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BUREAU FOR HUMANITARIAN ASSISTANCE

Building Capacity to Improve Pharmaceutical and Medical Commodity Management in Humanitarian and Disaster Settings, Nairobi workshop

Submitted to community of practice for health commodity logistics in humanitarian and disaster settings

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Contents

Acronyms

Executive summary:

Capacity building workshop to improve pharmaceutical and medical commodity management in humanitarian and disaster settings (August 23rd to 27th, 2021)

Introduction

Session Summaries

- 1. Supply Chain 101
- 2. What Makes Humanitarian Health Supply Chain Logistics Different?
- There were engagement around the similarities and the differences in the management of health commodities in the development setting and humanitarian settings. In humanitarian settings the supply chain processes are strained in resources whether personnel, system or time and so each of the logistics components is unique
- 3. Supply Chain Practices in Humanitarian Response
- 4. Supply Chain Performance Management
- 5. LMIS
- 6. Product Selection
- 7. Quantification
- 10. Field visit

Parking Lot Questions

Recommendations and Conclusion

Appendices

Acronyms

BHA	Bureau for Humanitarian Assistance
CIPS	Chartered Institute for Procurement and Supplies
COP	Community of Practice
COOP	Continuity Of Operations Plan
CPR	Contraceptive Prevalence Rate
CSP	Coordinated Supply Planning
DHS	Demographic Health Survey
DPHK	Development Partner for Health in Kenya
HCL	Health Commodity Logistics
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
IDA	International Development Association
INCOTERM	International Commercial Terms
IOM	International Organization for Migration
IP	Implementing Partner
IRC	International Rescue Committee
IMPACT	Information Mobilized for Performance Analysis and Continuous Transformation
INN	International Non Proprietary Name
JSI	John Snow Inc.
LMIS	Logistics Management Information System
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
NGO	Non-Governmental Organisation
PMA	Performance Monitoring for Action

PMC	Pharmaceutical and Medical Commodity
SC	Supply Chain
SCALE	Supply Chain Alternatives for Last Mile Equity
SDP	Service Delivery Point
SOH	Stock on Hand
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNHRD	United Nations Humanitarian Response Depot
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VAN	Value Added Networks
WFP	World Food Program
WHO	World Health Organization
WMS	Warehouse Management System

Executive summary:

Capacity building workshop to improve pharmaceutical and medical commodity management in humanitarian and disaster settings (August 23rd to 27th, 2021)

The Bureau for Humanitarian Assistance (BHA) in partnership with John Snow Inc. (JSI) and inSupply Health Limited, an East Africa based independent supply chain advisory firm affiliated with JSI Research & Training Institute, facilitated a training workshop intended to build pharmaceutical and medical commodity (PMC) supply chain knowledge. The workshop drew participation from organizations and individuals working in humanitarian and disaster settings with the ultimate goal of strengthening the responsiveness and efficiency of humanitarian and disaster relief efforts. Through a well curated curriculum, the training was intended to impart conceptual knowledge of PMC supply chain management, specific best practices in key logistics areas for humanitarian response, and to generate a conversation within a community of practice around long-term improvement efforts.

Through sessional objectives the workshop aimed to support participants demonstrate background knowledge in supply chain principles as the basic foundation of supply chain management regardless of the different context including supply chain management in development and humanitarian settings. The objectives included:

- Spurring discussions around best practices, innovations, tools, and coordination mechanisms that are supporting effective management of PMC during an acute, medium, or long-term emergencies.
- Discussing the logistic cycle and the critical supply chain functions including product selection and procurement of quality kits and individual products in a humanitarian setting.
- Demystifying quantification process by identifying essential logistics data and supporting supply planning through pipeline and lead-time monitoring.
- Strategizing on inventory control systems to support uninterrupted supply of commodities through coordinated supply management where stakeholders manage, analyze, and use data from multiple partners for better visibility and more coordinated efforts to better handle the emergency situations.

Even more, the workshop aimed at developing and maintaining a long-term community of practice around supply chains for humanitarian and disaster relief and leverage this knowledge base for improving relief operations. The workshop also challenged the participants to subsequently develop some action plan that adapted and adopted one or more supply chain management improvement interventions for their own programs.

Introduction

The Nairobi held workshop targeted different key players working in humanitarian settings, contributing directly or indirectly towards effective response efforts in crisis situations. Participating organizations included International Rescue Committee (IRC), Adventist Development and Relief Agency (ADRA), Alight (formerly American Refugee Committee), International Medical Corps (IMC), Interchurch Medical Assistance (IMA World Health), International Organization For Migration (IOM), Medair, Save the Children International, Relief International - South Sudan, WHO Kenya Country Office, Danish Red Cross, Family Health International (FHI 360), Action Against Hunger - USA, Core Group, Mercy Corps Kenya, CARE, and UNFPA - Kenya Country Office. Representatives of these various organizations included Health and Commodity Security Specialist, Global Logistics Delegate, Coordinator, Officers, Medical Logisticians, Diagnostics Advisor, Pharmacists, Immunization Advisors, and Support Services. This provided the much needed balance with regards to procurement and various supply chain functionalities.

The workshop kicked off with an ice breaker that had participants provided with either a supply chain concept or a definition and the participants were to find the person with a matching concept or a definition. The introduction process helped to appreciate the expertise and global experience working in diverse and different contexts. This played out very well later in the training as participants held rich conversations based on practical examples from the field. Notably, the learning began before the physical workshop, considering that participants had managed to complete the pre-training exercise intended to gauge the level of understanding as well as familiarize the participants with basic supply chain concepts before kick off. It was encouraging to learn that already a handful of participants had been certified on JSI's e-learning course on Logistics Management for Health Commodities.

Facilitators took the time to familiarize the participants with the numerous resource materials made available to them including Supply chain management for healthcare in humanitarian response settings: Addendum to the Supply Chain Managers Handbook. Participants were also sensitized on Humanitarian Commodities Logistics community available on International Association of Public Health Logisticians platform as a forum for discourse and a hub for any associated resources.

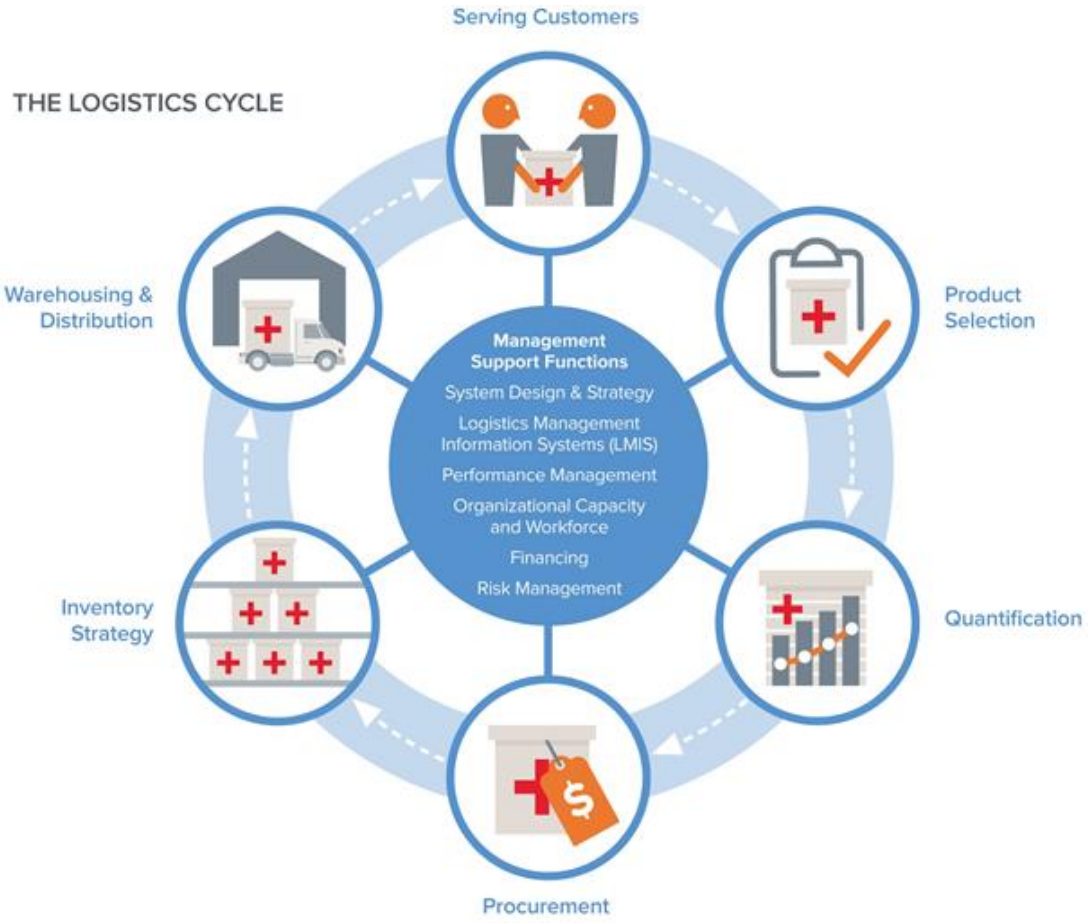
The workshop facilitation included several modalities including lecturettes, group activities, case studies and examples, field visits and demonstrations as well as time for active discussions. In appreciating time limitation, the organizers included a parking lot flipchart to capture unfinished topics or emerging questions which were addressed at an allocated time towards the end of day in an extended session inviting US-based JSI colleagues via Zoom.
In addition, participants enjoyed a round of team jeopardy game towards the end of day. The teams were created on the first day of the training workshop. Membership maintained throughout the training period. Each day there was a different set of questions based on the day's agenda and the content covered.

The training format followed the logistics cycle to ensure that participants related to the flow of supply chain processes and followed the products journey through the pipeline, building upon the knowledge, skills and experience through the sessions.

Session Summaries

1. Supply Chain 101

This session took participants through a quick brief around supply chain fundamentals and concepts using the supply chain quiz. Engaging discussions happened around dispensed to user data and consumption data and the differences between the two, when to use which data and what tools can help collect it. The discourse brought in the importance of inventory management and critical processes including physical count to determine usable stock. Participants explored the logistics cycle as the supply chain framework through which the response efforts, pharmaceutical and medical supplies are delivered whether in a stable setting or humanitarian setting.



2. What Makes Humanitarian Health Supply Chain Logistics Different?

There were engagement around the similarities and the differences in the management of health commodities in the development setting and humanitarian settings. In humanitarian settings the supply chain processes are strained in resources whether personnel, system or time; therefore, each of the logistics components are unique.

Characteristics: **Product Selection**	
Humanitarian Setting	**Development Setting**
● Guideline exist that spells out the commodities to be used ● Structured way of product selection e.g. committee ● Working with a restricted budget ● Products selected are single vs FDC ● Products are more specifically tailored to that program ● Funding is flexible ● Push system ● QC is more emphasized and implemented. Sometimes compromised during donations ● Decision making structure may be different ● Product selection – Based on what is available ● Use kit system – some items may not be needed	● Guideline exist that spells out the commodities to be used ● Structured way of product selection e.g. committee ● Working with a restricted budget ● Products selected are single vs FDC ● Products are holistic ● Budget is less flexible ● Pull system ● QC implementation may not be robust ● Decision making is in local setting ● Specific procurement of only necessary commodities

Characteristics: **Data Availability and Management**	
Humanitarian Setting	**Development Setting**
● Limited data availability. Difficult to verify. One point of contact for data ● Irregular data that may not be accurate (first response) ● Simpler system and parallel response ● Customized tools that collect indicators of interest ● Personnel have inadequate capacity of	● Data is available from community, government (morbidity, demographic) ● Data is updated regularly ● System is set up and standard tools are used

handling data initially (acute phase) ● Use of unique identifiers, e.g. serial no for 5 rupees notes, to ensure consistency	

Characteristics: **Quantification**	
Humanitarian Setting	**Development Setting**
● Little data available. A lot of assumptions built ● Forecasting is informed by available basic information (morbidity) ● Donor funding is usually limited at the beginning. Procurement guided by funds availability ● Supply chain is less efficient ● Standard procurement procedures not followed e.g. can use single sourcing, tendering ● Push system used ● Less bureaucratic pipeline	● Clear guidelines used ● Consumption data mostly used ● Longer period of quantification ● Readily available data ● Clear guidelines for supply planning (very bureaucratic)

Characteristics: **Procurement**	
Humanitarian Setting	**Development Setting**
● Single sourcing vs standard procurement ● Push system using kits initially ● Procurement is easier/faster ● Price fluctuation when there is acute demand e.g. COVID supplies ● Procurement fraud is higher	● Tendering ● Longer period of procurement ● Procurement is more bureaucratic and slower

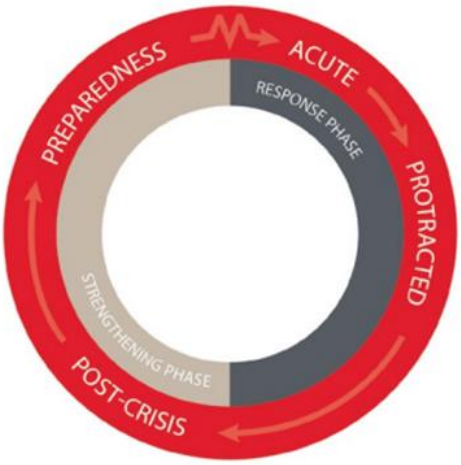
Characteristics: **Inventory Management**	
Humanitarian Setting	**Development Setting**
● Ideal Warehouse facilities not available. Proper guidelines not implemented ● Push system used	● Ideal WMS exist ● Pull system ● Predictable supplies

● Inadequate capacity in handling supplies ● Lack of inventory management tools or improper use ● Common losses due theft, insecurity ● Frequent stockouts due to improper inventory management system ● Incomplete reports, missing reports ● Consumption fluctuates ● Unpredictability in supplies ● Supply constraints (price fluctuations, global shortages) ● No traceability of reporting systems ● Limited range of supplies ● Handling of products is inadequate ● Tracking and visibility of stocks is limited (last mile)	● Upskill workforce, better security ● Government policies are clear ● Long term relationship with suppliers ● Better management and planning

Characteristics: **System Performance Management**	
Humanitarian Setting	**Development Setting**
● Limited data ● Challenge with performance M&E ● F&Q not done as much ● Creativity and innovation required ● Funds used in a short time ● Strategies keep changing	● Better planning and management –good data, efficiency, policies exist, historical data used ● Strategy largely remains the same and is long term

3. Supply Chain Practices in Humanitarian Response

FIGURE 1.
PHASES OF HUMANITARIAN RESPONSE



Preparedness in case of crisis by investing in supply chain responsiveness and effectiveness

Acute comprises rapid mobilization of supply chain efforts to avert major loss of life. Efficiency and visibility is never a priority at this stage

Protracted is characterized by the shift to more efficiency and more conventional supply chain operations

Post-Crisis is the improvement phase taking stock of the interventions moving on to routine SC operations, strategizing on risk management and preparedness for potential future crisis

As participants were discussing activities being conducted for each phase, they were reflecting on what their organizations are mandated to do, what activities they conduct to fulfill their mandate, the gaps in activities they are yet to conduct and how they can work with other implementing partners to prevent duplication, create niches based on strengths and leverage on each others resources to strengthen supply chains during humanitarian responses.

Participants noted that different activities depended on the type of crisis, the impact of the context, as well as administrative processes. Crisis may lead to displacement of population including key supply chain players (data personnel) and support systems which further complicates the ability to effectively apply the supply chain principles. Participants also proposed more collaboration as opposed to parallel management, especially during the post crisis phase as the situation stabilizes. They emphasized having audit points and building the capacity of the local units to manage the risk in the event that such a crisis occurs. Participants also echoed the importance of the logistic clusters in coordination.

4. Supply Chain Performance Management

Of key interest to participants was establishing data review teams for the humanitarian sector. Key questions asked amongst members were:

- At what levels?
- Composition?
- What decisions need to be made?

- What data needs to be collected and reviewed?
- What fora to meet and review data?
- How often?

It was decided that this needs to be discussed at a more global scale. While each organization has its own examples of data review teams, of great importance and impact would be to have an inter-partner/agency team (like the FP VAN) to discuss each partners role, how to routinely review pertinent supply chain data, mobilize resources to fulfill action plans and how decisions are to be made

To be more effective, this session could incorporate a design session for establishing a data review team that would help carve out better responses to the above questions.

5. Logistic Management Information System (LMIS)

Participants were taken through some of the basics and best practices of an LMIS and the types of decisions that are supported by data which is collected and reported in an LMIS. Emphasis was made on the 3 essential data elements that should not be missed in a LMIS namely: consumption, losses/adjustments, and stock on hand. The three types of records used in an LMIS system were linked to the three things that can happen to a commodity at any given time: stored (stock keeping records), moved (transactional records) or consumed (consumption records). The data elements and best practices for recording the different types of records were explained to participants as summarized in the table below:

Stock Keeping records	**Transactional records**	**Consumption records**
Product identification information	Description of product	Dispensed to user data
Current stock on hand	Quantity being ordered or shipped	Date product is dispensed
Transaction reference	Authorization to ship/receive commodity	Page totals for what has been dispensed in a period
Losses and adjustments	Proof of receipt	
Space for signature or initials		

The facilitators highlighted the need for a reporting system that brings the essential data elements to decision makers and sends feedback down the supply chain. Participants were then shown various examples of records and reports to familiarize with how the data elements are captured.

Participants then went into a group discussion to discuss questions regarding the logistics decisions made across the phases of the humanitarian response. It was evident that data is critical in the decision making process and both preparedness and post crisis require visibility and data for evaluation, enhancing efficiency and strategizing. While initially in the crisis phase data is not easily available, the facilitator

underscored the need to establish basic systems to collect the essential data items until the system can transition to a more routine and sophisticated platform.

The facilitator took participants through a brainstorming session to identify some challenges of collecting, using and sharing logistics data in the humanitarian setting. The following case studies were shared to showcase how different organizations had addressed the common challenges faced:

Challenge	Intervention	Organization	Brief description
Data accuracy and consistency	Standardization of LMIS Tools	Alight Rwanda	Adopted standardized MOH tools in their humanitarian supply chain that resulted in decreased stock outs, better drug use and improved stock availability.
Last Mile visibility	c-stock	inSupply Health	Combines mobile technology, user friendly dashboards and data review meetings to strengthen supply chain data visibility at community level.
Coordination between LMIS/HMIS and logistics and health staff	Pharmaceutical Information Management System (PIMS)	International Medical Corps	Computer-based system that manages logistics and health data

The facilitators emphasized the need to share data across multiple organizations, since in a typical humanitarian response, there are multiple players responding and they may each be collecting logistics data about health commodities coming into the country. Some key mechanisms highlighted to share supply chain data in this context include: coordination meetings, dashboards and reports. One challenge cited that has made this difficult has been individual organization policies on data sharing.

Key takeaways on how to ensure logistics data is available and accessible in each phase were highlighted. The facilitator summarized the session by emphasizing that LMIS principles of a stable system apply to LMIS in an emergency setting.

6. Product Selection

As participants were discussing the advantages and disadvantages of managing kits versus individual items, best practices were being brought to the surface about how stocks were managed, particularly in case of kits where some individual items in the kit were expiring while others not.

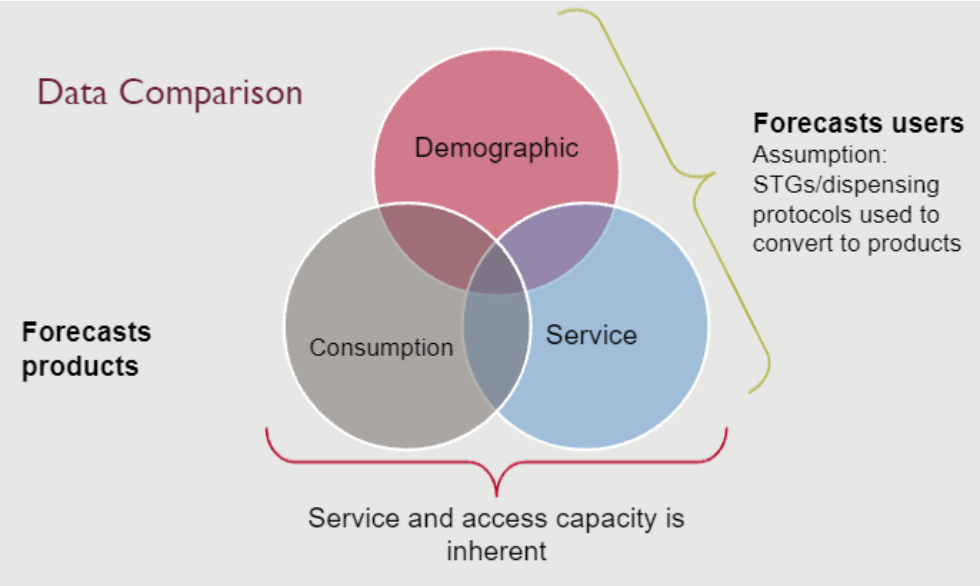
Some organizations received kits into the inventory management system as individual items and others split the kit into individual items and made adjustments accordingly after expiries were encountered.

There were key distinctions between participants' experiences in terms of importing and clearing kits. While some spoke of the ease of clearing kits, others identified the bulkiness and multiple contents as a barrier to clearing. It was concluded that this distinction was based upon the type of kit, the origin (WHO, etc.) and the clearing documents and procedures at play.

7. Quantification

Viewed by many as a complex component in the logistic cycle, facilitators were keen to demystify the process as a critical aspect of estimating the quantities and costs of the products required for a specific health program (or service) and determining when the products should be delivered for uninterrupted supply. The steps involved in quantification were highlighted, which involved defining the scope and purpose of quantification, collecting required data, estimating the quantities of each product that will be consumed, calculating the total requirements and costs and planning when shipments should be received.

Participants were introduced to forecasting and taken through the various types of forecasting methods and where the data could be obtained. The facilitator compared different existing forecasting data noting that demographic and service data consider protocols and standard treatment guidelines while consumption data requires no further conversion. Reflecting on the ongoing pandemic, participants appreciated outliers which may affect the forecasting data and output, suggesting the use of previous years data to adjust for the affected data



It was also noted that there might not be data available for the specific population during a crisis, particularly in the active phase of response and therefore proxy data from other similar situations could be

used. A participant shared alternative sources of data including health indicators and food distribution patterns or reports for education indicators to help estimate the needs through conversion of the numbers. For complex situations like nomadic settings, related data like migration patterns is used.

An example was shared to participants highlighting the importance of visualization of data to help decipher the story the data is telling. It was evident that well visualized data is able to reveal patterns that would not be possible with large data sets.

Participants were also taken through how to go about using incomplete data. Best practices shared include taking an average for the missing data, getting the midpoint of adjoining data sets, and adjusting by using the percent representing the population.
Reconciliation was discussed as an important final step to determine which forecast to use. Some key considerations highlighted when evaluating forecasts include:

- Data quality
- Intermediate conversions and local/political/economic/programmatic events

Participants also took some time to review a handout that detailed some key questions they should be asking when they are judging which forecasts are better than others.

Supply planning was introduced as the next step in quantification, whose purpose is to determine when best to receive shipments in order for a program to be adequately stocked.
Other than the forecast, it was emphasized that one needs to take into account procurement lead times, buffer stock, stock on hand and stock that is already in order to determine the commodities to be procured. The importance of routine pipeline monitoring was underscored, since consumption figures, shipments and losses/adjustments should be updated as new information becomes available.

Finally, participants were divided into groups and given some time to review forecasting tools from different organizations. Each group was given a chance to share back their impressions of the tool, its purpose and data points that are captured in the tool. The forecasting tools reviewed were as follows:

- WHO cholera kit calculator
- UNFPA RH Kit forecasting tool
- CB forecasting tool
- Forecasting workbook
- Covid 19 PPE Quantification tool
- WHO Covid 19 forecasting tool

The facilitator ended the session by going over some challenges faced in quantification such as: limited funding, limited options for sourcing, weak LMIS system that results in lack of information and limited human resource capacity.

8. Procurement

In procurement participants noted the importance of experts including logisticans, procurers and committees who expedite the processes including product and technical specification, approval of suppliers and adjudication. At some point the procurer may even outsource expertise, for example product inspection. Procurement is a restricted process guided by operational principles, laws (both international and country of operational law) as well as contracts. Other factors include the funding entity and applicable standard treatment guidelines. Participants agreed that there are some best practices being applied in humanitarian settings, adopted from the commercial sector. Such include the INCOTERMS where one of the most popular terms is the Carriage and Insurance Paid even though in a stable setting the central stores use the Deliver At Place. Another best practice is the framework contract.

9. Inventory management

The session began with covering inventory management concepts using everyday examples, diagrams and the inventory management key handout. Participants were then taken through how different minimum and maximum systems work. While the initial curriculum considered only forced ordering, continuous review and standard max/min, based on the feedback received facilitators included content and concepts for standard systems as well as variations of the continuous review systems. In particular, participants appreciated being taken through the triggers to order for each and the storekeeper's decision, as many of them work in the stores and manage commodities within various inventory management systems.

A key point that came out of the discussions around what inventory management system to use in humanitarian contexts was the limitation in choosing a system due to data availability, as the COVID pandemic has shown.

There was further interest in warehouse management, beyond the content of the workshop, particularly around examples of Warehouse Management Information Systems (WMIS) and more discussion was recommended around warehousing best practices and fleet management. There were also questions specifically about Navision, which is the system of choice implemented and utilized by Kenya Red Cross.

10. Field visit

Participants appreciated the field visit because it was a break from the classroom setting as well as a practical application of all the content they had gone through prior. Kenya Red Cross is a key partner in the humanitarian/emergency sector so they were eager to learn more about the processes implemented.

The visit began with introductions and a quick visit to the EMM and ambulatory services sector of Kenya Red Cross - a function they are quite reputable for. In total they have a fleet worth 130 emergency vehicles.

Kenya Red Cross procurement manager took participants through the organization's mandate, financing structure and standard policies and procedures for general supply chain functions.

Participants then had the opportunity to ask questions, many of which were guided by the field visit observation checklist (see appendix).

11. Risk Management

The facilitator stressed the importance of continuity of operations' plan to sustain the relief efforts by reducing any potential loss and the negative impact on the supply chain process. The facilitator emphasized on the iterative nature of risk management processes explaining why monitoring was preceding handling to actively manage supply chain risks especially in humanitarian settings. The session sought to help participants identify, evaluate, prioritize risks and share different approaches to manage, monitor, and respond to risk events.

Participants appreciated the dynamics using the COVID pandemic as an example where potential risks went beyond commodity and medical supplies. For example, in immunization there were other risks including availability of COVID test kits, cold chain equipments' capacities as well as the spare parts. FP supply chains experienced a crisis in supply of the ancillary materials like packaging due shortage and effect on global logistics like long lead times because of availability of human resources.

During the discussions challenges identified included balancing qualitative versus quantitative information, mistrust between clusters and government institutions and most of the times there are no liabilities for losses. In risk management participants cited the importance of collaboratively mitigating the risk highlighting the importance of networking. A good example was CSP as well as VAN.

Participants proposed a couple of mitigation measures including pre-import permit verification, pre custom clearance, familiarization with restricted commodities and separating them from the general consignments.

12. Coordinating Supply Chain Activities

Participants listed all the supply chain coordinating bodies, working groups and technical committees in the humanitarian sector that they heard of or their organizations are a part of:

- Inter-agency standing committee
- Logistics cluster (WFP)
- UNHRD
- DPHK
- National NGO forum (South-Sudan)
- UNOCHA
- ETTA (Covax)

Identifying how the UN bodies are structured and their mandates to respond to emergencies and disasters was of particular interest. The discussion brought to the surface more national level coordination rather

than global, to respond quicker as well as to navigate through national guidelines specifically at the port and work with local governments.

A CSP like body for the humanitarian sector was an initiative that participants identified as a serious need. To have this established, the group identified that it would be pertinent to identify what products and data would be looked at and reviewed as well as how to engage the donors in this. This module, requires slight redesign, to include more activities for the participants or even analyze and respond to a case study around coordination in response to participants' feedback.

13. Humanitarian Health Supply Chain Community of Practice

Participants were sensitized on the concept of a community of practice, which is a group of people who participate in defining practices and supporting each other. They engage using various platforms such as a website or a discussion group. IAPHL was spotlighted as an example of a community of practice for those working in logistics and supply chain in the international development context. Attention was drawn to Humanitarian Commodities Logistics, which is a more specific community of practice for humanitarian practitioners housed in the IAPHL website. Participants were all encouraged to sign up and become members.

The facilitator took participants through a group discussion to brainstorm on what would make a good community of practice. Below is a summary of the guiding questions each group worked on and their responses:

Group 1 was asked to think of what would be helpful and what would be a burden to them if they joined a community of practice related to humanitarian health commodities logistics. Below were their responses:

What would be helpful

1. Sharing of ideas and information
2. Opportunities for training
3. Varied topics of discussion
4. Sharing of resources e.g SOPs
5. CPD points gained as a minimum of membership

What would be a burden

1. Information overload
2. Membership and renewal fees
3. Expensive trainings
4. Irritating Multiple choice questions
5. Subjective discussions
6. Unverifiable information
7. Lack of professional ethics

Group 2 discussed and proposed an ideal platform to host a community of practice for the graduating group. They highlighted the following:

1. Slack
2. Telegram
3. Mandays
4. Google group
5. Facebook
6. Whatsapp
7. Zoom
8. Teams
9. Wordpress
10. Skype

Group 3 brainstormed on how they think a community of practice should operate and what members should/should not do. Below were their suggestions:

How the community should operate

1. Clear goal and objectives
2. Clear structure
3. Information sharing platform
4. Have a clear policy and guidance
5. Have a supportive membership

What community members should do

1. Respect others views or culture
2. Share information
3. Network
4. Actively participate in discussions
5. Engage in legal issues
6. Support each other

What community members should not do

1. Bring in political issues in the network
2. Share unverified information or articles
3. Engage in illegal activities
4. Withhold resources

Group 4 deliberated on their expectations and what their contribution would be should they join a community of practice for humanitarian health commodities logistics. Below were their responses:

Expectations

1. Sharing lessons learnt, challenges, opportunities and contacts.
2. Learn new things/best practices
3. Sharing resources and information
4. Professionalism and sticking to the purpose of the group

5. Respect for each other's opinions.
6. Active participation

How I will contribute

1. Asking and responding to questions
2. Sharing experiences, knowledge, information and updates

14. Action Plan

To wrap up the workshop, participants worked in their organization groups to develop action plans that they would execute, as next steps from the workshops:

Group 1 - miscellaneous partners

- Focused around quantification around vaccines in particular:
    - Work with partners in the ground for quantification
    - Physical verification of capacity functionality CCE
    - Redistribution at regional levels (consider redistribution agreements)
    - Supply chain buffering (in terms of stock levels)
    - Conduct outreach activities
    - Execute final mile distribution (facilities, schools etc)
    - Task the MOH for overall Covid-19 implementation - requires planning around travel, accommodations, physical site visits, district level data collection around demographics, at risk populations, client rights
    - Partners to plan quantification exercise

Group 2 - miscellaneous partners

- Each organization will conduct a costed supply planning based on the resources available
- Develop a functional eLMIS for health facilities and at minimum strengthen existing LMIS within the next 9-12 months
- Within a month of the workshop, report back learning lessons and key training highlights to colleagues and share all resources shared by facilitators
- Help build capacity of colleagues around quantification and designing inventory management systems (setting min and max levels)

Group 3 - Save the Children and Mercy Corps

- Improve supply chain management - sharing training learnings with team who are handling commodities particularly around:
    - Quantification methodology
    - Inventory management
    - Improving LMIS

- Mapping key stakeholders in health and nutrition:
    - Taking lead in coordinating supply chain activities
    - Initiate an emergency preparedness plan
    - Develop a risk mitigation plan

Group 4 - International Rescue Committee

ACTION	PERSON RESPONSIBLE	WHEN
- Strengthen and improve quantification of PMC for health programs - Support country programs to do forecast accuracy	Global pharma advisors: Wambui and Isaac	In progress
- Review inventory management tools at mini warehouses to include critical data elements	Willy	End 2021
- Pilot and expand the Kenya EMR for health supply functions	Sammy	In progress
Capacity Building - Adapt training materials - Enrol many IRC staff in online logistics course - Conduct CMEs on selected topics	All	Continuous

Group 5 - ALIGHT

- Implement best practices learned in all logistics functions e.g. warehousing, procurement etc
- Implement an LMIS
- Join online coordinating bodies and community of practices
- Share training resources with colleagues
- Brief management about learnings from trainings and adoption of LMIS and identify and advocate for resources required to train ALL field staff in supply chain management

Group 6 - CARE

Task	Responsible Person	Target	Date	Outcome

Provide feedback to health and nutrition teams	Abdulkadir	CARE Health & Nutrition team	30th Sept 2021	Feedback report
Review and build on current Web based LMIS system used by Organization	Abdulkadir and Paul-MIS	None	10th Oct 2021	Report on areas of improvement
Field visit to assess compliance to supplies management and storage standards	Abdulkadir	SMT	7th Oct 2021	Field report
Link staff to Pharmaceutical Medical commodity trainings-Online and physical	Abdulkadir and Medical commodity Staff	CARE Medical commodity Staff	November-December	Trainings linked to and attendance evidence
carry out data quality assessment for pharmaceutical and medical supplies in Health facilities and provide feedback	Health/Nutrition Managers, MEAL Staff	Health Facilities	November to January	Field report with acyion points
Expand and set Web based LMIS to 5 other Health Facilities and train staff	Abdulkadir	Staff in 5 new Facilities	January to March 2022	Roll out report. Functional LMIS in new Facilities

Group 7 - International Medical Corps

Task	Responsible	Target	Timeline	Outcome
Carry out assessment /research to verify gaps to be filled in our supply chain, resources available for quantification of data (whether data is well kept and available)	Abdiwahab /Abdullahi	SDP and WH	25th Sept 2021	identified gaps and report to be represented to SMT
preparing the TOR and action plan to be implemented	Abdiwahab and Chris		30th Sept 2021	action plan and report
Engage SMT by presenting the summary of the training report and findings as we seek support from SMT to implement the proposed action for building the capacity of staff and to address the gaps identified (persuade the	Chris	SMT	7th Oct 2021	presentation to SMT on importance of the medical commodity training

SMT to take the course of Pharmaceutical and Medical Commodity Management in Humanitarian and Disaster Settings and make it a requirement for all staff working in managing the medical commodity)				
Field visit to offer on job training and coaching session to the warehouse team and programs team on how to collect data	Chris / Abdiwahab	Field team	25th Oct 2021	Field report and attendance sheet
Train staff to Improve Pharmaceutical and Medical Commodity Management in Humanitarian and Disaster Settings (online training)	Chris / Abdiwahab	All warehouse/logistics staff and program team	30th Oct 2021	Training attendance sheet signed by all
Monitor the progress and share feedback with SMT and any action plan	Chris	Entire Supply System	15th Nov 2021	Summary of the outcome or implementona of the new practices shared with the team

Parking Lot Questions

Facilitators were keen to capture all the sessional questions each day that would not be answered during the session because of time limitation. These allowed US based colleagues to provide their responses and a different perspective, later in the day during the Q&A session.
Questions and answers captured by the parking lot are annexed below.

Recommendations and Conclusion

The training was quite comprehensive and having it in person was significant in ensuring that the different objectives are achieved. Blending the discussion with jeopardy game ensured that participants were having fun through the learning process and it was a unique way of delivering the content as participants positively competed while revising the day's contents amongst themselves. Having materials

and resources allowed the participants to continue their learning post workshop as well as share the learnings with their colleagues.

On resources, participants pointed out the need to enhance the font colors (change fonts from grey to black) for some of the illustrations used in the powerpoint to effectively deliver on presentation during facilitation.

The field visit allowed participants to visualize and see how organizations adopt and adapt supply chain best practices in the humanitarian sector.

Overall, there is a need to have more contextual examples on warehousing practices as a critical component in the logistics cycle as well as case studies in the humanitarian sector highlighting best practices across supply chain functions. If there is flexibility, the workshop should be covered across 6 days (including a field visit), to cover each module comprehensively, to accommodate more discussions and to incorporate more case studies and practical examples.

Appendices

Workshop agenda
Attendance list
Field Visit Checklist
Parking Lot Questions
Group photo
Training evaluation