



INSUPPLY REPORT ON THE PUBLIC HEALTH SUPPLY CHAIN (PHSC) TRAINING

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Submitted to:

Naomi Muriithi
Project Manager,
HELP Logistics,
Kuehne Foundation

Author:

JSI Research & Training Institute, Inc./inSupply
Westlands Office Park, Acacia Block, Ground Floor
Waiyaki Way, Westlands
P.O. Box 14727-00800
Email address: inSupply@jsi.com

PURPOSE

Facilitation of the Public Health Supply Chain (PHSC) training organized by Help Logistics AG (a program of the Kuehne Foundation)

OBJECTIVES

- Review the current PHSCM training material and preparation for the delivery.
- Deliver the PHSCM training according to the schedule below
 - Training slides for 45 minutes
 - Facilitated group work discussions on the case study for 45 minutes.

SCHEDULE

Day and time	Sub-module	Objectives
Day 1 (Monday Oct 1, 2018) Understanding SCM in Pharma and Health Context		
11:00 – 12:30pm	1.2 Critical Supply Chain Stakeholder	To emphasize the role of the government in rolling out of health services and its role in involving the players i.e. NGO's, private sector etc. to ensure an un-fragmented health system
1:30 – 3:00pm	1.3 Supply Chain Design	Application of the segmentation and design principles for either a program, project or the entire organization
3:30 – 5:00pm	1.4 Challenges & Opportunities in PHSCM	To ensure efficient supply chains where health service providers are able to overcome challenges arising as health care systems evolve globally.
Day 2 (Tuesday Oct 2, 2018) Commodity Management		
9:00 – 10:30am	2.1 Commodity Selection & Quantification	Transfer the importance and application of the EML to be able to quantify your needs once the organizational purpose has been identified
11:00 – 12:30pm	2.2 Forecasting & Order planning	To ensure that participants are aware of the preparations that they have to make before coming together to do the forecast and plan for the supply chain as a whole.
Day 4 (Thursday Oct 4, 2018) Good Dispensing Practices and Information Management		
9:00 – 10:30am	4.1 Primary Distribution	Primary distribution is the next step after procurement. The activities taking place at this stage determine the overall efficiency of the organization and accountability of this process is the biggest challenge and measure of effectiveness.
11:00 – 12:30pm	4.2 Secondary Distribution	Secondary distribution or 'last mile distribution' have recently come to the limelight with the involvement of the private

		sector for best practices. Have GDP for medical commodities been effectively factored in during this process and what have been the previous practices?
1:30 – 3:00pm	4.3 Data and Information Management	Data in the health system is essential information required for decision making as well as measuring performance. Incomplete data is a recipe for chaos in the whole supply chain. LMU's assist in data collection and analysis however, it has to be complete and accurate for transparency.
3:30 – 5:00pm	4.4 Monitoring & Evaluation	Monitoring & Evaluation requires commitment from the organization as routine data collection is necessary. Knowing the data sources and the indicators for the logic model makes the process smooth. Emphasis needs to be on the continuous process.

SUMMARY

The training was successful and achieved its objectives, it was also a good learning opportunity for JSI on how public health supply chains differ slightly in humanitarian (emergency response) settings as opposed to a developmental context. It also reiterated the collaboration needed between different sectors when strengthening public health supply chains given the different actors involved, and how a customer-centric approach should be at the guiding principle at the heart of the work that we do.

In conclusion, there are some suggestions that could be used to improve the training approach in future:

1. Use of a structured facilitator's guide, which outlines
 - a. key messages from each slide
 - b. what questions to ask or discussions you want the group to engage in
 - c. how to facilitate the case study group work, how to process their discussion points and what the key take home messages are
2. Sessions should be allocated time depending on level of technical content and difficulty, e.g. the sessions on selection and quantification, forecasting and order planning need more time (more than 45 minutes) as opposed to sessions like supply chain design.
3. Many slides were not legible due to small size of diagrams and text as well as the slides being busy. Some suggested improvements:
 - a. Critically assess each slide's content and decide whether it is necessary or not
 - b. Split content across multiple slides
 - c. Enlarge the diagrams on the slides, or have animations on the slides which draws participants' focus to the item of interest

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- d. Ensure all of the affected slides are printed out as handouts which participants can refer to
4. Some specific recommendations:
- a. Review the submodules on selection and quantification, forecasting and order planning to
- align across the universally accepted terminologies and processes.
 - allocate more time for the sessions
 - make the calculations part more interactive, e.g. have a simple example that the participants can work on
 - For the case study group work, have a note in the facilitator's guide on what a national consensus forecast is, and what guidance is needed when doing the discussion.
- b. Case study:
- The case study (plus all supporting documentation) should be provided to the participants in advance of the training, so that they can read and be prepared by the time the training starts.
 - Include information on which anti-TB drugs are being procured. That section is needed to complete submodule 1.3 (supply chain design) groupwork.
 - Submodule 4.3 (procurement and GMP) question 2 on tender preparation- change the commodity to isoniazid, not PPE