



# Strengthening Health Supply Chain Data Use Through Health Facility IMPACT Teams in Tanzania

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## Introduction

Tanzania's journey towards Universal Health Coverage (UHC) hinges on a robust health supply chain, yet last-mile performance is often hampered by poor data quality, limited data utilization, and accountability gaps. In response, inSupply Health in collaboration with MoH, and PO-RALG led the roll out of MPACTT approach in 10 Health Facilities in Tanga City council. The initiative focuses on:

- Strengthening data documentation, quality and use;
- Building leadership, ownership and accountability in health supply chain operations;
- Equipping healthcare workers with SC knowledge and skills through on-site mentorship and self-paced e-learning micro modules;
- Enabling structured performance reviews to improve availability of essential medicines and supplies.

The IMPACT model fosters a culture of **data-driven decision-making**, ensuring that frontline health workers take the lead in improving supply chain outcomes that directly impact service delivery.

## Methods

The initiative involved 10 health facilities (29%) in Tanga City Council. It begun with on-site training for 20 CHMT and 84 Facility IT members using a national manual. This was followed by close implementation monitoring and support through key activities included:

- Complete filling and timely submission of RnR with minimal to no errors.
- Data Quality Assessments (DQA) to ensure proper data documentation and accuracy across multiple data sources.
- Tracking implementation of planned action items.
- Monitoring five key supply chain performance indicators.
- Observing and feedback on adaptation of IMPACT approach processes and agenda during IT meetings.





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## Results

Between July 2024 and April 2025, all 10 health facilities held bimonthly IMPACT Team meetings as expected, compared to only 8 in Nov–Dec 2024, reflecting improved functionality. Monitoring and implementation of planned action rose from 25% to 100%, with top sites serving as peer mentors.

Reporting completeness in the Report and Request (R&R) improved with minimum errors and better data quality, especially for parameters like quantities, received quantities, stock out days, loss & adjustments, closing balances.

Significant improvements were seen in key SC indicators; overstocked commodities reduced from 35% to 28%, no-demand items from 19% to 16%, and unnecessary orders also declined. (By July Overstocked have dropped to 22% and No demand to 12%. while Overstocked but ordered and No Demand But ordered were at 0%)

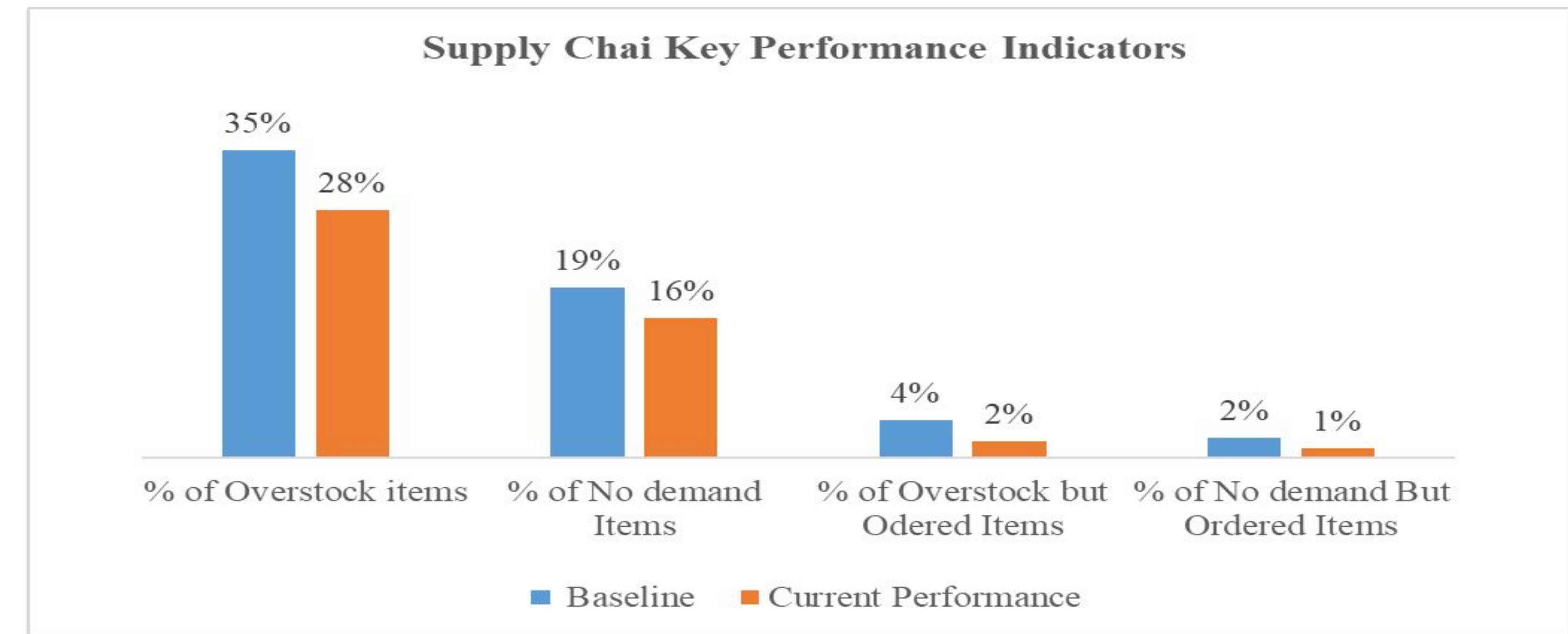


Figure 1. KPI performances

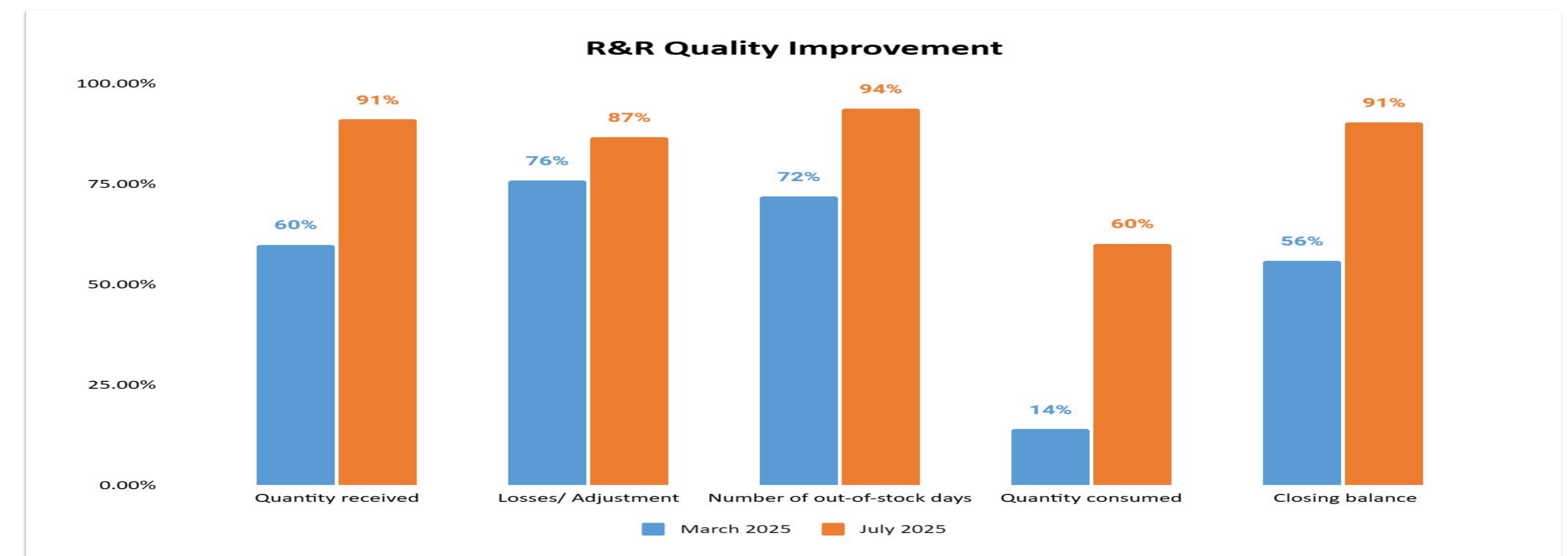


Figure 2: Data Quality Improvement



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## Conclusion

The Tanga initiative demonstrates that with targeted training, mentorship, and support, frontline health workers can drive substantial improvements in supply chain performance through consistent data use and structured decision-making.

While challenges such as inconsistent data quality and variable team ownership persist, successes such as peer mentorship models, localized problem-solving, and budget integration highlight the approach's potential for scalability and cultivate a culture of accountability and collective leadership at the facility level, directly contributing to stronger primary healthcare services.

## Acknowledgement

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Special thanks to the dedicated IMPACT Team members at health facilities and Council Health Management Teams, whose commitment and engagement made this initiative possible.

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