 12 percent. At the central warehouse, no observations were stocked according to plan.
- B2 TO2: Stocked according to plan increased from 0 percent to 20 percent at the central warehouse, while it decreased from 12 percent to 9 percent at regional hubs.
- B2 TO3: Stocked according to plan decreased from 25 percent to 13 percent at the central warehouse, while increasing from 8 percent to 12 percent at regional hubs.

Supply plans, innovations, and strategic activities

Country FY Quarter

Total Innovations implemented this quarter Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
GHSC-PSM Ethiopia does not have any innovations to report this quarter.		

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Malaria commodities	Yes
RTKs	Yes
TPT	Yes

Analysis

GHSC-PSM updated the required quarterly supply plans for HIV RTKs, ART monitoring laboratory commodities, male condoms, malaria control program commodities, and family planning commodities during the FY2020 Q2 reporting period. All of the quarterly supply plan updates were submitted to the home office, meeting 100 percent of the supply plan submission expectations, including two additional commodity programs, ARVs and TPT, which were recently added to the supply plan expectations.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 There are no new supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Ethiopia ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Female	19	11	23	10	63
Male	35	41	48	18	142
Total	54	52	71	28	205

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Subnational level 1	54	52	71	28	205
Total	54	52	71	28	205

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Cross-TO	54	24	42	28	148
TO-specific		28	29		57
Total	54	52	71	28	205

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Governance and Financing	41	18	32	21	112
Human Resources Capacity Development			29		29
Quality Assurance	13	6	10	7	36
Transportation and Distribution		28			28
Total	54	52	71	28	205

Analysis

GHSC-PSM provided training for 205 supply chain professionals (142 male and 63 female) on the following thematic areas: 1) Auditable Pharmaceutical Transactions and Services (APTS) scale-up training for the Southern Nations, Nationalities, and Peoples' Region (SNNP) (Governance and Finance); 2) training of trainers (TOT) on FP/RH (Human Resources Capacity Development); 3) QMS training for EPSA (Quality Assurance); 4) APTS TOT training for Somali region (Governance and Finance); and 5) LLIN distribution campaign training (Transportation and Distribution).

Molecular Instruments and HIV Tracer Products

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

95%

Analysis

Out of the 20 molecular instruments, 19 remained functional throughout the quarter (95 percent), up from 90 percent last quarter. There was a machine failure at Jimma hospital, interrupting service for three working days, down from 16 days last quarter.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir disoproxil fumarate -Lamivudine- Dolutegravir 300+300+50MG/tablet (TLD)
2nd line adult ARV	Atazanavir/Ritonavir 300/100 mg
Pediatric ARV	Lamivudine/Zidovudine/Nevirapine 30/60/50 mg
First RTK	Stat-Pack, 20 tests
Second RTK	Abon, 40 tests
Tie-breaker RTK	SD Bioline, 25 tests
Viral load reagent	Molecular, m2000 Real Time PCR, HIV-1 Amplification Reagent Kit, 96 tests, Quantitative, (4 Packs x 24) Assays Molecular, COBAS, TaqMan, CAP/CTM HIV v2.0, Quantitative, 48 Tests Plasma preparation tube of 100 (for plasma based test)
Viral load consumable	Dry Blood Spot (DBS) kit sample collection bundle of 20 tests
EID reagent	Molecular, m2000 RealTime PCR, HIV-1 Qualitative Amplification Reagent Kit, 96 Tests Molecular, COBAS TaqMan, AmpliPrep, HIV-1, Qualitative, 48 Tests,
EID consumable	Dry Blood Spot (DBS) kit sample collection bundle of 20 tests

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	9.9%	5,623
1st line adult ARV	2.2%	990
2nd line adult ARV	4.6%	476
Pediatric ARV	5.2%	877
First RTK	5.5%	694
Second RTK	14.2%	576
Tie-breaker RTK	12.4%	558
Viral load reagent	15.8%	19
Viral load consumable	40.1%	329
EID reagent	17.6%	17
EID consumable	35.9%	329
Male condoms (HIV)	2.6%	758
TO2-Malaria	13.1%	2,167
AL 6x1	17.8%	376
AL 6x2	20.3%	380
AL 6x3	15.8%	329
AL 6x4	9.6%	774
mRDT	4.2%	308
TO3-PRH	4.7%	6,430
Combined oral contraceptive with iron	4.6%	945
DMPA-Intramuscular injectable	2.5%	1,035
1-rod implant	7.8%	900
2-rod implant	2.5%	713
Emergency contraceptive, 2 tablets	7.9%	720
Progestin only pills	10.5%	505
Copper-bearing IUD	1.5%	854
Male condoms (FP)	2.6%	758
Total	8.3%	13,462

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	0.1%	790
TO3-PRH		
Combined oral methods	4.6%	945
Injectable contraceptives	2.5%	1,035
Implantable contraceptives	3.1%	990
Emergency oral contraceptives	7.9%	720
Progestin-only methods	10.5%	505

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	95%	1,239
TO2-Malaria	90%	1,059
TO3-PRH	96%	1,173
TO4-MCH	90%	1,173

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	9%	39%	52%		23
TO1-HIV/AIDS		27%	73%		11
TO2-Malaria	20%	40%	40%		5
TO3-PRH	13%	63%	25%		8
Subnational level 1	12%	46%	31%	11%	342
TO1-HIV/AIDS	13%	46%	30%	10%	126
TO2-Malaria	9%	32%	44%	14%	90
TO3-PRH	12%	58%	21%	9%	144
Total	12%	46%	32%	10%	365

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

Country

Ethiopia

FY Quarter

2020-Q2

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	19	35	54
TO2-Malaria	11	41	52
TO3-PRH	23	48	71
TO4-MCH	10	18	28
Total	63	142	205

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
20	95%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Ghana



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ Ghana ▼ FY Quarter ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	5,152	17.8%
1st line adult ARV	449	14.0%
2nd line adult ARV	449	43.7%
Pediatric ARV	449	24.3%
First RTK	376	6.4%
Second RTK	376	7.2%
Male condoms (HIV)	2,287	9.6%
Female condoms (HIV)	766	36.4%
Total	5,152	17.8%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	215	36.7%
AL 6x1	20	25.0%
AL 6x2	17	41.2%
AL 6x3	9	88.9%
AL 6x4	21	19.0%
AL inability to treat	27	11.1%
AS/AQ 100/270mgx3	10	90.0%
AS/AQ 100/270mgx6	20	65.0%
AS/AQ 25/67.5mg	18	55.6%
AS/AQ 50/135mg	21	52.4%
mRDT	28	25.0%
SP	24	8.3%
Total	215	36.7%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	20,558	7.6%
Combined oral contraceptive with iron	1,771	11.0%
NET-En Injectable	2,985	4.9%
DMPA-Intramuscular injectable	4,428	2.4%
1-rod implant	3,007	4.2%
2-rod implant	3,344	3.3%
Progestin only pills	1,388	11.3%
Copper-bearing IUD	582	37.6%
Male condoms (FP)	2,287	9.6%
Female condoms (FP)	766	36.4%
Total	20,558	7.6%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	449	100%
TO2-Malaria	284	13%
TO4-MCH	284	12%
Total	1,017	51%

Ref Analysis

- B1** The stockout rate for GHSC-PSM in Ghana increased slightly this quarter for both TO1 and TO3. The stockout rate for HIV/AIDS commodities can be attributed to the high stockout rates for most-used second-line ARV (43.7 percent) and most used first-line pediatric ARV (24.3 percent), as most facilities do not have clients that are on second-line or pediatric regimens. Female condoms also continue to have a high stockout rate as facilities are hesitant to stock the product due to fear of expiry. GHSC-PSM is reporting on this indicator for TO2 using GhiLMIS data for the first time, instead of the biannual EUV data that had previously been used for these health area. This follows the initial rollout of the GhiLMIS to nearly 300 facilities, although it should be noted that the reporting rate for the system is still low (13 percent). Due to the low reporting rate and the fact that the number of sites that report is lower than other sources, TO1 and TO3 are not reported using GhiLMIS. The HIV LMIS report and DHIMS2 are used, respectively.
- B3** Following the initial roll-out of the GhiLIMS to facilities, Ghana is now able to report data on the B3 indicator. Out 284 bordered facilitates assessed this quarter, 38 (13 percent) met the GhiLMIS reporting criteria. Overall the GhiLMIS has a reporting rate of 12.5 percent, with a rate of 13 percent for TO2 and 12 percent for TO4. These are the only two task orders being reported for the GhiLMIS because there are more reliable sources for the other task orders. All but one facility reported on time to the HIV LMIS report. The data fields needed to calculate the reporting rate for TO3 were not available.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Ghana ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	81	11%	37%	24%	28%
TO1-HIV/AIDS	21	14%	62%	10%	14%
TO2-Malaria	30	3%	27%	30%	40%
TO3-PRH	30	13%	37%	23%	27%
Subnational level 1	810	35%	39%	17%	9%
TO1-HIV/AIDS	210	24%	49%	18%	10%
TO2-Malaria	300	48%	34%	12%	6%
TO3-PRH	300	28%	39%	21%	12%
Total	891	33%	39%	17%	10%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 The overall rate at which products were stocked according to plan decreased slightly, from 21 percent last quarter to 17 percent this quarter. These changes were largely driven by the increase in low stock (understocked) and stockouts at the central and regional levels for HIV/AIDSs and malaria products. The regional warehouses (RMS) saw increased stock out rates of most used 1st lined pediatric ARV, most used second line ARV, and female condoms this quarter as a result of inadequate stock at the central level. For malaria, all tracer products except RDTs saw a stockout rate of 20 percent or more (with the highest being 97%) at the regional level this quarter, leading to a high stockout rate for TO2 at the subnational level of 48% in Q2. While the central level saw a low overall stockout rate of 3 percent, RMSs were undersupplied during distribution in February 2020 as a result of suboptimal stock level at the central level. For TO3, the overall stockout rate increased slightly at the regional level is partly driven by the high rates for emergency contraceptives and female condoms, which are not used extensively within the public sector. The stockout rate for emergency contraceptives remained at 100 percent because the MOH/GHS is no longer procuring this product. This was a national level decision to cede management to the private sector. The TO3 stockout rate at the central level decreased slightly as a result of shipment arriving in-country for combined oral contraceptives.
- C7 GHSC-PSM in Ghana did not record any product loss in this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Ghana ▼ 2020-Q2 ▼

Total Innovations implemented this quarter 0

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
▲		
GHSC-PSM Ghana has no innovations to report this quarter.		

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	No
Malaria commodities	Yes
RTKs	Yes

Analysis ▲

GHSC-PSM in Ghana submitted five of the six required supply plan updates this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

▼ Description
 Ghana has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Ghana ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	Total
Female	63	63
Male	73	73
Total	136	136

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	Total
Subnational level 1	2	2
Subnational level 2	8	8
SDP	126	126
Total	136	136

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	Total
TO-specific	136	136
Total	136	136

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	Total
Warehousing and Inventory Management	136	136
Total	136	136

Analysis

GHSC-PSM in Ghana trained a total of 136 persons in this quarter, including 119 health personnel and 14 staff from civil society organizations working with the USAID Strengthening the Care Continuum project. All training was delivered under the TO1 HIV/AIDS task order. The topic of these trainings was warehousing and inventory management to help strengthen the supply management of HIV commodities. By gender, 46.3 percent of training participants were female, and 53.7 percent of participants were male.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter ▼
 Ghana ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM does not manage or support maintenance for any molecular instruments in Ghana.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/Ritonavir 200/50 mg
Pediatric ARV	Zidovudine 60 mg + Lamivudine 30 mg Tablet + Nevrapine 10mg/ml or Nevirapine 50mg dispersible tablet
First RTK	First Response
Second RTK	OraQuick
Tie-breaker RTK	Genscreen (ELISA test)
Viral load reagent	CAP/CTM HIV v2.0, Quantitative, 48 Tests
Viral load consumable	Not reported
EID reagent	CAP CTM HIV Qual 48 tests
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Ghana ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	17.8%	5,152
1st line adult ARV	14.0%	449
2nd line adult ARV	43.7%	449
Pediatric ARV	24.3%	449
First RTK	6.4%	376
Second RTK	7.2%	376
Male condoms (HIV)	9.6%	2,287
Female condoms (HIV)	36.4%	766
TO2-Malaria	40.4%	188
AL 6x1	25.0%	20
AL 6x2	41.2%	17
AL 6x3	88.9%	9
AL 6x4	19.0%	21
AS/AQ 100/270mgx3	90.0%	10
AS/AQ 100/270mgx6	65.0%	20
AS/AQ 25/67.5mg	55.6%	18
AS/AQ 50/135mg	52.4%	21
mRDT	25.0%	28
SP	8.3%	24
TO3-PRH	7.6%	20,558
Combined oral contraceptive with iron	11.0%	1,771
NET-En Injectable	4.9%	2,985
DMPA-Intramuscular injectable	2.4%	4,428
1-rod implant	4.2%	3,007
2-rod implant	3.3%	3,344
Progestin only pills	11.3%	1,388
Copper-bearing IUD	37.6%	582
Male condoms (FP)	9.6%	2,287
Female condoms (FP)	36.4%	766
Total	9.0%	22,845

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	11.1%	27
TO3-PRH		
Combined oral methods	11.0%	1,771
Injectable contraceptives	1.8%	4,573
Implantable contraceptives	1.9%	3,828
Progestin-only methods	11.3%	1,388

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	449
TO2-Malaria	13%	284
TO4-MCH	12%	284

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	24%	28%	37%	11%	75
TO1-HIV/AIDS	10%	14%	62%	14%	21
TO2-Malaria	30%	40%	27%	3%	30
TO3-PRH	23%	27%	37%	13%	30
Subnational level 1	17%	9%	39%	35%	750
TO1-HIV/AIDS	18%	10%	49%	24%	210
TO2-Malaria	12%	6%	34%	48%	300
TO3-PRH	21%	12%	39%	28%	300
Total	17%	10%	39%	33%	825

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	63	73	136
Total	63	73	136

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	0
Malaria commodities	1	1
RTKs	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Guinea ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	3,511	5.0%
AL 6x1	480	15.6%
AL 6x2	502	13.9%
AL 6x3	510	2.4%
AL 6x4	514	2.1%
AL inability to treat	515	0.4%
mRDT	515	0.6%
SP	475	0.4%
Total	3,511	5.0%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	2,405	11.4%
Combined oral contraceptive with iron	409	11.5%
DMPA-Intramuscular injectable	382	20.4%
2-rod implant	419	11.5%
Progestin only pills	388	8.8%
Copper-bearing IUD	390	5.4%
Male condoms (FP)	417	11.3%
Total	2,405	11.4%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO2-Malaria	522	99%
TO3-PRH	464	96%
Total	986	97%

Ref Analysis

- B1 Stockout rates for both task orders have generally stayed the same for the past two quarters.
- B1 TO2: Though stockout rates showed a slight overall improvement this quarter for malaria commodities, AL 6x1 and 6x2 registered relatively high stockout rates (16 and 14 percent, respectively), due to stockouts of these commodities at the central level. However, the percentage of facilities “unable to treat” malaria with AL remained low, at 0.4 percent (down from 0.6 percent last quarter). Part of an order of AL 6x1 (60,000 blister packs) was received in February. For this quarter’s distribution, GHSC-PSM worked with the National Malaria Control Program (PNLP) to forecast health facility needs. A resulting supply plan was shared with the central medical stores (PCG).
- B1 TO3: Stockout rates were particularly high for injectables (20 percent), followed by combined oral contraceptives and implants (each 12 percent), and male condoms (11 percent). Some of the main factors affecting the FP/RH supply chain include insufficient coordination of actors, shortages in regional warehouses, and shipment delays for injectables coming from another donor, which have been stocked out since the third quarter of FY2019. Furthermore, FP/RH products are supplied to health facilities on a push system based on stock availability in warehouses and not based on health facility needs. The project is providing support to improve the ability of warehouses to monitor their supplies and prepare orders.
- B3 Reporting rates to the LMIS remain steadily high, due in part to the increased supervision at the regional level. GHSC-PSM supported the regional health authority of Faranah in conducting supervision visits in three district health areas.

Warehouse stock status and product losses

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	12	8%	17%	33%	42%
TO2-Malaria	6	17%	33%	50%	
TO3-PRH	6			17%	83%
Subnational level 1	72	42%	25%	22%	11%
TO2-Malaria	36	50%	22%	22%	6%
TO3-PRH	36	33%	28%	22%	17%
Total	84	37%	24%	24%	15%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 The rate of stocked according to plan stayed relatively constant at 24 percent, while stockouts increased this quarter from 14 to 37 percent, driven by high stockouts at the regional warehouses (42 percent of observations).
- B2 TO2: Fifty percent of malaria commodities were stocked according to plan at the central medical store. At the regional level, stocked according to plan was only 22 percent of observations, while 50 percent were stocked out. GHSC-PSM is working with the PNL and logistics unit of the National Directorate of Family Health and Nutrition to monitor supplies of warehouses prior to distribution. Deliveries of all AL formulations are also expected.
- B2 TO3: At the central level, 83 percent of FP/RH commodity observations were overstocked, while the remaining 17 percent were stocked according to plan. At regional warehouses, 33 percent of observations were stocked out, and 28 percent were understocked, due to stocks remaining at the central level and not being replenished at the regional warehouses. The project will help to monitor resupplies of regional warehouses, which in turn will impact the supply of health facilities.
- C7 There was no product loss to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Guinea ▼ 2020-Q2 ▼

Total Innovations implemented this quarter 0

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
▲		

GHSC-PSM Guinea does not have any innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Condoms	Yes
FP commodities	Yes
Malaria commodities	Yes

Analysis

The project submitted supply plans to the FASP team for all three commodity groups – condoms, family planning commodities, and malaria commodities. These plans identified some gaps that GHSC-PSM is working with the National Malaria Control Program to fill in an expedited manner, for example a potential shortage of AL 6x3 and 6x4 by November.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

There are no new supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country



Guinea



FY Quarter



2020-Q2



C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis



There were no trainings to report this quarter.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Guinea ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO2-Malaria	5.8%	2,996
AL 6x1	15.6%	480
AL 6x2	13.9%	502
AL 6x3	2.4%	510
AL 6x4	2.1%	514
mRDT	0.6%	515
SP	0.4%	475
TO3-PRH	11.4%	2,405
Combined oral contraceptive with iron	11.5%	409
DMPA-Intramuscular injectable	20.4%	382
2-rod implant	11.5%	419
Progestin only pills	8.8%	388
Copper-bearing IUD	5.4%	390
Male condoms (FP)	11.3%	417
Total	8.3%	5,401

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	0.4%	515
TO3-PRH		
Combined oral methods	11.5%	409
Injectable contraceptives	20.4%	382
Implantable contraceptives	11.5%	419
Progestin-only methods	8.8%	388

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO2-Malaria	99%	522
TO3-PRH	96%	464

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	33%	42%	17%	8%	12
TO2-Malaria	50%		33%	17%	6
TO3-PRH	17%	83%			6
Subnational level 1	22%	11%	25%	42%	72
TO2-Malaria	22%	6%	22%	50%	36
TO3-PRH	22%	17%	28%	33%	36
Total	24%	15%	24%	37%	84

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Condoms	1	1
FP commodities	1	1
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Haiti



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Haiti ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	882	0.8%
1st line adult ARV	133	0.0%
2nd line adult ARV	133	0.8%
Pediatric ARV	133	3.0%
First RTK	133	0.8%
Second RTK	133	0.8%
Male condoms (HIV)	217	0.0%
Total	882	0.8%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	1,302	0.2%
Combined oral contraceptive with iron	217	0.0%
DMPA-Intramuscular injectable	217	0.0%
2-rod implant	217	0.5%
Copper-bearing IUD	217	0.5%
Calendar-based awareness methods	217	0.0%
Male condoms (FP)	217	0.0%
Total	1,302	0.2%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	133	100%
TO3-PRH	218	100%
Total	351	100%

Ref Analysis

- B1 The overall stockout rate this quarter was 0.5 percent, down from 0.6 percent last quarter. This represents a total of nine facilities that together had stockouts of six products, out of 2,100 observations.
- B1 The team will continue to share information about sites with data quality weaknesses (low data accuracy or completeness) with the project's regional supply chain managers and the data validation team to better support these sites.
- B1 TO1: No first-line adult ARVs were stocked out; however, there was a 3 percent stockout rate for the most-used pediatric ARVs (ABC/3TC). These stockouts were due to insufficient stock at the central level to meet all of the demand. In addition, several sites in the South Department could not be reached for redistribution of Atazanavir/Ritonavir 300/100mg (second-line adult ARVs).
- B1 TO3: FP/RH products are slower moving, so some unanticipated consumption increases and an expiry in another case impacted stock availability.
- B3 One hundred percent of HIV/AIDS sites reported this quarter, while just a fraction of a percentage short of that (99.5 percent) of FP/RH sites reported, with both health areas again exceeding the annual target of 95 percent. Timeliness of reporting also improved this quarter.

Warehouse stock status and product losses

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	36		33%	33%	33%
TO1-HIV/AIDS	18		33%	39%	28%
TO3-PRH	18		28%	33%	39%
Total	36		33%	33%	33%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO1	Central	Storage	Expiry	ARVs, laboratory, opportunistic infections	\$843,393	\$7,680,629	10.98%
TO1	Global	Transit	Damage	Laboratory	\$12,144	\$2,237,729	0.54%

Ref Analysis

- B2 Second RTKs (Unigold) were understocked in three out of three observations due to a late delivery, while first RTKs was overstocked in two out of three observations due to underconsumption compared to the forecast.
- B2 Second-line adult ARVs (ATV/r 300/100mg) were understocked in three out of three observations, as almost all quantities received in November were distributed to the sites in November and December 2019 to prevent possible stockouts due to the MOH's (MSPP) protocol change.
- B2 Stocked according to plan decreased this quarter, from 48 percent to 33 percent. This trend was true for HIV/AIDS commodities (44 percent to 39 percent stocked according to plan) and for FP/RH commodities (44 percent to 33 percent).
- B2 The most-used pediatric ARV (ABC/3TC 120/60mg) was overstocked in two out of three observations due to the receipt of three late orders back-to-back in November, December, and January.
- B2 TO1: First-line adult ARVs (DTG/3TC/TDF 50/300/300 mg) were understocked in one out of three observations due to a high consumption of TLD 30, which will no longer be ordered.
- B2 TO3: FP/RH products were understocked due to late delivery (oral contraceptives) or increased demand (implants), or overstocked due to decreased demand (injectables, IUDs, and calendar-based awareness methods).
- C7 A new module of the project's custom database in Haiti, SYGDOCC, has just been rolled out to help manage products close to their expiration date.
- C7 Among HIV/AIDS commodities, \$843,393 worth of product expired in the central warehouse, representing 11 percent of the average inventory balance for TO1. Of this amount, \$255,019 had already expired during the quarter, and \$588,374 had not yet expired but was removed from the warehouse for destruction. Since the last national quantification exercise, the MOH (MSPP) had planned to keep only 2 percent of patients on TLE 600 and transition the rest to TLE 400 as a first-line adult ARV by October 2020. The remaining stock of TLE 600 had expiration dates of August and September 2020. Therefore, by the time of the May/June distribution, these products would have had fewer than three months of their shelf life remaining, which is against USAID policy to distribute. Therefore, the excess product close to expiry needed to be destroyed. The sites all have more than enough stock on hand of TLE 600 to meet the new policy requirement of maintaining 2 percent of patients on this formulation.
- C7 In FY2019 Q4, the central warehouse received a cold shipment of Reflotron Precinorm U (4 x 2 mL) and strips. The monitor for the temperature could not be read to find out temperature exposed to the product during transit. As a result, the product was quarantined. According to the supplier, the temperature was below minimum at least once during transit so the product should not be used. These products have been disposed of.
- C7 No family planning commodities expired or were otherwise lost.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Haiti ▼ 2020-Q2 ▼

Total Innovations implemented this quarter **0**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Haiti has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
MCH commodities	Yes
RTKs	Yes
TPT	Yes

Analysis

All seven of the required supply plans were updated and shared with the home office.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 Internal Human Resources transfer procedure (validated)

Training for supply chain partners

Country
Haiti

FY Quarter
2020-Q2

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

No people were trained this quarter.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

100%

Analysis

For the reporting period, all seven (100 percent) molecular Instruments remained functional during the entire quarter.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	TDF/3TC/EFV 300/300/600 mg
2nd line adult ARV	ATV/r 300/100 mg
Pediatric ARV	AZT/3TC/NVP 60/30/50 mg
First RTK	Determine
Second RTK	Uni-Gold
Tie-breaker RTK	Not reported
Viral load reagent	Not reported
Viral load consumable	Not reported
EID reagent	Not reported
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Haiti ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	0.8%	882
1st line adult ARV	0.0%	133
2nd line adult ARV	0.8%	133
Pediatric ARV	3.0%	133
First RTK	0.8%	133
Second RTK	0.8%	133
Male condoms (HIV)	0.0%	217
TO3-PRH	0.2%	1,302
Combined oral contraceptive with iron	0.0%	217
DMPA-Intramuscular injectable	0.0%	217
2-rod implant	0.5%	217
Copper-bearing IUD	0.5%	217
Calendar-based awareness methods	0.0%	217
Male condoms (FP)	0.0%	217
Total	0.5%	1,967

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO3-PRH		
Combined oral methods	0.0%	217
Injectable contraceptives	0.0%	217
Implantable contraceptives	0.5%	217

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	133
TO3-PRH	100%	218

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	33%	33%	33%		33
TO1-HIV/AIDS	39%	28%	33%		18
TO3-PRH	33%	39%	28%		18
Total	33%	33%	33%		33

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
MCH commodities	1	1
RTKs	1	1
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
8	100%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Indonesia



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Indonesia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	253	2.0%
1st line adult ARV	58	0.0%
2nd line adult ARV	39	0.0%
Pediatric ARV	23	0.0%
First RTK	49	2.0%
Second RTK	44	4.5%
Tie-breaker RTK	40	5.0%
Total	253	2.0%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	59	100%
Total	59	100%

Ref Analysis

- B1 The overall HIV/AIDS stockout rate remained consistent with the previous quarter. While each of the three RTK tracer products saw at least one SDP stocked out of the product, service was not interrupted as the facilities could substitute with another RTK tracer product if one was not available. No facilities saw a stockout of ARV tracer products.
- B3 All 59 SDPs reported to SIHA on time.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	6	0%	67%	0%	33%
TO1-HIV/AIDS	6	0%	67%	0%	33%
Subnational level 1	6	0%	33%	33%	33%
TO1-HIV/AIDS	6	0%	33%	33%	33%
Subnational level 2	30	7%	10%	67%	17%
TO1-HIV/AIDS	30	7%	10%	67%	17%
Total	42	5%	21%	52%	21%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 The overall stocked according to plan rate remained consistent with the previous quarter (FY2020 Q1). While there were no stockouts of any products at any supply chain level in Q1, this quarter the district level (subnational level 2) saw one stockout of most-used first-line ARV and most-used first-line pediatric ARV.
- C7 GHSC-PSM in Indonesia does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country FY Quarter

Total Innovations implemented this quarter

New technologies **1**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO1-HIV/AIDS	New technologies	In mid-January 2020, the MOH, with support from GHSC-PSM, successfully launched SIHA 2.0 user acceptance test (UAT) for selected health facility users at the DHO, PHO, MOH, and for partners and developers. SIHA 2.0, which is an extension to SIHA and connected to the original SIHA platform, is a web-based and android application. It can track patients living with HIV/AIDS and the quantity of drugs they are receiving in real time and improves logistics distribution, which was previously not available under the old system. Patients, pharmacists, and laboratory personnel have access to the system and the ability to enter data. By using citizens' national identity number (NIK) to track patients, duplication will be prevented, ensuring better quality data. The data collected through SIHA 2.0, which include patient information, treatment, logistic management, and commodity stock information (for each supply chain level), will be accessible by the DHO, PHO, and MOH. In March 2020, some provinces received training on using the app.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group Supply Plan Submission Status

Analysis

GHSC-PSM in Indonesia is not required to submit supply plans.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

Indonesia has no policies, SOPs, strategies, etc. that GHSC-PSM in Indonesia helped develop or update this quarter.

Training for supply chain partners

Country
FY Quarter

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	Total
Female	40	40
Male	28	28
Total	68	68

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	Total
Central	54	54
Subnational level 1	3	3
Subnational level 2	1	1
SDP	10	10
Total	68	68

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	Total
TO-specific	68	68
Total	68	68

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	Total
MIS	68	68
Total	68	68

Analysis

GHSC-PSM in Indonesia supported two trainings on User Acceptance Test (UAT) for SIHA 2.0, which is an Android and web-based application, in January 2020, and one training in February 2020 for National RR Mentors.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter ▼
 Indonesia ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM in Indonesia does not report on the molecular instrument indicator.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/ritonavir (LPV/r) 200/50mg
Pediatric ARV	Zidovudine (ZDV) 100mg
First RTK	SD Bioline, Fokus
Second RTK	Fokus and Intec
Tie-breaker RTK	Vikia and Oncoprobe
Viral load reagent	Abbott
Viral load consumable	Abbott
EID reagent	Abbott
EID consumable	Abbott

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Indonesia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	2.0%	253
1st line adult ARV	0.0%	58
2nd line adult ARV	0.0%	39
Pediatric ARV	0.0%	23
First RTK	2.0%	49
Second RTK	4.5%	44
Tie-breaker RTK	5.0%	40
Total	2.0%	253

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	59

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	0%	33%	67%	0%	6
TO1-HIV/AIDS	0%	33%	67%	0%	6
Subnational level 1	33%	33%	33%	0%	6
TO1-HIV/AIDS	33%	33%	33%	0%	6
Subnational level 2	67%	17%	10%	7%	30
TO1-HIV/AIDS	67%	17%	10%	7%	30
Total	52%	21%	21%	5%	42

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	40	28	68
Total	40	28	68

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
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C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Kenya



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Kenya ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	8,372	21.0%
AL 6x1	1,196	12.7%
AL 6x2	1,196	32.9%
AL 6x3	1,196	27.2%
AL 6x4	1,196	26.0%
AL inability to treat	1,196	6.9%
mRDT	1,196	16.9%
SP	1,196	24.7%
Total	8,372	21.0%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	7,992	32.4%
Combined oral contraceptive	999	13.9%
DMPA-Intramuscular injectable	999	11.1%
1-rod implant	999	46.7%
2-rod implant	999	23.4%
Emergency contraceptive, 2 tablets	999	61.7%
Progestin only pills	999	35.3%
Copper-bearing IUD	999	33.2%
Male condoms (FP)	999	33.9%
Total	7,992	32.4%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO2-Malaria	1,196	100%
TO3-PRH	1,108	98%
Total	2,304	99%

Ref Analysis

- B1** TO1: Stockout rates for malaria products improved since last quarter's spike (44 percent stockout rate), falling to 23.4 percent in FY2020 Q2. Reported inability to treat fell from 14 percent to 7 percent in this period, and the most dramatic improvements in stockout rates were for RTDs (81 percent in Q1 to 17 percent in Q2) and AL 6x1 (58 percent to 13 percent). Among traced malaria commodities, only sulphadoxine-pyrimethamine saw an increase in the stockout rate, rising from 9 percent reported in Q1 to 25 percent in Q2.
- B1** TO2: It is important to note, however, that all of the tracer malaria commodities were stocked out at the central level. This is largely a result of prolonged delays in customs exemptions for PMI-funded commodities. The marginal improvement in facility-level stock commodities reflects piecemeal approvals granted to incoming PMI and Global Fund shipments. The shipments are quickly distributed to SDPs, and the central level remains stocked out.
- B1** TO3: This is the second quarter in the regional expansion of the project's family planning support. Last quarter, an additional five counties were added to the portfolio, and now 1,108 facilities are expected to report on family planning logistics. Stockout rates for FY2020 Q2 (32.4 percent) improved marginally from last quarter (33.8 percent). Reported stockout rates improved for most family planning tracer commodities -- oral contraceptives, copper bearing IUDs, progestin-only pills, male condoms, and DMPA -- except for implants. Stockout rates for Etonogestrel and Levonorgestrel implants increased from 36 percent and 20 percent, respectively, in Q1 to 46.7 percent and 23.4 percent, respectively, in Q2. Both products were stocked out at the central level and extant stock was not equitably distributed among facilities.
- B3** For malaria commodities, all required health facilities (1,196) successfully uploaded their reports into the DHIS system in February 2020. For family planning commodities, 1,088 of the 1,108 facilities now required to submit uploaded reports to DHIS did so (98.2 percent). However, of the 1,088 submitted reports, only 999 had usable data. The project will continue to provide technical assistance to MOH counterparts charged with identifying and addressing reporting gaps to ensure that sufficient reporting materials are available and communication improves.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Kenya ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	45	67%	20%	2%	11%
TO2-Malaria	18	83%	17%		
TO3-PRH	27	56%	22%	4%	19%
Total	45	67%	20%	2%	11%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref	Analysis
B2	Central level stockouts increased in this period, rising from half (51 percent) of observations in Q1 to two-thirds (67 percent) in Q2. All malaria tracer commodities were continuously stocked out centrally. The majority of family planning products were observed to be stocked out or understocked. Combined oral contraceptives and progestin-only commodities were found to have been stocked according to plan or overstocked.
B2	TO2: For malaria commodities, central level stockouts reflect prolonged delays in customs exemption for PMI-funded commodities. Global Fund-funded procurements will help to mitigate the gaps - a shipment of Alu arrived in April 2020 and other commodities, originally expected in late April, are expected in June 2020. The project will also continue to work with the relevant authorities to push for PMI commodities tax exemption to avert more stockouts.
B2	TO3: The country's family planning supply plan was updated in March 2020. The Government of Kenya committed funds to procure the following contraceptives: 10,500 DMPA kits; 139,000 doses of EC pills; 89,000 sets of 2-rod implants and 377,934 IUCD sets. Additional funds were set aside under Universal Health Coverage to procure DMPA, implants, and EC pills. In addition, USAID and DFID have committed funds likely to be used to procure implants.
C7	There is no product loss from theft, damage, or expiry to report in this period.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Kenya ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
▲		

GHSC-PSM Kenya has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	Yes

Analysis

The malaria commodities quarterly supply plan was successfully prepared and submitted to HQ in FY2020 Q2.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

▲ Description
 Kenya has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country
FY Quarter

C2. Number of people trained by sex

Sex	TO3-PRH	Total
Female	26	26
Male	18	18
Total	44	44

C2. Number of people trained by supply chain level

Supply Chain Level	TO3-PRH	Total
Subnational level 2	44	44
Total	44	44

C2. Number of people trained by funding source and type

Type	TO3-PRH	Total
Cross-TO	44	44
Total	44	44

C2. Number of people trained by technical area

Supply Chain Function	TO3-PRH	Total
Forecasting and Supply Planning	44	44
Total	44	44

Analysis

A training on forecasting and supply planning was held in Uasin Gishu County, one of the five new family planning-focus counties. Forty-four health managers (18 male and 26 female) attended. Similar trainings on FASP were held in the other four new FP-focused counties in previous quarters, and the project plans to provide refreshers in the future where required (for example, during forecast reviews).

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM Kenya does not procure or support molecular instruments in the country.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Atazanavir/Ritonavir 300/100 mg
Pediatric ARV	ABC/3TC 60/30mg FDC tabs; NVP susp 50mg/5ml
First RTK	
Second RTK	
Tie-breaker RTK	
Viral load reagent	
Viral load consumable	
EID reagent	
EID consumable	

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Kenya ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO2-Malaria	23.4%	7,176
AL 6x1	12.7%	1,196
AL 6x2	32.9%	1,196
AL 6x3	27.2%	1,196
AL 6x4	26.0%	1,196
mRDT	16.9%	1,196
SP	24.7%	1,196
TO3-PRH	32.4%	7,992
Combined oral contraceptive	13.9%	999
DMPA-Intramuscular injectable	11.1%	999
1-rod implant	46.7%	999
2-rod implant	23.4%	999
Emergency contraceptive, 2 tablets	61.7%	999
Progestin only pills	35.3%	999
Copper-bearing IUD	33.2%	999
Male condoms (FP)	33.9%	999
Total	28.1%	15,168

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	6.9%	1,196
TO3-PRH		
Combined oral methods	13.9%	999
Injectable contraceptives	11.1%	999
Implantable contraceptives	14.1%	999
Emergency oral contraceptives	61.7%	999
Progestin-only methods	35.3%	999

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO2-Malaria	100%	1,196
TO3-PRH	98%	1,108

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	2%	11%	20%	67%	45
TO2-Malaria			17%	83%	18
TO3-PRH	4%	19%	22%	56%	27
Total	2%	11%	20%	67%	45

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO3-PRH	26	18	44
Total	26	18	44

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Laos



Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Laos ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	19	5%	11%	16%	68%
TO2-Malaria	19	5%	11%	16%	68%
Total	19	5%	11%	16%	68%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 In Laos, GHSC-PSM reports are based on the national warehouse's stock report for March 2020. Laos reports on first-line ACTs (AL 6x1), (AL 6x2), (AL 6x3) and (AL 6x4), primaquine 7.5mg, and rapid diagnostic tests for malaria. In the Laotian government, the Center for Malariology, Parasitology and Entomology (CMPE) uses mSupply to track the malaria commodities in the warehouse. It should be noted that the CMPE has defined their minimum stock level as three months of stock but has not defined a maximum level of stock. For Q2, the overall stocked according to plan rate was just 17 percent. The overstocked rate was 77 percent, with concerns for product expiry. GHSC-PSM is actively working with the government to investigate this issue and identify solutions.
- C7 GHSC-PSM in Laos does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Laos ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
▲		

GHSC-PSM Laos has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	No

Analysis

The malaria supply plan was not submitted this quarter. GHSC-PSM continues to advocate with its government counterparts on the importance of sharing these data to improve supply chain operations and performance.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

Laos has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Complete Results and Denominators

Country FY Quarter

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
Total		

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
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B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	16%	68%	11%	5%	19
TO2-Malaria	16%	68%	11%	5%	19
Total	16%	68%	11%	5%	19

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	0

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Lesotho ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	1,617	5.9%
1st line adult ARV	208	1.0%
2nd line adult ARV	205	1.0%
Pediatric ARV	178	3.9%
First RTK	200	1.0%
Second RTK	201	0.5%
Tie-breaker RTK	188	2.1%
Viral load reagent	5	0.0%
EID reagent	1	0.0%
Male condoms (HIV)	126	0.8%
Female condoms (HIV)	121	5.0%
RUTF	184	38.6%
Total	1,617	5.9%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	210	99%
Total	210	99%

Ref Analysis

- B1 While the overall HIV/AIDS stockout rate remained consistent with the previous quarter, a few individual tracer products saw a big increase or decrease in their stockout rate. RUTF saw a notable increase (from 4 percent in Q1 to 37 percent in Q2) due to the product not being available at the National Central Drug Store. There has been a higher than anticipated demand for the product from SDPs which has resulted in the stockout at the central level. A shipment has arrived and will soon be available for distribution to alleviate stockouts at SDPs. Tie-breaker RTKs saw a decrease in their stockout rate (from 32 percent in Q1 to 2 percent in Q2) due to the arrival of the product in country and subsequent distribution to health facilities.
- B3 The LMIS reporting rate was near perfect. Only one facility did not report on time.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Lesotho ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	33	12%	58%	24%	6%
TO1-HIV/AIDS	33	12%	58%	24%	6%
Total	33	12%	58%	24%	6%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 This quarter, the stocked according to plan rate decreased by about 20 percent from last quarter. This decrease was primarily driven by the increase in the overall stockout rate from 0 percent in FY2020 Q1 to 12 percent in FY2020 Q2. Two products—RUTF and EID reagents—were stocked out due to a higher than expected demand.
- C7 GHSC-PSM in Lesotho had no product loss to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Lesotho ▼ 2020-Q2 ▼

Total Innovations implemented this quarter New approaches **1**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO1-HIV/AIDS	New approaches	The LMIS (Informed Push in DHIS2) was updated to capture consumption based on packs of ARVs dispensed, including MMD. An ARV dispensing log was also developed and rolled out to the facility level to facilitate reporting into the updated LMIS. Before that, consumption was derived from drug pick ups by capturing the number of clients picking up ARVs during the month. This new approach, which was rolled out in January 2020, will improve accuracy of reporting monthly consumption and improve stock status monitoring.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
TPT	Yes

Analysis

This is the second quarter that GHSC-PSM in Lesotho been required to submit a TPT supply plan. They have submitted the supply plan both quarters.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 GHSC-PSM helped update the Supply Chain Management Directorate (SCMD) Organogram and job descriptions as a proposal to incorporate the SCMD into the MOH structure.

Training for supply chain partners

Country
Lesotho

FY Quarter
2020-Q2

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

GHSC-PSM in Lesotho has no trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter ▼
 Lesotho ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM in Lesotho does not report on the molecular instrument indicator.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/Ritonavir 200/50 mg
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
First RTK	Determine
Second RTK	Uni-Gold
Tie-breaker RTK	Bioline
Viral load reagent	COBAS, TaqMan, CAP/CTM HIV v2.0, Quantitative, 48 Tests
Viral load consumable	Not reported
EID reagent	COBAS TaqMan AmpliPrep, HIV-1 Qualitative Test, v2.0, 48
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Lesotho ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	5.9%	1,617
1st line adult ARV	1.0%	208
2nd line adult ARV	1.0%	205
Pediatric ARV	3.9%	178
First RTK	1.0%	200
Second RTK	0.5%	201
Tie-breaker RTK	2.1%	188
Viral load reagent	0.0%	5
EID reagent	0.0%	1
Male condoms (HIV)	0.8%	126
Female condoms (HIV)	5.0%	121
RUTF	38.6%	184
Total	5.9%	1,617

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	99%	210

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	24%	6%	58%	12%	33
TO1-HIV/AIDS	24%	6%	58%	12%	33
Total	24%	6%	58%	12%	33

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Liberia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	40	37.5%
1st line adult ARV	8	37.5%
2nd line adult ARV	8	62.5%
Pediatric ARV	8	50.0%
First RTK	8	25.0%
Second RTK	8	12.5%
Total	40	37.5%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	4,690	30.5%
AL 6x1	412	37.9%
AL 6x2	402	34.6%
AL 6x3	439	27.6%
AL 6x4	431	39.2%
AS/AQ 100/270mgx3	426	23.2%
AS/AQ 100/270mgx6	438	32.6%
AS/AQ 25/67.5mg	421	26.1%
AS/AQ 50/135mg	414	44.9%
mRDT	443	16.7%
SP	435	16.1%
LLINs	429	38.5%
Total	4,690	30.5%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	3,260	31.0%
Combined oral contraceptive with iron	420	21.7%
DMPA-Intramuscular injectable	435	13.6%
2-rod implant	424	26.2%
Progestin only pills	417	25.4%
Copper-bearing IUD	366	60.1%
Calendar-based awareness methods	395	45.1%
Male condoms (FP)	428	14.0%
Female condoms (FP)	375	49.3%
Total	3,260	31.0%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	13	62%
TO2-Malaria	550	85%
TO3-PRH	546	82%
TO4-MCH	546	82%
Total	1,655	82%

Ref Analysis

- B1** Liberia is reporting stockout data from its eLMIS for the first time this quarter. The results discussed here represent reports received in Q2, which represent the October-December timeframe. (SDPs keep monthly records, but only send these up to the county level for entry into eLMIS on a quarterly basis.) According to these reports, stockout rates for all health programs range between 30 percent and 38 percent. The malaria stockout rate is consistent with EUV data collection in November, both in the low 30s, while stockouts of family planning products were higher than found during the EUV, increasing from 19 percent to 31 percent. Liberia's eLMIS also captures data on HIV products. GHSC-PSM provides HIV support to a small numbers of high-burden treatment sites located in the capital region of Montserrado county. Of the eight sites that reported for this period, stockout rates were elevated for ARVs and RTKs, at 38 percent. Outside of this region, however, HIV stockouts were more prevalent, at an average rate of 65 percent for ARVs and RTKs.
- B3** Liberia showed an increased reporting rate to its eLMIS this quarter. Across the family planning and maternal and child health programs, the reporting rate rose from 52 percent to 82 percent. Malaria reporting also rose, from 61 percent to 85 percent. HIV reporting has lagged behind other health areas, but has shown improvement as well. In the GHSC-PSM-supported Montserrado county, reporting rates increased 10 percentage points, to 62 percent. Outside the region, reporting rates were similar, at 65 percent.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Liberia ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	24		29%	13%	58%
TO1-HIV/AIDS	5		20%		80%
TO2-Malaria	11		45%	9%	45%
TO3-PRH	8		13%	25%	63%
Total	24		29%	13%	58%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 Stocked according to plan rates at Liberia's central warehouse remain low, with high rates of overstocking across all health areas. In the case of the malaria program, understocking was also prevalent, notably for mRDTs and AS/AQ. GHSC-PSM shipments of mRDTs are expected to arrive as planned in Q3, but shipments of AS/AQ may be delayed due COVID-19 impacts on suppliers.
- C7 There were no product losses in GHSC-PSM custody to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Liberia ▼ 2020-Q2 ▼

Total Innovations implemented this quarter **0**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
▲		

GHSC-PSM Liberia has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Condoms	Yes
FP commodities	Yes
Malaria commodities	Yes

Analysis

All expected supply plans were completed and submitted to GHSC-PSM HQ this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

This quarter, the project worked with the National Quantification Officer at the MOH to support updates to the SOPs for national quantification in Liberia. The updated SOP will be used by the National Quantification Technical Committee (NQTC) to help prepare forecasts for all health programs. It will be used first in the upcoming quantification for malaria commodities.

Training for supply chain partners

Country ▼ Liberia ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Female	1	1	2	4
Male	2	4	3	9
Total	3	5	5	13

C2. Number of people trained by supply chain level

Supply Chain Level	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Central	3	5	5	13
Total	3	5	5	13

C2. Number of people trained by funding source and type

Type	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Cross-TO	3	5	5	13
Total	3	5	5	13

C2. Number of people trained by technical area

Supply Chain Function	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Forecasting and Supply Planning		4	3	7
MIS	3	1	2	6
Total	3	5	5	13

Analysis

GHSC-PSM conducted two training activities in Liberia during the reporting period. Seven participants were trained in the use of Pipeline software for forecasting and supply planning. Another six individuals were trained in the use of mSupply, the warehouse management system.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM does not manage or support maintenance for any molecular instruments in Liberia.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/ritonavir 250mg
Pediatric ARV	Lamivudine/Zidovudine/Nevirapine 60/30/50mg
First RTK	Determine HIV1/2
Second RTK	Bioline HIV1/2
Tie-breaker RTK	Unigold
Viral load reagent	Not reported
Viral load consumable	Not reported
EID reagent	Not reported
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	37.5%	40
1st line adult ARV	37.5%	8
2nd line adult ARV	62.5%	8
Pediatric ARV	50.0%	8
First RTK	25.0%	8
Second RTK	12.5%	8
TO2-Malaria	30.5%	4,690
AL 6x1	37.9%	412
AL 6x2	34.6%	402
AL 6x3	27.6%	439
AL 6x4	39.2%	431
AS/AQ 100/270mgx3	23.2%	426
AS/AQ 100/270mgx6	32.6%	438
AS/AQ 25/67.5mg	26.1%	421
AS/AQ 50/135mg	44.9%	414
mRDT	16.7%	443
SP	16.1%	435
LLINs	38.5%	429
TO3-PRH	31.0%	3,260
Combined oral contraceptive with iron	21.7%	420
DMPA-Intramuscular injectable	13.6%	435
2-rod implant	26.2%	424
Progestin only pills	25.4%	417
Copper-bearing IUD	60.1%	366
Calendar-based awareness methods	45.1%	395
Male condoms (FP)	14.0%	428
Female condoms (FP)	49.3%	375
Total	30.8%	7,990

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO3-PRH		
Combined oral methods	21.7%	420
Injectable contraceptives	13.6%	435
Implantable contraceptives	26.2%	424
Progestin-only methods	25.4%	417

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	62%	13
TO2-Malaria	85%	550
TO3-PRH	82%	546
TO4-MCH	82%	546

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	13%	58%	29%		24
TO1-HIV/AIDS		80%	20%		5
TO2-Malaria	9%	45%	45%		11
TO3-PRH	25%	63%	13%		8
Total	13%	58%	29%		24

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

Country

FY Quarter

Liberia

2020-Q2

C2. Number of people trained

Task Order	Female	Male	Total
TO2-Malaria	1	2	3
TO3-PRH	1	4	5
TO4-MCH	2	3	5
Total	4	9	13

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Condoms	1	1
FP commodities	1	1
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Malawi



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Malawi ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	3,850	4.8%
1st line adult ARV	1,052	5.9%
2nd line adult ARV	507	9.9%
Pediatric ARV	285	0.7%
First RTK	401	2.0%
Second RTK	416	7.9%
Male condoms (HIV)	623	2.4%
Female condoms (HIV)	566	2.3%
Total	3,850	4.8%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	5,149	8.1%
AL 6x1	649	17.9%
AL 6x2	661	9.4%
AL 6x3	661	12.4%
AL 6x4	665	10.8%
AL inability to treat	664	0.3%
mRDT	671	0.9%
SP	589	7.5%
LLINs	589	5.8%
Total	5,149	8.1%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	4,822	4.9%
Combined oral contraceptive with iron	574	5.9%
DMPA-Subcutaneous injectable	507	3.2%
DMPA-Intramuscular injectable	486	14.4%
1-rod implant	518	6.4%
2-rod implant	471	3.2%
Emergency contraceptive, 2 tablets	46	30.4%
Progestin only pills	519	2.7%
Copper-bearing IUD	512	2.1%
Male condoms (FP)	623	2.4%
Female condoms (FP)	566	2.3%
Total	4,822	4.9%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	680	86%
TO2-Malaria	680	99%
TO3-PRH	680	92%
TO4-MCH	680	80%
Total	2,720	89%

Ref Analysis

B1 For HIV products, stockout rates rose slight this quarter, remaining just under Malawi's country target of 5 percent. Rates were better for first RTKs, pediatric ARVs, and condoms, but elevated above the target for first- and second-line adult ARVs and second RTKs. The higher rate may be due to the transition process for new ARV regimens. To support stock availability for HIV, GHSC-PSM is providing ongoing support to the MOH HIV Unit to conduct quarterly monitoring and supportive supervision to identify and address supply chain challenges.

As in the previous quarter, 0 percent of health facilities reported inability to treat with AL, meaning that all reporting sites had at least one AL presentation in stock to treat malaria patients. At the level of individual presentations, however, stockout rates were elevated, ranging between 9 percent and 18 percent. This contributed to the increase in the malaria stockout rate overall, which rose from 2 percent to 9 percent. Increased consumption and stockouts of AL during this period coincide with the peak malaria season in Malawi. In preparation for the season, GHSC-PSM supported the National Malaria Control Program (NMCP) to ensure appropriate resupply adjustments and timely supply to health facilities. As the season continues, additional shipments are expected from the Global Fund. GHSC-PSM is also supporting the NMCP with both routine distribution and redistribution among health facilities, as well as stock monitoring and supply planning to ensure ongoing availability.

On the family planning side, stockout rates improved, falling from 11 percent to 5 percent. Rates improved for most tracer products, falling under or close to the 5 percent target for DMPA-SC, 1- and 2-rod implants, copper IUDs, oral contraceptives, and both male and female condoms. Rates remained higher for DMPA-IM (14 percent) and emergency contraceptives (30 percent), although in both case the rates are much improved from Q1. In the case of DMPA-IM, supply constraints at the global level have led to low supplies in the country. As a result, DMPA-SC is being distributed as a proxy for DMPA-IM, and distributions of IM are being held in some cases to allow sites to use up excesses of SC before being resupplied. For EOCs, most facilities have not been resupplied since October, owing to nonavailability at the central level. A delayed partner shipment since arrived in February, and the Reproductive Health Department of the MOH is following up to ensure adequate SDP-level stock.

B3 The SDP reporting rate to OpenLMIS remains strong, with malaria reporting maintaining a rate of 99 percent. Family planning reporting remains consistent from Q1, while HIV and MNCH reporting both fell slightly, to 86 percent and 80 percent, respectively. These declines may be due to system issues reported by some users, which have since been resolved. GHSC-PSM support for LMIS reporting this quarter included the provision of airtime to health facilities, additional training of health facility staff, and expansion of the total number of OpenLMIS data entry points to 152 facilities by the end of the quarter, a 22 percent increase. District MOH staff also conducted enhanced supportive supervision, with support from the project's Regional Commodity Logistics Officers.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Malawi ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	48		50%	45%	5%
TO1-HIV/AIDS	14		14%	86%	
TO2-Malaria	14		57%	43%	
TO3-PRH	20		70%	20%	10%
Total	48		50%	45%	5%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 For Q2, all ARVs and RTKs were reported to be within the minimum and maximum stock levels. Among HIV products, only male condoms were stocked out. The project is providing ongoing support to the MOH on monitoring HIV commodity consumption and the TLD transition for adult ARVs.

Among malaria products, Pipeline analysis at the end of Q2 showed several items to be below the required minimum of the seven months of stock, including three presentations of AL and mRDTs. Incoming shipments from partners and from GHSC-PSM over the next few months are expected to increase inventory to planned levels.

Stocked according to plan rates for family planning products remain consistent from Q1 at 20 percent, with continued high rates of understocking. Impacted products included DMPA-SC, both 1-rod and 2-rod implants, copper IUDs, emergency contraceptives, progestin-only pills, and male condoms. The project continues to provide support to the MOH for procurement, shipment, storage, and distribution of these commodities.

C7 There were no product losses in GHSC-PSM custody to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Malawi ▼ 2020-Q2 ▼

Total Innovations implemented this quarter Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
▲		

GHSC-PSM Malawi has no new innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Condoms	Yes
FP commodities	Yes
Malaria commodities	Yes
VMMC	Yes

Analysis

All expected supply plans were completed and submitted to GHSC-PSM HQ this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

▲ Description
 Malawi has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ FY Quarter ▼
 Malawi ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Female	4	8	5	2	19
Male	7	11	7	4	29
Total	11	19	12	6	48

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
SDP	11	19	12	6	48
Total	11	19	12	6	48

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Cross-TO	11	19	12	6	48
Total	11	19	12	6	48

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
MIS	11	19	12	6	48
Total	11	19	12	6	48

Analysis

In Malawi, 48 participants were trained in the use of OpenLMIS at the service delivery point level as part of ongoing efforts to improve supply chain data entry and reporting.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter ▼
 Malawi ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM does not manage or support maintenance for any molecular instruments in Malawi.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Dolutegravir 300/300/50mg
2nd line adult ARV	Atazanavir/Ritonavir 300/100 mg
Pediatric ARV	Zidovudine/Lamivudine/Nevirapine 60/30/50 mg
First RTK	Determine
Second RTK	Uni-Gold
Tie-breaker RTK	Not reported
Viral load reagent	Not reported
Viral load consumable	Not reported
EID reagent	DBS Bundles for Early infant diagnosis (EID) and Viral Load testing
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Malawi ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	4.8%	3,850
1st line adult ARV	5.9%	1,052
2nd line adult ARV	9.9%	507
Pediatric ARV	0.7%	285
First RTK	2.0%	401
Second RTK	7.9%	416
Male condoms (HIV)	2.4%	623
Female condoms (HIV)	2.3%	566
TO2-Malaria	9.3%	4,485
AL 6x1	17.9%	649
AL 6x2	9.4%	661
AL 6x3	12.4%	661
AL 6x4	10.8%	665
mRDT	0.9%	671
SP	7.5%	589
LLINs	5.8%	589
TO3-PRH	4.9%	4,822
Combined oral contraceptive with iron	5.9%	574
DMPA-Subcutaneous injectable	3.2%	507
DMPA-Intramuscular injectable	14.4%	486
1-rod implant	6.4%	518
2-rod implant	3.2%	471
Emergency contraceptive, 2 tablets	30.4%	46
Progestin only pills	2.7%	519
Copper-bearing IUD	2.1%	512
Male condoms (FP)	2.4%	623
Female condoms (FP)	2.3%	566
Total	6.7%	11,968

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	0.3%	664
TO3-PRH		
Combined oral methods	5.9%	574
Injectable contraceptives	0.5%	584
Implantable contraceptives	0.9%	552
Emergency oral contraceptives	30.4%	46
Progestin-only methods	2.7%	519

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	86%	680
TO2-Malaria	99%	680
TO3-PRH	92%	680
TO4-MCH	80%	680

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	45%	5%	50%		44
TO1-HIV/AIDS	86%		14%		14
TO2-Malaria	43%		57%		14
TO3-PRH	20%	10%	70%		20
Total	45%	5%	50%		44

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	4	7	11
TO2-Malaria	8	11	19
TO3-PRH	5	7	12
TO4-MCH	2	4	6
Total	19	29	48

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Condoms	1	1
FP commodities	1	1
Malaria commodities	1	1
VMMC	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Mali



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Mali ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	242	6.6%
1st line adult ARV	67	0.0%
2nd line adult ARV	55	3.6%
Pediatric ARV	35	5.7%
First RTK	44	13.6%
Second RTK	41	14.6%
Total	242	6.6%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	7,596	23.1%
AL 6x1	846	34.4%
AL 6x2	892	39.2%
AL 6x3	939	23.4%
AL 6x4	960	17.8%
AL inability to treat	1,045	3.7%
mRDT	882	39.3%
SP	1,017	18.7%
LLINs	1,015	14.2%
Total	7,596	23.1%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	7,773	14.2%
Combined oral contraceptive with iron	973	17.8%
DMPA-Intramuscular injectable	1,103	12.0%
2-rod implant	1,078	6.1%
Progestin only pills	883	17.9%
Copper-bearing IUD	1,011	10.2%
Calendar-based awareness methods	924	14.2%
Male condoms (FP)	1,015	11.4%
Female condoms (FP)	786	28.5%
Total	7,773	14.2%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	137	75%
TO2-Malaria	1,278	95%
TO3-PRH	1,278	95%
TO4-MCH	1,278	95%
Total	3,971	94%

Ref Analysis

B1 Stockout rates for both malaria and family planning items increased this quarter, rising to 26 and 14 percent respectively. Stockout rates were high (>30 percent) for mRDTs and Alu 6x1 and 6x2 in particular, although only 3.7 percent of sites were stocked out of all ALu. While 6x1 and 6x2 had been in good supply at SDPs in Q1, much of this stock was set to expire at the end of December 2019. To prevent expiry and wastage of this supply, the national malaria program instructed providers to prioritize use of these items, regardless of patient age. This has now contributed to the higher stockout rates of these items. Regarding mRDTs, delivery delays have resulted in short supplies in the country. A GHSC-PSM shipment is expected in Q3.

With the increase in LMIS reporting for HIV products, Mali is now reporting a stockout rate for these items for the first time. (Note that this data represents a much smaller population of health facilities than the other programs, with about 30-70 sites reporting per product). The overall stockout rate is 6.6 percent, with strong performance on ARVs. Stockouts of RTKs were more elevated, at 14 and 15 percent for first and second RTKs.

A final factor to note is the impact of COVID 19. The preventative measures implemented by the government have had a large impact on the development of supply and distribution plans.

B3 LMIS reporting rates for malaria, reproductive health and family planning, and maternal and child health maintained at a high level this quarter, at 95 percent. The HIV reporting rate also continued its upward trend, reaching 75 percent this quarter. This is a steep improvement from the Q1 reporting rate of 40 percent. The team credits close monitoring at the operational level to improve data entry into the reporting tool. The project is undertaking ongoing technical assistance activities around data entry and publication to further improve this reporting rate.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Mali ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	14	14%	36%	21%	29%
TO2-Malaria	6		50%	17%	33%
TO3-PRH	8	25%	25%	25%	25%
Subnational level 1	70	31%	19%	11%	39%
TO2-Malaria	30	50%	23%	7%	20%
TO3-PRH	40	18%	15%	15%	53%
Total	84	29%	21%	13%	37%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 Malaria products remained consistent at 8 percent stocked according to plan. While the rates of stockouts and understocks remain high at the regional level, they have both decreased since Q1. There is some increased supply represented in the increased rate of overstocking, which has risen from 8 to 22 percent. There were no reported stockouts at the central level.

For family planning products, stocked according to plan rates fell slightly, from 21 to 17 percent. Understocks and stockout observations also fell while overstocks increase from 33 to 48 percent.

C7 There were no product losses in GHSC-PSM custody to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Mali ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

New approaches **1**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
Crosscutting	New approaches	<p>To strengthen the logistics information feedback system, GHSC-PSM supported the establishment of a WhatsApp group for the six regions that the project supports (Bamako, Kayes, Koulikoro, Mopti, Segou, and Sikasso). The group bring together all stakeholders involved in the provision of medicines at regional and central levels. The group’s objective is to improve coordination and communication among actors in the supply chain. Several operational updates are shared throughout the group, in particular:</p> <ul style="list-style-type: none"> • Information about the availability of tracer products (cesarean section kits, malaria, MCH, FP, preventive medicines, and HIV); • Discussion on the status of implementation of recommendations from meetings; • Information on the reporting rates in the regions; • Share information on the regional PPM supply of drugs and supplies; and • Real-time stock status and recommendations to facilitate the redistribution of stock among health districts. <p>The creation of the group has facilitated exchanges between actors. Above all, it has saved time in terms of decision making on reporting issues and redistribution or stock transfer. The project has also noted an acceleration of emergency responses and a reduction in travel for follow-up and coaching.</p>

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Condoms	Yes
FP commodities	Yes
Malaria commodities	Yes
MCH commodities	Yes

Analysis

All expected supply plans were completed and submitted to GHSC-PSM HQ this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 Mali has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country FY Quarter
Mali 2020-Q2

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

There was no training activity to report in Mali this quarter.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM does not manage or support maintenance for any molecular instruments in Mali.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/Ritonavir 200/50 mg
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
First RTK	Alere Ag/AB Combo
Second RTK	Bioline
Tie-breaker RTK	First Response
Viral load reagent	M2000 RT amplification reagent
Viral load consumable	pipet tip 1000 µL
EID reagent	Ampliprep Cobas Taqman HIV-1 qualitative test
EID consumable	SPU Roche

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Mali ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	6.6%	242
1st line adult ARV	0.0%	67
2nd line adult ARV	3.6%	55
Pediatric ARV	5.7%	35
First RTK	13.6%	44
Second RTK	14.6%	41
TO2-Malaria	26.1%	6,551
AL 6x1	34.4%	846
AL 6x2	39.2%	892
AL 6x3	23.4%	939
AL 6x4	17.8%	960
mRDT	39.3%	882
SP	18.7%	1,017
LLINs	14.2%	1,015
TO3-PRH	14.2%	7,773
Combined oral contraceptive with iron	17.8%	973
DMPA-Intramuscular injectable	12.0%	1,103
2-rod implant	6.1%	1,078
Progestin only pills	17.9%	883
Copper-bearing IUD	10.2%	1,011
Calendar-based awareness methods	14.2%	924
Male condoms (FP)	11.4%	1,015
Female condoms (FP)	28.5%	786
Total	19.4%	14,566

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	3.7%	1,045
TO3-PRH		
Combined oral methods	17.8%	973
Injectable contraceptives	12.0%	1,103
Implantable contraceptives	6.1%	1,078
Progestin-only methods	17.9%	883

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	75%	137
TO2-Malaria	95%	1,278
TO3-PRH	95%	1,278
TO4-MCH	95%	1,278

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	21%	29%	36%	14%	14
TO2-Malaria	17%	33%	50%		6
TO3-PRH	25%	25%	25%	25%	8
Subnational level 1	11%	39%	19%	31%	70
TO2-Malaria	7%	20%	23%	50%	30
TO3-PRH	15%	53%	15%	18%	40
Total	13%	37%	21%	29%	84

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Condoms	1	1
FP commodities	1	1
Malaria commodities	1	1
MCH commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Mozambique ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	5,614	6.6%
1st line adult ARV	1,469	0.0%
2nd line adult ARV	551	1.5%
Pediatric ARV	971	2.5%
First RTK	815	11.5%
Second RTK	727	15.1%
Viral load reagent	28	0.0%
EID reagent	11	0.0%
Male condoms (HIV)	736	13.2%
Female condoms (HIV)	306	12.1%
Total	5,614	6.6%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	6,351	16.9%
AL 6x1	900	19.8%
AL 6x2	866	24.1%
AL 6x3	830	26.1%
AL 6x4	901	23.1%
AL inability to treat	963	5.5%
mRDT	927	9.2%
SP	712	11.4%
LLINs	252	17.9%
Total	6,351	16.9%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	4,300	11.2%
Combined oral contraceptive	680	15.3%
DMPA-Subcutaneous injectable	293	13.0%
DMPA-Intramuscular injectable	869	13.0%
2-rod implant	345	5.8%
Emergency contraceptive, 2 tablets	63	11.1%
Progestin only pills	605	8.4%
Copper-bearing IUD	403	3.5%
Male condoms (FP)	736	13.2%
Female condoms (FP)	306	12.1%
Total	4,300	11.2%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	2,646	85%
TO2-Malaria	1,038	70%
TO3-PRH	1,038	70%
TO4-MCH	1,038	70%
Total	5,760	77%

Ref Analysis

B1 The overall stockout rates for all task orders decreased slightly from last quarter as a result of shipments arriving in country and/or the push to distribute product to SDPs during Q2.

B3 The LMIS reporting rate increased slightly for each task order this quarter. This is due to increasing support to health facilities and continuous engagement with implementing partners and government counterparts at the provincial level to increase use of data for decision making.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Mozambique ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	69	0%	24%	32%	44%
TO1-HIV/AIDS	21	0%	29%	33%	38%
TO2-Malaria	21	0%	38%	48%	14%
TO3-PRH	27	0%	11%	19%	70%
Subnational level 1	825	12%	42%	26%	19%
TO1-HIV/AIDS	252	7%	45%	31%	17%
TO2-Malaria	249	10%	46%	27%	17%
TO3-PRH	324	19%	35%	22%	24%
Total	894	12%	41%	27%	21%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO2	Global	Transit	Missing product	LLINs	\$93	\$3,204,952	0.00%
TO2	Global	Transit	Missing product	LLINs	\$1,850	\$2,121,313	0.09%

Ref Analysis

B2 The overall overstocked rate increased at the central level by over 20% from last quarter and was primarily driven by TO3. This is due to the multiple UNFPA shipments of Copper T and Progestin Only Pills, with approximately 10 months of stock each and microgynon totaling 16 months of stock at the same time. These orders were delayed and were supposed to arrive during the previous quarters. At the provincial level, the overall stock out rate increased and was primarily due to shortages at the central level of certain malaria and family planning/reproductive health products. For TO2, a delay in Global Fund shipments of all formulations of ACTs led to a shortage at the central level, which ultimately led to an increase in stock outs at the subnational level. Most of the delayed shipments arrived by the end of this quarter (FY20 Q2), improving availability of stock at the central level for these products and will be distributed during the quarterly distribution to the lower levels. As for TO3, a stockout of injectable contraceptives at the central level resulted an increase in shortages and stock outs of the product at the subnational level. The stockout at the central level can be attributed to problems with Depo-provera production, some quality issues with Sayana Press, and some issues related to provincial orders not being fully met.

C7 One thousand LLINs were missing from a shipment delivered in FY2019 Q4. A sea shipment of LLINs from Ethiopia to Mozambique arrived in FY2020 Q1 short one bale (fifty LLINs).

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Mozambique ▼ 2020-Q2 ▼

Total Innovations implemented this quarter New approaches
1

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO2-Malaria	New approaches	In January 2020, GHSC-PSM implemented a new approach toward the warehousing of LLINs in Mozambique. The new approach, which will subcontract the storage facility and management of LLINs to a third- or fourth-party logistics (3PL/4PL) company, has the goal to follow USAID's recommendation toward the new strategy for countries' self-reliance (J2SR). Previously, implementing partners (GHSC-PSM, Chemonics and, previously SCMS/JSI) fully managed storage and general management of LLINs. Subcontracting the storage of LLINs will mean the government only pays when having commodities stored and avoids renting an empty warehouse while waiting for shipments. Since the implementation of this strategy in February 2020, GHSC-PSM already saved \$17,754 in a period of two month. It is estimated that during FY2020 (between February and September 2020), GHSC-PSM could save up to \$70,000 worth of warehouse rental.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
RTKs	Yes
VMMC	Yes

Analysis

All required supply plan updates were submitted this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 GHSC-PSM in Mozambique did not develop or update any supply chain policies, regulations, strategies, or SOPs this quarter.

Training for supply chain partners

Country
Mozambique

FY Quarter
2020-Q2

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

GHSC-PSM in Mozambique has no trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

29%

Analysis

Out of the 28 molecular instruments, 20 experienced service disruptions during the quarter. These instruments were out of service for periods ranging from 2 to 35 days.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet
2nd line adult ARV	Atazanavir/Ritonavir (300/100mg)
Pediatric ARV	Lamivudine/Nevirapine/Zidovudine 30/50/60mg, dispersible tablets, 60 Tabs
First RTK	Determine Kit 100 Tests
Second RTK	Uni-Gold Kit 20 tests
Tie-breaker RTK	Not reported
Viral load reagent	Abbot RealTime HIV-1 Aplification Reagent Kit Quant, 4 x 24 tests
Viral load consumable	Not reported
EID reagent	KIT CAP-G/CTM HIV-QUAL 48T CE IVD
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country

FY Quarter

Mozambique

2020-Q2

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	6.6%	5,614
1st line adult ARV	0.0%	1,469
2nd line adult ARV	1.5%	551
Pediatric ARV	2.5%	971
First RTK	11.5%	815
Second RTK	15.1%	727
Viral load reagent	0.0%	28
EID reagent	0.0%	11
Male condoms (HIV)	13.2%	736
Female condoms (HIV)	12.1%	306
TO2-Malaria	19.0%	5,388
AL 6x1	19.8%	900
AL 6x2	24.1%	866
AL 6x3	26.1%	830
AL 6x4	23.1%	901
mRDT	9.2%	927
SP	11.4%	712
LLINs	17.9%	252
TO3-PRH	11.2%	4,300
Combined oral contraceptive	15.3%	680
DMPA-Subcutaneous injectable	13.0%	293
DMPA-Intramuscular injectable	13.0%	869
2-rod implant	5.8%	345
Emergency contraceptive, 2 tablets	11.1%	63
Progestin only pills	8.4%	605
Copper-bearing IUD	3.5%	403
Male condoms (FP)	13.2%	736
Female condoms (FP)	12.1%	306
Total	12.2%	14,260

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	5.5%	963
TO3-PRH		
Combined oral methods	15.3%	680
Injectable contraceptives	12.9%	876
Implantable contraceptives	5.8%	345
Emergency oral contraceptives	11.1%	63
Progestin-only methods	8.4%	605

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	85%	2,646
TO2-Malaria	70%	1,038
TO3-PRH	70%	1,038
TO4-MCH	70%	1,038

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	32%	44%	24%	0%	63
TO1-HIV/AIDS	33%	38%	29%	0%	21
TO2-Malaria	48%	14%	38%	0%	21
TO3-PRH	19%	70%	11%	0%	27
Subnational level 1	26%	19%	42%	12%	753
TO1-HIV/AIDS	31%	17%	45%	7%	252
TO2-Malaria	27%	17%	46%	10%	249
TO3-PRH	22%	24%	35%	19%	324
Total	27%	21%	41%	12%	816

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1
VMMC	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
28	29%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Namibia



Service Delivery Point Stockouts and Reporting Rates

For countries with data available from GHSC-PSM non-supported regions

Country ▼ FY Quarter ▼
 Namibia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - SDPs located in supported regions

GHSC-PSM Support	Stockout rate	# SDP stock observations
Supported	1.4%	148
TO1-HIV/AIDS	1.4%	148
1st line adult ARV	0.0%	21
2nd line adult ARV	0.0%	21
Pediatric ARV	4.8%	21
First RTK	0.0%	21
Second RTK	0.0%	21
Tie-breaker RTK	4.8%	21
Male condoms (HIV)	0.0%	11
Female condoms (HIV)	0.0%	11
Total	1.4%	148

B1. Stockout rate at service delivery points - SDPs located in non-supported regions

GHSC-PSM Support	Stockout rate	# SDP stock observations
Not Supported	0.4%	272
TO1-HIV/AIDS	0.4%	272
1st line adult ARV	2.7%	37
2nd line adult ARV	0.0%	37
Pediatric ARV	0.0%	37
First RTK	0.0%	37
Second RTK	0.0%	37
Tie-breaker RTK	0.0%	37
Male condoms (HIV)	0.0%	25
Female condoms (HIV)	0.0%	25
Total	0.4%	272

B3. LMIS reporting rate

GHSC-PSM Support	Total # of SDPs required to report	Reporting rate
Not Supported	45	93%
Supported	22	91%
Total	67	93%

Ref Analysis

- B1 Stockout rates for HIV tracer products remained at very low levels in Namibia, falling to 1.4 percent at GHSC-PSM-supported sites. Only two instances of stockouts were reported, one each for tie-breaker RTKs and pediatric ARVs. Supplier delays for tie-breaker RTKs have led to low stock levels in the country, but GHSC-PSM has worked with MOHSS pharmacy staff to redistribute existing RTK stock. GHSC-PSM also continues to support SDPs to utilize the site-level eLMIS tool for proper inventory management and timely ordering.
- B3 Reporting remained high and consistent in Namibia, with 91 percent of GHSC-PSM-supported sites submitting reports. Among these submissions, however, timeliness declined slightly, as the country entered a state of emergency for COVID-19 and the project was unable to follow up with facilities.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	16	6%	56%	6%	31%
TO1-HIV/AIDS	16	6%	56%	6%	31%
Subnational level 1	32	19%	31%	50%	
TO1-HIV/AIDS	32	19%	31%	50%	
Total	48	15%	40%	35%	10%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 The stocked according to plan rate in Namibia improved this quarter, rising from 23 percent in Q1 to 35 percent in Q2. The lengthy procurement process, a result of the lack of supply contracts to ensure a stable supply of some ARVs, continues to contribute to high rates of understocked and stocked out observations. Delays in delivery by suppliers have also contributed. GHSC-PSM meets regularly with CMS and the RMSs to review ARV and RTK stock status and discuss future demands. The project also works with CMS to expedite orders where possible.
- C7 There were no product losses in GHSC-PSM custody to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Namibia ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
GHSC-PSM Namibia has no innovations to report this quarter.		

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
TPT	Yes

Analysis

Namibia's one required supply plan, for TPT, was completed and submitted to GHSC-PSM HQ this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

GHSC-PSM provided technical support to MoHSS in the revision of key documents used in medicines selection and pharmaceutical services management. GHSC-PSM also provided technical assistance toward the revision process of the NEMList and Standard treatment Guidelines (STGs). The Essential Medicines List Committee (EMLC) and STGs secretariat, in collaboration with GHSC-PSM and the WHO, conducted a validation workshop for the two documents. This ensured that key medicines, including new ARV and TB medicines such as dolutegravir containing ARV medicines, and new TB preventive therapy formulations such as rifapentine, will be included in the revised NEMList to facilitate their procurement by the Central Medical Stores. GHSC-PSM also provided TA in the final review of the National Medicine policy, a document that guides the implementation of pharmaceutical services by the Division of Pharmaceutical Services. All the above mentioned documents will be presented to the Policy Management, Research and Development Committee (PMDRC) for approval regarding next steps.

Training for supply chain partners

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	Total
Female	1	1
Male	2	2
Total	3	3

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	Total
SDP	3	3
Total	3	3

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	Total
TO-specific	3	3
Total	3	3

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	Total
Warehousing and Inventory Management	3	3
Total	3	3

Analysis

In Namibia, the project trained three staff on the use of inventory control and dispensing tools. Additional training activity had been planned for the quarter but was canceled due to lockdowns and social distancing measures imposed in the country in the wake of the COVID-19 pandemic.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM does not manage or support maintenance for any molecular instruments in Namibia.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir DF/Lamivudine/Efavirenz 300/300/400 mg
2nd line adult ARV	Atazanavir/Ritonavir 300/100 mg
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
First RTK	Colloidal Gold Device HIV 1 /2
Second RTK	Uni-Gold HIV 1 /2
Tie-breaker RTK	Sure Check HIV 1 /2
Viral load reagent	Not reported
Viral load consumable	Not reported
EID reagent	Not reported
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	1.4%	148
1st line adult ARV	0.0%	21
2nd line adult ARV	0.0%	21
Pediatric ARV	4.8%	21
First RTK	0.0%	21
Second RTK	0.0%	21
Tie-breaker RTK	4.8%	21
Male condoms (HIV)	0.0%	11
Female condoms (HIV)	0.0%	11
Total	1.4%	148

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	91%	22

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	6%	31%	56%	6%	16
TO1-HIV/AIDS	6%	31%	56%	6%	16
Subnational level 1	50%		31%	19%	32
TO1-HIV/AIDS	50%		31%	19%	32
Total	35%	10%	40%	15%	48

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

Country

FY Quarter

Namibia	2020-Q2
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C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	1	2	3
Total	1	2	3

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Nepal



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Nepal ▼ Multiple selections ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

FY Quarter	# SDP stock observations	Stockout rate
2020-Q1	14,300	12.8%
TO3-PRH	14,300	12.8%
Combined oral contraceptive with iron	3,656	13.0%
DMPA-Intramuscular injectable	3,724	8.4%
2-rod implant	1,911	19.3%
Copper-bearing IUD	1,318	26.0%
Male condoms (FP)	3,691	8.9%
2020-Q2	13,479	9.5%
TO3-PRH	13,479	9.5%
Combined oral contraceptive with iron	3,495	9.6%
DMPA-Intramuscular injectable	3,525	6.0%
2-rod implant	1,797	13.6%
Copper-bearing IUD	1,161	17.7%
Male condoms (FP)	3,501	8.2%
Total	27,779	11.2%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO3-PRH	4,131	70%
TO4-MCH	4,131	70%
Total	8,262	70%

Ref Analysis

- B1 In FY2020 Q2, Nepal is reporting two quarters of stock data. This analysis covers FY2020 Q1, the period of July 15-October 15, 2019. The reporting of two quarters data was possible because of the improved reporting rate, as LMIS data, which previously had been entered at the central level, are now being entered at the district health offices. The stockout rate in Q1 increased slightly to 13 percent from 12 percent the previous quarter. This was primarily driven by a large increase in stockout of IUDs. Conversely, stockout rates have decreased for depot medroxyprogesterone acetate 150 mg vial, intramuscular, levonorgestrel 75mg/rod, 2-rod implants, and combined oral contraceptives.
- B1 In FY2020 Q2, Nepal is reporting two quarters of stock data. This analysis covers FY2020 Q2, the period of October 16, 2019-January 15, 2020. The stockout rate decreased from 13 percent to 10 percent. The Q1 report is based on a 90 percent LMIS reporting rate whereas Q2 is based on an 85 percent LMIS reporting rate. The stockout rate across almost all commodities is lower in Q2 compared to Q1, probably due to differences in the reporting denominator. Out of five FP commodities, injectable depo had the lowest stockout rate of 6 percent in Q2, whereas Q1 had 8 percent.
- B3 On time reporting rate this quarter has significantly increased to 70 percent this quarter, from 25 percent the previous quarter. This period covers October 16th – January 15th, 2020. PSM has been working strategically with all the relevant stakeholders to ensure the LMIS reports are being received and entered at the district level. The entering of data at the district level has reduced the time lag the reports used to take to be sent and received at the central level. GHSC-PSM will continue to work with Government of Nepal partners to further increase the timely reporting rate.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

FY Quarter	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
2020-Q1	382	7%	33%	23%	38%
Central	5	20%	80%		
TO3-PRH	5	20%	80%		
Subnational level 1	15	7%	53%	20%	20%
TO3-PRH	15	7%	53%	20%	20%
Subnational level 2	362	7%	31%	23%	39%
TO3-PRH	362	7%	31%	23%	39%
2020-Q2	358	4%	41%	20%	35%
Central	5		60%		40%
TO3-PRH	5		60%		40%
Subnational level 1	10		80%	10%	10%
TO3-PRH	10		80%	10%	10%
Subnational level 2	343	4%	40%	20%	36%
TO3-PRH	343	4%	40%	20%	36%
Total	740	5%	37%	21%	37%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 In FY2020 Q2, Nepal is reporting two quarters of stock data. This analysis covers FY2020 Q2, the period of October 16, 2019-January 15, 2020. In Q2, the overall stocked according to plan rate decreased slightly, to 20 percent. The shift is driven by warehouses reporting a higher percentage of understocked at the subnational level-1 sites. GHSC-PSM constantly monitors stock levels at the monthly government counterpart meetings to ensure stockouts are avoided at storage sites.
- B2 In FY20Q2, Nepal is reporting two quarters of stock data. This analysis covers FY20Q1, the period of July 15th- October 15th 2019 The reporting of two quarters data was possible because of the improved reporting rate as currently LMIS data is being entered at the district health offices, which earlier used to be done at the Central level. In Q1, the stocked according to plan rate increased significantly from 12% the previous quarter to 23% in Q1. This increase was partly driven by an increase of appropriate stock levels at the first sub national level for most PRH products. The shift was from a higher percentage of overstocked observations the previous quarter. GHSC-PSM constantly monitors stock levels at the monthly government counterpart meetings to ensure stockouts are avoided at storage sites. GHSC-PSM constantly monitors stock levels and shares with external development partners in the monthly meeting and with field support officers based in central and provincial stores for needful action.
- C7 GHSC-PSM in Nepal does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Nepal ▼ Multiple selections ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order ▲	Type of innovation	Description
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GHSC-PSM Nepal has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group ▲	Supply Plan Submission Status
FP commodities	No

Analysis ▼

GHSC-PSM Nepal was unable to update and submit any supply plans this quarter. The data from the Government of Nepal was not ready in time to inform updating of the supply plans this quarter. GHSC-PSM will continue to advocate with government counterparts for the timely sharing of data to help strengthen supply chain operations.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

▲ Description

Nepal has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Nepal ▼ FY Quarter ▼ Multiple selections ▼

C2. Number of people trained by sex

Sex	TO3-PRH	TO4-MCH	Total
Female	2	1	3
Male	10	8	18
Total	12	9	21

C2. Number of people trained by supply chain level

Supply Chain Level	TO3-PRH	TO4-MCH	Total
Subnational level 2	3	3	6
Subnational level 3	8	6	14
SDP	1		1
Total	12	9	21

C2. Number of people trained by funding source and type

Type	TO3-PRH	TO4-MCH	Total
Cross-TO	12	9	21
Total	12	9	21

C2. Number of people trained by technical area

Supply Chain Function	TO3-PRH	TO4-MCH	Total
MIS	12	9	21
Total	12	9	21

Analysis

This quarter, as part of eLMIS rollout, GHSC-PSM trained 21 participants in MIS. Participants included 18 men and 3 women, mostly from the district and palika levels.

Complete Results and Denominators

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO3-PRH	9.5%	13,479
Combined oral contraceptive with iron	9.6%	3,495
DMPA-Intramuscular injectable	6.0%	3,525
2-rod implant	13.6%	1,797
Copper-bearing IUD	17.7%	1,161
Male condoms (FP)	8.2%	3,501
Total	9.5%	13,479

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO3-PRH		
Combined oral methods	9.6%	3,495
Injectable contraceptives	6.0%	3,525
Implantable contraceptives	13.6%	1,797

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO3-PRH	70%	4,131
TO4-MCH	70%	4,131

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central		40%	60%		5
TO3-PRH		40%	60%		5
Subnational level 1	10%	10%	80%		10
TO3-PRH	10%	10%	80%		10
Subnational level 2	20%	36%	40%	4%	343
TO3-PRH	20%	36%	40%	4%	343
Total	20%	35%	41%	4%	358

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

Country

FY Quarter

Nepal

Multiple selections

C2. Number of people trained

Task Order	Female	Male	Total
TO3-PRH	2	10	12
TO4-MCH	1	8	9
Total	3	18	21

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
FP commodities	1	0

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Niger



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Niger ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
Total		

Ref Analysis

B1 The current system for reporting logistics data, DHIS2, does not provide the required breakdown of stockout rates by malaria products.

B3 The LMIS is not yet fully operational in Niger.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Total					

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO2	Global	Transit	Damage	SP	\$27	\$269,400	0.01%

Ref Analysis

- B2 The current system in Niger does not provide storage facility-level stock status data. However, the new LMIS being rolled out includes this data.
- C7 Cartons of SP were damaged upon delivery to the central warehouse in FY2020 Q2. Upon inspection, three packs of the product were deemed damaged to the point of being unusable. This product remains in quarantine and has not been disposed of yet. There has been a halt in waste management activities due COVID-19.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Niger ▼ 2020-Q2 ▼

Total Innovations implemented this quarter New technologies
0

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO2-Malaria	New technologies	GHSC-PSM Niger has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	Yes

Analysis

The team submitted the malaria commodity supply plan to the home office FASP team this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 GHSC-PSM in Niger provided a memo to the National Malaria Control Program (PNLP) to seek exemptions for procurement of antimalarial commodities from suppliers not yet registered in Niger, in light of the COVID-19 situation. To ensure sufficient procurement of SP/AQ to cover the affected population in Dosso and Tahoua within the time needed, GHSC-PSM proposed procuring from a different supplier, in India, that was not registered in Niger. Similarly, the only feasible supplier for SP within the budget was also not registered in Niger. Given the procurement challenges due to COVID-19, this memo sought to request waivers to procure from unregistered suppliers.

Training for supply chain partners

Country ▼ Niger ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO2-Malaria	Total
Female	14	14
Male	31	31
Total	45	45

C2. Number of people trained by supply chain level

Supply Chain Level	TO2-Malaria	Total
Central	18	18
Subnational level 1	27	27
Total	45	45

C2. Number of people trained by funding source and type

Type	TO2-Malaria	Total
TO-specific	45	45
Total	45	45

C2. Number of people trained by technical area

Supply Chain Function	TO2-Malaria	Total
MIS	27	27
Warehousing and Inventory Management	18	18
Total	45	45

Analysis

This quarter, a training was conducted on the new LMIS for stock managers and epidemiological surveillance officers in districts of the Tahoua region, stock managers at district hospitals, managers of "Pharmacies Populaires," and the information manager from the Regional Directorate of Public Health. This training took place in two parts: a two-day meeting to orient the head doctors of the 13 districts of Tahoua, and a five-day session for the other participants. There was also a training on warehousing and inventory management for 18 officials from the National Office for Pharmaceutical and Chemical Products (ONPPC), on the principles of good stock keeping, stock management procedures, and on stock management tools such as the Inventory Management Assessment Tool (IMAT).

Complete Results and Denominators

Country FY Quarter

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
Total		

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
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B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Total					

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO2-Malaria	14	31	45
Total	14	31	45

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Nigeria



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Nigeria ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	12,433	14.8%
1st line adult ARV	1,418	8.8%
2nd line adult ARV	701	5.4%
Pediatric ARV	713	17.4%
First RTK	1,346	11.1%
Second RTK	1,284	14.0%
Tie-breaker RTK	997	9.5%
Viral load reagent	9	0.0%
Viral load consumable	10	0.0%
EID reagent	9	0.0%
EID consumable	10	0.0%
Male condoms (HIV)	2,931	28.2%
Female condoms (HIV)	3,005	10.2%
Total	12,433	14.8%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	34,264	7.8%
AL 6x1	3,520	3.4%
AL 6x2	3,512	5.0%
AL 6x3	3,483	19.2%
AL 6x4	3,514	8.2%
AL inability to treat	3,547	1.3%
AS/AQ 100/270mgx3	2,139	2.4%
AS/AQ 100/270mgx6	2,063	3.0%
AS/AQ 25/67.5mg	2,213	1.9%
AS/AQ 50/135mg	2,282	2.0%
mRDT	3,512	16.1%
SP	3,203	5.2%
LLINs	1,276	35.7%
Total	34,264	7.8%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	28,536	12.8%
Male condoms (HIV)	2,931	28.2%
Female condoms (HIV)	3,005	10.2%
Combined oral contraceptive with iron	3,424	9.5%
DMPA-Subcutaneous injectable	1,916	23.7%
NET-En Injectable	3,548	6.3%
DMPA-Intramuscular injectable	3,539	9.1%
1-rod implant	2,716	16.1%
2-rod implant	2,477	14.1%
Progestin only pills	3,391	7.9%
Copper-bearing IUD	1,589	8.4%
Total	28,536	12.8%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	1,500	99%
TO2-Malaria	3,643	100%
TO3-PRH	3,694	100%
Total	8,837	100%

Ref Analysis

- B1 Stockout rates for tracer commodities remained static or increased slightly for all reported program areas in FY2020 Q2. Among HIV commodities (TO1), stockout rates increased from 13 percent in the previous quarter to 15 percent in this quarter. Last quarter's spike in stockouts of first-line pediatric ARVs last quarter (24 percent) improved somewhat in FY2020 Q2 (down to 17 percent); however, more facilities reported stockouts of the first-line adult ARV (5 percent in Q1, 9 percent in Q2). Allocations for the cycle insufficiently factored in the increased number of patients transitioning from TLE to TLD. Facilities were sent stocks based on central allocations, not quantities ordered, presenting a particular challenge for pediatric ARVs. Conversely, the observed improvement in laboratory commodities in Q1 continued in Q2. No facilities reported stockouts of viral load and EID reagent or consumables this quarter. Among HIV/AIDS tracer commodities, male condoms were the most widely stocked out in FY2020 Q2 (28 percent of reporting SDPs).
- B1 TO2: Stockout rates for TO2/malaria tracer commodities remained at 8 percent in FY2020 Q2, with AL inability to treat at just 1 percent. The average stockout rate was pulled upwards by much higher rates of stockouts of three specific malaria commodities: AL 6x4 (19 percent), LLINs (36 percent) and RTDs (16 percent). Stockouts of RTDs are likely due to excessive testing (where there is no fever). As protocol is more fully circulated, consumption of RTDs are expected to fall in line with supply.
- B1 TO3: Stockout rates for family planning commodities increased slightly, from 12 percent in FY2020 Q1 to 13 percent in FY2020 Q2. Relatively low stockout rates were reported among highly used family planning methods (3 percent for injectable contraceptives, 9 percent for implantable contraceptives, and 10 percent for oral contraceptives). However 28 percent of facilities reported stockouts of male condoms, and 10 percent of female condoms.
- B3 Reporting rates remained well above the 90 percent target in FY2020, with 99 percent of required facilities successfully reporting on TO1 commodities, and 100 percent on TO2 and TO3. It is important to note that the number of TO1 facilities considered supported by GHSC-PSM and thus required to report on TO1 commodities decreased considerably recently (from around 3,000 facilities FY2019 to just over 1,500 in FY2020). TO1 support is now focused on high-burden and targeted testing facilities. The number of supported facilities required to report on TO2 and TO3 commodities remained high, with over 3,600 supported facilities required to report.

Warehouse stock status and product losses

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	32		53%	25%	22%
TO1-HIV/AIDS	12		58%	8%	33%
TO2-Malaria	10		50%	50%	
TO3-PRH	10		50%	20%	30%
Total	32		53%	25%	22%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO1	Central	Storage	Damage		\$273	\$39,925,172	0.00%
TO1	Central	Storage	Expiry	RTKs, ACTs, essential meds	\$442,760	\$39,925,172	1.11%
TO1	Global	Transit	Damage	ARVs	\$37	\$21,947,519	0.00%
TO1	SDP	Transit	Damage	ARVs, RTK	\$47,851	\$19,641,775	0.24%
TO1	SDP	Transit	Missing product	ARVs	\$440	\$8,509,247	0.01%
TO1	Subnational Level 1	Transit	Damage	Laboratory	\$4,429	\$13,415,606	0.03%
TO2	Global	Transit	Damage	ACTs	\$16	\$3,054,740	0.00%
TO2	Global	Transit	Damage	ACTs	\$32	\$3,054,740	0.00%
TO2	SDP	Transit	Damage	mRDT, ACTs, ASAQ	\$21,435	\$4,172,518	0.51%
TO2	Subnational Level 1	Transit	Missing product	LLINs	\$1,358	\$810,351	0.17%
TO2	Subnational Level 1	Transit	Missing product	Other Pharma	\$1,112	\$4,221,938	0.03%

Ref Analysis

- B2** No tracer commodities were observed to be stocked out centrally; however, about half of observations found the HIV/AIDS, malaria, and family planning tracer commodities to be understocked. A global constraint on the supply of LPV/r 200/50 mg (the most used second-line adult ARV) has resulted in a backlog of orders pending in production and longer delivery times for new orders. The project currently has about 13 months worth of the product ordered. These were previously expected to arrive May 2020 but will likely be delayed due to COVID-19 supply chain challenges. Similar delays in planned shipments are expected for mRDTs and AL formulations. Conversely, male condoms are overstocked centrally, but at no immediate risk of expiration.
- C7** In FY2020 Q2, 0.1 percent of project-managed commodities stored in the central warehouse were lost to expiries (\$442,759.85) and damages (\$273.41), totaling \$443,033.26.
- C7** The value losses from a number of outstanding damaged shipment, missing product, and theft reports from FY2019 Q3 and Q4 and FY2020 Q1 and Q2 are included for reporting in this quarter (FY2020 Q2). The largest loss incident was in FY2019 Q3. A vehicle conveying TO1 and TO2 commodities plunged into a river, leading to damage valued at \$47,851.17 of HIV products (ARVs, RTKs) and \$21,435.01 of malaria products (mRDT, ACTs, ASAQ), accounting for 0.24 percent and 0.51 percent, respectively, of the value of products delivered to SDPs in the quarter. (INC-0622) The second largest incident occurred in FY2020 Q1, when a truck in transit to a regional warehouse flipped. Most commodities were determined to be usable by the quality assurance investigation; however, \$4,429 worth of laboratory commodities were damaged and recommended for disposal. (INC-085) The commodities accounted for less than 0.1 percent of TO1 commodities delivered to regional warehouses in the quarter.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Nigeria ▼ 2020-Q2 ▼

Total Innovations implemented this quarter Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
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GHSC-PSM Nigeria has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
RTKs	Yes
TPT	Yes

Analysis

All required quarterly supply plan updates (ARVs, lab-HIV diagnostics, RTKs, malaria commodities, FP commodities, and TPT) were conducted and submitted to GHSC-PSM HQ.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

Nigeria has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country

FY Quarter

Nigeria

2020-Q2

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

There were no trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

Country ▼ FY Quarter ▼
 Nigeria ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

80%

Analysis

Twelve (10 Roche CAP/CTM and 2 C8800) out of a total of 61 supported machines reported downtime in FY2020 Q2. A total of 168 days of downtime was recorded, with an average of 14 days per machine. The problems recorded included faulty thermo cycler, hardware errors, consumable handling error, run abortion, faulty robotic head, instrument jam, idle mode, and R-Tip malfunction. The downtime in the period (168 days) is significantly lower than last quarter (219 days). GHSC-PSM continues to provide technical assistance via phone calls, emails and supportive visits to facilities on PCR commodities management to minimize wastage. All the facilities that had equipment downtime in the quarter placed calls to the field service engineers (FSEs) of the various platforms for repair and enjoyed immediate response from FSEs.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Dolutegravir 300/300/50mg
2nd line adult ARV	Lopinavir /Ritonavir 200/50mg and 100/25mg
Pediatric ARV	Zidovudine/Lamivudine/Nevirapine 60/30/50 mg
First RTK	Determine
Second RTK	Uni-Gold
Tie-breaker RTK	STAT-PAK
Viral load reagent	Molecular, m2000 RT PCR, VL Plasma Quantitative, Reagents and Consumable Bundle, 960 Tests, Molecular, m2000 RealTime PCR, HIV-1 Amplification Reagent Kit, Quantitative, 4 Packs x 24 Assays, Molecular, COBAS, TaqMan, CAP/CTM HIV v2.0, Quantitative, 48 Tests
Viral load consumable	Ktube
EID reagent	Molecular, m2000 RT PCR, EID Qualitative, Reagents and Consumable Bundle, 960 Tests, Molecular, COBAS TaqMan, AmpliPrep, HIV-1, Qualitative, 48 Tests,
EID consumable	K tube

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Nigeria ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	14.8%	12,433
1st line adult ARV	8.8%	1,418
2nd line adult ARV	5.4%	701
Pediatric ARV	17.4%	713
First RTK	11.1%	1,346
Second RTK	14.0%	1,284
Tie-breaker RTK	9.5%	997
Viral load reagent	0.0%	9
Viral load consumable	0.0%	10
EID reagent	0.0%	9
EID consumable	0.0%	10
Male condoms (HIV)	28.2%	2,931
Female condoms (HIV)	10.2%	3,005
TO2-Malaria	8.6%	30,717
AL 6x1	3.4%	3,520
AL 6x2	5.0%	3,512
AL 6x3	19.2%	3,483
AL 6x4	8.2%	3,514
AS/AQ 100/270mgx3	2.4%	2,139
AS/AQ 100/270mgx6	3.0%	2,063
AS/AQ 25/67.5mg	1.9%	2,213
AS/AQ 50/135mg	2.0%	2,282
mRDT	16.1%	3,512
SP	5.2%	3,203
LLINs	35.7%	1,276
TO3-PRH	12.8%	28,536
Male condoms (HIV)	28.2%	2,931
Female condoms (HIV)	10.2%	3,005
Combined oral contraceptive with iron	9.5%	3,424
DMPA-Subcutaneous injectable	23.7%	1,916
NET-En Injectable	6.3%	3,548
DMPA-Intramuscular injectable	9.1%	3,539
1-rod implant	16.1%	2,716
2-rod implant	14.1%	2,477
Progestin only pills	7.9%	3,391
Copper-bearing IUD	8.4%	1,589
Total	11.3%	71,686

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	1.3%	3,547
TO3-PRH		
Combined oral methods	9.5%	3,424
Injectable contraceptives	3.0%	3,627
Implantable contraceptives	9.2%	2,841
Progestin-only methods	7.9%	3,391

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	99%	1,500
TO2-Malaria	100%	3,643
TO3-PRH	100%	3,694

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	25%	22%	53%		32
TO1-HIV/AIDS	8%	33%	58%		12
TO2-Malaria	50%		50%		10
TO3-PRH	20%	30%	50%		10
Total	25%	22%	53%		32

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
61	80%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Pakistan



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Pakistan ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	33,817	30.4%
Combined oral contraceptive with iron	9,243	43.7%
DMPA-Intramuscular injectable	9,790	20.5%
Copper-bearing IUD	5,706	11.5%
Male condoms (FP)	9,078	39.3%
Total	33,817	30.4%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO3-PRH	13,998	80%
Total	13,998	80%

Ref Analysis

- B1 At the provincial level, stockout rates decreased in KP (from 91 percent to 65 percent) and Punjab (from 39 percent to 33 percent), while increasing in Sindh (from 7 percent to 13 percent) and Baluchistan (from 10 percent to 18 percent) due to local and international procurement delays (Sindh) and distribution delays (Baluchistan).
- B1 Stockout rates continued their overall downward trend this quarter. Stockouts of injectable contraceptives dropped from 35 percent to 21 percent, while for IUDs and male condoms, this improvement was smaller (13 percent to 12 percent, and 43 percent to 39 percent, respectively). The stockout rate for combined oral contraceptives, however, increased from 41 percent to 44 percent. This was driven by increased stockouts in Sindh Province, where the locally procured supplies were received mid-quarter and had not yet been distributed to sites, and in Baluchistan, where distribution delays occurred.
- B3 The SDP reporting rate to the LMIS for GHSC-PSM-supported provinces in Pakistan was 80 percent. This rate was nearly 100 percent for the provinces of KP and Sindh, and for the PWD district of Punjab, while for Baluchistan and Punjab provinces, it decreased from 82 percent to 65 percent and 74 percent to 68 percent, respectively, this quarter.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Pakistan ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Subnational level 1	16	31%	0%	25%	44%
TO3-PRH	16	31%	0%	25%	44%
Subnational level 2	1,136	52%	24%	10%	14%
TO3-PRH	1,136	52%	24%	10%	14%
Total	1,152	52%	24%	10%	14%

Ref Analysis

B2 At the provincial level, the rate of products stocked according to plan increased notably from 13 percent to 25 percent, while stockouts decreased from 38 percent to 31 percent. This indicator stayed largely constant at the district level since the previous quarter, with only 10 percent of observations stocked according to plan and 52 percent stocked out.

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Pakistan ▼ 2020-Q2 ▼

Total Innovations implemented this quarter New technologies **3**

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO3-PRH	New technologies	A new drug testing laboratory (DTL) process has been developed in the system, which allows users to record all required information, including stock deductions from relevant stores which have been issued to drug testing staff. Before the DTL process implementation, users only had the provision to record whether DTL had been completed or was in progress. This process will not only help to properly record DTL-related data, but also help store managers have accurate inventory quantities.
TO4-MCH	New technologies	Forecasting Calculator COVID-19 PPE: To provide urgent support to the Pakistani Government, a forecasting calculator has been developed. The calculator only requires end users to enter the number of health workers and computes automatically the quantities of PPE required for 12 weeks. Pakistan's Scientific Supply Chain Algorithm for COVID-19 got acknowledged internationally for training people across the world. Pakistan GHSA/COVID-19 PPE forecast online calculator (http://ncov.lmis.gov.pk/ncovlmis/fasp_covid19.php) has been included in the online COVID-19 PPE Quantification Module by I plus academy, Netherlands (https://www.iplusacademy.org/enrol/index.php?id=98).
TO4-MCH	New technologies	The Procurement and Inventory Management (IM) systems are tightly integrated with LMIS, allowing the National Disaster Management Agency (NDMA), National Institute of Health, and Ministry of National Health Services, Regulation, and Coordination (MoNHSR&C) to manage procurement and related activities by simply entering purchase order and pipeline data into the system. This end-to-end data visibility enables stakeholders to operate features including supplier profiles management, creating and tracking purchase orders, managing demand and supply planning functions, email notifications, and analytics and dashboards for evidence-based decision making. Under the Global Health Security Agenda (GHSA), the MoNHSR&C requested that GHSC-PSM Pakistan provide quick supply chain technology assistance in the wake of COVID-19. The project quickly mobilized its resources and developed Pakistan COVID-19/GHSA LMIS (ncov.lmis.gov.pk). The products developed by the project include: <ul style="list-style-type: none"> • GHSA/COVID-19 Inventory Management System (ncov.lmis.gov.pk) for National Institute of Health (NIH); • GHSA/COVID-19 procurement module (ncov.lmis.gov.pk) for NDMA; • GHSA/COVID-19 forecasting, IM and procurement modules (ncov.lmis.gov.pk) for MoNHSR&C, and; • GHSA/COVID-19 Travelers Surveillance Management Information System (id.lmis.gov.pk), being used by all airports/seaports, NIH, Central Health Establishments, National and Provincial Disease Surveillance & Response Units. The project has trained 110 government officials (85 men and 28 women) on these MIS products. Pakistan is procuring large quantities of Personal Protection Equipment (PPE), lab, and clinical items from local and international suppliers and would like to monitor these activities. Managing large datasets manually or on Excel spreadsheets was not possible, and hence it required USAID to digitize the procurement, which USAID completed in a record time of 48 hours, followed by training and implementation. GHSC-PSM's assistance directly supports the government's efforts to put in place an efficient system for detection, surveillance, and supply chain management of infectious diseases.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Analysis ▼

Product Group Supply Plan Submission Status

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description
 C11 is not included in the project's MEL plan in Pakistan, but the team will consider adding it in the next revision.

Training for supply chain partners

Country ▼ Pakistan ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO4-MCH	Total
Female	28	28
Male	85	85
Total	113	113

C2. Number of people trained by supply chain level

Supply Chain Level	TO4-MCH	Total
Central	113	113
Total	113	113

C2. Number of people trained by funding source and type

Type	TO4-MCH	Total
TO-specific	113	113
Total	113	113

C2. Number of people trained by technical area

Supply Chain Function	TO4-MCH	Total
MIS	113	113
Total	113	113

Analysis

In response to a Pakistani government request concerning COVID-19, GHSC-PSM quickly mobilized its digital, technological, and teleworking resources to configure and deploy systems based on the existing foundation of the USAID-funded Pakistan LMIS (lmis.gov.pk) at the Ministry of ITT/NTC. The project team then conducted an orientation for 113 people representing the Ministry of National Health Services, Regulation, and Coordination (MoNHSR&C), National Disaster Management Agency (NDMA), the Directorate of Central Health Establishments (CHE), UNICEF, WHO, and the World Bank on March 30, 2020. The training covered use of the new Pakistan GHSA/COVID-19 Information Systems.

Applications of this system include the COVID-19 Travelers' Surveillance Management Information System (TMIS), which captures demographic information, travel history, health status, and, for suspected COVID-19 cases, records travelers' movements to the designated hospital. This surveillance system has been set up at entry points including airports, land crossings, and seaports. The project team has conducted an orientation session for airport, land crossings, and sea port staff on this surveillance system at the Quetta, Sialkot, Faisalabad, Multan, Peshawar, Karachi, Lahore and Islamabad entry points. It also includes the COVID-19 Inventory Management and Procurement System, which is closely integrated with the LMIS and which allows the NDMA and MoNHSR&C to manage procurement and related activities by entering purchase order and pipeline data in the system. This application also includes the project-developed forecasting calculator for PPE. The training also covered vLMIS admin user functions for Expanded Program on Immunization (EPI) staff.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Pakistan ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO3-PRH	30.4%	33,817
Combined oral contraceptive with iron	43.7%	9,243
DMPA-Intramuscular injectable	20.5%	9,790
Copper-bearing IUD	11.5%	5,706
Male condoms (FP)	39.3%	9,078
Total	30.4%	33,817

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO3-PRH		
Combined oral methods	43.7%	9,243
Injectable contraceptives	20.5%	9,790

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO3-PRH	80%	13,998

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Subnational level 1	25%	44%	0%	31%	16
TO3-PRH	25%	44%	0%	31%	16
Subnational level 2	10%	14%	24%	52%	1,136
TO3-PRH	10%	14%	24%	52%	1,136
Total	10%	14%	24%	52%	1,152

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO4-MCH	28	85	113
Total	28	85	113

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
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C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Rwanda



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ Rwanda ▼ FY Quarter ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	3,368	1.7%
1st line adult ARV	542	1.1%
2nd line adult ARV	528	1.5%
Pediatric ARV	466	1.5%
First RTK	550	1.8%
Second RTK	445	2.5%
Viral load reagent	9	0.0%
Viral load consumable	9	0.0%
EID reagent	6	0.0%
EID consumable	6	0.0%
Male condoms (HIV)	535	1.9%
Female condoms (HIV)	272	1.5%
Total	3,368	1.7%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	3,247	1.2%
AL 6x1	523	2.1%
AL 6x2	525	1.5%
AL 6x3	542	1.3%
AL 6x4	563	1.2%
AL inability to treat	569	0.0%
mRDT	525	1.3%
Total	3,247	1.2%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	3,955	1.6%
Combined oral contraceptive with iron	481	2.3%
DMPA-Intramuscular injectable	446	1.3%
1-rod implant	488	1.4%
2-rod implant	505	1.8%
Progestin only pills	420	1.2%
Copper-bearing IUD	425	1.9%
Calendar-based awareness methods	383	1.0%
Male condoms (FP)	535	1.9%
Female condoms (FP)	272	1.5%
Total	3,955	1.6%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	588	97%
TO2-Malaria	588	97%
TO3-PRH	588	95%
TO4-MCH	569	100%
Total	2,333	97%

Ref Analysis

- B1** The average stockout rate for Rwanda remained below 2 percent in FY2020 Q2. More specifically, the stockout rate for TO1 HIV/AIDS products was 1.7 percent, TO2 malaria was 1.5 percent, and TO3 family planning was 1.6 percent. In pursuit of 0 percent stockout rates, GHSC-PSM will continue to support the MOH to monitor the stock information and to rebalance stock levels at both the district pharmacies (DPs) and SDPs to ensure that there are no stockouts. Also, QMIA, e-LMIS performance reports, and monthly stock status updates have contributed to improved performance and reduction of stockouts.
- B3** Reporting rates into the eLMIS system remained high in FY2020 Q2. Of the 588 SDPs required to report, 572 submitted HIV/AIDS commodity reports (97.3 percent), 569 submitted malaria commodity reports (96.8 percent), and 560 submitted family planning commodity reports (95.2 percent). Fewer facilities are required to submitted MCH reports, and 567 of 569 (99.6 percent) did so. While the eLMIS system improved access to timely data, some challenges remain including staff turnover at SDPs and Internet connectivity. To ensure timely submission of all required reports, GHSC-PSM Rwanda will continue to provide management support and advocate for the need for dedicated supply chain staff at SDPs.

Warehouse stock status and product losses

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	25	4%	35%	26%	35%
TO1-HIV/AIDS	11		36%	45%	18%
TO2-Malaria	5		20%	20%	60%
TO3-PRH	9	11%	44%		44%
Subnational level 1	660	0%	46%	35%	19%
TO1-HIV/AIDS	240	0%	37%	43%	21%
TO2-Malaria	150	0%	77%	19%	4%
TO3-PRH	270	0%	34%	36%	30%
Total	685	0%	46%	35%	20%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO1	Central	Storage	Damage	ARVs	\$231	\$14,246,086	0.00%
TO1	Global	Transit	Damage	ARVs	\$4	\$3,142,956	0.00%
TO1	Global	Transit	Damage	ARVs	\$5	\$6,279,205	0.00%
TO1	Global	Transit	Damage	ARVs	\$8	\$6,279,205	0.00%
TO1	Global	Transit	Damage	ARVs	\$17	\$5,068,125	0.00%
TO1	Global	Transit	Damage	ARVs	\$49	\$6,279,205	0.00%
TO1	Global	Transit	Damage	ARVs	\$106	\$6,279,205	0.00%
TO1	Global	Transit	Damage	Essential Meds	\$507	\$737,558	0.07%
TO1	Global	Transit	Damage	Laboratory	\$10	\$3,142,956	0.00%
TO1	Global	Transit	Mising Product	ARVs	\$14	\$6,279,205	0.00%
TO2	Global	Transit	Damage	ACT	\$51	\$774,515	0.01%
TO2	Global	Transit	Damage	ACTs	\$15	\$2,729,126	0.00%
TO2	Global	Transit	Damage	ACTs	\$120	\$774,515	0.02%
TO2	Global	Transit	Damage	ACTs	\$132	\$774,515	0.02%
TO2	Global	Transit	Damage	RTDs, ACTs	\$4,406	\$1,004,604	0.44%
TO3	Global	Transit	Damage	Oral contraceptive	\$0	\$295,586	0.00%

Ref Analysis

- B2** Generally, all tracer commodities were available at central and regional warehouses during FY2020 Q2. Malaria products and male condoms were observed to be the most consistently understocked products at these levels, but neither were observed to be stocked out in the period. Conversely, at the facility level, there are reports of an overstock of collar calendar family planning commodities because of the low client demand and general preferences for longer-term contraceptives. The team is exploring the option of recalling extra quantities back to the central level.
- C7** A backlog of product loss incident reports from FY2018 Q4, FY2019 Q2 and Q3, and FY2020 Q1 are included in reporting this quarter (FY2020 Q2). The vast majority of loss incidents were of products damaged in global shipment to the country. The value of product loss in most incidents was less than \$500, and less than 0.1 percent of product shipped in the period. (In 10 of 16 incidents, it was less than 0.01 percent.) The largest incident (INC-393) occurred in FY2018 Q4. Reported product damaged included \$507 in essential medicines (0.07 percent of TO1 commodities shipped in quarter); \$4,406 worth of mRDTs and ACTs (0.44 percent of TO2 commodities shipped in quarter); and, \$0.30 in oral contraceptives (less than 0.01 percent of TO3 commodities shipping in quarter).

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Rwanda ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

New approaches **1**

C1. Innovations implemented this quarter

Task Order ▲	Type of innovation	Description
Crosscutting	New approaches	The project began supporting the Central Medical Store for faith-based organizations in the implementation of action plans developed as part of a supply chain management leadership capstone project. In Q1, the project supported the health supply chain management inspirational leadership and change management course for BUFMAR leadership and management teams. As part of this course, participants worked to develop four capstone projects for continuous improvement of supply chain performance at the workplace. The projects focused on such topics as inventory management capacity building for BUFMAR staff and improvement in order filling. This quarter (Q2), the project assisted with the creation of action plans for each of the four capstone projects to sustain momentum toward continuous improvement of supply chain performance.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group ▲	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
MCH commodities	Yes
RTKs	Yes
TPT	Yes

Analysis ▼

As of reporting, all quarterly supply plan updates were conducted as planned and submitted to GHSC-PSM HQ. Products included ARVs, Labs and RTKs for TO1, malaria commodities for TO2, FP commodities for TO3, MCH commodities for TO4 and condoms. GHSC-PSM continues to support the Ministry of Health carry out quarterly supply plan reviews.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description ▲

GHSC-PSM facilitated a multi-stakeholder workshop to validate key regulatory documents of the Rwanda FDA. Regulatory documents were validated for multiple areas, including human medicines, medical devices, veterinary medicinal products, cosmetics, household chemicals and pesticides. For each domain, the stakeholders validated the regulations, guidelines, and authorized list of products to be considered for product registration process under the Rwanda FDA. At the workshop's conclusion, four regulations and nine guidelines were validated and ready to be uploaded to Rwanda's FDA online platform.

Training for supply chain partners

Country ▼ FY Quarter ▼
 Rwanda ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Female	6	3	4	5	18
Male	18	7	10	11	46
Total	24	10	14	16	64

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Central	2	1	1	3	7
Subnational level 1	22	9	13	13	57
Total	24	10	14	16	64

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Cross-TO	24	10	14	16	64
Total	24	10	14	16	64

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Warehousing and Inventory Management	24	10	14	16	64
Total	24	10	14	16	64

Analysis

The Ministry of Health, in collaboration with GHSC-PSM, organized a five-day workshop on the Quality Management Improvement Approach (QMIA) with all district pharmacies for 64 participants (18 females and 46 male). The objectives of the training were fourfold: (1) Train participants on the QMIA; (2) Explain upgrades to the eLMIS system; (3) Triangulate data from different sources; and, (4) Train all district pharmacies on lab bundling concept and why it is necessary.

Molecular Instruments and HIV Tracer Products

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

78%

Analysis

Four of 18 molecular instruments supported by the project saw service disruptions in FY2020 Q2 - two for 22 days and two for 15 days.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Atazanavir/Ritonavir 300/100 mg
Pediatric ARV	Abacavir/Lamivudine 60/30 mg
First RTK	Determine
Second RTK	STAT-PAK
Tie-breaker RTK	Not reported
Viral load reagent	COBAS TAQMQRN HIV-1 TEST V2.0/HI2CAP
Viral load consumable	COBAS AMPILPREP (CAP48)-K TIPS
EID reagent	CAP/TaqMan HIV-1 Qualitative v2.0, 48 Test
EID consumable	Cobas AmpliPrep/TaqMan Specimen Pre-Extraction (SPEX) reagent, 5x78 mL

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Rwanda ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	1.7%	3,368
1st line adult ARV	1.1%	542
2nd line adult ARV	1.5%	528
Pediatric ARV	1.5%	466
First RTK	1.8%	550
Second RTK	2.5%	445
Viral load reagent	0.0%	9
Viral load consumable	0.0%	9
EID reagent	0.0%	6
EID consumable	0.0%	6
Male condoms (HIV)	1.9%	535
Female condoms (HIV)	1.5%	272
TO2-Malaria	1.5%	2,678
AL 6x1	2.1%	523
AL 6x2	1.5%	525
AL 6x3	1.3%	542
AL 6x4	1.2%	563
mRDT	1.3%	525
TO3-PRH	1.6%	3,955
Combined oral contraceptive with iron	2.3%	481
DMPA-Intramuscular injectable	1.3%	446
1-rod implant	1.4%	488
2-rod implant	1.8%	505
Progestin only pills	1.2%	420
Copper-bearing IUD	1.9%	425
Calendar-based awareness methods	1.0%	383
Male condoms (FP)	1.9%	535
Female condoms (FP)	1.5%	272
Total	1.6%	9,194

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	0.0%	569
TO3-PRH		
Combined oral methods	2.3%	481
Injectable contraceptives	1.3%	446
Implantable contraceptives	0.2%	510
Progestin-only methods	1.2%	420

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	97%	588
TO2-Malaria	97%	588
TO3-PRH	95%	588
TO4-MCH	100%	569

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	26%	35%	35%	4%	23
TO1-HIV/AIDS	45%	18%	36%		11
TO2-Malaria	20%	60%	20%		5
TO3-PRH		44%	44%	11%	9
Subnational level 1	35%	19%	46%	0%	600
TO1-HIV/AIDS	43%	21%	37%	0%	240
TO2-Malaria	19%	4%	77%	0%	150
TO3-PRH	36%	30%	34%	0%	270
Total	35%	20%	46%	0%	623

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	6	18	24
TO2-Malaria	3	7	10
TO3-PRH	4	10	14
TO4-MCH	5	11	16
Total	18	46	64

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
MCH commodities	1	1
RTKs	1	1
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
18	78%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Sierra Leone



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Sierra Leone ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
Total		

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	8,622	22.7%
AL 6x1	1,052	28.5%
AL 6x2	1,066	27.6%
AL 6x3	1,106	17.1%
AL 6x4	1,110	16.4%
AL inability to treat	1,132	9.8%
mRDT	1,052	25.3%
SP	1,014	39.3%
LLINs	1,090	20.1%
Total	8,622	22.7%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO2-Malaria	1,490	77%
Total	1,490	77%

Ref Analysis

- B1 All malaria tracer products had an increase in stockout rate of at least 10 percent this quarter due to delays in procurement. The delays are a result of a new government policy that has all commodities consigned to the Government of Sierra Leone to use a government agency to clear the commodities.
- B3 The LMIS reporting rate remained mostly consistent with the previous quarter.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Sierra Leone ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	21	5%	86%	5%	5%
TO2-Malaria	21	5%	86%	5%	5%
Total	21	5%	86%	5%	5%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref	Analysis
▲	
B2	The vast majority of observations this quarter (86 percent) were understocked as a result of a new government policy. The policy has all commodities that are consigned to the government to be cleared by a government agency. The back and forth results in delays in delivery dates for both PMI- and Global Fund-supported commodities. Moving forward, PMI commodities procured through GHSC-PSM will be consigned to the Sierra Leone US Embassy. Shipments are currently being expedited.
C7	GHSC-PSM in Sierra Leone had no product loss to report this quarter.

Supply plans, innovations, and strategic activities

Country

Sierra Leone

FY Quarter
2020-Q2

Total Innovations implemented this quarter

New approaches
1

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
TO2-Malaria	New approaches	GHSC-PSM Sierra Leone, in collaboration with the NMCP (through the Malaria Quantification TWG), developed a District Forecast and Distribution TWG (DFD-TWG) in each district to help integrate M&E and supply chain units to better use data to inform distribution and annual forecasts. Prior to the DFD-TWG, quantities were distributed based on facility type vs. an individual facility's consumption, which often left facilities not stocked appropriately. With the formation of the DFD-TWG, quarterly distribution will now be based on consumption data with the hopes of improving distribution and stocking at facilities. An LMIS/HMIS data analysis training was conducted to show district personnel how to develop a quarterly distribution matrix and identify issues.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
Malaria commodities	Yes

Analysis

GHSC-PSM in Sierra Leone submitted its one required supply plan this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

GHSC-PSM in Sierra Leone did not update any policies, regulations, or strategies this quarter.

Training for supply chain partners

Country ▼ FY Quarter ▼
Sierra Leone ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO2-Malaria	Total
Female	7	7
Male	63	63
Total	70	70

C2. Number of people trained by supply chain level

Supply Chain Level	TO2-Malaria	Total
Central	6	6
Subnational level 1	64	64
Total	70	70

C2. Number of people trained by funding source and type

Type	TO2-Malaria	Total
TO-specific	70	70
Total	70	70

C2. Number of people trained by technical area

Supply Chain Function	TO2-Malaria	Total
MIS	70	70
Total	70	70

Analysis

GHSC-PSM in Sierra Leone supported one training this quarter on LMIS/HMIS data analysis. The training was for M&E staff, information officers, and logistics officers from all 16 districts.

Complete Results and Denominators

Country FY Quarter

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO2-Malaria	24.7%	7,490
AL 6x1	28.5%	1,052
AL 6x2	27.6%	1,066
AL 6x3	17.1%	1,106
AL 6x4	16.4%	1,110
mRDT	25.3%	1,052
SP	39.3%	1,014
LLINs	20.1%	1,090
Total	24.7%	7,490

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	9.8%	1,132

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO2-Malaria	77%	1,490

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	5%	5%	86%	5%	21
TO2-Malaria	5%	5%	86%	5%	21
Total	5%	5%	86%	5%	21

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO2-Malaria	7	63	70
Total	7	63	70

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Thailand



Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Thailand ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	2		50%		50%
TO2-Malaria	2		50%		50%
Total	2		50%		50%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2** In Thailand, GHSC-PSM reports on stock data at the government central warehouse. The DVBD stock report is based on stock data as of March 2020 at the central warehouse level. The data consist of two observations: an understocked status for mRDTs, and an overstocked status for DHA-PPQ 40mg/320mg 9 tablet. The mRDTs are labeled as understocked because the government distributes 70 percent of RDTs to regional/provincial levels once a year and kept the rest at central level for emergency request. GHSC-PSM continues to advocate for regular data sharing with the Thai government and will continue to add more observations and products in the next report.
- C7** GHSC-PSM in Thailand does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country ▼ Thailand ▼ FY Quarter ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order ▲	Type of innovation	Description
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GHSC-PSM Thailand has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group ▲	Supply Plan Submission Status
Malaria commodities	No

Analysis ▼

The malaria supply plan was not submitted this quarter. GHSC-PSM continues to advocate with its government counterparts on the importance of sharing these data to improve supply chain operations and performance.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description ▲
Thailand has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Thailand ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
Total		

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
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B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central		50%	50%		2
TO2-Malaria		50%	50%		2
Total		50%	50%		2

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
Malaria commodities	1	0

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country

Uganda



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Uganda ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	797	4.8%
1st line adult ARV	185	5.4%
2nd line adult ARV	141	3.5%
Pediatric ARV	148	9.5%
First RTK	162	1.9%
Tie-breaker RTK	159	3.8%
Viral load reagent	1	0.0%
EID reagent	1	0.0%
Total	797	4.8%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	852	3.4%
AL inability to treat	429	1.9%
mRDT	423	5.0%
Total	852	3.4%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	246	10.6%
DMPA-Intramuscular injectable	246	10.6%
Total	246	10.6%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	236	100%
TO2-Malaria	723	99%
TO3-PRH	309	96%
Total	1,268	99%

Ref Analysis

- B1** For HIV commodities, stockout rates decreased from 10 percent in FY2020 Q1 to 4.8 percent in FY2020 Q2. Stockout rates remained at zero for both EID reagents and viral load reagents, a continuation of the previous quarter performance. The stockout rate for first-line pediatric ARVs reduced from 11.8 percent to 9.5 percent. However, overall, the decrease in TO1 stockout rates can be mainly attributed to first-line and second-line adult ARVs that both reduced by 7 percent from the previous quarter. Regarding TO2 commodities, the overall stockout rate increased to 5 percent in Q2. Concomitantly, the stockout rate for RDTs increased from 3 percent in Q1 to 5 percent in Q2, while the stockout rate for ACTs reduced from 2.9 percent in Q1 to 2.1 percent in Q2. Looking at PRH commodities, overall stockout rates increased from 3.9 percent in Q1 to 10.6 percent in Q2. This could be attributed to irregular ordering patterns by SDPs and implementing partners. However, Joint Medical Store (JMS) continued to provide support to FP sites to make orders and submit timely reports.
- B3** TO1 SDPs report directly in the web-based ARV Ordering and Reporting System (WAOS) that is managed by MOH. The general reporting rates for TO1 increased from 95 percent in FY2020 Q1 to 100 percent in FY2020 Q2. This high reporting rate is sustained due to continuous support to the SDPs to submit their ARV orders/reports online as well as implementation of TLD transition. For TO2, the SDP reporting rates increased from 98 percent in Q1 to 99 percent in Q2. There has been constant follow-up of the sites and verification of orders/reports to ensure that SDPs provide quality timely reports. For TO3, during the reporting period, the number of SDPs that received FP commodities and are registered in the national DHIS2 increased from 235 to 309 because more SDPs were brought on board to receive FP commodities in line with the One-Facility-One-Warehouse guideline. The reporting rate increased from 82 percent in Q1 to 96 percent in Q2 because FP SDPs were targeted for supportive supervision and supported to report in the DHIS2. Therefore the general reporting rates for all TOs increased from 95 percent in Q1 to 98 percent in Q2.

Warehouse stock status and product losses

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	84	9%	22%	35%	35%
TO1-HIV/AIDS	36	3%	17%	47%	33%
TO2-Malaria	18	28%	17%	33%	22%
TO3-PRH	30	3%	30%	17%	50%
Total	84	9%	22%	35%	35%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO1	Global	Transit	Damage	Adult ARVs	\$275	\$18,692,404	0.00%

Ref Analysis

B2 From the data, it is seen that there was an increase of TO1 commodities 'stocked according to plan' from 28 percent in FY20Q1 to 47 percent in FY20Q2. This increase may be attributed to 1st line pediatric ARVs and 1st line adult ARVs which were stocked according to plan through the reporting period. It can also be attributed to TLD which is now the most used ARV. The 'over stocks' of the Most used 2nd line adult ARVs and Second RTK is as a result of its low consumption. However, it should be noted that the highest percent (81 percent) of TO1 commodities were either stocked according to plan or over stocked due to on-time-delivery and adherence to supply plans. Looking at Malaria, commodities 'stocked according to plan' increased from 22 percent in FY20Q1 to 33 percent in FY20Q2. As well as there was stock out of 'ALU 6X2', this was substituted by 'ALU 6X1' which was overstocked. Therefore, no patient went without treatment. The over stocks of 'ALU 6X1' is as a result of it having low consumption but with no risk of expiry. The 100 percent 'stock out' rate of ALU 6X2 was mainly due to interchanging of the different pack sizes during treatment. For PRH commodities, The percent of commodities 'stocked according to plan' reduced from 27 percent in FY20Q1 to 17 percent in FY20Q2. This is mainly because most of commodities were distributed to a few implementing partners that work as intermediary storage points. Also, there were overstocks of Depo provera, Sayana press and Microlut. And this may be because stock was received during the reporting period Also to note 'over stocks' reduced from 53 percent in FY20Q1 to 50 percent in FY20Q2 but with no risk of expiry.

C7 A shipment of TLD that arrived to customs was sampled by NDA for inspection. It was found that two bottles had missing or broken seals, 15 bottles were missing, and there was variation in pack size as well. These issues were raised with the supplier for remediation and corrective action for the future.

Supply plans, innovations, and strategic activities

Country ▼ FY Quarter ▼
 Uganda ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order ▲	Type of innovation	Description
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GHSC-PSM Uganda has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group ▲	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
RTKs	Yes
VMMC	Yes

Analysis ▼

All required supply plans were updated and submitted to GHSC-PSM HQ.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description ▲

GHSC-PSM in Uganda participated in development of supply chain guidelines for the Universal Net Coverage Campaign (UCC) through the MOH malaria control division. The supply chain strategy for UCC aims to ensure that commodities reach the distribution points in a phased approach, with real-time relay of distribution information to a central database with security and reverse logistics in place.

GHSC-PSM in Uganda participated in formulating the guidelines and implementation timelines for one-site one-warehouse policy for last-mile distribution of family planning commodities. The policy is aimed at eliminating duplication, promoting reporting by SDPs, and ultimately resulting in better quality data for quantification and supply planning.

Training for supply chain partners

Country
FY Quarter

C2. Number of people trained by sex

Sex	Total
Total	

C2. Number of people trained by supply chain level

Supply Chain Level	Total
Total	

C2. Number of people trained by funding source and type

Type	Total
Total	

C2. Number of people trained by technical area

Supply Chain Function	Total
Total	

Analysis

GHSC-PSM in Uganda has no trainings to report this quarter.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM in Uganda does not support any molecular instruments and does not report on this indicator.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/Ritonavir 200/50 mg
Pediatric ARV	Zidovudine/Lamivudine/Nevirapine 60/30/50 mg
First RTK	Determine
Second RTK	STAT-PAK
Tie-breaker RTK	Bioline
Viral load reagent	COBAS Taqman, CAP/CTM HIV V2.0 Quantitative test, 48 test
Viral load consumable	DBS – VL collection kit
EID reagent	COBAS Taqman Ampliprep HIV-1 Qualitative test, 48 test
EID consumable	Dry blood spot (DBS) – EID collection kit

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Uganda ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	4.8%	797
1st line adult ARV	5.4%	185
2nd line adult ARV	3.5%	141
Pediatric ARV	9.5%	148
First RTK	1.9%	162
Tie-breaker RTK	3.8%	159
Viral load reagent	0.0%	1
EID reagent	0.0%	1
TO2-Malaria	5.0%	423
mRDT	5.0%	423
TO3-PRH	10.6%	246
DMPA-Intramuscular injectable	10.6%	246
Total	5.8%	1,466

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	1.9%	429
TO3-PRH		
Injectable contraceptives	10.6%	246

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	100%	236
TO2-Malaria	99%	723
TO3-PRH	96%	309

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	35%	35%	22%	9%	78
TO1-HIV/AIDS	47%	33%	17%	3%	36
TO2-Malaria	33%	22%	17%	28%	18
TO3-PRH	17%	50%	30%	3%	30
Total	35%	35%	22%	9%	78

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Total
Total	

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1
VMMC	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Vietnam ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	3				100%
TO1-HIV/AIDS	3				100%
Total	3				100%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

- B2 In Q2 2020, the HIV most-used first-line ARV is TLD. This medicine was first imported in Vietnam at the end of 2019; therefore, the central stock status of this medicine is higher than the desired stock level, creating an overstocked rate of 100 percent. From next quarter onward, when the stock at the central warehouse is distributed to SDPs, the central stock will return to appropriate levels.
- C7 GHSC-PSM in Vietnam does not report on the product loss indicator.

Supply plans, innovations, and strategic activities

Country ▼ Vietnam ▼ FY Quarter ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order ▲	Type of innovation	Description
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GHSC-PSM Vietnam had no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group ▲	Supply Plan Submission Status
ARVs	Yes

Analysis

All required supply plans were updated and submitted to GHSC-PSM HQ.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description ▲

Vietnam has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Vietnam ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	Total
Female	177	177
Male	89	89
Total	266	266

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	Total
SDP	266	266
Total	266	266

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	Total
TO-specific	266	266
Total	266	266

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	Total
Forecasting and Supply Planning	266	266
Total	266	266

Analysis

GHSC-PSM Vietnam conducted training on quantification of ARVs for the Social Health Insurance Fund for 2021. GHSC-PSM worked with their government counterpart agency, VAAC, to implement two training courses on 2021 SHI ARV quantification for nearly 150 provincial trainers nationwide, in Ho Chi Minh city and Ha Noi from March 3-6, 2020. There were also three online virtual sessions held for three provinces from March 23-26, 2020 (Vinh Phuc, Phu Tho and Ninh Thuan) that could not attend in person due to COVID-19. Those TOT trainings would help the Provincial HIV/AIDS Control entity give guidance to their SDPs to conduct supply planning for SHI 2021.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/600 mg
2nd line adult ARV	Lopinavir/Ritonavir 200/50 mg
2nd line adult ARV	Not reported
First RTK	Not reported
Second RTK	Not reported
Tie-breaker RTK	Not reported
Viral load reagent	Not reported
Viral load consumable	Not reported
EID reagent	Not reported
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Vietnam ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
Total		

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
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See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
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B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central		100%			3
TO1-HIV/AIDS		100%			3
Total		100%			3

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	177	89	266
Total	177	89	266

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
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For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ FY Quarter ▼
 Zambia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	6,864	24.3%
1st line adult ARV	389	23.4%
2nd line adult ARV	393	8.4%
Pediatric ARV	335	23.9%
First RTK	1,643	31.8%
Second RTK	1,637	10.0%
Viral load reagent	13	30.8%
EID reagent	11	0.0%
Male condoms (HIV)	1,601	21.5%
Female condoms (HIV)	842	51.0%
Total	6,864	24.3%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	12,010	35.6%
AL 6x1	1,729	42.4%
AL 6x2	1,700	51.8%
AL 6x3	1,742	35.4%
AL 6x4	1,768	24.4%
AL inability to treat	1,813	8.4%
mRDT	1,744	19.3%
SP	1,514	74.2%
Total	12,010	35.6%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
TO3-PRH	9,519	50.5%
Combined oral contraceptive with iron	1,598	53.3%
NET-En Injectable	1,053	59.4%
DMPA-Intramuscular injectable	1,414	57.5%
1-rod implant	683	61.1%
2-rod implant	1,077	62.3%
Progestin only pills	993	56.0%
Copper-bearing IUD	258	40.3%
Male condoms (FP)	1,601	21.5%
Female condoms (FP)	842	51.0%
Total	9,519	50.5%

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	2,213	81%
TO2-Malaria	2,255	89%
TO3-PRH	2,255	89%
TO4-MCH	2,255	89%
Total	8,978	87%

Ref Analysis

- B1 Stockout rates for tracer commodities increased in FY2020 Q2. Reported rates for HIV/AIDS (TO1) commodities increased from 15 percent in Q1 to 24 percent in Q2. Rates for family planning (TO3) commodities remained high, again at 51 percent in Q2 (as in Q1). The stockout rates among malaria (TO2) tracer commodities increased the most, from 24 percent in the previous quarter to 40 percent in Q2. Procurement funding challenges led to low central-level stocks for ACTs, and the supply of sulphadoxine-pyrimethamine remained erratic. At the SDP level, the average stockout rates for ACTs increased from 21 percent in Q1 to 38 percent in Q2. Nonetheless, the inability to treat malaria only rose to 8 percent.
- B1 TO1: HIV commodities averaged a 24 percent stockout rate. Logistic and resource challenges negatively impacted last-mile delivery and thus the availability of the ARVs, especially to hard-to-reach areas affected by the rainy season. At the central level, the COVID-19 pandemic affected manufacturing and delivery from India, which led to an understock of TLD in Zambia. To mitigate this, the project expedited shipments of more than 195,000 bottles of TLD from the Regional Distribution Centre in South Africa. Simultaneously, it was decided to transition some patients back to TLE to allow for an immediate transition to multi-month dispensing (MMD). With MMD, patients would not need to return to facilities until September. The accelerated transition to MMD was not planned, hence the necessity of using TLE. Short-dated batches of RTKs expired in February, March, and April 2020, leading to 32 percent of facilities reporting product stockouts in Q2. Service delivery was maintained as facilities made emergency orders for a resupply of the commodity, and clinical partners have continued to help redistribute commodities whenever they carry out technical supportive supervision visits. Finally, female condoms again reported high stockout rates (51 percent), which is largely attributed to low levels of orders from SDPs as clients prefer male condoms.
- B1 TO2: The spike in facility level stockouts of ACTs was due to the central level stockout of the product. Late disbursement of funds led to delayed PMI shipments, compounded further by the COVID-19 pandemic. To mitigate this, the project expedited shipments intended to arrive by sea by airlifting the consignments instead. MOH committed to bringing a 4.5 months of stock shipment of ACTs 24 packs in May 2020, and Global fund confirmed a delivery of 44,000 packs of ACTs by end of April 2020. Despite stockout spikes, patients were able to access treatment, and the ability treat remained high (92 percent). The stockout of RDTs was attributed to seasonal increases in malaria testing during the peak season.
- B1 TO3: Stockouts for family planning tracer commodities ranged between 21 percent and 62 percent in Q2. This was largely attributed to low order fill rate due to central- to last-mile distribution challenges. Additionally, the supply of Levonorgestrel 2-rod implant and Etonogestrel 1-rod implant has been erratic because manufacturers have production challenges. They are unable to meet the demand and UNFPA has had to cancel shipments. Implants and copper IUDs have low demand among SDPs that lack health workers trained to insert these commodities, mostly in remote areas. In general, some family products are slow-moving and facilities hesitate to order items that might expire unused. Finally, stockouts of male condoms were due to increased demand and low central level stock.
- B3 The percentage of facilities reporting to the LMIS remained high, with more than 80 percent of facilities reporting in FY2020 Q1. This quarter, the reporting rate for Task Orders 2, 3 and 4 was 89 percent, and 81 percent for TO1. GHSC-PSM Zambia supports reporting performance via supportive supervision provided at SDPs and district health offices.

Warehouse stock status and product losses

Country FY Quarter

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	72	5%	45%	36%	14%
TO1-HIV/AIDS	27		44%	33%	22%
TO2-Malaria	18	6%	72%	17%	6%
TO3-PRH	27	7%	30%	48%	15%
Total	72	5%	45%	36%	14%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
TO1	Global	Transit	Temperature Excursion	Laboratory	\$177	\$17,788,639	0.00%

Ref Analysis

- B2 In FY2020 Q2, observations of understocked TO1 and TO2 commodities increased. HIV tracer commodities were determined to be understocked in 44 percent of observations. Difficulties with the global supply chain due to COVID-19 (in India and South Africa) affected the supply of TLD in Zambia. An expansion in laboratory equipment led to high issues of equipment to facilities for VL and EID and diminished central level stock. Shipments for VL and the second-line adult ARVs, however, were received in March to bring the commodity to ideal stock levels. Some products were overstocked centrally. Overstock of pediatric ARVs reflects last-mile distribution challenges as a result of limited MOH resources. SD Bioline was overstocked after a downward adjustment in the forecast after low issues to facilities. PEPFAR recommendation to move away from unproductive testing methodology and increase more rational use of RTK as index testing also contributed to low issues of Bioline. Finally, overstock of female condoms reflects low demand at the facility level and a new shipment in Q2. Importantly, none of these products are at risk of expiry, and no HIV tracer commodities were observed to be stocked out centrally in the quarter.
- B2 TO2 malaria tracer commodities were determined to be understocked in 72 percent of observations. Late disbursement of funds led to delayed shipments of PMI-procured commodities, with the COVID-19 pandemic contributing to further delays. To reduce the lead time and prevent further stockouts, the project expedited planned shipments by airlifting consignments previously scheduled for sea shipment. Erratic supply of sulphadoxine-pyrimethamine due to funding challenges was partially resolved after PMI reprogrammed funding to procure 6.7 months of stock of the product. The commodities were immediately distributed to facilities, and the central level remained understocked. Finally, mRDTs were observed understocked centrally in two of three Q2 stock observations after a shipment of Global Fund commodities was pushed to sites in readiness for the malaria peak season.
- B2 TO3 family planning tracer commodities were determined to be stocked according to plan in nearly half (48%) of observations in FY2020 Q2. Frequent understocked observations for implantable contraceptives (2 observations of stockouts and 2 of understocked status, out of 6 observations total) and copper IUDs (understocked 2 of 3 observations) reflected erratic supply, as a result of manufacturer constraints in meeting demand. Conversely, other contraceptive methods were observed to be mostly stocked according to plan centrally in FY2020 Q2. This includes injectable contraceptives (4 of 6 observations), combined oral contraceptives (3 of 3 observations), and progestin only pills (3 of 3 observations)
- C7 In FY2019 Q3, \$177 worth of syphilis RPR kits (15 kits of 100 tests) arrived in country without ice packs and with carton temperatures exceeding the recommended range. The product was quarantined and then rejected after a quality assurance report. The value lost in transit because of the temperature excursion accounted for less than 0.01 percent of the TO1 products delivered to Zambia in the quarter.

Supply plans, innovations, and strategic activities

Country ▼ Zambia ▼ FY Quarter ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order	Type of innovation	Description
GHSC-PSM Zambia has no innovations to report this quarter.		

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
MCH commodities	Yes
RTKs	Yes
TPT	Yes

Analysis

All required quarterly supply plans (ARVs, lab (HIV diagnostics), RTKs, malaria, FP, MNCH, condoms, and TPT commodities) were developed and submitted to the home office forecasting and supply planning team this quarter

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

Description

GHSC-PSM Zambia’s capacity building team worked with the Strategic Planning & Governance team and the MOH to develop materials and a training curriculum for the Community Health Workers’ Logistics System (CHWs LS). The materials and curriculum are meant to strengthen community health workers’ knowledge and skills in supply chain management of malaria and integrated community case management (iCCM), reproductive health, tuberculosis, and maternal neonatal child health drugs at service delivery points. The process, which started in July 2019, was finalized in March 2020 when the MOH signed off the new materials. Distribution and implementation of the training materials is expected in the coming quarters.

Training for supply chain partners

Country ▼ FY Quarter ▼
 Zambia ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Female	36	3	13	2	54
Male	49	5	18	2	74
Total	85	8	31	4	128

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
SDP	85	8	31	4	128
Total	85	8	31	4	128

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Cross-TO	85	8	31	4	128
Total	85	8	31	4	128

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	TO3-PRH	TO4-MCH	Total
Human Resources Capacity Development	85	8	31	4	128
Total	85	8	31	4	128

Analysis

In FY2020 Q2, GHSC-PSM held workshops for 128 MOH staff (54 women, 74 men) to strengthen knowledge, skills, and capacity to manage HIV, malaria, family planning and reproductive health, and MNCH commodities via workshops. Most staff deployed have also received pre-service training that the project supports through collaboration with tertiary universities.

Molecular Instruments and HIV Tracer Products

Country ▼ Zambia ▼ FY Quarter ▼ 2020-Q2 ▼

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

94%

Analysis

Ninety-four percent (34/36) of GHSC-PSM-supported molecular instruments were functional throughout FY2020 Q2. Two supported machines experienced service disruptions. Cobas TaqMan 96 at Kaoma District Hospital had a software problem, which was resolved in a day. Cobas TaqMan 48 from Solwezi General Hospital in North-Western province required a spare part and was unoperational for 35 days in the period. Biogroup has since ordered a replacement for the broken part with anticipated installation in Q3.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Dolutegravir 300/300/50mg
2nd line adult ARV	Lopinavir 200mgs/Ritonavir 50mgs
Pediatric ARV	Lopinavir 80mgs/Ritonavir 20mgs
First RTK	Determine
Second RTK	Bioline
Tie-breaker RTK	Not reported
Viral load reagent	Cobas TaqMan 48/96: KIT CAP-G /CTM HIV-1 v2.0 Quantitative
Viral load consumable	Not reported
EID reagent	Cobas Taqman 48/96:HIV-1 Qualitative Test v2.0, 48 Tests
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Zambia ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	24.3%	6,864
1st line adult ARV	23.4%	389
2nd line adult ARV	8.4%	393
Pediatric ARV	23.9%	335
First RTK	31.8%	1,643
Second RTK	10.0%	1,637
Viral load reagent	30.8%	13
EID reagent	0.0%	11
Male condoms (HIV)	21.5%	1,601
Female condoms (HIV)	51.0%	842
TO2-Malaria	40.4%	10,197
AL 6x1	42.4%	1,729
AL 6x2	51.8%	1,700
AL 6x3	35.4%	1,742
AL 6x4	24.4%	1,768
mRDT	19.3%	1,744
SP	74.2%	1,514
TO3-PRH	50.5%	9,519
Combined oral contraceptive with iron	53.3%	1,598
NET-En Injectable	59.4%	1,053
DMPA-Intramuscular injectable	57.5%	1,414
1-rod implant	61.1%	683
2-rod implant	62.3%	1,077
Progestin only pills	56.0%	993
Copper-bearing IUD	40.3%	258
Male condoms (FP)	21.5%	1,601
Female condoms (FP)	51.0%	842
Total	40.7%	24,137

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	8.4%	1,813
TO3-PRH		
Combined oral methods	53.3%	1,598
Injectable contraceptives	46.9%	1,564
Implantable contraceptives	53.7%	1,236
Progestin-only methods	56.0%	993

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	81%	2,213
TO2-Malaria	89%	2,255
TO3-PRH	89%	2,255
TO4-MCH	89%	2,255

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	36%	14%	45%	5%	66
TO1-HIV/AIDS	33%	22%	44%	5%	27
TO2-Malaria	17%	6%	72%	6%	18
TO3-PRH	48%	15%	30%	7%	27
Total	36%	14%	45%	5%	66

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	36	49	85
TO2-Malaria	3	5	8
TO3-PRH	13	18	31
TO4-MCH	2	2	4
Total	54	74	128

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
MCH commodities	1	1
RTKs	1	1
TPT	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period
36	94%

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.

GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

FY2020 Quarter 2

January - March 2020

Country M&E Indicator Performance

Country



Service Delivery Point Stockouts and Reporting Rates

In GHSC-PSM-supported regions

Country ▼ Zimbabwe ▼ FY Quarter ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points - HIV/AIDS

Task Order	# SDP stock observations	Stockout rate
TO1-HIV/AIDS	9,031	8.9%
1st line adult ARV	1,035	0.5%
2nd line adult ARV	1,003	11.7%
Pediatric ARV	990	4.0%
First RTK	1,184	7.1%
Second RTK	1,184	6.5%
Tie-breaker RTK	1,184	30.1%
Viral load reagent	6	0.0%
EID reagent	3	0.0%
Male condoms (HIV)	1,227	2.9%
Female condoms (HIV)	1,215	7.1%
Total	9,031	8.9%

B1. Stockout rate at service delivery points - Malaria

Task Order	# SDP stock observations	Stockout rate
TO2-Malaria	7,363	18.2%
AL 6x1	1,138	36.2%
AL 6x2	1,131	30.0%
AL 6x3	1,135	19.6%
AL 6x4	1,143	19.6%
AL inability to treat	1,150	5.8%
mRDT	1,141	4.4%
SP	525	5.5%
Total	7,363	18.2%

B1. Stockout rate at service delivery points - Family Planning

Task Order	# SDP stock observations	Stockout rate
Total		

B3. LMIS reporting rate

Task Order	Total # of SDPs required to report	Reporting rate
TO1-HIV/AIDS	1,806	64%
TO2-Malaria	1,705	64%
Total	3,511	64%

Ref Analysis

B1 Stockout rates for HIV tracer products increased slightly, from 7 percent to 9 percent this quarter. Driving factors included increased stockout rates for tie-breaker RTKs and second-line adult ARVs. Notably, rates for adult first-line ARVs fell to less than 1 percent stocked out, with improvements also reported for male condoms.

For malaria products, the overall stockout rate increased from 16 percent to 21 percent, driven by increased stockouts of AL 6x1 and 6x2. Fluctuations for other items were narrower. The project team conducted a seasonality study this quarter and determined that most stockouts of anti-malarials are concentrated in low-consumption sites in elimination areas, rather than high-consumption sites in endemic areas. Sites in low-consumption regions maintain lower stock levels to avoid expiries. Across all AL presentations, 75 percent to 80 percent of stockouts occur in low-consuming sites. The findings from this study will be used to implement a new distribution approach to avoid stockouts at low-consumption sites in the future..

B3 LMIS reporting rates for Zimbabwe improved this quarter, rising from around 50 percent in Q1 to 64 percent in Q2, for both malaria and HIV. While an improvement, rates are still lower than preferred and were constrained by several factors, including delays in ZAPS ordering and delivery across provinces, late payments of per diem to ordering staff, and lack of transportation resources. GHSC-PSM continues to engage with Natpharm and MOHCC to ensure timely picking, packing, and delivery of commodities, as well as timely provision of resources to enable ordering.

Warehouse stock status and product losses

Country ▼ FY Quarter ▼
 Zimbabwe ▼ 2020-Q2 ▼

B2. Stocked according to plan

Supply Chain Level	Total Observations	Stocked out	Understocked	Stocked according to plan	Overstocked
Central	16	0%	50%	6%	44%
TO1-HIV/AIDS	10	0%	40%	10%	50%
TO2-Malaria	6	0%	67%	0%	33%
Total	16	0%	50%	6%	44%

C7a. and C7b. Product loss due to expiry, damage, theft, and other causes while in GHSC-PSM custody

TO	Level	Site of Loss	Type of Loss	Product Type	Loss Value	Loss Denominator	Loss %
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Ref Analysis

B2 The stocked according to plan rate for HIV tracers in Zimbabwe remained the same this quarter, at 10 percent, while overstocks rose to 50 percent of observations. No stockouts were reported. Understocked items included EID and viral load reagents, both of which have incoming shipments from GHSC-PSM and the Global Fund scheduled for Q3.

Understocking for malaria commodities remains persistent, at 67 percent of tracer items as of the end of March. This includes three presentations of AL and mRDTs, all of which have seen increased consumption in light of expected peak season upswings coupled with unexpected outbreaks. GHSC-PSM continues to monitor anti malarial medicines for upsurge in consumption due to these impacts.

C7 There were no product losses in GHSC-PSM custody to report this quarter.

Supply plans, innovations, and strategic activities

Country ▼ Zimbabwe ▼ FY Quarter ▼ 2020-Q2 ▼

Total Innovations implemented this quarter

Type of innovation Number of innovations

C1. Innovations implemented this quarter

Task Order ▲	Type of innovation	Description
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GHSC-PSM Zimbabwe has no innovations to report this quarter.

B6. Quarterly supply plan submissions to GHSC-PSM HQ

Product Group ▲	Supply Plan Submission Status
ARVs	Yes
Condoms	Yes
FP commodities	Yes
Lab (HIV diagnostics)	Yes
Malaria commodities	Yes
RTKs	Yes
TPT	Yes
VMMC	Yes

Analysis ▼

All expected supply plans were completed and submitted to GHSC-PSM HQ this quarter.

C11. Supply chain policies, regulations, strategies or SOPs developed or updated with GHSC-PSM assistance

▲ Description

Zimbabwe has no new supply chain policies, regulations, strategies, or SOPs developed or updated with GHSC-PSM assistance to report for this period.

Training for supply chain partners

Country ▼ Zimbabwe ▼ FY Quarter ▼ 2020-Q2 ▼

C2. Number of people trained by sex

Sex	TO1-HIV/AIDS	TO2-Malaria	Total
Female	29	6	35
Male	72	16	88
Total	101	22	123

C2. Number of people trained by supply chain level

Supply Chain Level	TO1-HIV/AIDS	TO2-Malaria	Total
Subnational level 1	101	11	112
Subnational level 2		11	11
Total	101	22	123

C2. Number of people trained by funding source and type

Type	TO1-HIV/AIDS	TO2-Malaria	Total
Cross-TO	75	11	86
TO-specific	26	11	37
Total	101	22	123

C2. Number of people trained by technical area

Supply Chain Function	TO1-HIV/AIDS	TO2-Malaria	Total
Transportation and Distribution	101	22	123
Total	101	22	123

Analysis

A total of 11 LMIS and MOHCC district pharmacy health workers were trained in the redesigned AutoOrder system, which now includes village health worker (VHW) functionalities. The project also trained 86 MOHCC and Natpharm staff in the use of TransIt, a distribution management software. Lastly, 26 MOHCC staff were trained on the ZILACODS lab distribution system.

Molecular Instruments and HIV Tracer Products

Country FY Quarter

C10. Percentage of GHSC-PSM managed molecular instruments that remained functional for the entire reporting period

Analysis

GHSC-PSM does not manage or support maintenance for any molecular instruments in Zimbabwe.

HIV Tracer Products

Tracer Product	Exact Product Name
1st line adult ARV	Tenofovir/Lamivudine/Efavirenz 300/300/400 mg
2nd line adult ARV	Atazanavir/Ritonavir 300/100 mg
Pediatric ARV	Abacavir/Lamivudine 120/60 mg
First RTK	Determine
Second RTK	Chembio
Tie-breaker RTK	INSTI
Viral load reagent	Roche Ampliprep Automated kits VL
Viral load consumable	Not reported
EID reagent	Roche Ampliprep Automated kits EID
EID consumable	Not reported

HIV tracer products are selected based on the most-used commodities in each country. These products can change from quarter to quarter as products transition and consumption changes. The items listed here will refer to the products used as tracers for the current quarter. Data presented for previous reporting periods will refer to the most-used products *at that time*, which may differ from the current tracer item.

Complete Results and Denominators

Country ▼ FY Quarter ▼
 Zimbabwe ▼ 2020-Q2 ▼

B1. Stockout rate at service delivery points (GHSC-PSM-supported regions)

Task Order	Stockout rate	# SDP stock observations
TO1-HIV/AIDS	8.9%	9,031
1st line adult ARV	0.5%	1,035
2nd line adult ARV	11.7%	1,003
Pediatric ARV	4.0%	990
First RTK	7.1%	1,184
Second RTK	6.5%	1,184
Tie-breaker RTK	30.1%	1,184
Viral load reagent	0.0%	6
EID reagent	0.0%	3
Male condoms (HIV)	2.9%	1,227
Female condoms (HIV)	7.1%	1,215
TO2-Malaria	20.5%	6,213
AL 6x1	36.2%	1,138
AL 6x2	30.0%	1,131
AL 6x3	19.6%	1,135
AL 6x4	19.6%	1,143
mRDT	4.4%	1,141
SP	5.5%	525
Total	13.6%	15,244

B1. Composite stockout rates

Task Order	Stockout rate	# of SDPs that reported
TO2-Malaria		
AL inability to treat	5.8%	1,150

See "Indicator Details" for B01 at the end of this annex for more detail about composite stockouts.

B3. SDP reporting rate to LMIS (GHSC-PSM-supported regions)

Task Order	Reporting rate	Total # of SDPs required to report
TO1-HIV/AIDS	64%	1,806
TO2-Malaria	64%	1,705

B2. Stocked according to plan at storage sites

Supply Chain Level	Stocked according to plan	Overstocked	Understocked	Stocked out	Total Stock Observations
Central	6%	44%	50%	0%	16
TO1-HIV/AIDS	10%	50%	40%	0%	10
TO2-Malaria	0%	33%	67%	0%	6
Total	6%	44%	50%	0%	16

B1 and B2 denominator note: For countries that report male and female condoms under both B1 and B2, total stock observations will be equal to the sum of all observations (i.e. SDPs that reported) for all tracer products, minus one set of observations for condoms.

C2. Number of people trained

Task Order	Female	Male	Total
TO1-HIV/AIDS	29	72	101
TO2-Malaria	6	16	22
Total	35	88	123

B6. Quarterly supply plan updates

Product Group	# of supply plans required	# submitted
ARVs	1	1
Condoms	1	1
FP commodities	1	1
Lab (HIV diagnostics)	1	1
Malaria commodities	1	1
RTKs	1	1
TPT	1	1
VMMC	1	1

C10. HIV molecular instrument functionality

# GHSC-PSM-supported instruments	% of instruments that functional for the entire period

For complete results on innovations (C1), strategy, policy, and regulation activities (C11), and product losses (C7a and C7b), please see the specific pages for those indicators.