Outcome Harvesting Synthesis Report



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Acronyms

ASAL	Arid and Semi-Arid Lands	DPHS	Depa
BMGF	Bill and Melinda Gates Foundation	EGPAF	Elizat
CBD	Community-Based Distribution	FCDC	Fron
СНА	Community Health Assistant	FP	Famil
СНА	District Health Information Software	GHSC	Globa
СНС	Community Health Committee	nity Health Committee GOTHOMIS	
СНМТ	County Health Management Team	In	
CHS	Community Health Strategy	HCD	Huma
СНИ	Community Health Unit	HFIC	Healt
CHV Community Health Volunteer		HJFMRI	Henr
DCHS	District community health strategy		integ
DMPA-SC	Depot medroxyprogesterone acetate subcutaneous		Integr

tment of Primary He	ealth Services
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- beth Glaser Paediatric AIDs Foundation
- tier Counties Development Council
- ly Planning
- al Health Supply Chains
- ernment of Tanzania Hospital Management mation System
- an-Centered Design
- th Facility In-charge
- ry Jackson Foundation Medical Research national
- rated Community Case Management



2

Acronyms

ІСТ	Information & communications Technology	SBC
IMPACT	CT Information Mobilized for Performance Analysis	
	and Continuous Transformation	SCHMT
IPs	Implementing Partners	SDP
IT	IMPACT Team	THPS
ІТТ	Indicator Tracking Tool	TLE
KE	Kenya	
KHIS	Kenya Health Information System	TLD
MDH	Management and Development for Health	
MOHCDGEC	Ministry of Health, Community development,	TWG
	Gender, Elderly and Children	TZ
PORALG	President's Office Regional Administration and Local Government	USAID
RCA	Root Cause Analysis	VIMS
RMR	Rapid Minutes Report	

Supply Chain Alternatives for the Last Mile Equity

Sub county health management team

Service Delivery Point

Tanzania Health Promotion Support

Tenofovir 300mg/Lamivudine 300mg/ Efavirenz 600mg

Tenofovir 300mg/Lamivudine 300mg/ Dolutegravir 50mg

Technical Working Group

Tanzania

United States Agency for International Development

Vaccine immunization information management system



Executive Summary

Background Outcome Harvesting (OH) is a complexity awareness evaluation approach. The OH activity was conducted across four projects that shared similar interventions, geographies and timelines. We chose the activity because each project used multi-faceted approaches to achieve their objectives, making measurement of outcomes difficult.

Methods The activity followed the structured OH approach which includes 6 steps: design the harvest, review documentation, engage with informants, substantiate outcomes, analyze and interpret, and support the use of the findings. The outcome descriptions* were drafted by projects and shared during the substantiation meetings. The analysis regrouped outcomes from the four projects to interpret the outcomes as a full dataset to answer the harvesting questions.

Outcomes A total of 45 outcomes were harvested across the projects. Some example outcomes are: Information Mobilized for Performance Analysis and Continuous Transformation (IMPACT) Teams provide a structured, resilient and flexible way to review data to inform decision-making. The design of IMPACT Teams allowed for adaptations to changing environments such as transitions to virtual meetings during the COVID-19 pandemic. cStock standardizes community health commodity reporting, is an effective way to bring services to underserved populations, has improved commodity management practices and has been integrated into the Kenya Health Information System (KHIS).

Nomadic Health Project's (NHP) creation of Community Health Units (CHU) in Arid and Semi-Arid Lands (ASAL) and nomadic communities brought essential health services to underserved populations. cStock provided a mechanism to supply these new CHUs with commodities in a way that worked within existing systems and was supported by other levels of the health system despite initial trust concerns. The highly collaborative relationship between Supply Chain Alternatives for the Last Mile (SCALE) and NHP allowed both programs to leverage resources, adapt to anticipated and unforeseen challenges, and learn from each other's best practices.

Recommendations The use of OH as an evaluation method is instrumental in demonstrating the effects of complex and multi-faceted interventions. The participatory nature of the evaluation method allows input and validation from stakeholders most affected by the interventions. One of the major achievements realized during the OH was the ability of the interventions to effectively increase access to community health services. It is recommended that cStock is scaled up to additional geographical areas and levels of the health system. When implemented with cStock, IMPACT Teams provide a sustainable way to utilize the data produced by the commodity tracking tool.



Acknowledgments

The OH synthesis report is a collaborative effort of the four projects, Data Use Kenya, Data Use Tanzania, NHP and SCALE. In each country and implementation area, we would like to express our gratitude to the organizations and persons mentioned herein for their valuable support and contribution in implementation of the IT approach and this report.

In Kenya and Tanzania, we appreciate the leadership, guidance and support of Ministries of Health and PORALG in the implementation of the projects and the adoption of the various approaches during implementation of the projects such as: IMPACT Team, cStock approach, Developmental Evaluation and the Nomadic CHUs among others.

We extend our gratitude to implementing partners, particularly the GHSC - TA - TZ and Afya Timiza Project, in providing information, time and expertise to this evaluation work.

We are particularly grateful to the Regional Health Management Teams, District Health Management Teams, County and Sub - county governments who are the main implementers of the IMPACT Teams approach and responsible for the many outcomes achieved.

We are thankful to staff (informants) form our projects in both Tanzania and Kenya as well as the team of substantiators for their continued support, constructive criticism, feedback and advice during this OH exercise.

The OH exercise was led by Danielson Kennedy (SCALE project), Happiness Mberesero (Data Use Tanzania), Janet Makena (Data Use Kenya), Dr. Samuel Mburu (NHP project), Nicole Danfakha and Ann-Marie Yongho (JSI).











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6

BACKGROUND

inSupplyHealth co-creating innovations for health

ND DVLE: DCVLION: DCVLION: MVED CONNLA: CONNLA:

OG BOOK

RY OF HEALTH

Community Health Volume

3 10

Outcome Harvesting* is a complexity awareness evaluation approach

OH is especially useful in complex situations when it is not possible to define concretely most of what an intervention aims to achieve, or even, what specific actions will be taken over a multi-year period. This approach works best in complex environments and during developmental evaluations where the paths of change are dynamic and there is not always a clear relationship between interventions and outcomes. It is also useful in determining unintended outcomes. During an outcome harvest, the team facilitated evidence gathering then worked backwards to identify whether and how the project contributed to the changes.

There are multiple relevant actors involved in an OH:

Change Agent

A change agent is an individual or organisation that influences an outcome. In OH the change agent is often an organisation running a project or programme.

Social Actor

A social actor is an individual, group, community, organisation or institution that changes because of change agent's intervention.

Harvester

The **harvester** is the person or people responsible for managing the OH and is often an internal or external evaluator. The harvester leads the outcome harvesting process, and facilitates and supports participation within the process.

*Source: Wilson-Grau, R (2015). Outcome Harvesting. Better Evaluation. Retrieved from http://betterevaluation.org/plan/approach/outcome_harvesting Wilson-Grau, R and Britt, H (2013). Outcome Harvesting. Ford Foundation, November 2013.



Harvest user

The harvest user is the stakeholder who needs the findings of an outcome harvest to make decisions or take action. This may include one or more people within the change agent organisation, or third parties such as a donor.

Rationale for Outcome Harvesting Activity

- OH focuses on the effects of an intervention. In this case, intended and unintended outcomes of community health approaches, cStock and IMPACT Team on community health programs.
- The interventions were multifaceted with no clear way to identify the outcomes, this paired with overlapping projects made it complex and difficult to differentiate which components of the intervention led to outcomes.
- There were slight differences in the projects; therefore, the analysis and substantiation of the outcomes were presented by individual projects.
- SCALE was being implemented in close collaboration with NHP; both projects were funded by the Bill and Melinda Gates Foundation (BMGF), were working in similar geographies, and the projects leveraged on each others support. Their close collaboration would have made it difficult to parse out individual impacts; therefore, they were perfect candidates for OH.
- Additionally, Data Use Kenya, Data Use Tanzania, and SCALE all implemented the IMPACT Team approach.
- All four projects had similar ending timelines allowing an opportunity to implement the OH without missing key pieces of the intervention implementation.





Objectives of Outcome Harvesting Activity

Purpose. The purpose of this OH activity was to generate evidence around intervention components that lead to sustainable community health models.

Given the complexity of this environment, routine monitoring would not unveil all of the possible outcomes of SCALE, NHP, and the Data Use projects. The OH methodology allowed the projects to uncover anticipated and unanticipated measures of success. OH allows not only to identify outcomes, but explains details about how those changes came about, the project's contribution to those changes, and the significance of those changes.

It is important to note that the results of the OH process are not intended to be statistically significant. The OH approach lists outcomes, tracks changes influenced by the interventions and describes how. While some of the outcomes can be validated with routine monitoring data, the outcome descriptions are written to capture qualitative descriptions and learnings of how achievements may have resulted from the intervention.

The primary objectives of this harvest are to:

- 1. Document changes to social actors involved in the projects
- 2. Understand the significance of each outcome
- 3. Describe how each project contributed to the observed changes



Overview of Projects

SCALE implemented by inSupply Health, aims to address inequities in access to health commodities through developing sustainable, scalable, and community-based distribution models that reach underserved, remote communities by improving supply chains in Samburu, Turkana, Wajir, and Mandera counties.

Nomadic Health Program

(NHP) implemented by Save the Children seeks to increase the use of quality reproductive health and family planning services among nomadic and semi-nomadic populations in Kenya by developing and testing the effectiveness and scalability of their service delivery model in six sub-counties located Wajir and Mandera. Data Use Kenya implemented by inSupply Health in 4 urban counties in Kenya seeks to build on previous experience to develop adaptable models for operationalizing and scaling the people and process components of the IMPACT Teams approach. The approach is people-centered and data-driven which encourages IMPACT Teams to use data and information analysis for evidence-based performance monitoring, to allow continuous improvement of supply chains.

Additional details on the implementation of each project can be found in the Annex 2.

continuous improvement of health commodity availability, quality services delivery at that level by promoting generation and utilization of quality data for evidence based decision making. Implementation of the IMPACT Team approach began in the year 2016 and to date 21 regions in Tanzania mainland are implementing the intervention.

Data Use Tanzania implemented by

collaboration with inSupply Health

aims to instill a data use culture for

MOHCDGEC, PORALG in



METHODS



Outcome Harvesting

is a highly participatory process. It involved a series of 6 sequential steps, with built-in feedback loops:

- 02 intervention did to contribute to them)
- 03 and outcomes, develop a revised set of outcomes
- 04
- 05 interpret the full set of data to answer the harvesting questions

Support the use of the findings - stakeholder workshops to make sense of the outcomes and chart a path forward, identifying activities and strategies to retain, to 06 adjust, and to replace

Design the harvest - develop the key questions, refine the methodology

Review documentation and draft outcome descriptions - review existing data, including tools, meeting notes, reports, etc.; draft outcome descriptions (i.e., changes in individuals, groups, communities, organisations or institutions and what the

Engage with informants - review the outcome descriptions, identify additional outcomes, gather additional information to create plausible links between intervention

Substantiate outcomes - collaboratively review the set of outcomes and select a sample to verify through additional interviews with external stakeholders who are knowledgeable about the project and its impact to verify outcomes

Analyze and interpret - categorize and regroup full set of outcomes, analyze and



The team identified the following questions related to each project

NHP/SCALE

Q1: What community health approaches implemented by SCALE and NHP proved promising (led to positive outcomes) and should be prioritized for future community health interventions?

Q2: To what extent do the outcomes achieved by the project show that the approach is locally rooted (sustainable/owned) and relevant to county/national needs?

Q3: What challenges remain with providing sustainable community health? In particular for semi-nomadic and nomadic populations?

Q4: What lessons have been learned about cross-organization partnerships? What would we do differently next time?

Q5: What has been the collective effect of SCALE and NHP in developing sustainable and comprehensive community health model/s?

Q6: What about increasing access to family planning (FP)?

Data Use in Kenya and Tanzania

Q1:What changes (outcomes) have actors at different levels of the health system experienced as a result of the IMPACT team approach, including but not limited to:

- Supply chain
- Policy (TZ specific)
- Systems and structures
- Knowledge and skills
- Ownership (financial and data)
- Other, unknown categories

Q2: What changes in the supply chain and data use culture have the IMPACT Teams experienced as a result of using the IMPACT Team approach?

Q3: What approaches for sustainability and ownership have resulted from the IMPACT Team implementation?

Q4: How has the Data Use project contributed to increasing the data use culture and ultimately improving supply chain performance in both Kenya and Tanzania?

e) etures ills ial and data) itegories



Timeline and process



The different projects identified dedicated "harvester(s)" to work as a team

- Participate in routine (weekly) meetings
- Activity support the design of the harvest and drafting outcome descriptions Assist in identifying various change agents and harvest users
- Support in developing the process for engaging with informants and analyzing the data (tools, meetings agendas, etc.).

Engaging informants during outcome drafting

- The goal is to talk to those closest to the work but also doing the work to review draft descriptions and identity additional outcomes or contributions The harvesters are to rigorously examine each outcome to ensure it is sufficiently specific and coherent
- Checking the plausible links between the actions of the change agent and the outcome
- Develop a revised set of outcome descriptions

Substantiators support validation and confirmation of harvested outcomes

- Key individuals who have working knowledge of the outcome as substantiators External panel of experts can be used to substantiate groups of outcomes We provide a sample of outcome descriptions and a form to evaluate They agree to go on the record and give "testimony"



The outcomes will be relevant to the following harvest users across the projects and countries:

NHP/SCALE

- County and national health department
- 2. Save the Children
- 3. inSupply Health
- 4. BMGF

Data Use Kenya

- County and national health department
- 2. inSupply Health
- 3. BMGF and ELMA



Data Use Tanzania

- Regional and national health department (MOHCDGEC, PORALG)
- 2. Global Health Supply Chain Technical Assistance -Tanzania /inSupply Health and other implementing partners working with IMPACT Teams
- 3. BMGF
- 4. USAID Tanzania

Outcomes Summary



Total outcomes harvested across the SCALE, NHP, and Data Use projects:

Outcomes were analyzed based on their relevance to the two sets of research questions. Some outcomes were observed across multiple projects. A complete description for each outcome, including significance and contribution, can be found in the Compendium.

The main findings of the harvest:

- IMPACT Teams provide a structured, resilient and flexible way to review data to inform decision-making. While challenges remain around other aspects of supply chain management, IMPACT Teams provide invaluable support to improving supply chain performance.
- cStock is an effective way to bring services to underserved populations. Working within existing mechanisms, cStock implementation demonstrated the possibility of equipping community health workers with commodities and successfully integrating them into the health system.
- Given a chance, existing systems can be successful in challenging environments. NHP successfully developed additional community units in arid and semi-arid lands (ASAL) and nomadic communities in a participatory manner increasing access to essential health services.



Strong participation and agreement during substantiation

In Kenya, inSupply in collaboration with Save the Children conducted the OH activity across three different projects (SCALE, NHP, Data Use Kenya). The slight differences in each project warranted 3 sets of outcomes to be substantiated. A total of 17 stakeholders participated in the substantiation. Substantiators included IMPACT Team members, county health officials, religious and community leaders from 7 focus counties in Kenya.

In mainland Tanzania, MOHCDGEC, PORALG in collaboration with inSupply Health and Global Health Supply Chains (GHSC) Technical Assitance - Tanzania led the substantiation of outcome descriptions in one day workshop. The team of 7 substantiators included IMPACT Team members from regional and district level as well as MOHCDGEC and PORALG officials who had a good working knowledge about the IMPACT approach but were independent of the two projects leading the implementation of the IMPACT approach.

A majority of substantiators fully agreed with the descriptions for cStock- (89%) and NHP (90%) -related outcomes. IMPACT team-related outcome descriptions had more variability with 44% full and 56% partial agreement on the outcome and significance components, and 56% full and 44% partial agreement on the contribution component of the description, respectively. There were no outcomes across any projects with which substantiators disagreed. Project teams updated outcome descriptions to reflect suggestions by substantiators in most cases.

Project	Number of substantiators	
Data Use Kenya	6	
Data Use Tanzania	7	
NHP	6	
SCALE	5	

Outcome and significance





Contribution

OUTCOMES



Many outcomes were cross-cutting across projects

Outcome Statement

IMPACT Teams have acquired the knowledge, technical and behavioral competencies to independently run effective IT meetings. *

IMPACT Teams have improved data visibility and data quality in the national health/logistics information systems. *

IMPACT Teams proved to be a resilient and flexible approach that can be adapted when external factors prohibit in-person meetings.

IMPACT Teams were not always able to identify root causes nor complete action plan items that required significant time and resources.

IMPACT Teams have increased their ownership of the data.

Sub-county have improved commodity management practices. IMPACT Teams have adopted supply chain best practices over time. These revolve around using supply chain data to inform their commodity management practices.

Increase in the ownership and adoption of the IMPACT Team approach and data use culture by the teams.*

Improved teamwork and collaboration and task sharing among the IT members.

SCALE	NHP	Data Use Kenya	Data Use Tanzania
X		x	x
X		X	X
X		X	
X		X	
X		X	X
X		X	
X		X	X
X		X	

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Many outcomes were cross-cutting across projects

Outcome Statement

IMPACT Teams have established tools and processes to sustain the improvements in their supply chain performance.

inSupply's adaptive learning approach of continuously reviewing implementation data helped IMPACT Teams benefit from the improvements made on the IT approach. *

SCALE and NHP's close coordination ensured SCALE and NHP both continued to operate despite COVID and security alerts within Mandera and Wajir and resulted in efficient programming.

Introduction of the community level IMPACT Team within the Community Health Units (CHUs) by SCALE increased data use and solving of challenges experienced by the CHVs during their monthly meetings.

SCALE	NHP	Data Use Kenya	Data Use Tanzania
X		X	X
X		X	X
X	X		
X	X		



While other outcomes were observed specifically in one project

Outcome Statement

IMPACT approach implementation has helped health care workers and relevant stakeholders come up with various innovations that improve supply chain performance.

Implementing partners see the value of IMPACT Teams and are collaborating to implement the approach in different projects and contexts.

cStock's ability to track commodities and increase transparency and accountability has resulted in health system actors in the four SCALE counties being more comfortable allowing community health volunteers (CHV) to manage commodities, expanding the reach of community-base distribution (CBD).

As a result of advocacy, tool redesign, and increased data visibility, the National Ministry of Health has fully integrated cStock in the KHIS and is recommending cStock as the supply chain module for the electronic Community Health Information System (eCHIS) to support commodity reporting and resupply at the community level.

PORALG and MOHCDGEC have taken ownership of the IT approach. They independently led the training and rollout across 18 regions, using a nationally approved IT manual, a national implementation plan, and other guidelines essential for nationwide rollout.

SCALE	NHP	Data Use Kenya	Data Use Tanzania
			X
			X
X			
X			
			X



Other outcomes harvested

Outcome Statement

cStock has successfully demonstrated that CBD and commodity management is possible for low literate, low numerate and/or non-English fluent CHVs in the ASAL region. Health system stakeholders (County, Sub County, HFIC, Community Health Assistants [CHA]) have recognized this, demonstrating a shift in attitude.

CHVs find the cStock reporting tool easy to use, and note that it cuts down on reporting time, and lightens the workload.

Recognising that cStock plays a critical role in ensuring commodity security and data visibility, all four counties are advocating for other partners to support cStock upon SCALE close out.

SCALE paved the way for CHVs to be able to offer DMPA-SC through a dual effort of advocacy for CHVs to offer injectable contraception, including DMPA-SC, and increased identification of barriers to community based distribution as well as supporting development and pretesting of the FP curriculum for CHVs.

SCALE did not fully address other supply chain areas such as forecasting, commodity flow, etc. which meant longstanding stock shortages at the community level continued.

Stock imbalances and expiry of items remain a challenge at health facilities.

IMPACT approach initiative could not be sustained beyond 2 years of establishing the IMPACT approach initiative in Tanzania islands (Zanzibar and Pemba).

SCALE	NHP	Data Use Kenya	Data Use Tanzania
V			
^			
X			
X			
X			
X			
			X
			X
			inSupply He

23

O-CREATING INNOVATIONS FOR HEAL

NHP outcomes harvested

Outcome Statement

After 4 years, there is a harmonised national curriculum for FP that includes CHVs roles, especially in the provision of commodities.

Establishment of 15 nomadic and semi-nomadic Community units enabled increased access to FP commodities and facilitated the rollout of the cStock platform.

Formative research and key assessments supported development of a social and behavior change (SBC) strategy and a model that are highly contextual and responsive to community needs, comprehensive, and participatory.

The participatory nature of research and program design & implementation (selection, training, supervision, and mentoring of CHVs, CHC) of NHP increased stakeholder (FCDC, clan members, MOH) engagement and buy-in to the model at all levels (providers, religious leaders, community leaders) and community cohesion.

Greater use of technology/electronic means (WhatsApp, SMS, audiobooks etc.) to support implementation, data collection, and reporting while dealing with weather conditions, hard to reach areas, COVID, insecurity etc.

Behavior change takes time as expressed by the low demand for FP information and services.

Increased quantity and quality of the workforce, particularly in the CHAs, supported taskshifting and made the system more efficient.

SCALE	NHP	Data Use Kenya	Data Use Tanzania
	X		
	X		
	X		
	X		
	X		
	X		
	X		

O-CREATING INNOVATIONS FOR HEAL

NHP outcomes harvested

Outcome Statement

The county Reproductive Health Technical Working Group was developed and is currently functioning well and meets quarterly with a lens on the nomadic and semi-nomadic communities.

Intentional advocacy and CHV/CHC selection processes led to women's empowerment in the workforce of the project sites. There are now more female CHVs than men; CHAs are 90% women; CHC is almost 50:50 representation.

Formation and operationalisation of 15 CUs included the CUs being registered in the master community health units' list register and adaptation of reporting tools for nomadic CHVs.

CHAs from linked facilities along the migratory routes in both counties provided supportive supervision and mentorship (in-person and virtual during COVID) to the 15 mobile CUs.

Increased interest in nomadic and semi-nomadic pastoralist communities at local, national, regional, and global levels to drive potential partnerships and collaboration opportunities.

SBC-informed intervention increased demand for and utilization/uptake of FP and general health information and services.

Collaborative/joint training sessions and implementation between the Government of Kenya and INGOs/local NGOs did not only build capacity but allowed for streamlining funds, human resources, and FP supplies/infrastructure.

	Kenya	Tanzania
X		
X		
X		
X		
X		
X		
X		
	x x x x x x	x x x x x x x x x x x x x x x x x x x

NHP outcomes harvested

Outcome Statement

Strengthened coordination and collaboration with County Health Management Team (CHMT), Sub-County Health Management Team (SCHMT) and partners operating in the region implementing health projects through the County Level Reproductive Health Technical Working Group (RHTWG), and the National RHTWG.

Increased capacity and attitudes of providers (CHVs, CHC, CHAs) on integrated community case management (iCCM), community health strategy (CHS) curriculum, CBD-FP curriculum etc. due to trainings and extended clinical placements

Increased capacity/efficacy of religious and community leaders (Duksis etc.) on FP, SBC approaches

Income Generating Activities (IGA) and VSLA training integrated into program training for CHVs and CHC members to enhance sustainability of the CU activities.

Policy level adjustments (e.g. Government of Kenya incorporated policy changes for CBD-FP curriculum) were made and included in the CHS

Task shifting of Mid Upper Arm Circumference (MUAC) screening from health workers to caregivers

SCALE	NHP	Data Use Kenya	Data Use Tanzania
	X		
	X		
	X		
	X		
	X		
	X		



FINDINGS





Findings overview

The findings summarize the outcomes and evidence found to support the identified research questions described earlier in the report. A complete list of all outcomes and descriptions can be found in the compendium. The following pages describe our findings related to:

- Community health approaches implemented by SCALE/NHP that proved promising
- Approach is locally rooted and relevant to county/national needs
- Remaining challenges to providing sustainable community health
- Lessons learned about cross-organization partnerships
- Collective effect of SCALE/NHP in developing sustainable and comprehensive community health models
- Collective effect of SCALE/NHP in increasing access to FP
- Changes experienced by different actors of the health system as a result of the IMPACT Team approach
- Changes in supply chain and data use culture as a result of the IMPACT Team approach
- Approaches for sustainability and ownership resulted from the IT implementation
- Stock imbalance, expiry, stockouts, and completion of action items of items remain a challenge at health facilities



Community health approaches implemented by SCALE/NHP that proved promising

Key formative research activities in the SCALE and NHP projects allowed project activities to be responsive to community needs; thus, giving them the best opportunity for success. Concerns over literacy was a barrier identified through research activities and addressed through changes made to cStock materials such as a highly visual manual, an updated app, and customized training. Implementation of cStock has not only shifted attitudes towards community-based distribution but has proved effective at increasing access to commodities at the last mile.

Despite policies permitting community distribution, there was hesitation. cStock provides a reporting and accountability mechanism by which CBD may occur. Following the cStock roll out, which included sensitization, training and advocacy to counties, sub counties, HFIC, CHAs and CHVs, the four SCALE counties sent an official memo to the sub county pharmacists and HFCIs asking them to release stock for CBD. This communication included references to cStock and it's reporting tools, cStock inventory cards, and the IMPACT Team approach. The cStock data, which is used by counties, sub counties, HFIC and CHAs, provides transparency and can track commodities. Through the data, health actors are able to see where and when stock is flowing to the community level and being distributed by CHVs.

Since the redesign, CHVs have been reporting to cStock, reaching **78-98% reporting** rate.

During DE Wave 3 data collection, literacy and numeracy were only listed in the top 2 quartiles of the barrier ratings in Wajir, while the other three counties **prioritize other issues, demonstrating that cStock has successfully overcome this barrier to CBD**.



Community health approaches implemented by SCALE/NHP that proved promising

The cStock tool has reduced CHVs' barriers to reporting, supply stockouts, and traveling to facilities for reporting. The number of CHVs able to report has increased. Creating a system that is easy and acceptable has led to increased reporting rates thus increasing the visibility into community health supply chains.

There were some challenges experienced in Turkana County. Majority of the CHVs depended on the CHAs to report on their behalf through cStock due to network and low literacy levels. In Wajir CUs there are only few CHVs who can comfortably report using the USSD and network outages have posed a challenge for them as well. However, cStock's flexibility allowed alternative means to continue reporting through the manual inventory card which was used by all CHVs across the 4 counties. Whether through the app or alternative means, the cStock approach is easy to use.

cStock is sustainable because it works within the existing systems. The cStock approach's success is also demonstrated by its adoption in other areas of Kenya. The counties have identified their ICT department to take up the roles of troubleshooting and addressing challenges.

As noted in NHP's findings, greater use of technology and electronic means supported program implementation, data collection, and reporting especially when working in difficult conditions such as with weather hazards, hard to reach areas, security issues, and COVID.



Approach is locally rooted and relevant to county/national needs

The cStock redesign was done in collaboration with end users at all levels of the health system. The tools were simplified during the redesign by the Human-Centered Design (HCD) process. In Mandera and Wajir, the CHAs adopted a blended approach to reporting on cStock, all the CHVs document their commodity data using the manual tools as they distribute the commodities and at the end of the month majority of them share this data with the CHAs who then report on their behalf on cStock while only a few directly report on cStock due to the low literacy among the CHVs in the nomadic CHUs. The CHAs are also able to make changes to the data through the validation process that is in the cStock design.

In the process of integration, the National MOH has developed a standardized Community Health Commodity Reporting tool that is to be used countrywide and is customized into KHIS. cStock is currently integrated with this tool and aggregated data for each CHU is thus available into the KHIS through the Community Health Commodity Reporting tool. Current systems posed a challenge to monitoring CBD as there were no existing standardized national community health commodity reporting tools that enabled a disaggregated view of community level activity only. By implementing cStock and integrating cStock into the KHIS, CBD data will now be available disaggregated from facility level data, allowing the MOH to track growth of this channel, properly forecast for community based consumption, and work toward a more robust community health program.

The MOH (both the DCHS and the DPHS) publicly indicated that cStock was their tool of choice for community health supply chain management. As part of the scale up strategy and sustainability, the MOH integrated cStock into KHIS and has plans to directly host the data in the MOH servers as opposed to being hosted by inSupply. This commitment demonstrates a change in attitude about the feasibility and acceptance of community-based distribution among Ministry stakeholders and has been documented from project conception reports, through the DE reports, and to National meetings with the Community Health Division.



Approach is locally rooted and relevant to county/national needs

The cStock approach improved on existing systems as community-based distribution policies and structures were already in place before cStock was implemented. All four counties involved in SCALE are advocating for expansion of cStock to additional subcounties and counties in Kenya.

Similarly, NHP's expansion of CHUs to the ASAL region utilized existing mechanisms to deliver necessary services to previously underserved populations and places. NHP intentionally included community stakeholders in multiple aspects of project design and implementation. Formative research and assessments which reflected the customs and challenges of the communities helped with gaining and maintaining engagement of key decision-makers and community members ensuring the project listened to and responded to community needs.

In Turkana through its Nawiri Project, Save the Children has committed to adopt cStock and implement it in other sub counties in Turkana where they are implementing iCCM. Nawiri Project has been oriented on cStock with plans to train their team on cStock together with other SCALE tools such as the ITT to prepare them to go to other counties. Turkana county has recognised cStock and made a publication to national media, Daily Nation with top leadership-recognising its significance.

At the beginning of the project, there was concern about some sub-clans enjoying privileges in selection/enrolment processes and inequities deepening. The project addressed this by listening to the concerns and then conducting fair and open selection processes and engaging the stakeholders in these processes. Without this strategic and step-wise approach, there may have been disparities, and as a result, continued inequities in health.

Because of this success and with advocacy from inSupply, the CHS was updated to indicate that local settings could customize the strategy based on context, especially to account for the use of local language (over English) and to ease the standard literacy and numeracy requirements.



Remaining challenges to providing sustainable community health

Data visibility, reporting, and community based distribution are only successful if there are commodities to distribute. SCALE initially envisaged building and supporting forecasting at county levels, to ensure cStock and ITT data could be used for ordering but this was only partially achieved in one county. This was partly due to competing priorities with other projects. To avoid duplication of efforts, SCALE focused on technical support.

Data review meetings remain a challenge to providing sustainable community health. Data review meetings often happen irregularly and are implemented inconsistently. Emphasis is on structured data review approach that included identification of challenges based on the performance, root cause analysis as well as action planning. The CHAs invited the HFICs into the meetings that enhanced better working relationships especially on commodity release for the CHVs. While SCALE's introduction of the IMPACT Team approach reduced these inconsistencies, it is unsure if they will continue after the project. As noted through NHP's activities, behavior change takes time. There is still low demand for FP information and services. While NHP successfully demonstrated the importance of SBC approaches, change around desired behaviors was slow. Continued advocacy is also needed to drive interest around inclusion of nomadic and semi-nomadic pastoralist communities at local, national, and global levels. This is important to scaling up of the intervention in other geographies.



Lessons learned about cross-organization partnerships

The projects were able to leverage human, networking and financial resources from each other allowing both projects to have continuity in programming, supporting SCALE's integration into the counties, and providing NHP with non-routine data that was not possible to collect with the project budgets. A few examples of collaboration include shared office space, jointly developed work plans and learning questions, shared tools, and supported commodity redistribution.

The Mandera and Wajir are complex environments both socially and politically and projects working in these counties need to develop strong relationships and build trust with communities and health system actors alike. The SCALE and NHP projects in these two counties coordinated between all relevant stakeholders. Without the close coordination and ability to leverage NHP's close connections and networks within the county, inSupply project initiation and county buy-in process would have taken longer and implementation would have been more costly. This is especially true in Mandera where there is skepticism of perceived outsiders and frequent security alerts.

For NHP, SCALE's Developmental Evaluation provided an opportunity to piggyback on collection efforts, enabling non-routine data to be collected to monitor progress. For SCALE, NHP provided significant support in navigating the

health system and community dynamics during data collection.

Intentional efforts such as planning joint training sessions and travel to hard to reach areas, strengthened coordination and collaboration among the Government of Kenya, NGOs, and county and subcounty officials. NHP and SCALE were strategic and intentional in planning visits, trainings, and other activities so the skills and other resources from all sources could be leveraged. Previously irregular meetings are now occurring on a more routine basis.



Collective effect of SCALE/NHP in developing sustainable and comprehensive community health models

SCALE and NHP implemented multi-faceted approaches to addressing community health challenges which led to successful programs. Participatory methods paired with harnessing existing mechanisms to service delivery and commodity distribution were two factors in creating this sustainable and comprehensible community health models.

Formative research and key assessments supported development of an SBC strategy and a model that are highly contextual and responsive to community needs, comprehensive, and participatory. SBC-informed intervention increased demand for and utilization/uptake of FP and general health information and services. This outcome demonstrates that it is not just the model/intervention activities that matter but also the manner in which they are implemented. NHP's contribution demonstrates the need to have informed interventions tailored to the unique challenges of communities and different contexts.

The intervention, approach, and collaboration were three major success factors of SCALE and NHP in developing sustainable and comprehensive community health models.

The projects contributed to more efficient health system through increased quantity and quality of a workforce, particularly for the CHAs, which supported task shifting. For example, CHVs are able to focus on other health services because caregivers are now sensitized and empowered to conduct Mid Upper Arm Circumference (MUAC) screening.



Collective effect of SCALE/NHP in increasing access to FP

Kenya's recent policy shifts allowing trained CHVs to distribute injectables and approval of the National DMPA-SC Implementation and Scale-up Plan allowed inSupply through conscious collaboration between SCALE and Access Collaborative (AC; JSI project) to capitalize on expanding access to FP through CHVs. The development of the CBD FP training curriculum, while not officially adopted by the MInistry, is actively in use. The training curriculum meets requirements that enables CHVs to distribute injectables thus offering a new product through CBD.

SCALE's connection with AC enabled the community focal persons and Reproductive Health coordinators from Turkana and Samburu to participate in a study tour to Uganda where they witnessed the Village Health Team offering DMPA-SC self injection services to the clients in the community. SCALE's advocacy efforts supported additional projects to train CHVs to deliver injectables.

One of NHP's core activities established 15 new nomadic and semi-nomadic CHUs thus directly increasing access to FP for the program's target populations who were previously underserved. NHP was vital in advocating with local stakeholders to get buy-in and momentum to establish the CUs that served as the foundation for a service delivery infrastructure for FP and general health services. Working with the facility providers and the community members and leaders, specific CUs for pastoralists were designed, initiated, and maintained.

Additionally, The county Reproductive Health Technical Working Group was developed and is currently functioning well and meets quarterly with a lens on the nomadic and semi-nomadic communities. The inclusion of nomadic and semi-nomadic needs in the scope and functioning of the RHTWG elevates their needs and context beyond the FCDC and is a catalyst for potential action to support FP, health, and other development to reduce disparities faced by these communities. Engaging the TWG was a main advocacy strategy by NHP.

Changes experienced by different actors of the health system as a result of the IMPACT Team approach

Knowledge and Skills The general success of ITs suggests new acquired skills around critical analysis of data for informed decision making. For example, joint commodity review has improved the fluency/ understanding of the indicators for other team members beyond those that are solely responsible for the commodities and the team members making it possible for them to actively engage beyond their program area/mandate. The role profile self assessment helped teams to identify and focus on their technical skills gaps. The IT learning packages were developed for the 4 core members, providing an opportunity for IT members to build skills and fill specific gaps that might be missing. Furthermore, we have seen a notable reduction in IT's level of dependency to run and organize IT meetings without inSupply's help.

Coordination With the introduction of IMPACT Teams in the sub-counties, team members now work closely together and they collaborate and support each other to address commodity challenges and issues in the facilities. The Reproductive health coordinator/ Epi Nurse was only

focused on dealing with vaccines and the pharmacist dealt with FP commodities and they did not have visibility of required actions regarding the other commodities. The Health Records Information Officer was solely concerned with the reports and they worked in isolation when it came to reviewing and entering the reports on DHIS2.

Ownership An unintended outcome was the inability of the IMPACT approach initiative to be sustained in Zanzibar. Failure to sustain the IMPACT approach initiative in Zanzibar was attributed to the decentralization of the health system with each district gaining autonomy. The resulting changes in roles and responsibilities broke the chain of command leaving the national IMPACT Team hanging with no districts reporting or providing information to them.

The team of substantiators did not have enough information to substantiate this outcome. This outcome is out of their scope as Zanzibar is a sovereign country with its own ministry of health. However, it is important to note the unintended negative outcome.



Changes in supply chain and data use culture as a result of the IMPACT Team approach

As the IMPACT Teams have been meeting, they have been reviewing their data and identifying the gaps. From this, they conduct root cause analysis (RCA) to identify the underlying problems after which they come up with actions that they implement to address the challenges. Unavailability of data, poor quality of data and uneven distribution of commodities are usually the areas with most gaps across ITs. Over time and as the ITs have been implementing their action plans, there has been a notable improvement in the aforementioned areas.



Year 1 (Apr 2019-Mar 2020) Year 2 (Apr 2020-Mar 2021) FP-FCDRR--Family Planning Facility Consumption Data Report and Requests



Increase in percent of reports where ending balance and beginning balance is the same (zero difference) increased for all the 4 tracer FP commodities from Year 1 (68%) to Year 2 (77%).



Changes in supply chain and data use culture as a result of the IMPACT Team approach

It is important to note that during substantiation there was only partial agreement on outcomes related to improvements in supply chain management practices. While most agreed ITs increase data visibility and data use for decision-making, there are a number of assumptions made. For example, substantiators recognized that other aspects of supply chain such as quantification, selection, procurement, distribution, storage and use are assumed to be functioning perfectly.

- HIGHLIGHT: Preventing wastages and expiries in Tanzania

As the MOH directive to transition from TLE (Tenofovir 300mg/Lamivudine 300mg/ Efavirenz 600mg) to TLD (Tenofovir 300mg/Lamivudine 300mg/ Dolutegravir 50mg) began to take effect, districts in Geita region noticed an overstock. After review of data, the regional health management team gave directives to ensure the overstock tins would not expire in coming months. This not only prevented wastage but also allowed continuation of care for HIV/AIDs patients and availability during COVID disruptions of the new regimen.

For the district of Igunga DC, through review of data, Omeprazole tablets worth 2,500,000/= Tshs due to expire in February 2021 were saved. IGUNGA DC pharmacist was informed by health facility caretakers of the existence of Omeprazole tablets with short shelf life at health facilities. The district pharmacist made arrangements to collect and redistribute the consignment to other health facilities who consumed the



Approaches for sustainability and ownership resulted from the IT implementation

Finding value in the approach to extend it to cover other program areas as well as incorporating the approach in other meetings demonstrates that the IMPACT Teams have ownership over the approach.

As certain teams expanded their IT coverage to include other program indicators, the inSupply Health played a role in mentoring them and reviewing the data that they prepared for sharing in the meetings. This helped build their confidence and accelerate the expansion.

inSupply Health was also responsive to the needs of the ITs and expanded the indicator tracking tool (ITT) to now include select Malaria and Nutrition commodities.

Resilience and flexibility proved to be two important attributes of IMPACT Teams over the last few years. In light of external environmental challenges, such as the COVID-19 pandemic, IMPACT Teams were able to pivot and adapt their approaches, like transitioning to virtual meetings, to prevent disruptions. Tanzania had much success rendering ownership of the IMPACT Team approach. PORALG and MOHCDGEC have taken ownership of the IT approach. They independently led the training and rollout across 18 regions, using a nationally approved IT manual, a national implementation plan, and other guidelines essential for nationwide rollout.

MOHCDGEC, PORALG collaborated with inSupply Health and other implementing partners in developing an IT implementation structure that also included capacity building activities on skills to monitor quality of implementation of IMPACT Teams as well as measuring performance of IMPACT Teams across regions. Ownership led to efficient and sustained implementation even during COVID-19 where there was minimal implementing partner support.

In mainland Tanzania, ITs have also introduced financial indicators that are monitored routinely in IMPACT Team meetings. As finances play a very crucial role in ensuring health commodity availability at health facilities, these indicators assist districts in monitoring funds for the purchase of drugs as well as health insurance enrollment rates.



We are seeing instances where team members **prefer to use IT meetings to discuss other agenda items** as opposed to the IT meetings riding on other meetings which is what was originally envisioned.



Data use project contributed to increasing data use culture and improving supply chain performance in both Kenya and Tanzania

- IT meeting approach was adopted for other meetings both internally and externally like the Maternal and Perinatal Death Surveillance and Response (MPDSR) meetings in Mvita, HIV Review meetings in Kiminini IT, where the Sub County AIDS and STI Coordinator (SCASCO) has adopted the approach from the IT meeting to a church meeting as cited by one of the IT members from Embakasi East/South. This was as a result of the IT members appreciating that the IT agenda helps them hold effective meetings while managing their time efficiently hence borrowing the approach to these other meetings.
- As the teams have reduced their dependency, some IMPACT Teams are competent to hold their meetings on their own without the support/presence of inSupply staff. Examples of teams that have demonstrated this include Langata/Kibra, Embakasi Central/West and Westlands IMPACT Teams.
- Expansion of the IT meetings in some sub-counties to review other program commodities besides FP and Vaccines e.g. HIV and Tuberculosis (Embakasi East/South IT) and HIV, Laboratory, Malaria and Nutrition reporting rates (Westlands IT). The SCALE counties (Turkana and Samburu) anchored the IT meeting approach in the commodity security TWG meetings that involved discussing all the data with all the programs including HIV, Malaria, TB, Nutrition and WASH.
- The ITT, was also expanded to include Malaria and Nutrition commodities in response to the request by the ITs to want to cover these commodities during their review meetings. The two were prioritized from the requests received but teams have expressed the need to have other program commodities also loaded on the ITT including HIV, tuberculosis and laboratory commodities.



Approaches for sustainability and ownership resulted from **IMPACT Team implementation**

- Chato district IMPACT Teams have been able to incorporate IMPACT Team activities in their Comprehensive Council Health Plans (CCHPs). This initiative helps in ensuring continuity of the IMPACT Team approach even after assistance from implementing partners phases out.
- The number of co-opted members attending IT meetings increased because they see the value of attending these meetings as all supply chain matters for different commodity groups are discussed. Increase in the number of IT members attending meetings from 12 to 27 from Sikonge IT and 9 to 21 for Kigamboni IT.
- data used for decision making.
- - Ο
 - 0 medicines.

Kigoma municipal council with the assistance of an implementing partner was able to train the IMPACT Team approach to all its health facilities. This was done as an effort to instill a data use culture from primary health care facilities who are the main producers of

Other examples demonstrating ownership of the IT approach by IMPACT Teams includes:

Some IMPACT Teams have assigned care takers to different health facilities, who are responsible for overseeing, resolving and following up on issues identified during IMPACT Team meetings.

IMPACT Teams expanding focus of program commodities beyond ARVs and essential



Stock imbalance and expiry of items remain a challenge at health facilities

A stock status analysis conducted in December 2019 in 9 out of 13 regions implementing the IT approach observed that there was minimal improvement in average commodity availability before, during and after implementation of the IMPACT Team approach.



During IMPACT Team meetings we have observed teams using data to identify stock challenges and guide redistribution efforts among many other actions taken. However, despite all these efforts stock imbalances and expiries still remains a challenge. This could be explained by the fact that stock availability is determined by a number of independent factors such as funding, correct ordering of commodities, order fulfillment by MSD etc., and not only IMPACT Teams. Henceforth, whenever discussing stock availability issues it is important to note that the IMPACT approach only partly contributes to commodity availability.

When comparing the reporting period of June /July 2020 to December/January 2021, data from Sikonge DC indicated a 5% reduction in the availability of essential health commodities, 17% reduction in the availability of ARV commodities and 10% reduction in the availability of malaria commodities.

Other observations from the analysis included;

- Overstocked incidences ranged from 14% to 30%.

Adequately managed stocked items- no region reported items above 23%

Items with unknown consumption ranged between 12% to 24%



Stockouts and completion of action plans remain a challenge

In Kenya, for both the SCALE and Data Use projects, there were some challenges. Evidence suggests IMPACT Teams were not always able to identify root causes nor complete action plan items that required significant time and resources. This speaks to the difficulty of some of the challenges facing health facilities and within the supply chain. IMPACT Teams, while creating positive outcomes in many areas, are not able to solve all challenges, in this case around time and resources. Not all solutions are manageable without external resources, a factor that was overlooked during IMPACT Team program planning.

ITs prefer to use brainstorming rather than the 5 Whys RCA. Brainstorming is not as systematic as the 5 whys and it can be hard for the teams to come to a final conclusion on the root cause. It could be that teams theoretically know how to do RCA but the shift to virtual IT meetings didn't allow adequate time to do this. When teams meet virtually, their concentration is never optimal and that poses a challenge on the effectiveness of how they conduct an RCA.

Brainstorming vs Five Whys



RECOMMENDATIONS



Recommendations for interventions

- Scale up/ re-introduce the IT approach to **Regions/Counties not implementing the IMPACT Team Approach.** In some counties/ regions the IT approach is implemented in collaboration with other implementing partners, funds from IPs could be used in the rollout of the approach in remaining counties/ regions.
- Establish IT approach to health facility level. This will help impart a data use culture at the lower level health facilities who are the main producers of information eventually resulting in improvement in the quality of data.
- Establish channels to ensure IT activities are resourced. This may be through inclusion of IMPACT Team activities in facility/council annual work plans. Once included these activities can be budgeted for as they immediately become part of the activities that will be reviewed in the district annual performance reviews.

- Follow up of CHVs by the county teams to use data from the KHIS system to improve commodity availability in their **CHUs.** The cStock app is integrated with the KHIS system making it easier for the CHVs to access data.
- **Strengthen the process** through which the ITs follow through their actions plans to implement them thus ensuring continuous improvement.
- Formulate realistic action items that have been obtained by properly conducting Root Cause Analysis. It is also important that we think about how we motivate the team to action despite limitations like resources.
- Scale up the uptake of the resources developed for ITs including the IT design training and other courses available in the IT portal at the health facilities level so as to improve their knowledge and skills.



Recommendations for Stakeholders

Government of Kenya. It is recommended to continue to integrate and expand cStock across other geographies in Kenya. cStock is feasible, accepted, and has positive unintended consequences such as streamlining and easing the burden of reporting. It is recommended that NHP's approach be replicated in other challenging areas in the country. We also recommend CHVs are integrated into the Community Health Act to ensure retention and motivation. The county governments should enhance training and capacity building of the facility based health workers as well as community health workers enabling delivery of health services.

Government of Tanzania. National IMPACT Team secretariat to support regional and council level IMPACT Teams by conducting supportive supervision and monitoring of IMPACT Team performances. This shall also include recognizing the best performing IMPACT Teams and creating incentives to promote data use for decision making. Additionally, it is recommended to finalize rollout of the IMPACT Approach to remaining regions in Tanzania mainland using the IMPACT Team manual.

Donors. The SCALE and NHP projects have demonstrated an ability to work together across projects and leverage resources to accomplish great strides in increasing access to health services at the last mile. Contribution and significance statements in the outcome descriptions can shed light on successes and benefits of cross-project collaboration. SCALE and NHP's positive outcomes around increasing access of services to the last mile and in challenging environments can be replicated in other settings and contexts. Working within existing health systems and introducing a tailored tool are two key pieces to success in these contexts.



Recommendations on use of Outcome Harvesting approach

Given the nature of the OH activity taking place across multiple projects, findings relevant to each project will be presented and incorporated into final reports. These findings represent intentional and unintentional results of implementation of each project's activities. The lessons learned from the outcomes, significance and relevance will be used to improve on each project's activities.

When implementing multi-faceted projects that involve mindset shifts of key stakeholders and behavior change, it is often difficult to measure all intended and unintended effects. The outcome harvesting activity provided insights into range of changes that resulted from implementation of SCALE, NHP and Data Use projects across access to family planning, supply chain management, and informed decision-making.

Coupling the components of SCALE and NHP seems to be an effective and feasible way to implement community based distribution and ultimately increase access to health services. The key features of each project worked in harmony to have a successful implementation. The complexities of supply chain management and service delivery require harmonized programmatic efforts. Expanding the cStock approach and CHUs to more hard to reach populations can support continued increase in access to health services.



Lessons Learned

There were a number of lessons learned from the outcome review and about implementing an OH activity

- Having the right combination of substantiators was valuable to the process. Substantiators must be able to speak to in-depth details about the project implementation and have insights into execution and success or failure of project activities.
- Due to time restrictions, this was not possible, but sharing outcome drafts with participants before the substantiation meeting will be beneficial. It will give participants time to consult their additional data sources, if needed, to substantiate the outcomes. Share outcomes with participants before the substantiation meeting.
- Printing adequate copies for the substantiators.
- During OH, the number of total outcomes can quickly become unwieldy. To ensure in-depth review of each outcome and contribution by all teams, it is important to balance the number of outcomes to review among the substantiators.
- One key feature of this substantiation meeting was minimal presence of project staff during the meeting. This creates a favorable and comfortable environment for substantiators to speak freely without fear of recourse from project teams.
- The process of OH sheds light on the processes of change and how an project or intervention contributes to those processes. Outcome descriptions can be difficult to write, take time, and require a lot of follow up with actors to fill in gaps from the document review.

antiators must be able to speak to in-depth cess or failure of project activities. ticipants before the substantiation ata sources, if needed, to substantiate the

in-depth review of each outcome and iew among the substantiators. aff during the meeting. This creates a fear of recourse from project teams. ntervention contributes to those lot of follow up with actors to fill in gaps



Limitations

The OH activity happened retrospectively. This posed a challenge to triangulating data to draft outcomes. Outcome description were found across multiple data sources during the document review. There were often gaps that needed to be filled in during the informant engagement. There was also a challenge in mapping outcomes to the research questions and to available evidence.

Some intervention outcomes take time to materialize. Since the harvest took place before the end of the projects, the team may not have captured all outcomes, positive and negative, related to the projects activities.

COVID-19 also had a significant impact on project implementation. Adjustments and changes needed to be made during project implementation given this and other challenges.

The outcome descriptions derived from the document review are not representative of the evidence as a whole because the outcomes were mainly derived from reports produced by implementing partners who cover a defined geographical area.

In some cases with IMPACT Teams, where substantiators were newer to the program suggested inaccurate changes to implementation given their time involvement with the project. The outcomes resulting from the implementation of the IMPACT Approach in Zanzibar could not be substantiated by MOHCDGEC officials from Tanzania as Zanzibar is out of their jurisdiction.



ANNEX



Annex 1: List of substantiators

Name	Tittle	County/ Organization	
Dr Mohamed Hanif			
Hussein	County Pharmacist	MOH- Mombasa	Peter Langat
	County Planning		Dalmas Lokok
Dr. Sinclair Omboga	Coordinator	MOH- Trans Nzoia	Abdi Hussein Ahme
	Sub County Biomed -		Abdihamid Mohame
Susan Wangui Wanjiku	Embakasi East	NMS - Nairobi	Noor
Dr. Hilda Mulonga Kareji	SCMOH - Saboti	MOH- Trans Nzoia	Ibrahim Hussein
Dr. Rebecca Musyoki	SCP - Westlands	NMS- Nairobi	Leakono Radet
Dr. Niko Gichana Kimanga	a SCP- Changamwe Jomvu	Mombasa	Bishar Daud
	DATA USE Tanzania		Ibrahim Abdikarim
Francis Fredrick	District Pharmacist	Ded Chato, Geita	Dr. Mohamed Adaw
Sophia Mwilongo	Regional Pharmacist	Ras Dar Es Salaam	Hassan
Ngolo M. Ngusa	District Lab Technician	Ded Chato, Geita	Mohamed Hussein
Innocent Msilikale	Regional Pharmacist	Ras Kigoma	Ibrahim
Martha Kikwale	Pharmacist	MOHCDGEC , Dodoma	Sinnei Dennis
Winifrida Emanuel	Monitoring & Evaluation Officer	PORALG, Dodoma	

	Tittle	County		
SCALE				
angat	SCP - Samburu Central	MOH- Samburu County		
Lokok	SCCHSFP- Loima	MOH- Turkana County		
issein Ahmed	CCHSFP - Wajir	MOH- Wajir		
nid Mohamed				
	SCCHSFP - Wajir North	MOH- Wajir		
Hussein	SCPHO - Tarbaj	MOH- Wajir		
o Radet	SCP - Samburu East	MOH- Samburu		
Daud	Religious Leader			
Abdikarim	SCPHO - Mandera West	MOH- Mandera		
amed Adaw	Deputy Director Public			
	Health - Mandera	MOH- Mandera		
ed Hussein				
	SCPHN	MOH- Mandera		
)ennis	SCP - Turkana Central	MOH- Turkana		



Annex 2: Overview of SCALE

Project Goal

To address inequities in access to health commodities including family planning through developing sustainable and scalable community based distribution models that reach underserved, remote communities and to build capacity and share lessons with stakeholders implementing community-based family planning and distribution among these populations regionally.

Objectives

- Develop scalable and sustainable supply chain model/s to increase the proportion of women in remote and hard to reach communities who get their contraceptive method of choice, including DMPA-SC, and other health system commodities
- Increase access to DMPA-SC and DMPA-SC for self-injection in the four intervention ASAL counties through a locally coordinated effort that addresses steps and barriers to implementation and is linked with national strategy
- Generate evidence and learnings for sustainable and comprehensive community health model/s for increasing community health products and contraceptive use in remote and hard to reach communities that are applicable to regional stakeholders dealing with similar populations in other countries in the sub region, the horn of Africa, and the Sahel



Scalable and sustainable supply chain model/s commodities

Overview of activities

- Design supply chain model/s that consider the cultural and geographical barriers in the ASAL counties and the unique requirements of DMPA-SC using HCD techniques and principles
- Adapt the cStock approach and other existing, appropriate technology to build a robust supply chain for CHVs
- Strengthen supply to the community level
- Build collaboration, coordination and data use for continuous improvement
- Develop materials and build partner capacity to implement Supply Chain Model/s through IMPACT Teams
- Monitor, learn, and adapt model/s using adaptive learning

Through **HCD** cStock was redesigned to cater for migratory, hard to reach communities by including offline capabilities, audio voice over in the app, visuals for each commodity, and flexible resupply policies.





Utilizing:

- 1. strengthen health supply chains through the adaptations
- 2.



Outcome

Developmental Evaluation for learning and improvement to understand better **IMPACT Teams (community, subcounty and county levels)** to reinforce joint problem solving, responsibility and commitment for the correct and consistent use of resupply procedures and to monitor supply chain performance.

SCALE Milestones (Nov 2018 to June 2022)



S S S S S S S S S S S S S S S S S S S	Ongoing

Cascade training

TOTs trained to roll out the approach to the CHVs, easy to use simple training materials

We will assess any usability problems, participants' performance (e.g., time on task, error rates), as well as determine user satisfaction

Completed

SCALE County & Partner Relationships



SCALE project and its partners (MOH, Afya Timiza-AMREF, NHP-Save the Children) jointly developed a **Theory of Change** (TOC) to guide the approach to test and share model (s) that effectively increase uptake of community health services among hard-to-reach populations to support complementary partnerships, DE, avenues for information sharing and promoting availability for community health supply chain commodities.

Regular partnership fora include:

- Monthly coordination meeting between SCALE (inSupply) and Nomadic Health Project (Save the children)
- SCALE participation in MOH eCHIS Initiative in 2 National TWG Community Health Strategy Digitization and Logistics Working Group
- Participation in county and subcounty technical working groups





- Cc: County Director of Health Samburu County
- Cc: Community Strategy Focal Person
- Ce: All SCMOH's.

NHP Project Goal & Objectives

To increase use of quality reproductive health and family planning services among nomadic and semi-nomadic populations in Kenya and around the world by engaging regional stakeholders to share lessons on effective, scalable approaches based on an effective and scalable model.

- 1. Develop an effective, scalable approach to increase use of quality reproductive health//family planning services in nomadic and semi-nomadic populations
- Engage regional stakeholders in sharing lessons on effective, scalable approaches to increasing RH/family planning 2. use among nomadic and semi-nomadic populations.



NHP Project: Target Population and Rationale

Target Population: Nomadic and Semi-Nomadic Communities in Wajir and Mandera Counties in Kenya. **Partners:** Centre for Behaviour Change Communication (CBCC); London School of Hygiene and Tropical Medicine

Rationale:

- 1. Nomadic and semi-nomadic populations have the least access to health services and are disproportionately vulnerable to infectious diseases
- 2. Women in nomadic and semi-nomadic populations have high maternal mortality rates, high fertility rates and low use of health services including family planning.
- 3. Nomadic and semi-nomadic populations are notably missing from government policies and strategy documents that drive resource allocations in health
- 4. It is important to test effective service provision models that are responsive to the nature of the nomadic population to ensure equitable access to quality health services and save lives.



health services and are disproportionately mortality rates, high fertility rates and low use rnment policies and strategy documents that we to the nature of the nomadic population to

NHP Phases and Approach

First Phase: Formative research and mapping of regional stakeholders and platforms to better understand critical demand and supply challenges, and to inform intervention strategies.

Second Phase: Used the findings of the first phase to refine implementation strategies including setting up Community units and the learning agenda

Third Phase: Implementation of the model with continued collaborative learning and refinement of the identified strategies through close monitoring to allow for early detection of model success/failure and the need for adaptation or course correction

Fourth Phase: Data analysis and dissemination of learnings, the use of documented project experience and evidence to finalize implementation toolkits and guides, and intensified engagement with donors, partners and ministries of health and through regional networks for **adaptation and scale-up** of the model



Services provided in the mobile Community Units through NHP

- Treatment of minor ailments (e.g. diarrhea, deworming)
- Defaulter tracing and referral for immunization, nutrition screening, disease surveillance
- Reproductive health/Family planning services and referral.
- Counselling on care during pregnancy and the importance of facility delivery
- Community level services are complemented by facility services and outreaches



CHVs administering DMP-IM





Data Use with IMPACT Teams in Kenya and Tanzania





IMPACT Teams Approach Concept

The word IMPACT is an acronym for Information Mobilized for Performance Analysis and Continuous Transformation.

It reflects an approach that is people-centered and data-driven which encourages IMPACT Teams to use data and information analysis for evidence-based performance monitoring, to allow continuous improvement of supply chains.

The IMPACT Teams approach in supply chain is adopted from the Control Tower concept applied in the commercial sector and has shown to improve supply chain performance. A control tower is basically a hub for data visibility across all supply chain functions for decision-making and actions based on real-time analytics.

IMPACT Teams provide a structured and rigorous process for supply chain problem-solving. The approach is a system of interconnected teams, made up of people across functions and disciplines who meet routinely and are:

- Trained to develop, interpret and set targets for key supply chain indicators, and use action oriented dashboards
- Encouraged to follow a structured, problem-solving process
- Empowered to use their data for operational and strategic decisions with ultimate goal of improving the performance of their supply chain



Goal & Objectives of the Data Use Project in Kenya

Goal: To build on previous IMPACT team experience to develop adaptable models for operationalizing and scaling the people and process components of the VAN.



Evaluate, identify, and document the **conditions for success** and **critical enablers** of the IMPACT team and other data use approaches, to ensure that health workers can easily and sustainably use data to transform supply chain performance.



Develop implementation packages that can be **adapted** for different **contexts** depending on existing capacity and maturity of the system.



Collaborate with a variety of partners to enhance the IMPACT team data use approach and ensure the packages can be used by any implementing partner.





Details of Kenya's IMPACT team journey

2016-2018

2019-2020

County Level Implementation

Scope: 10 Counties **Programs:** Family planning and Immunization

Achievements:

Improved supply chain inventory management processes:

- Availability of usable logistics and supply chain data
- Commodity availability
- Reduced stock out rates
- Interventions like redistribution
- IMPACT Teams

HCD and Adaptive Learning

Insights:

- Need to identify right people for system improvement
- Growing data use culture
- Motivate regular meetings and consistent attendance
- Overcome barriers to action and escalation mechanisms
- Recognition and sustainability
- Implementation at the right level

Evolution of IT Approach

Recommendation:

- Implementation at the right level Ease of access to data use (ITT) Identify the right team composition to make up the IMPACT team based
- on roles and capacity
- Regular meetings and consistent attendance of core members
- Overcome barriers to action and • escalation mechanisms
- Recognition of improvement in performance
- Sustainability

Adaptation:

- 1.Online Indicator Tracking Tool
- 2.IT Role profile assessment
- 3.IT learning packages
- 4.IT action plan template
- 5.IT portal

2019-2021

Sub County level implementation

Scope: 44 sub counties

Interventions:

- Going virtual with IT meetings
- Roll out of the IT
- Role profile assessment tool,
- Development of learning packages
- IT portal



Overview of the IMPACT Team Approach in Tanzania

Background

GoT in collaboration with stakeholders is strengthening the public health supply chain systems in order to improve availability of health commodities at service delivery points (SDP)

The MIS including eLMIS, VIMS, GOTHOMIS, Pharmacy Module Database (PMD), DHIS, electronic systems at SDP, National and Enterprise Resource Planning for MSD (E10) have been developed to improve efficiency, availability and visibility of data.

However there has been challenges in using MIS in terms of commodity management and data use for decision making as well as accountability.

Rationale

The IMPACT approach will help to transform the way supply chain managers, coordinators, health care workers and different actors in supply chain do their work.

IMPACT Approach will enhance Team Approach towards Common vision and Goals.

The approach will instill data-use culture for continuous improvement to enhance Health Commodities availability at service delivery points.



Details on Tanzania's IMPACT Team Journey

IMPACT team Implementation

2018-2021

Scope: Regional, Distinct, Facility level and National level

Achievements:

Rolled out in 21 now regions, >120 councils and **164** facilities

- Improved data quality (number of items reported)
- Improved data use culture (data driven decision making)
- IMPACT Teams processes (planning meetings, following agenda and action planning)



Insights:

- Need to identify right people for system improvement (co-opting members, change of IT leadership)
- **Development of the IMPACT** team manual for teams to use it as reference material
- Developing and adapting new tools/ approaches; support package, learning packages, MEL tools

Adaptation:

- 1.IT Role profile assessment
- 2.IT learning packages
- 3.RMR

Evolution of IT Approach

Recommendation:

2019-2021

- Identify the right team composition to make up the IMPACT team based on roles and capacity
- Regular meetings and consistent attendance of core members
- Overcome barriers to action and escalation mechanisms
- Recognition of improvement in performance
- **Sustainability**

Next steps

2021.....

- Dissemination of the IT manual
- Establishment of National IT (1st meeting)
- Scaling up of adapted tools to other ITs
- IT training to untrained regions
- Going virtual with IT meetings

