Workforce Development Project

HCD Research Report | Aug 23

inSupplyHealth   QUICKSAND

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Strategies to Improve Supply Chain Management ›

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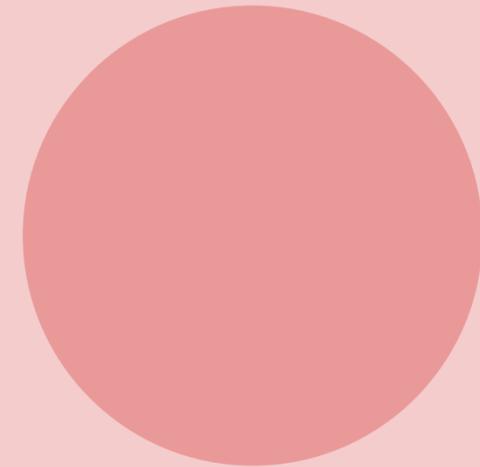
Project Overview
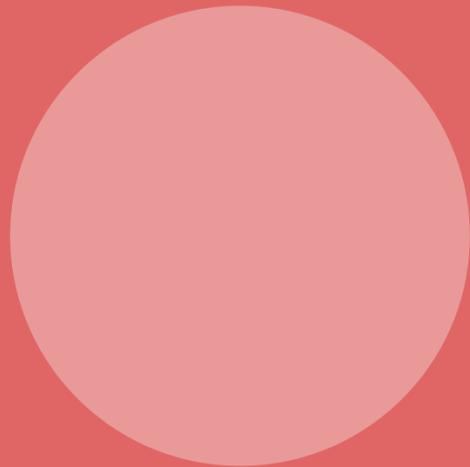
InSupply Health's Implementation Goals

"Our aim is to differentiate between and create – a) high-tech solutions that generate impact and b) low-tech solutions that may be suitable for scale; thereby enhancing the **effectiveness, sustainability, and resilience of public health supply chains** for essential medicines and supplies in East Africa."

– Yasmin Chandani, CEO, inSupply Health

Project Overview & Objectives

Over a span of 5 years, the primary objective of inSupply has been to enhance the effectiveness, sustainability, and resilience of public health supply chains for essential medicines and supplies in East Africa. The objectives of this project have been formulated to align with and support these overarching goals. The objectives include:

Equip health workers with the required technical and behavioral expertise to routinely apply context- specific supply chain management practices in their work.

Develop and strengthen operational processes and tools to enhance data equity and support real-time data visibility, accessibility, and use among supply chain professionals and multi-sectoral stakeholders.

Identify and recommend a contextualized framework for professionalization of supply chain workforces, including for women and marginalized

Project Approach

Quicksand's research approach was built on the following guiding principles
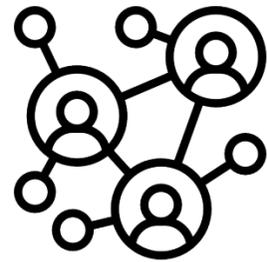
Human–Centered Design

Understanding the context of and stakeholders in the public health supply chain
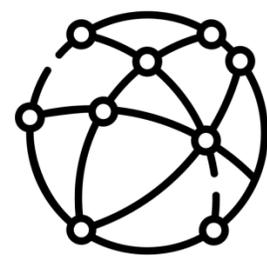
Systems Thinking

Mapping the supply chain stages and the functioning of health systems in Kenya and Tanzania; understanding IMPACT teams and learning about public health stewardship
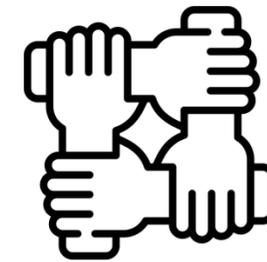
Expert Strength

Learning from the expertise of professionals who have worked with similar challenges and users across various contexts
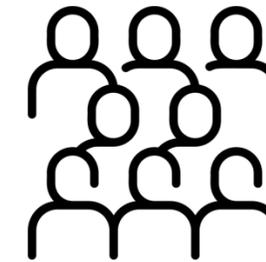
Participatory Design Process

Integrating the users' and stakeholders' voices at each step of the research and design process

7

Project Approach

The project adhered to the classic design thinking 5-stage process, progressing from research to prototyping.

Evidence gathering, workshops and expert consultations

Deep HCD and behavioural research

Sacrificial concept and co-design

Insights, Synthesis, Early prototype assessments

Prototype iteration & co-design

Concept Validation

Final prototype and implementation strategy

Foundation

Discover

On Field
Design Research

Define

Develop

On Field
Prototype Testing

Deliver & Handover

Understanding the IMPACT Team Approach & Previous Innovations

Developing a deeper understanding of existing structures and interventions was an important part of the process. In particular, we closely examined the following interventions by inSupply, which significantly contributed to the development and refinement of the final prototypes.

The IMPACT Team Approach
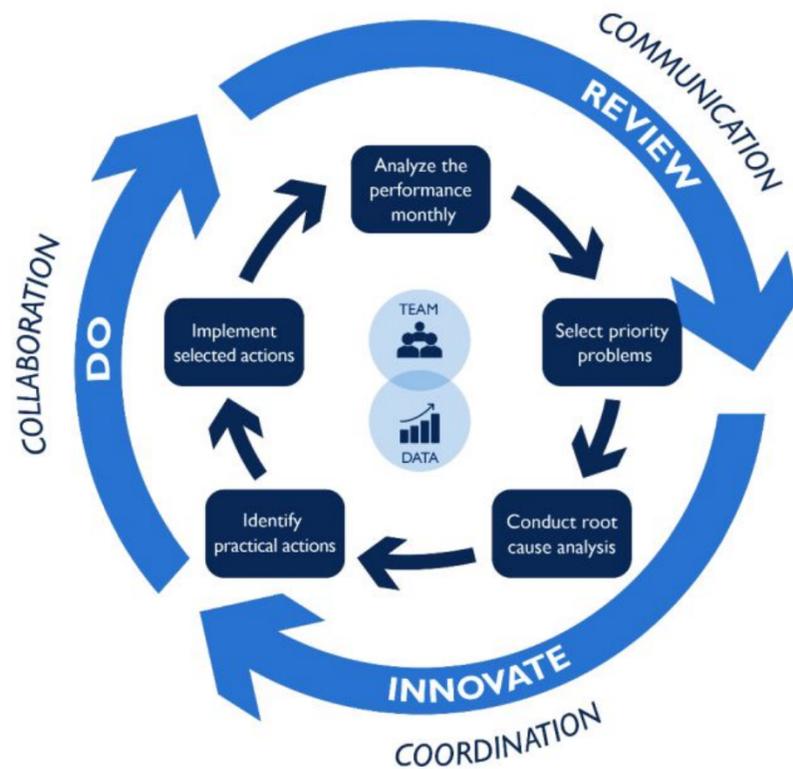
Indicator Tracking Tool (ITT)

Learning Packages and Personas

Organising Otto
Calling meetings, ensuring logistics are in place, creating an agenda, taking notes, and delegating tasks.

Supply Chain Sam
Figuring out logistics cycles and supply chain processes, measuring the performance of supply chain, thinking critically around challenges affecting commodity availability to suggest supply chain specific solutions.

Data Wiz Diana
Calculating and visualizing indicators, analyzing and interpreting data for non-data people, advocating for data quality because it affects supply chain decisions.

Peter Problem Solver
Prioritizing challenges, conducting root cause analysis, brainstorming on solutions, steering the

IMPACT Teams: Key Highlights

The following table gives an overview of our understanding of the public health system in Tanzania.

|	Levels	Teams and Facilities	People and Roles	IMPACT Teams Approach
Service Delivery Key Activities : Data entering, Inventory Management, Demand Estimation (BUQ), Dispensing and Patient Care	Facility Level	Dispensaries, Health Centres, District Hospital, Regional Hospitals, National Teaching and Referral Hospitals	Nurses, Facility-in-Charges, Lab Technicians, Pharmacists, Medical Officers In Charge	**IMPACT teams are being introduced at the facility level in some districts in Tanzania with other implementing partner support** **The goal is to introduce IMPACT teams to 7000 new facilities in the coming years.**
Administrative Key Activities : Monitoring and Supervision, Mentoring and Training, Data Quality Assessment and	District/Council	CHMT: Health Management Teams	District Nursing Officer District Pharmacists, DMO, Program Coordinators, Pharmaceutical Technologists	**IMPACT teams in Tanzania sitting at this level require monitoring and evaluation.** No presence of Indicator Tracking Tool and limited knowledge of Learning Packages
Management, Demand Estimation and Quantification, Procurement and Distribution.	Regional	RHMT: Health Management Teams	RMO, Regional Pharmacist , Lab technologist, Program Coordinators	**IMPACT teams first introduced at this level. The training provided to the members here has been passed on to lower levels.** No presence of Indicator Tracking Tool and limited knowledge of Learning Packages
	National	PORALG, PSU, NHIF,MSD, Public Health Programs, Implementing partners		IMPACT team guidelines are institutionalized and mandated by the government across the cascade but has heavy reliance on implementing partners for meetings to occur.

Understanding the Health System

The following table gives an overview of our understanding of the health system in Kenya.

	Levels	Teams and Facilities	People and Roles	IMPACT Teams Approach
Service Delivery Key Activities : Data entering, Inventory Management, Dispensing and Patient Care	Facility Level	Dispensaries, Health Centres, Sub County Hospital, County Hospitals, National Teaching and Referral Hospitals	Nurses, Facility-in-Charges, Lab Technicians, Pharmacists, Medical Officers-In- Charge	**While facilities have not been formally trained on the IMPACT approach, they have regular interactions with IMPACT Teams in the sub counties where the IMPACT approach has been implemented.**
Administrative Key Activities : Monitoring and Supervision, Mentoring and Training, Data Quality Assessment and Management, Demand Estimation and Quantification, Procurement and Distribution.	Sub County Level	SCHMT : Health Management Teams	Sub County Medical Officer of Health, Sub County Public Health Nurse, Sub County Pharmacists, Sub County HRIOs, Program Coordinators	**IMPACT teams in Kenya primarily sit at this level and oversee data management at all facilities within the purview of their sub-county. In the first phase of inSupply's intervention, the IMPACT approach was implemented in 9 out of 47 counties where** Presence of Indicator Tracking Tool and Learning Packages
	County Level	CHMT	County Director of Health, County Public Health Nurse, County Pharmacists, County HRIOs, Program Coordinators	
	National Level	HPTU : Health Products and Technologies Unit		

Shadowing the Supportive Supervision Team, Kenya

Research Overview
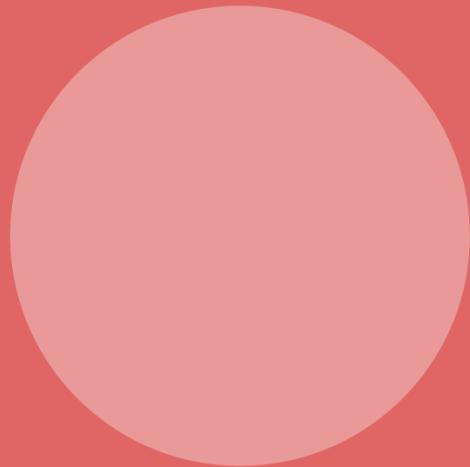
Study Locations

Kenya

Study Locations

Tanzania

Understanding the Public Health System & the IMPACT Teams Approach

Before the field research, the Quicksand team gathered relevant evidence to establish a foundational understanding of the public health systems in Kenya and Tanzania, supply chain activities, key actors, IMPACT team operations, and challenges, among other factors. This preparatory work was conducted through the following three methods:

Quicksand engaged in multiple **consultations with inSupply stakeholders**. These sessions aimed to grasp various dimensions of the project objectives, including IMPACT Teams approach and supply chain activities.

Ahead of the on–ground research, the Quicksand team **participated in a live IMPACT meeting online**. This immersive encounter allowed the team to capture the subtleties of team dynamics and functioning.

The Quicksand team **consulted experts in the field of public health and supply chains** across different geographical contexts. This input was invaluable in shaping the research guides and sacrificial concepts.

01 Stakeholder Consultations

02 Virtual Immersions

03 Expert Input

Field Research Plan & Approach
Kenya

Based on the understanding of the Health Product & Technologies (HPT) supply chain & the IMPACT team functioning, we took into consideration performance–based metrics while selecting the research sites.

These included:
1. IMPACT Team's process indicators (e.g. ability to facilitate IMPACT Team meetings independently and routinely e.t.c)

2. Presence of champions

3. An indicator that throws light on the overall functioning of the facility through supply chain metrics such as commodity accessibility, stock status, data availability, etc.

The inSupply team was instrumental in finalising the locations on the basis of these factors.

Kenya

County 1
Well performing IMPACT team

County 2
Poor/average performing IMPACT team

Sub-County 1
Well performing IMPACT team
Team: 2QS+2IS

Sub-County 2
Poor/average performing IMPACT team
Team: 2QS+2IS

Sub-County 1
Well/better performing IMPACT team
Team: 2QS+2IS

Sub-County 2
Poor/average performing IMPACT team
Team: 2QS+2IS

Health center 1
Team: 2QS+2IS

Health center 2
Team: 2QS+2IS

Health center 1
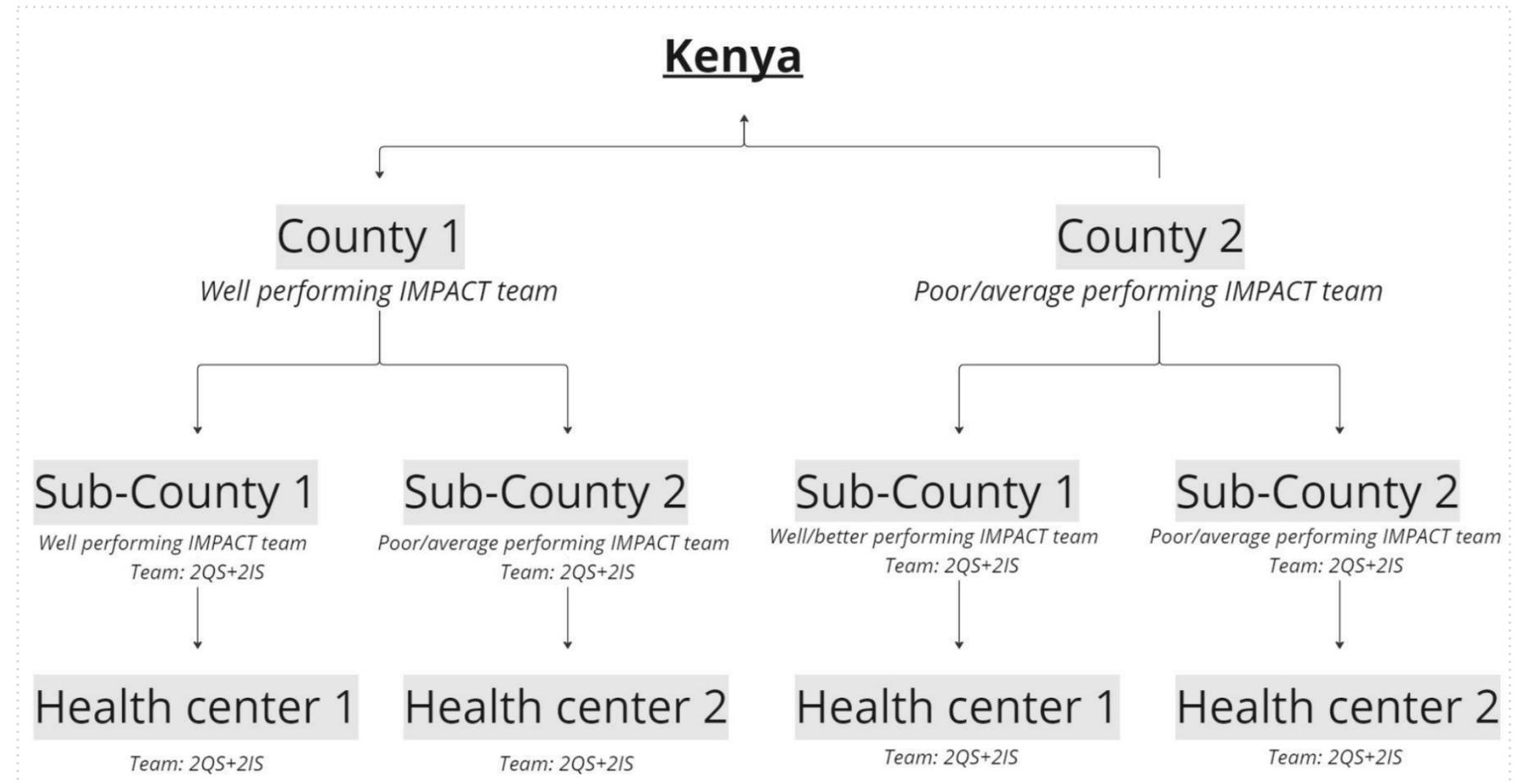*Team: 2QS+2IS*

Health center 2
Team: 2QS+2IS
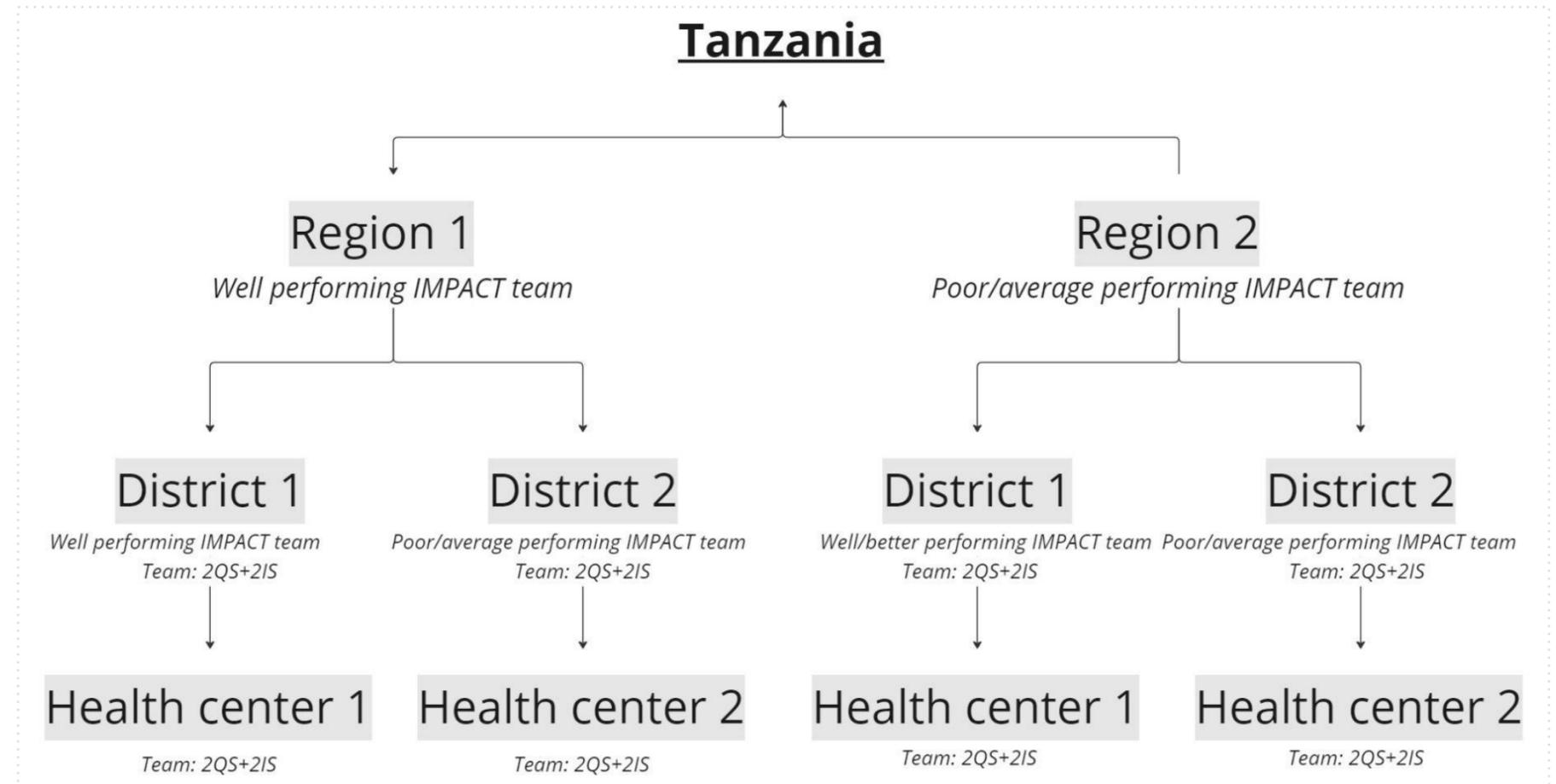
Field Research Plan & Approach
Tanzania

Based on the understanding of the Health supply chain & the IMPACT team functioning, we took into consideration performance–based metrics while selecting the research sites.

These included:
1. IMPACT Team's process indicators (e.g. ability to facilitate IMPACT Team meetings independently and routinely e.t.c)

2. Presence of champions

3. An indicator that throws light on the overall functioning of the facility through supply chain metrics such as commodity accessibility, stock status, data availability, etc.

The inSupply team was instrumental in finalising the locations on the basis of these factors.

Tanzania

Region 1
Well performing IMPACT team

Region 2
Poor/average performing IMPACT team

District 1
Well performing IMPACT team
Team: 2QS+2IS

District 2
Poor/average performing IMPACT team
Team: 2QS+2IS

District 1
Well/better performing IMPACT team
Team: 2QS+2IS

District 2
Poor/average performing IMPACT team
Team: 2QS+2IS

Health center 1
Team: 2QS+2IS

Health center 2
Team: 2QS+2IS

Health center 1
Team: 2QS+2IS

Health center 2
Team: 2QS+2IS

Research Sample

IMPACT Team Members	• IMPACT team chairperson – 4 • IMPACT team functional lead – 4 • IMPACT team members – 20
Non IMPACT Team Health Workers	• Senior stakeholders and implementing partners –6 • Ministry stakeholders – 2 • Service delivery facility staff – 6 • Training Institutes – 3

Quicksand's approach:
Research Tools

For us, innovation must be grounded in a deep understanding of the person one is designing for. To gain this understanding, we use relevant design research methods to supplement in-depth interviews and group discussions.
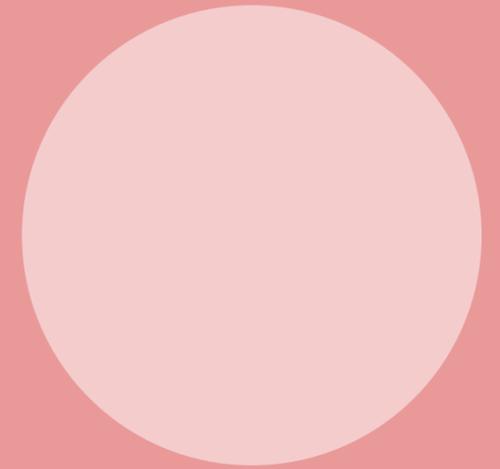
Lines of Inquiry for Design & Behavioral Research on Field

Based on the evidence gathered from the secondary research and expert consultations, the team developed the following lines of inquiry:

Understanding supply chain actors and the relevant supply chain responsibilities	Understanding IMPACT teams' functioning, the challenges and opportunities for improvement	Understanding respondent's skills, knowledge and attitudes w.r.t supply chain activities	Understanding the path to professionalizing supply chain	Understanding gender intentionality in supply chain practices

Contextual In-Depth Interviews & Focus Group Discussions

Using the previously mentioned lines of inquiry, the Quicksand team conducted In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) involving various stakeholders across all locations. Interview sessions lasted between 60 and 90 minutes, while FGDs extended up to 120 minutes. These interviews were immersive in nature, employing interactive tools as integral components of the process. The design of guides and tools took into consideration research constraints: when necessary, translations were employed.

Link to IDI & FGD Guides **here**

Sacrificial Concepts

Sacrificial or low fidelity concepts in the form of storyboards were used to get some early thoughts, ideas, and design directions on prototyping.
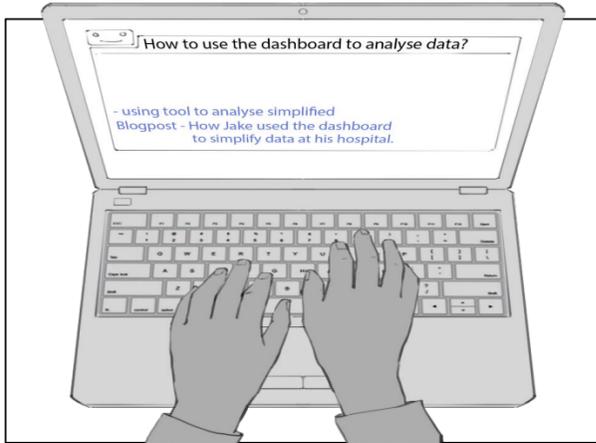
Ask-me-Anything!

A chatbot that answers frequently asked questions

Lizze is taking the Data Wiz Diana course…

During the course she comes across a dashboard but is unsure of how to use the dashboard.

She types out her query on the chatbot and is immediately redirected to a simple explanation and additional resources to help her navigate the dashboard.

The following card depicts how this was presented to the participants alongside the guide that was used for questioning.

➔ What do you think of this idea?

➔ What platforms and resources do you frequently use to upskill?

➔ Who do you interact with while learning a module? Who do you turn to for doubts and clarifications with a course?

➔ Where would you want this kind of chatbot to exist? (within a module / a more general one / through whatsapp)

➔ Do you see any challenges with this?

➔ What will make this idea a success?

Link to guide **here**

Shadowing Health Workers

In addition to the IDIs and FGDs, the team conducted shadowing and observation of health workers as they carried out their day to activities. This further helped us understand their context, challenges, and process better. This also enabled a deeper understanding of the spaces that these actors occupy while performing their supply chain activities. This understanding was particularly valuable in identifying opportunities for prototype development.

Shadowing a Supply Chain Officer and a Pharmacist at a Health Centre in Urambo, Tanzania

Quicksand's approach:
Data Synthesis & Ideation Workshops

Aggregated data from the primary research was used to find patterns, understand deviations in the system from the intended goals, glean insights from people's real–life experiences, and identify potential opportunities.

Synthesis of Field Notes

As part of the synthesis process, Quicksand analyzed all the data gathered from the field research. Affinity mapping exercises were employed to identify initial themes and clusters. User voices and artifacts were consistently integrated throughout this process, which helped us ground our efforts in the perspectives of end-users and stakeholders.

Link to Miro board **here**

Creating clusters through Affinity Mapping to identify early themes.
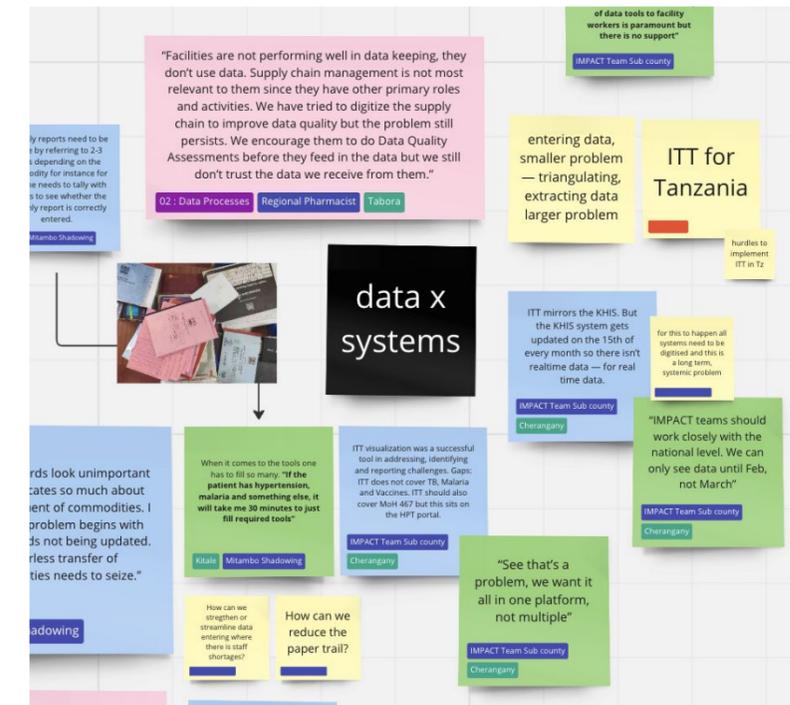
Using storytelling formats to document observations from the field.

Data Analysis & Identifying Opportunities

The next step involved analyzing the synthesized data and pinpointing opportunities. Primarily, the analysis was carried out within two categories: (1) Data use and processes, and (2) Capacity building and professionalization. Subsequent to this analysis, the findings and insights were defined, and relevant, opportunities were identified by framing them as "How Might We" statements.

Link to Miro Board **here**
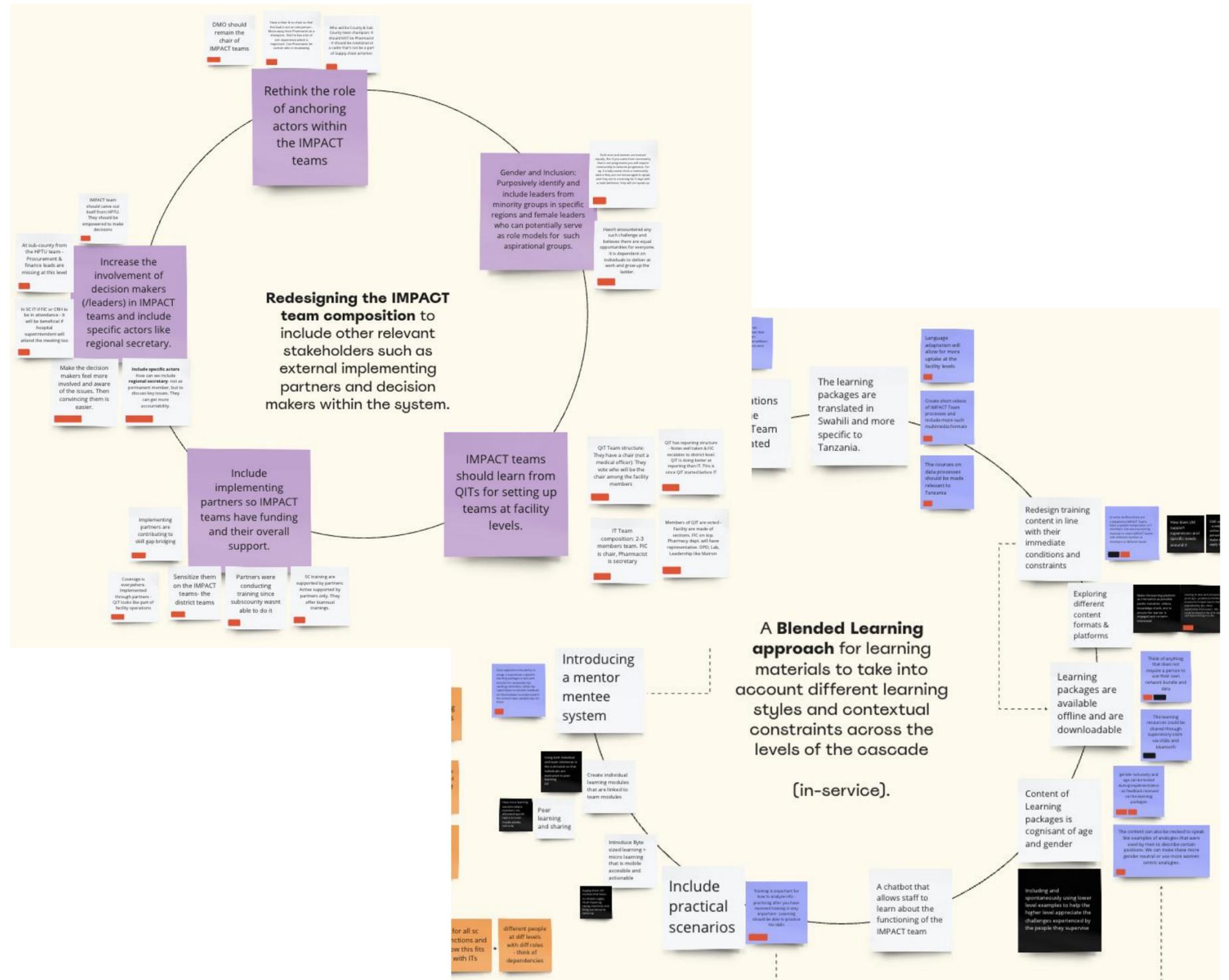
Approach to Identifying Opportunities

IMPACT 1.0 ———————————————▶ **IMPACT 2.0**

Kenya: Functional only at the sub
county level
Tanzania: On paper institutionalized
at all levels, functional only at district
and regional levels

Kenya: Scaling across all levels
Tanzania: Strengthening regional
and district processes (& scaling
to all facilities)

During the opportunity mapping process, Quicksand
adopted a systemic perspective (next slide). Building on the
design research conducted in the second phase, Quicksand
began developing the narrative for the next iteration of the
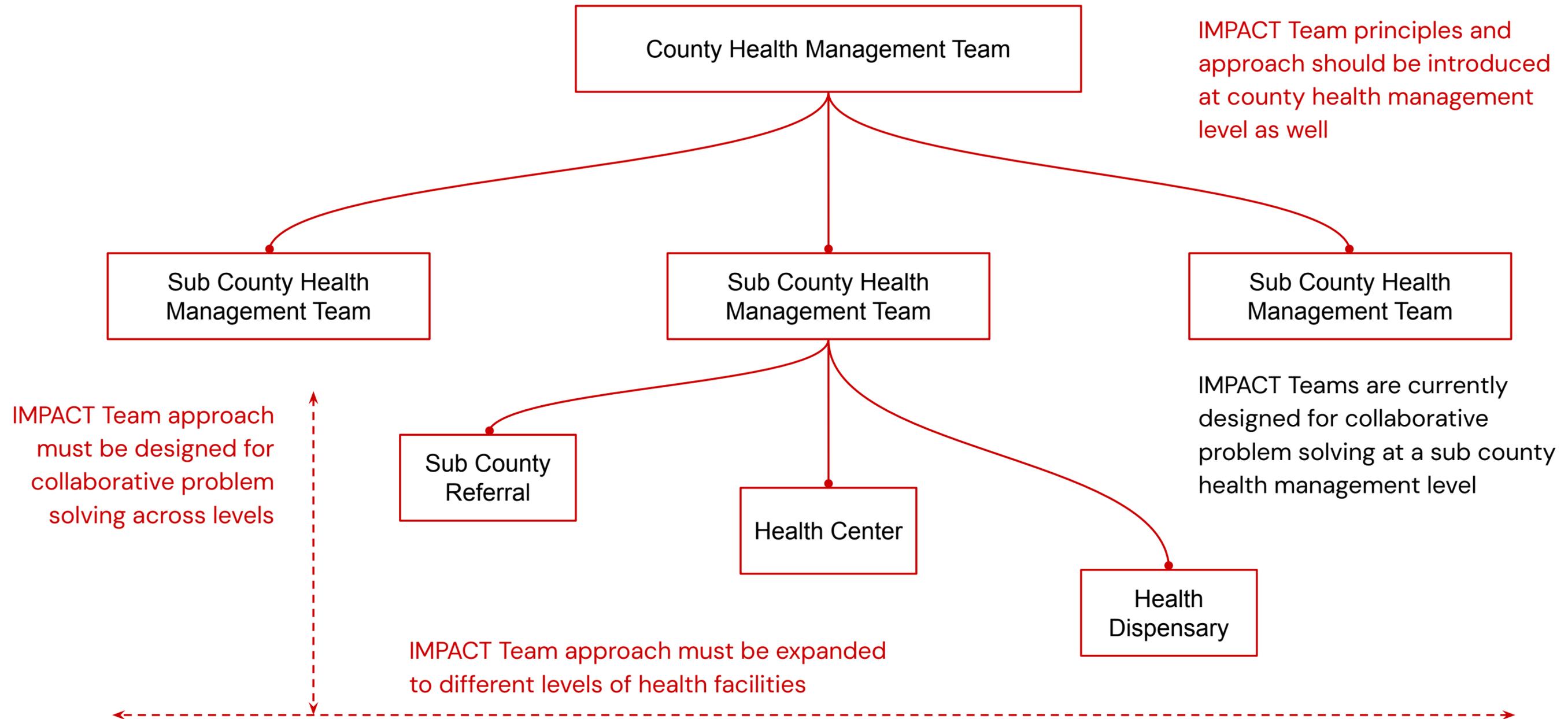IMPACT Team approach i.e. IMPACT 2.0.

This approach encompassed two overarching aspects that
guided the creation of our prototypes:
  1. Scaling IMPACT teams across all levels (Tanzania)
  2. Enhancing the capacity of IMPACT teams at the
      relevant levels (Kenya)

Ideal IMPACT Team Cascade

This diagram illustrates the considerations for the systemic approach of scaling and strengthening ITs as part of the IMPACT 2.0 strategy.

While this depiction is specific to Kenya, Quicksand employed a similar strategy for Tanzania as well.

County Health Management Team

IMPACT Team principles and approach should be introduced at county health management level as well

Sub County Health Management Team

Sub County Health Management Team

Sub County Health Management Team

IMPACT Team approach must be designed for collaborative problem solving across levels

Sub County Referral

Health Center

Health Dispensary

IMPACT Teams are currently designed for collaborative problem solving at a sub county health management level

IMPACT Team approach must be expanded to different levels of health facilities

Ideation Workshops

As part of prototype development, Quicksand conducted multiple ideation workshops to generate ideas based on the opportunities identified in the preceding step. These workshops involved inSupply teams from both Kenya and Tanzania, as well as external experts. Here are some specifics on the workshop design:

- Seven primary opportunity categories aligned with two overarching objectives were defined.

- Multiple *"How Might We" (HMW)* statements were formulated under each opportunity category.

- The workshops were designed to foster the generation of diverse solutions related to these specific HMWs.

- Analogous instances of innovations from other sectors, albeit in distinct yet comparable contexts, were utilized to stimulate idea generation.

- Sacrificial Concepts developed during the early stages of the first phase were used as additional sources of inspiration for ideation

Link to Miro Board **here** & **here**.

How Might We contextualize and customize IMPACT Team learning resources to different cascade levels?

Learning 01

In terms of supply chain management training needs, a uniform approach doesn't suit everyone. For example, in dispensaries facing understaffing, nurses are tasked with inventory management and drug dispensation. They don't require an extensive understanding of the supply chain but instead, benefit from a concise and focused introduction.

Learning 02

When creating learning resources for administrative staff and service delivery staff, it's crucial to address their specific requirements. Nurse-in-charges and pharmacist-in-charges at the sub-county or county level need easily accessible and shareable resources that help them in mentoring and supervision. On the other hand, service delivery staff benefit from hands-on, practical demonstrations to enhance their skills.

Learning 03

Soft skills vary across different levels of the cascade. Certain skills like communication, team dynamics, and problem-solving are applicable to all levels, while leadership and management skills are crucial for those at the county and sub-county levels. On the other hand, understanding the ethics of health service provision was specifically cited by a pharmacist at the sub-county level.

The research team at the Kitale County
Referral Hospital, Kenya

Quicksand's approach
HCD Training

Quicksand's role also included equipping inSupply team members with Human–Centered Design (HCD) skills, enabling them to grasp and lead the process through the entirety of the project duration.
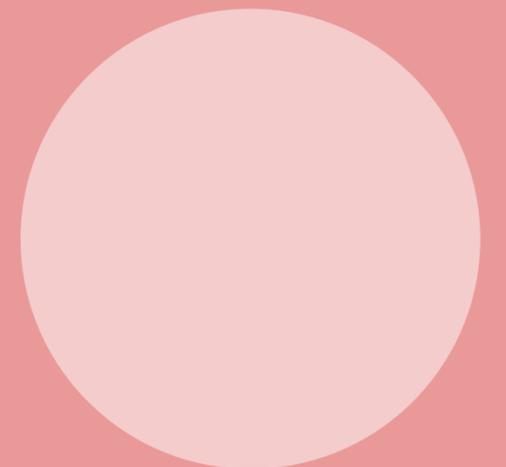
Training components

The Quicksand team created a tailored HCD training program for the inSupply team, which included:

Preparing for Field Research and Prototype Testing	Facilitation and Interviewing Skills for Fieldwork	Documentation and Synthesis of Post-Research Notes	HCD Synthesis and Analysis Training

Preparing for Field Research and Prototype Testing

As part of the training process, the Quicksand team started by sharing the overarching HCD process and several commonly used tools. This initiation took place via an in-person workshop involving all inSupply and Quicksand team members in both Kenya and Tanzania. This was achieved through:

1. **A film** depicting the intricacies of the HCD process and the resultant solutions.
2. **A prior project** undertaken by the Quicksand team, covering stages from research to prototyping.
3. Introduction to **common approaches and tools** in HCD research.

Through these means, the inSupply team gained an opportunity to immerse themselves in the process from different perspectives. Additionally, the workshop provided a platform for addressing questions and clearing doubts.

Link to workshop deck **here**

Facilitation and Interviewing Skills for Fieldwork

In the spirit of experiential learning, Quicksand meticulously crafted a training program for field research and interviewing. This included observing Quicksand facilitators during live interviews. The process unfolded in three stages:

1. **Shadowing** Quicksand Facilitators
2. **Co-facilitation** alongside Quicksand Facilitators
3. **Independent facilitation** by inSupply Team Members

Moreover, the aforementioned HCD workshop allowed inSupply team members to engage in mock interviews for practical experience.

Synthesis details **here**

Documentation of Post–Research Notes

An important aspect of the process entailed a significant emphasis on post-research and on–field documentation. This consisted of two key components:

1. **On–Field Documentation:** inSupply team members underwent active training and participation in this process. They played a pivotal role in this stage, particularly during the initial phases.

2. **Daily Debriefs:** Employing a daily debrief, the focus was on consolidating notes at the conclusion of each day's activities. This approach also allowed for the inclusion of personal reflections from the field researchers.

These elements collectively facilitated active engagement of the inSupply team in the research process.

Documentation details **here**

HCD Synthesis & Analysis Training

The Quicksand team ensured the continuous involvement of the inSupply team during the synthesis and analysis phase of the project. This was accomplished through two methods:

1. **Miro-led Synthesis Walkthrough:** Quicksand team orchestrated the synthesis and analysis of all research data and shared the process with the inSupply team through collaborative virtual sessions and demonstrations.

2. **Independent Analysis:** The inSupply team took the lead in analysing the additional data collected by them later in the project and brought their insights and learnings into the overall analysis.

This marked the final phase of the HCD training for the inSupply team. It ensured that they acquired an understanding of how data sensemaking is carried out.

Synthesis details **here**

KITALE EYE UNIT

KITALE EYE UNIT.

OPERATION EYESIGHT UNIVERSAL
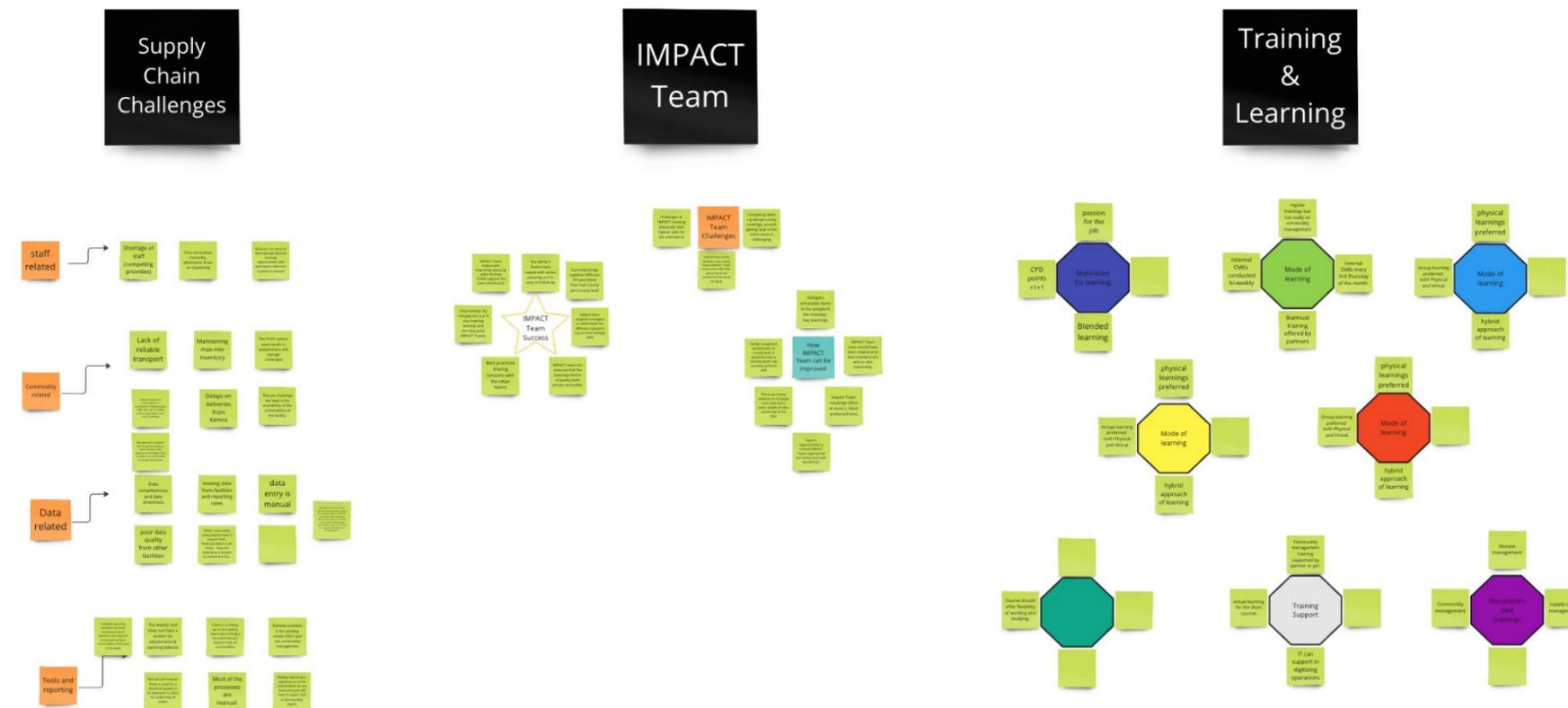
For All The World To See

Meeting the County Leadership, Kenya

What does inSupply need to do to improve workforce capabilities for a more efficient supply chain?

Strategies to Improve Supply Chain Management

Context

Supply chain management improvement strategies need to be implemented at both the service delivery and administrative levels. Different challenges and opportunities emerged at each level of the health system, and the suggested strategies aim to address these nuances at every level, thereby enabling holistic improvement in the supply chain.

	Levels	Teams and Facilities	People & Roles	Objectives to be achieved across the health cadre
Service Delivery Key Activities : Data entry, Inventory Management, Dispensing Medicines and Patient Care	Facility Level	Dispensaries, Health Centres, District Hospital, Regional Hospitals, National Teaching and Referral Hospitals	Nurses, Facility-in-Charges, Lab Technicians, Pharmacists, Medical Officers In Charge	**Equip health workers** with the required technical and behavioral expertise to routinely apply context-specific supply chain management practices in their work. **Develop and strengthen operational processes and tools** to enhance data equity and support real-time data visibility, accessibility, and use among supply chain professionals and multi-sectoral stakeholders. **Identify and recommend a contextualized framework for professionalization** of supply chain workforces, including for women and marginalized
Administrative Key Activities : Monitoring and Supervision, Mentoring and Training, Data Quality Assessment and Management, Demand Estimation and Quantification, Procurement and Distribution.	District/ Council Sub county	IMPACT Teams CHMT: Health Management Teams	Nurse- In-Charge, District Pharmacists, HRIOs, Program Coordinators, Pharmaceutical Technologists	
	Regional/ County	IMPACT Teams (Tanzania only) RHMT: Health Management Teams		
	National	PORAL-G, HPTUs Pharmaceuticals Unit		

Zoning in on the 3 Key Strategies

A synthesis of our primary research reinforced three key strategies

IMPACT Teams currently operate at the sub-county level in Kenya. Their effectiveness relies on inSupply's support for moderation and resources. New health workforce members depend on predecessors for orientation, resulting in over reliance on a few. In Tanzania, IMPACT Teams while institutionalized function irregularly at the district level due to already overburdened health workers. These teams can benefit from a culture of exchange and motivate each other to collaboratively solve supply chain challenges. Read more here.

Facilities face significant challenges due to staff shortages and subsequent task shifting. Pre-service training for nurses doesn't include essential supply chain management education. As a result, nurses must learn on the job, adding to their workload and impacting supply chain efficiency at the facility level. These service delivery points also function as data entry points, influencing decision-making at higher levels. Timely and accurate data entry is crucial for effective quantification. Read more here.

IMPACT Team task management hinges on member availability, resources, and motivation. Due to irregular meetings, there's no accountability or task follow-up. except when "champions" drive the initiative. In addition to this, processes such as recording the Minutes of the Meeting (MOM) are manual, with only a few such as pharmacists or RMOs overseeing the responsibility of task completion.
Read more here.

01 Therefore, a key strategy is to facilitate a stronger culture of knowledge exchange between sub county/district level IMPACT team members.

02 Therefore, a key strategy is to build contextual capacity for essential supply chain knowledge at all levels of service delivery.

03 Therefore, a key strategy is to build accountability structures for IMPACT Teams and supervisors at county and regional levels for efficient task management and increased transparency in the system.

43

Mapping Project Objectives & Key Implementation Strategies

Equip health workers with the required technical and behavioral expertise

Facilitate a stronger culture of knowledge exchange between sub county/district level IMPACT team members.

Develop and strengthen operational processes and tools to enhance data equity and support real-time data visibility, accessibility, and use

Build contextual capacity for essential supply chain knowledge at all levels of service delivery.

Identify contextualized framework for professionalization of supply chain workforces

Establish accountability structures within IMPACT Teams and among supervisors to enhance efficient task management and promote transparency within the system.
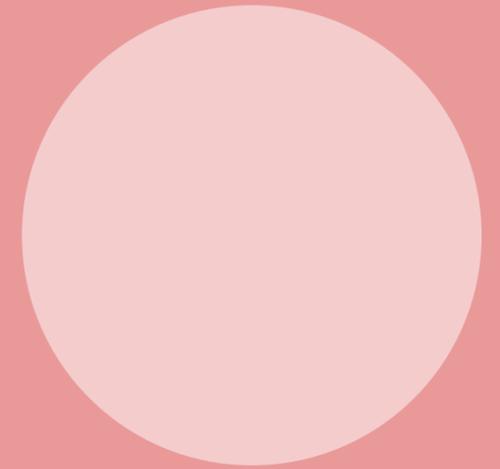
Visiting the TTRH Warehouse, Kenya

Strategy 01

Facilitate a stronger culture of knowledge exchange between sub county/district level IMPACT team members.

Learnings from the Field
Through primary field research in Kenya

Once support and facilitation from external partners like inSupply ceases, the IMPACT team's functioning in terms of regular meetups or follow through on their action plans, also gets affected adversely.

"Honestly, after data review we don't really follow up once we identify problems. I sometimes call the facilities to check in on them but that's it. Additional support and facilitation is required for problem solving."
Quote from the field

Collaborative learning through peer-to-peer or cohort-based models creates a supportive environment that fosters a sense of collective commitment to organizational goals.

"We see value in learning from other IMPACT teams as they share their success stories. For instance, currently we are struggling with facilitation. Maybe there are creative ways in which other IMPACT teams are managing facilitation. A monthly zoom call along with a responsive WhatsApp group would be very helpful. WhatsApp groups as an add on would be good because meeting timings often clash."
Quote from the field

New IMPACT Team members rely on previous members to learn the ropes due to the absence of a formal knowledge transfer or orientation process, resulting in knowledge gaps. With a decreasing number of meetings, the **onboarding process for new members takes longer** to be effective.

The Sub County pharmacist was onboarded to IMPACT team by his predecessor. However, a new member has little knowledge of the functioning of an IMPACT team. "Orientation for new members is missing."
Quote from the field

Learnings from the Field
Through primary field research in Tanzania

Being physically together during meetings and trainings creates more opportunities for asking questions.

"The training should be offline because when you are together, you share more ideas, ask more questions. Online is good but people should also share experiences and examples".
Quotes from the field

The ideal scenario involves members and teams sharing expert knowledge with each other, but in practice, this proves challenging. WhatsApp groups are used to fill these gaps.

"The weekly IT meetings usually include learning sessions. If a CHMT member attends a training they are required to inform the IT. However they claim that it is very difficult for them to transfer the knowledge to staff at the facilities since they don't get a chance to visit very often…I have a mentoring whatsapp group with nurses to provide guidance on any challenges they may be facing. The group also includes a few additional experts who can address queries."
Quotes from the field

Some IMPACT teams expressed the desire for formal training and joint sessions or meetings where all districts can come together to share experiences, best practices and ongoing challenges.

"I attend IMPACT Team meetings in Sikonge to learn how they conduct their meetings, solve problems, do data analysis and do all this at my own expense. I then carry forward and share these learnings as best practices with my team."
Quotes from the field

Find more learnings here >>

Articulating Opportunities

How Might We build capacity within the IMPACT teams to reduce reliance on external partners?

How Might We establish systems to facilitate the transfer of knowledge from experienced or successful IMPACT Team members to newcomers?

Inspirations from research...

The learnings from the IMPACT Team approach have been extended to other programs and daily supply chain management tasks.

"The IMPACT team approach was very handy, it helped us understand our data. We were doing it with our facilities and they appreciated that they could look at data before submitting.

To ensure data quality, one sub-county member works with a specific facility facing an issue, "We send across our team members based on what the facility requires, so for example our HRIO provides support and clarifies doubts on data. We have fixed one day for all HRIOs – or someone else if HRIO is not there – to come to the sub county to submit data between 1st–5th of every month. During data reviews we look at service and commodity data. While doing this we talk about and address any inconsistencies together."

Quote from the field

Strategy 02

Build contextual capacity for essential supply chain knowledge at all levels of service delivery.
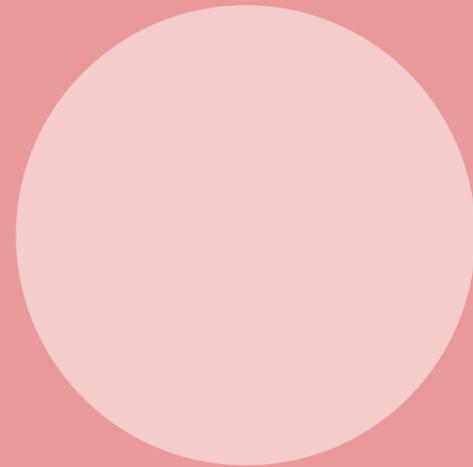
Learnings from the Field
Through primary field research in Kenya

Many **individuals are highly motivated to learn and upskill** for career progression or to improve job performance. However, there is often **limited understanding of specific skills and competencies required for career advancement.**

"A senior went for a masters in clinical pharmacy and had a faster chance for promotion. According to the system, I have to wait 3 years before moving up."
Quotes from the field

Due to staff shortages, health workers are compelled to multitask, leading to a decline in their overall work and data quality and resulting in suboptimal supply chain performance.

"The facility is severely understaffed. Currently two nurses provide services and fill all the bin cards, the DARs and monthly reports on top of their primary service delivery tasks."
Quotes from the field

Rewards serve as incentives for those who go above and beyond their assigned roles or effectively utilize data to drive improvements.

"I have never seen any recognition for service delivery or a facility in my entire career. Motivations need to exist for best performing facilities — it may even help you bring up your performance as a sub county."
Quotes from the field

Find more learnings here >>

Learnings from the Field
Through primary field research in Kenya

Supply chain management ==capacity building and training needs to be tailored to the specific learning requirements at each level.== One size does not fit all.

Nurses require knowledge on filling bin cards and entering data into eLMIS, which can be covered with a targeted primer rather than extensive supply chain expertise. In contrast, supervisors and administrators at higher levels need technical skills in quantification and procurement.
Quotes from the field

The content of inSupply's ==Learning Packages have been praised for their multimedia nature== and applicability in daily work. However, the learning resources ==lack a dedicated space for asking questions== and seeking clarifications.

"I have completed all 4 learning packages and have certificates for all. I'm happy with the quality of content on each of the courses including the images and video content."
Quotes from the field

Pharmacists feel that only a ==small fraction of their pre-service training is applicable== on the field. Subsequently, in-service training content needs to be more relevant to their day-to-day and on-job responsibilities.

"In addition to leadership and management, it is important to learn about other soft skills such as ethics and communication."
Quotes from the field

Learnings from the Field
Through primary field research in Tanzania

The Comprehensive Annual Plan emphasizes supply chain responsibilities as a subset of various health workers' roles. The government acknowledges the significance of ensuring that every health worker has a foundational understanding of supply chain.

"Supply chain training needs to be given to all health workers (not just the pharmacist, lab scientist etc.) since the doctor, nurse also carry out supply chain tasks."
Quotes from the field

The Ministry of Health offers dedicated supply chain management courses through their e-learning platform. They actively seek private partner collaborations for supply chain training when skill gaps are identified.

"The MoH has a course that covers 5 modules on state of the art supply chain interventions. We are the first country and only country to to adopt these. We train them whenever we see a gap in supply chain related activities. We also collaborate with partners to carry out these training sessions, like Jhpiego."
Quotes from the field

Lack of training on data interpretation and analysis makes it difficult for the facilities to use the data they are generating.

"I would want a package on data analysis, something that focuses on interpretation and triangulation of data. Filling out the e-LMIS is not a problem. If we get training in data analytics it would help over and under stockage."
Quotes from the field

Learnings from the Field
Through primary field research in Tanzania

Due to the absence of the Indicator Tracking Tool in Tanzania, the responsibility of making sense of the data falls on the members of the IMPACT team.

"There is a need to capacitate the other members on the IT approach, data extraction and analysis. Filling in the R&R is a challenge for the facility level team members as they may not have the right skills for it. They know how to capture logistics data in eLMIS but not extracting data from eLMIS. Facilities can't access the eLMIS reports but they enter the data on it."
Quotes from the field

Having a dedicated supply chain professional in the health system is beneficial, only if they have a clinical background.

"Adding a supply chain specialist will be a failure because if he doesn't have a pharmaceutical background he may not know the origin of why one should issue certain drugs."
Quotes from the field

There is a strong desire for supply chain related learning content to be linked to CPD (Continuous Professional Development) points.

"Specialised courses in supply chain management should ideally be introduced at the back of pharmaceutical studies."
Quotes from the field

Find more learnings here >>

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Articulating Opportunities

How Might We contextualize and customize supply chain learning resources to different levels in the health system cascade?

How Might We design training content to balance individual and peer-to-peer learning practices?

Articulating Opportunities

How Might We ensure that the learning resources account for the context –specific constraints of the learner?

Experienced teachers within the system can address the gaps in the pre-service curriculum.

"Supply Chain Management was part of my preservice training so I learnt the basics in my bachelors because I had a teacher with many years of experience who believed his students should know about supply chain. When you have knowledgeable trainer, you enjoy the training"

Quotes from the field

Strategy 03

Establish accountability structures within IMPACT Teams and among supervisors to enhance efficient task management and promote transparency within the system.

Learnings from the field
Through primary field research in Kenya

Task shifting is common across levels and roles. This often leads to overburdened health workers, poor management of tasks and teams, with a lack of follow ups on previously decided action items or challenges.

Most of the members of the supportive supervision team were standing in for others, this meant loss in transfer of knowledge. They did not review the previous action points before beginning the supervision which is something they would have done otherwise during a routine supervision.
Quotes from the field

Currently IMPACT Teams record minutes of the meeting manually which makes it difficult to track progress and trace records from older meetings. There is scope for this process to be digitized for better flow of information both up and down the cascade.

While facilities' primary task is to enter data, there is a need to share aggregated data back with the facilities so they know how other facilities are performing vis-a-vis theirs.

"The facilities have no visibility on where they rank — whether their performance has been good or not. "Someone asked me...are we really performing this badly?."
Quotes from the field

Learnings from the Field
Through primary field research in Kenya

Healthcare workers have limited appreciation for the value of data given that they do not use it at their level.

"The IMPACT team approach was very handy, it helped us understand our data. We were doing it with our facilities and they appreciated that they could look at data before submitting. It also helped with redistribution. Data management helped identify gaps as a sub county and within the facilities. This kind of visibility helped with overall commodity management at facilities."
IMPACT Team, Endebess

Find more learnings here >>

Learnings from the Field
Through primary field research in Tanzania

In theory, there should be mentorship from higher levels, but the assistance received is more horizontal than vertical.

"We have been facing many challenges; IT members at the regional level are very busy, it is challenging to get them in meetings, and we have to do it on Saturdays at times. Getting the RMO is tough; all RHMT members are part of the IMPACT team and are always busy. Another challenge is that we don't have resources to pay; no one has tried to support us with these meetings."
Quotes from the field

Pharmacists are seen as particularly valuable supply chain mentors. Their understanding of medical products and their distribution could greatly benefit the supply chain process.

"We need to have supply chain specialists/officers to reduce the overall workload however the supply chain officer will need to have a health pharmacist background. It will be very helpful to have a pharmacist who specializes in supply chain as a Supply chain Officer or expert."
Quotes from the field

Promoting effective decentralization of responsibility within IMPACT Teams through rotation of roles will facilitate the emergence of new leaders in the ecosystem and ensure adherence to processes.

"A rotation of IT members for different roles is a followed. For instance, extraction of data from the eLMIS is mainly the function of the pharmacist and so there are functions or roles that are more technical and these are constant but other roles like that of the meeting secretary are on a rotational basis."
Quotes from the field

Find more learnings here >>
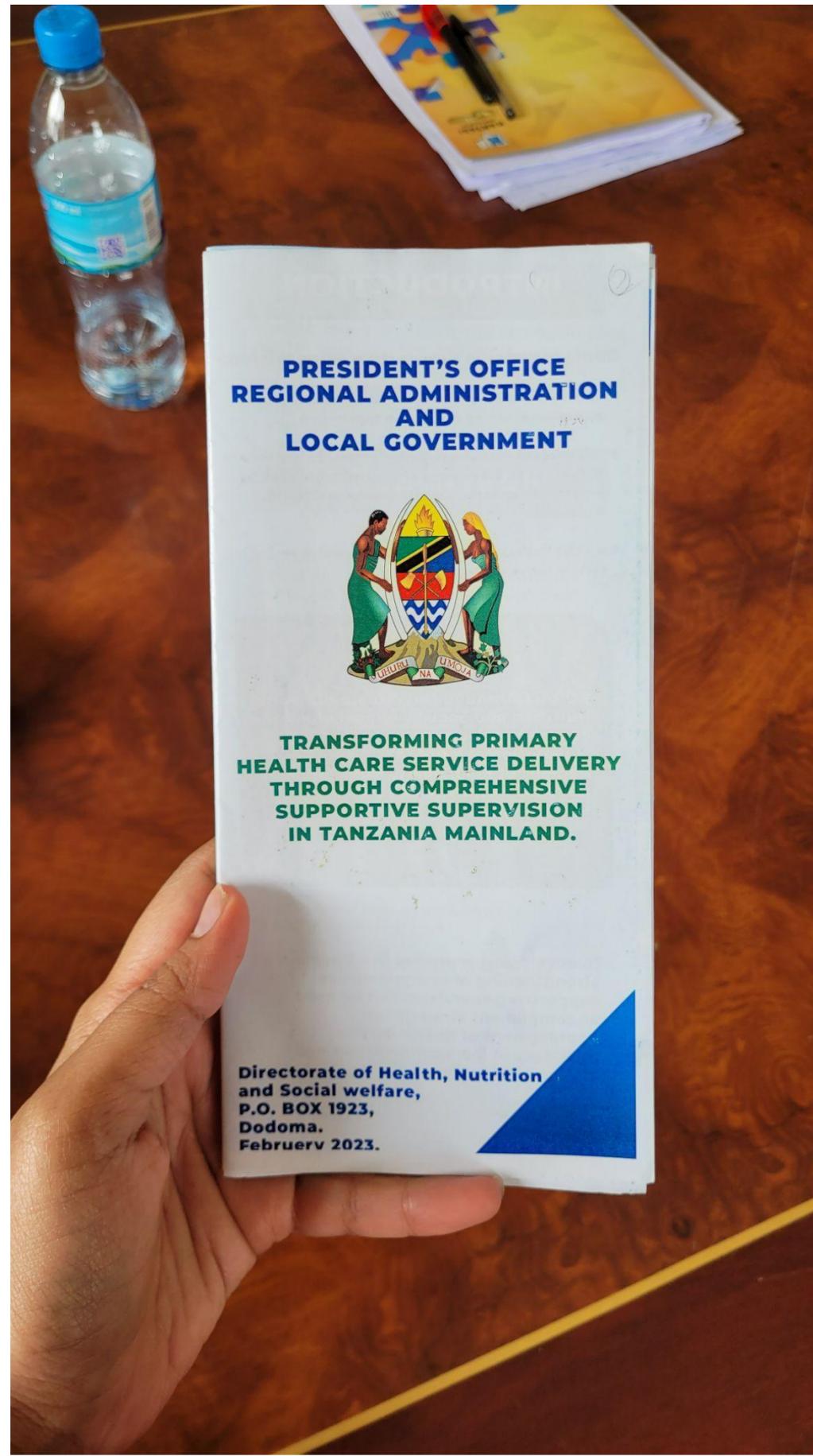
Articulating an Opportunity

How Might We build accountability within IMPACT Teams to follow through with action plans?

How Might We design for the plans, actions, and knowledge of individual IMPACT Teams to be shared across the cascade?