



**IMPACT Teams**

# IMPACTT APPROACH

Multi Country Experiences



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH



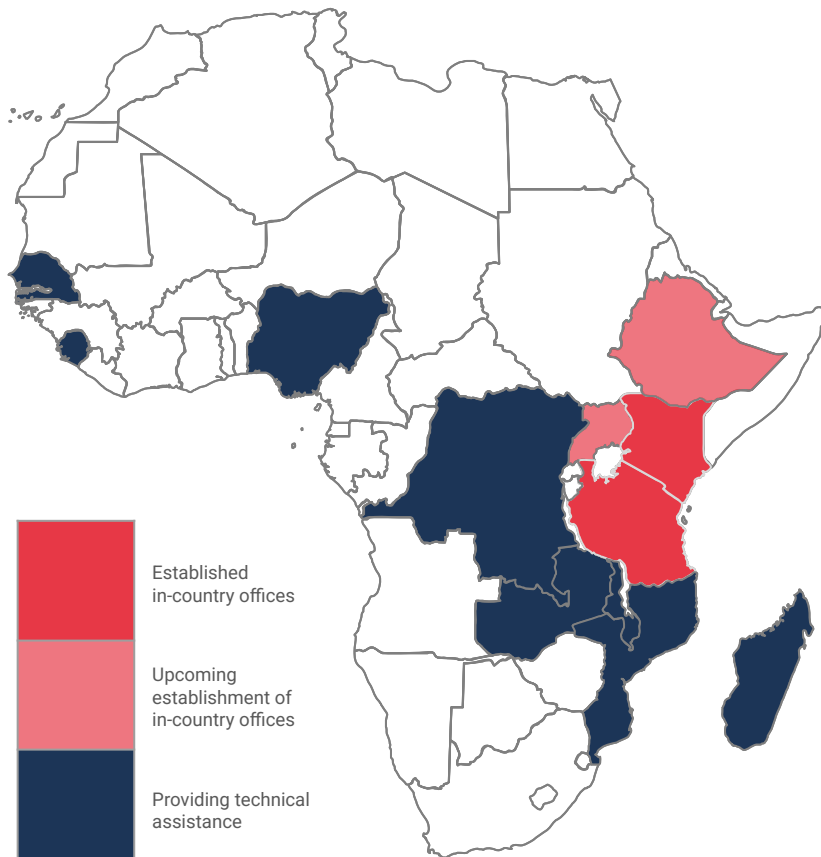
# inSupply Health

Background



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH

# inSupply Health



## Who We Are

inSupply Health, an East African health advisory firm, pioneers innovative approaches for improving health access and outcomes through strengthening health systems and supply chains.

## Our Purpose

Enabling communities to lead full, healthy and happy lives.

## Our Mission

Transforming health outcomes by co-creating intelligent and resilient people-centered supply chains.

## Our Vision

To be the leading health supply-chain advisory firm for expanding access in Africa.

# What We Do

## We have 4 Areas of Domain Expertise



## How We Work

We aim to transform access and supply chain system performance from the “inside” through scalable, sustainable innovations that we co-create with users to address their priority pain points and to foster their ownership.

We use a catalytic implementation model; we demonstrate the impact of an innovation, iterating using our signature adaptive learning model. We package the innovation into core and context components that can then be adapted across contexts and scaled by others.

# inSupply Health



## Public Sector

- Fostering data visibility and analytics as the foundation for data use in supply chain
- Embedding a data use and performance monitoring/management culture
- Enhancing supply chain skills, competency, capacity
- Providing consulting services for specific supply chain areas

## Private Sector

- Facilitating market understanding and helping to navigate market entry for innovators
- Facilitating new product introduction
- Mining and analyzing accessible data to develop valuable, actionable insights for organizations

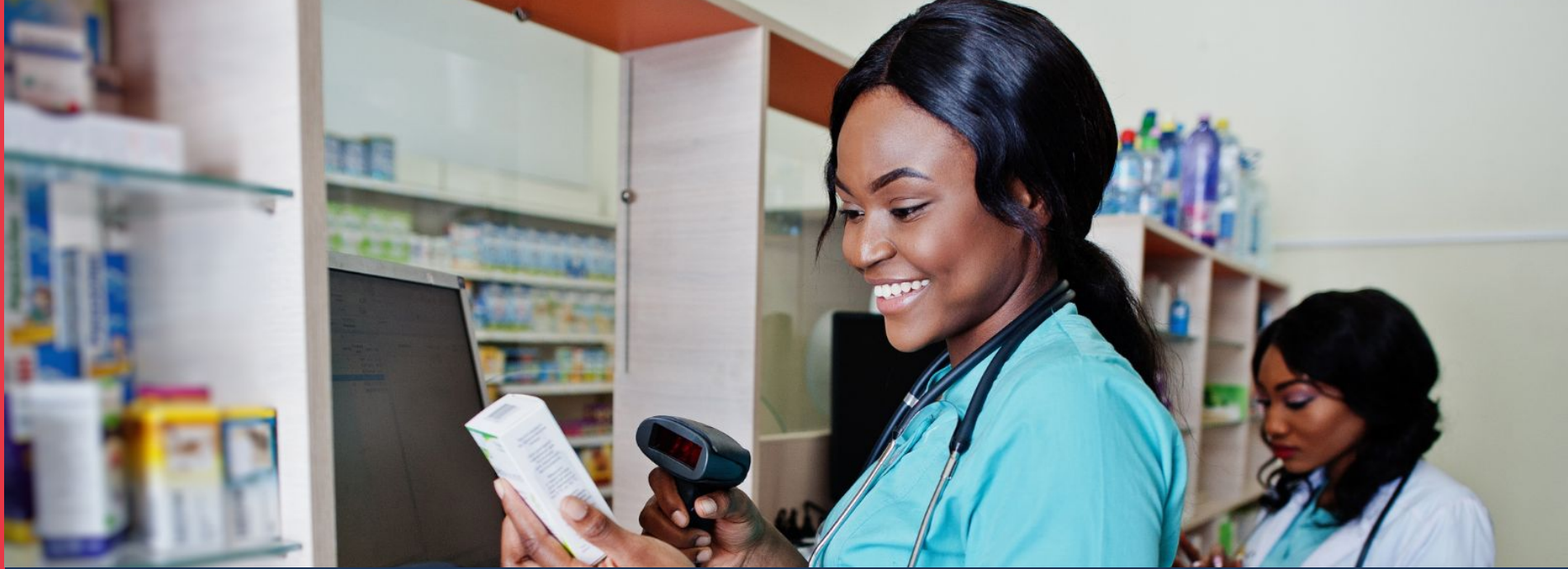


# Our Unique Value Propositions



## **Innovative | Scalable | Sustainable**

inSupply Health transforms health outcomes by delivering innovative, scalable, and sustainable supply chain solutions. We drive lasting global health impact by co-creating locally contextualized systems that leverage adaptive learning, data, technology, and human-centered design. Our solutions are implemented across the public and private sectors to ensure long-term, future-ready impact.



# IMPACTT Approach



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH

# Background



**50%**

EAST AFRICA POPULATION

**60%**


REGIONAL GDP SHARE


Implementation Area	Population	Under-five Mortality Rate per 1000 live births	Health Exp. (% GDP)
Kenya	57.5M	39.5	4.3%
Ethiopia	135.4M	41.9	2.9%
Tanzania	70.5M	37.1	3.1%

# Kenya Health System Foundation



Kenya operates under a **devolved health system**, balancing central policy direction with localized service execution.

 **Ministry of Health (MoH):** National policy, regulatory standards, and oversight.

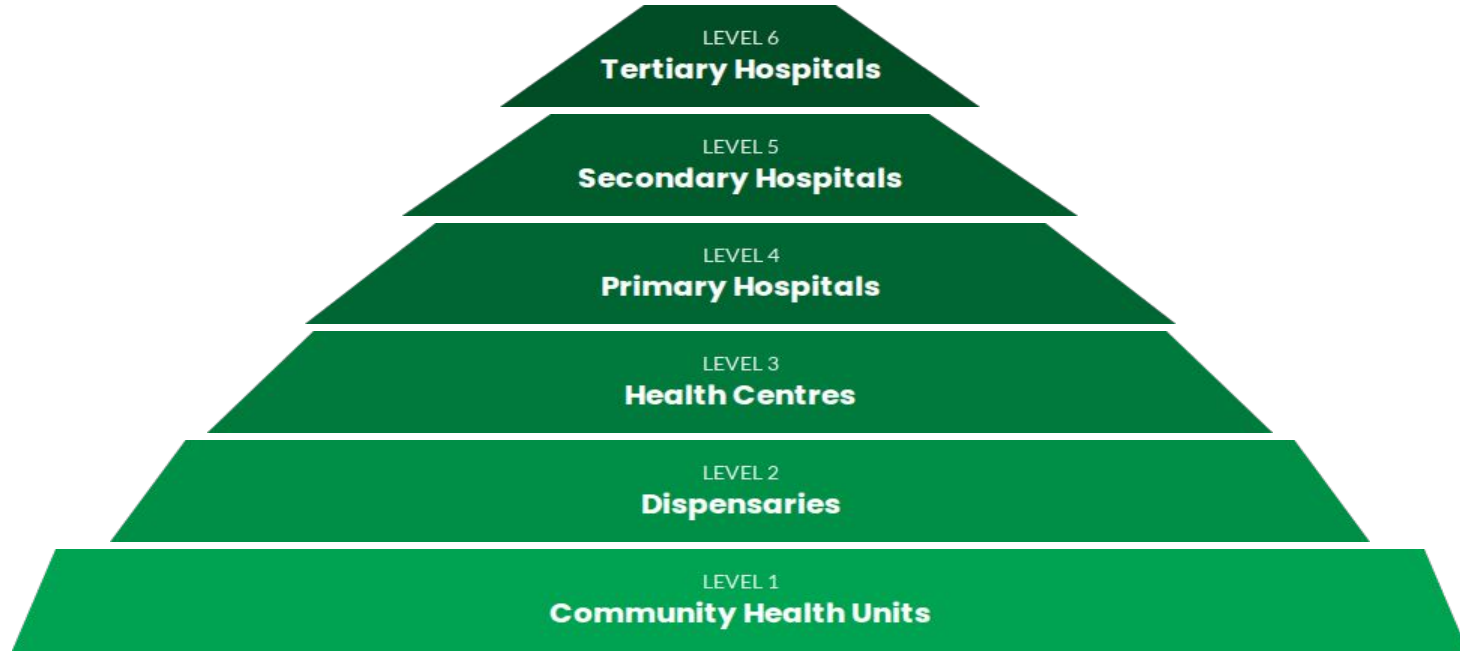
 **County Governments:** Direct service delivery, personnel recruitment, and facility management.



**47**  
COUNTY  
GOVERNMENTS

**12k+**  
HEALTH  
FACILITIES

# 6-level Health System



**12,714**  
HEALTH FACILITIES

**5,840**  
RETAIL PHARMACIES

**5,215**  
COMMUNITY HEALTH UNITS

# Kenya Health Supply Chain System



## Centralized Agency (KEMSA)

Primary agency for public sector procurement, warehousing, and nationwide distribution to health facilities.



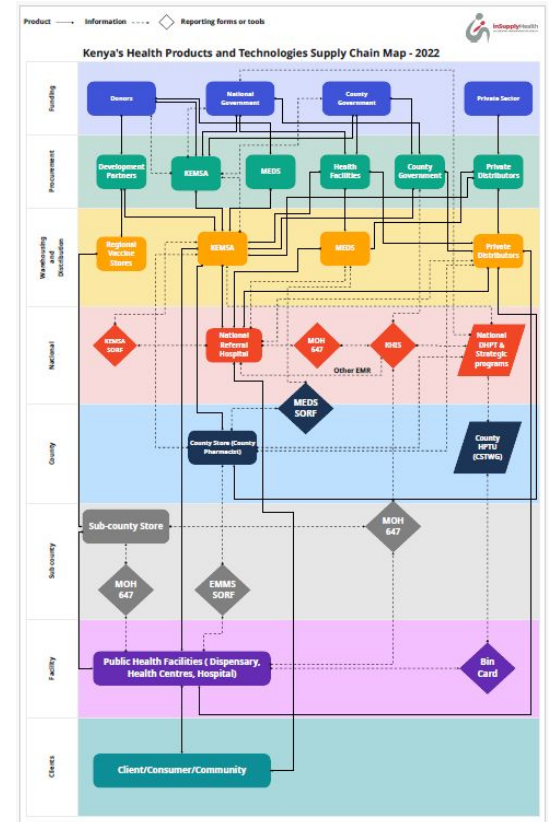
## Digital Infrastructure

Utilizes eLMIS / KEMSA LMIS and KHIS (DHIS2) for real-time visibility, ordering, and reporting.



## Localized Management

Counties and facilities lead forecasting and commodity management, supported by routine supply planning exercises.

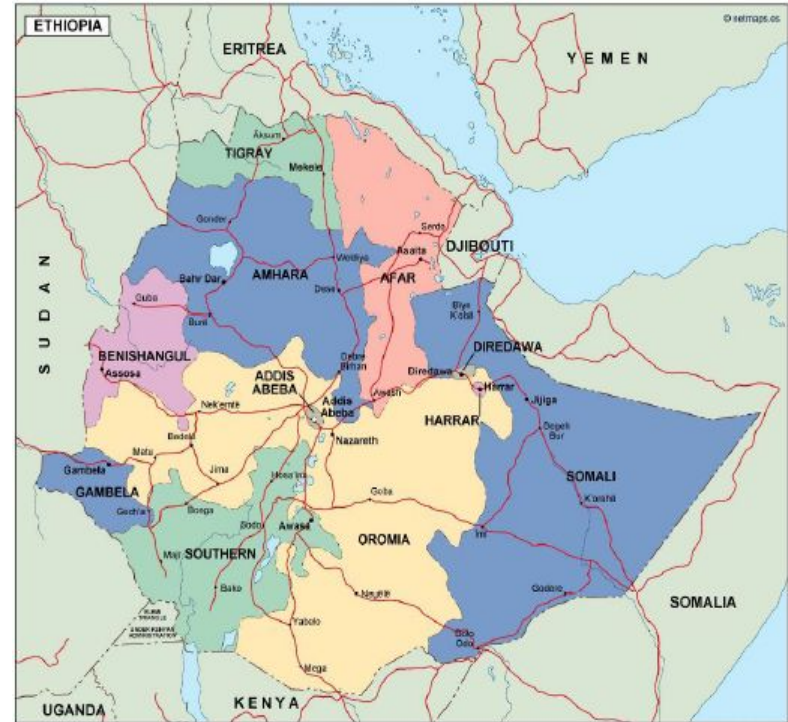


# Ethiopia Health System Foundation

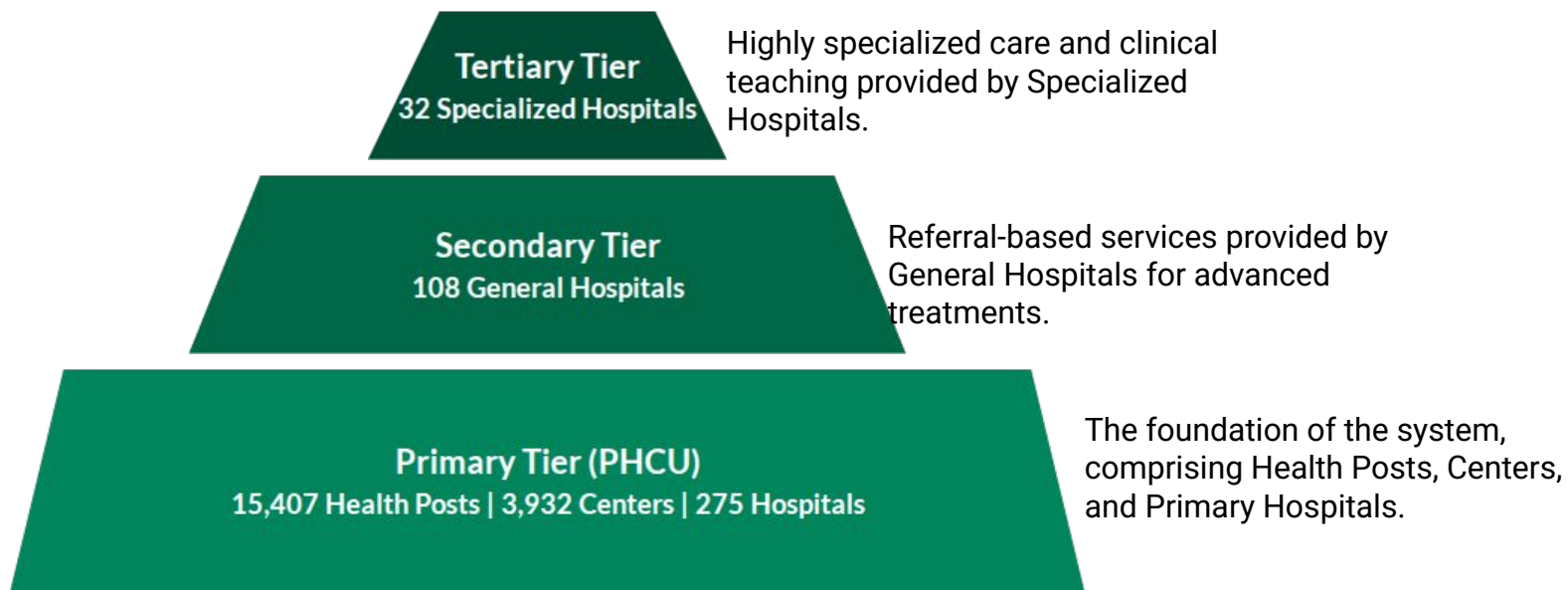
Ethiopia's healthcare delivery is built upon a decentralized administrative structure to ensure equitable access across the nation.

**12**  
REGIONAL  
STATES

**02**  
CITY  
ADMINISTRATIONS

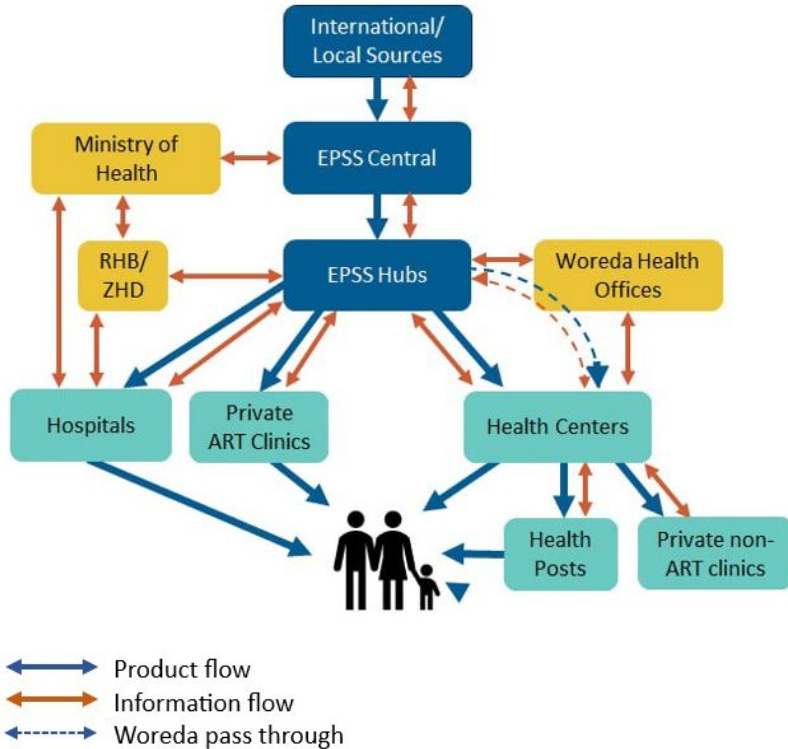


# Ethiopia's Healthcare Tier System



The pyramid structure is heavily bottom-weighted to prioritize community-level preventive health coverage.

# Ethiopia Health Supply Chain System



## Integrated & Decentralized Model

EPSS is the sole state-owned supplier for public facilities. High-priority health programs (HIV, TB, Malaria) are quantified and procured centrally while other essential commodities are quantified and procured by the facilities.

Health facilities are resupplied with program commodities on a monthly or bi-monthly basis through the Report and Requisition Form (RRF) system. Other essential commodities are procured on a quarterly basis, driven by a committed demand supply agreement with EPSS.

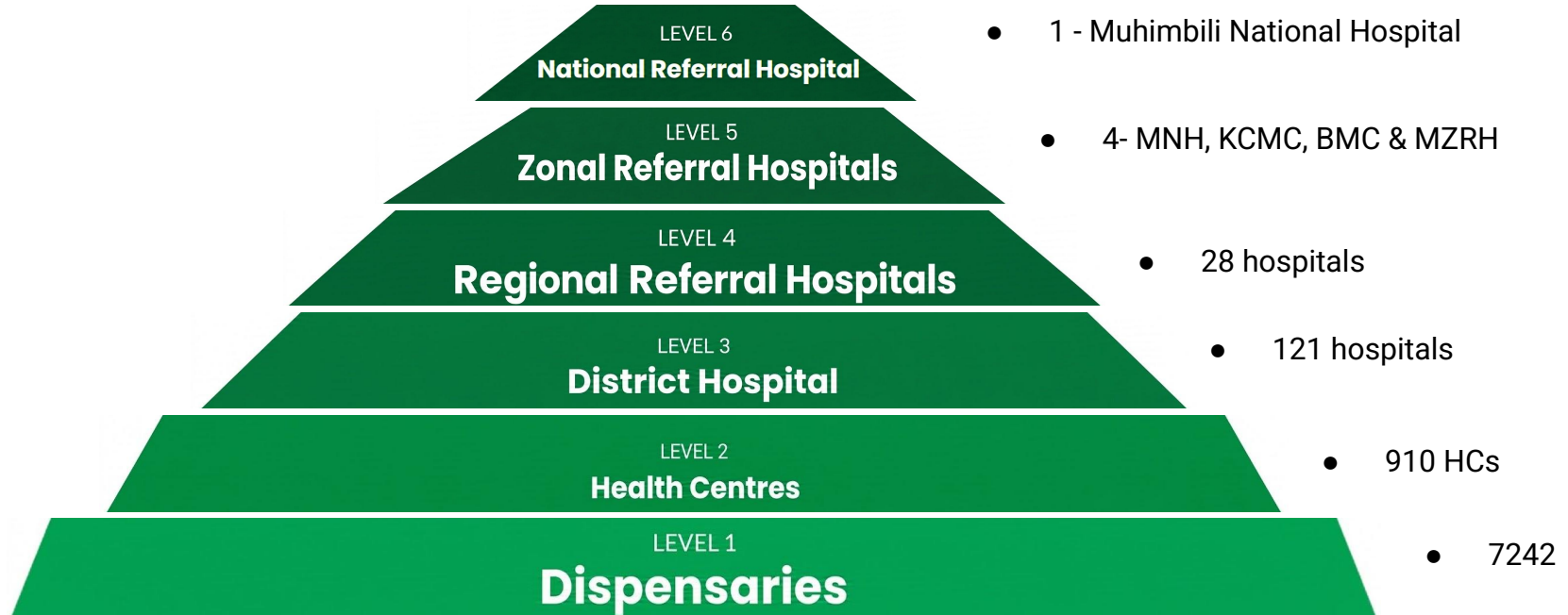
## Inventory Min-Max Levels

Facility Type	Min Level	Max Level
Hospitals & Centers	2 Months	4 Months
Health Posts	1 Month	2 Months

*Vaccines have 1 and 2 month min-max level.*

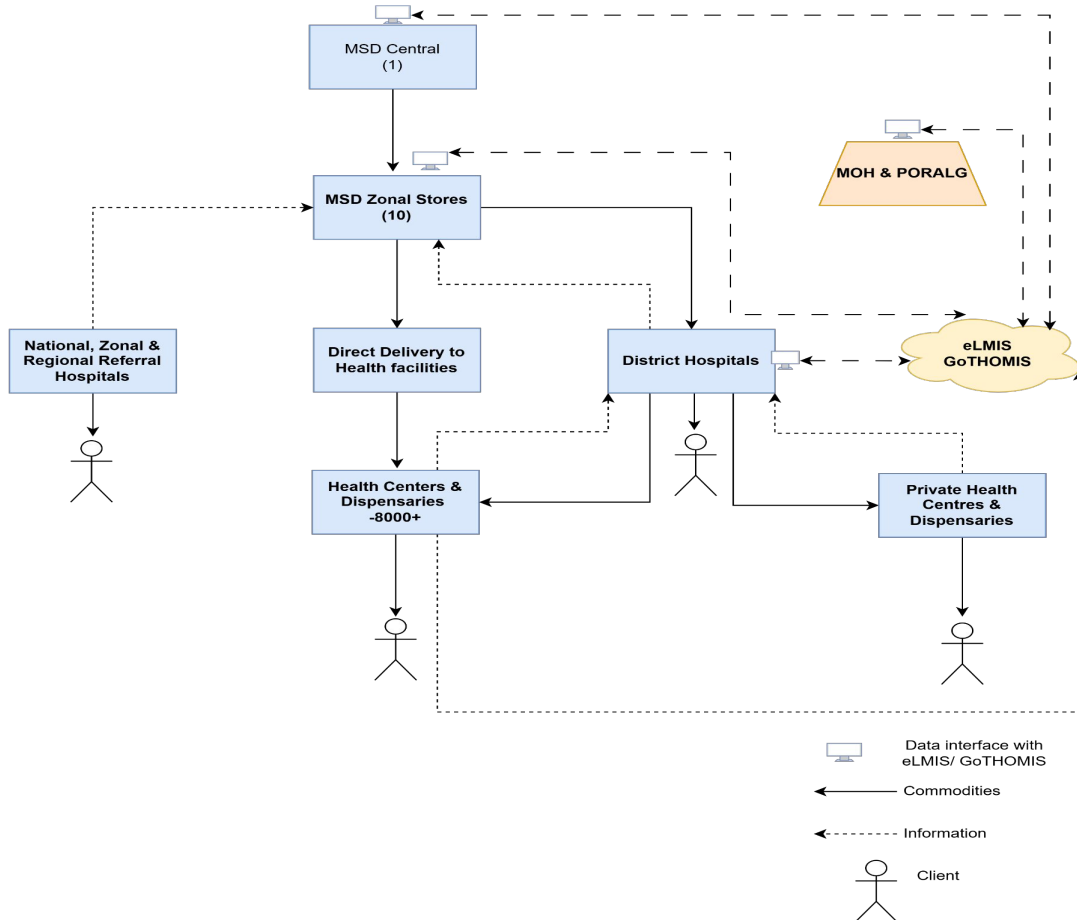


# 6-level Health System



*Health care in TZ follows a pyramidal referral structure with six tiers. At the base are dispensaries, which serve as the first point of care in villages & wards. Above them sit health centres at the ward level, then district hospitals, regional referral hospitals, zonal referral hospitals and finally the national referral hospital at the top.*

# Tanzania Health Supply Chain System



- Products arrive in country at MSD Central from a variety of funding sources & procurement mechanisms.
- From Central MSD products are distributed to 10 MSD zonal stores.
- National, Zonal, Referral & District hospitals send their requisitions bimonthly and get their supplies directly from MSD zonal stores.
- Lower level health facilities (HCs & Dispensaries) send a bimonthly request to MSD
- MSD delivers individually packed facility orders directly to the facility.
- MSD utilizes an ERP system called EPICOR 10
- Health Facilities use the eLMIS which is interoperable with the GoTHOMIS for ordering commodities

**Integrated Logistic System (ILS):** manages HIV/AIDs commodities, malaria products, family planning products, some laboratory products, essential medicines & medical supplies.

# Conceptual Approach Behind IMPACTT

**Key Message:** Technology and data are not the solution but rather the enabler of creating a data culture. A data culture is critical for evidence based decision making and continuous improvement

**What problem are we trying to solve:** Countries have made significant investments in building and automating health logistics information systems and training staff at different levels to report to these systems. This has resulted in increased availability of supplies but not necessarily stronger supply chain systems.

Our work shows that **data availability alone is not enough** for supply chains to perform and consistently get critical health products into the hands of clients. In addition to building robust information systems, creating a **“data culture”** by empowering and training staff to analyze and use data for decision making is key to improving supply chain performance

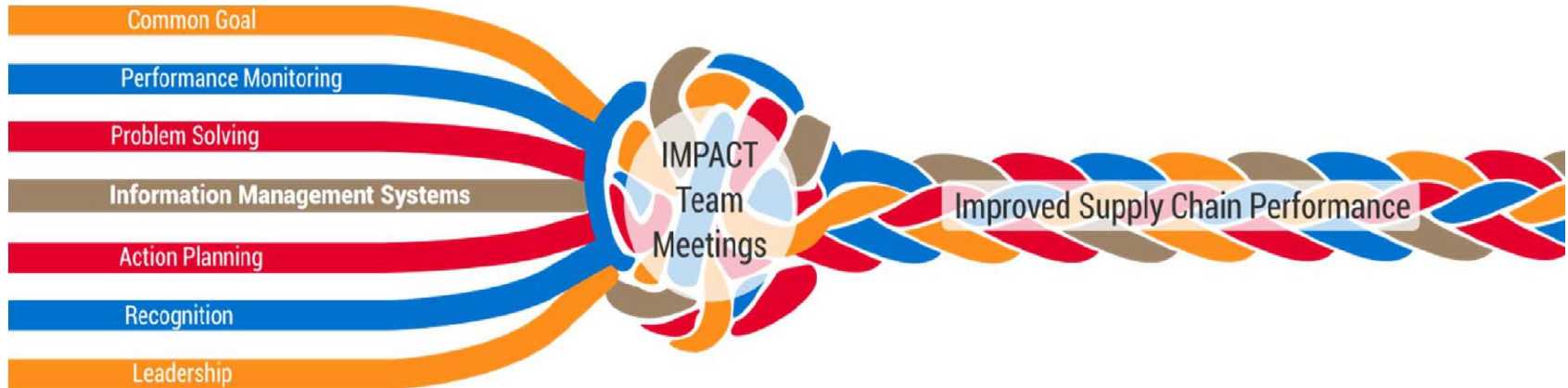
**Technology and data alone are not enough**



# IMPACTT Approach..

**IMPACTT approach** creates seamless structure within the supply chain.

*"The **IMPACTT goal** is to ensure the **right people, technology, and processes** are aligned to deliver health products to communities and care providers, when and where they need them."*



# Implementation Steps: IMPACTT Approach

## 8. Learning & Capacity Building

Fostering individual and team learning using micro-modules and learning packages

## 7. Peer-to-Peer Learning

Hosting cross-learning summits for peer to peer learning (encouraged, not required)

## 6. Recognition

Implementing systems for recognizing and rewarding improved performance

## 5. Sustainability

Planning for sustainability & specific roles and responsibilities including rotational roles

## 1. Team Design & Co-creation

Adopt the approach into existing teams

## 2. Competency Assessment

Teams undertaking the competency assessments to understand the team competencies and gaps

## 3. Training & Rollout

Training and roll-out of the IMPACTT Approach

## 4. Data-Driven Decision Support

Using tools that visualize KPI analytics to support root cause analysis



# IMPACTT Approach Competencies



## Core Competencies/ skills



**Organizing Otto**

He calls meetings, ensures logistics are in place, creates agenda and takes notes. People expect to hear from him about how work is delegated.



**Peter Problem Solver**

He is constantly questioning “but why” when it comes to challenges. He is good at thinking and steering the team towards actionable and practical next steps.



**Data Wiz Diana**

She understands the indicators and can interpret data for non-data people. She is familiar with supply chain data sources and can analyze raw data from a spreadsheet and graph trends.



**Supply Chain Sam**

He has a deep understanding of supply chain processes. When challenges are identified, he can critically analyze the system and suggest supply chain-specific solutions.

## Enabling-Support Competencies/ skills



**Influencing Irene**

She has strong relationships with and easy access to key decision makers and her input holds weight. When she suggests actions, it is taken seriously.



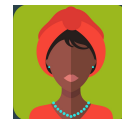
**Resource Ritah**

She influences the purse strings. She knows what money is available, how to advocate for it and how to present it in a way that can be approved.



**Lucy Leader**

She holds authority. Everyone knows that if she doesn't endorse or support the meeting, it doesn't happen as planned. She has a big picture view into activities to leverage to carry out solutions.

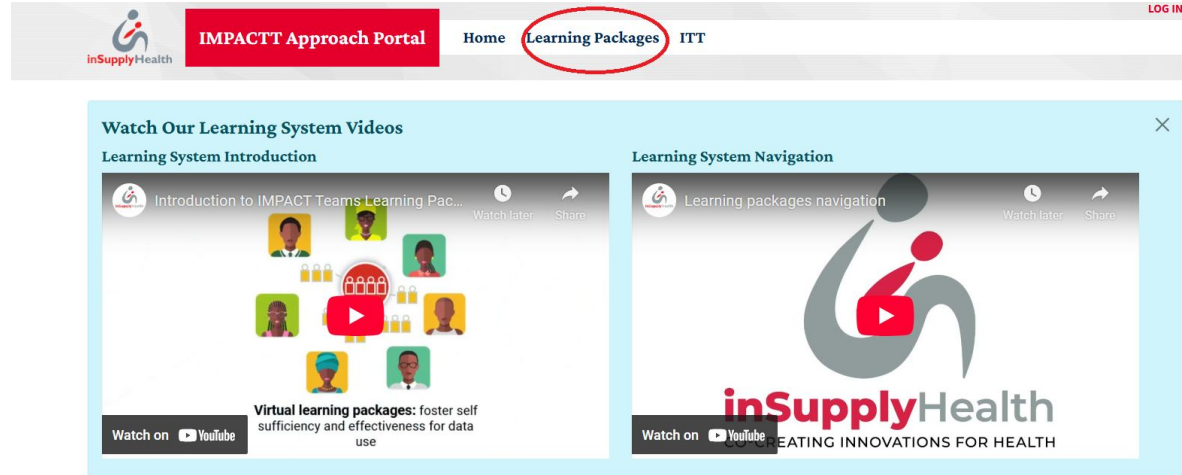


**Learning Leader Leo**

Is highly regarded for her ability to inspire and guide colleagues on their learning journeys. She is the go-to person in the team for creating learning programs.

# Learning Packages

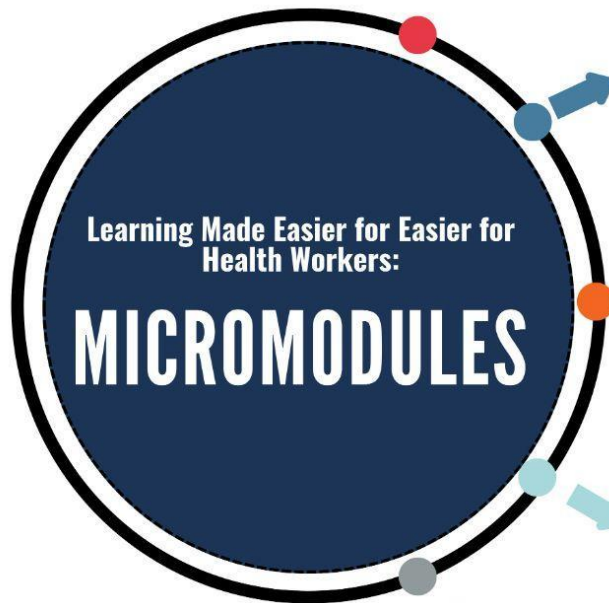
- Internet connection
- Laptop, smartphone or tablet
- IT portal URL:
  - [www.scdatabase.org](http://www.scdatabase.org)



The screenshot displays the IMPACTT Approach Portal website. The navigation bar includes the inSupplyHealth logo, a red button for 'IMPACTT Approach Portal', and links for 'Home', 'Learning Packages' (circled in red), and 'ITT'. A 'LOG IN' link is visible in the top right corner. Below the navigation bar, there are two video player thumbnails. The left thumbnail is titled 'Watch Our Learning System Videos' and 'Learning System Introduction', showing a video titled 'Introduction to IMPACT Teams Learning Pac...' with a central play button and icons of people. The right thumbnail is titled 'Learning System Navigation' and shows a video titled 'Learning packages navigation' with the inSupplyHealth logo and a play button. Both video players have 'Watch on YouTube' buttons at the bottom.

- Login credentials:
  - A username and password to access the IT portal. These will be created and shared by inSupply Health

# Health Supply Chain Chain Micromodules



Learning Made Easier for Easier for  
Health Workers:

## MICROMODULES



### 01. Understand Clients' Needs

Learn how to manage stock levels, ensure medicine quality, educate clients on proper storage and disposal, and provide effective counselling on medication use.



### 02. Logistics Management information system

Understand the LMIS, its components, and its role in decision-making, and how to use LMIS tools to ensure data quality.



### 03. Inventory Management

Develop proficient inventory management skills essential for ensuring adequate and appropriate stock levels.



### 04. Storage and Distribution

Gain knowledge and practical skills required for proper handling, accurate documentation, and adherence to protocols for maintaining quality of health products and technologies



### 05. Performance Management

Learn how to monitor and improve health supply chain performance at the facility level, focusing on key indicators and corrective actions.

# How to Enroll to the Micromodules

## 1. Scan the QR Code:

- Use your phone or device to scan the provided QR code. This will take you directly to the [registration page](#). ( you can also access the micromodules by clicking on the hyperlink embedded )

## 2. Enter the Registration Code:

- On the registration page, you will be prompted to enter a code. Type in the registration code: **IN123456**

## 3. Complete the Registration Form: Fill in the required information on the form:

- Name: Enter your full name.
- Email: Provide your active email address.
- Facility/Institution: Specify the facility or institution you are affiliated with.
- County and Sub County: Indicate the county and sub county where you are based.

## 4. Upload Your Photo: Upload a clear image to serve as your bio photo.

## 5. Finalize Registration: After completing the form and uploading your photo, click **Submit** to finalize your registration.

## 6. Start Learning: Once registered, you can begin the course immediately by accessing **Module 1**.



# Innovate-Do-Review



**Performance monitoring**  
**Recognition**

**Prioritize Problems**  
**Root cause analysis**  
**Problem solving**


**Action planning**  
**Management diaries**

# IMPACTT Approach implemented in 11 countries, across programs and health system levels

Country	Vaccines	FP/RH	TB	HIV	Malaria	MCH	NTD
Ethiopia	●	●	●	●	●		
Guinea	●	●					
Indonesia		●					
Kenya	●	●			●	●	●
Malawi		●				●	
Myanmar		●				●	
Nigeria		●					●
Pakistan	●						
Rwanda		●				●	
Tanzania	●	●		●	●	●	●
Uganda							●



# Kenya: Implementation Approach



2016-2018


## 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




2019-2021

## 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



2023 to date

## 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:**

- Online Indicator Tracking Tool
- IT Role profile assessment
- IT learning packages
- IT action plan template
- IT portal
- Virtual meetings

## Sub National level implementation

**Scope:**

5 counties; 49 sub counties; 10 HFs

**Interventions:**

- Roll out of the HPT dashboard
- Enhancement of the ITT dashboard
- Development of the micromodules
- Establishment of facility level IMPACTT

# Tanzania: Implementation Approach



2018-2021

## IMPACT team Implementation

**Scope:** Regional, District and Facility 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)



2019-2021

## HCD and Adaptive Learning

**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.Introduction of financial indicators
- 2.Change of IMPACT leadership from the Pharmacist being a chairman to the DMO
- 3.Reward & Recognition
4. Learning packages

## Evolution of IT Approach

**Recommendation:**

- 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



2021 to date

## Next steps

- Dissemination of the IT manual
- Establishment of National IT
- Scaling up of adapted tools to other ITs
- IT training to untrained regions
- IT training at health facility level for Tanga CC-2025 (trained 10 HFs)
- Expanded training to other health facilities in Mvomero & sing Kisarawe district using the Tanga model.
- Enhancing the eLMIS dashboard to visualize supply chain data for IMPACT meetings.

# Ethiopia: Contextualization process



## ⚠️ The Existing Context

The approach was contextualized to address existing gaps of performance monitoring teams, which lacked focus on **supply chain management**, leading to overlooked processes.

## 💡 The Co-Design Strategy

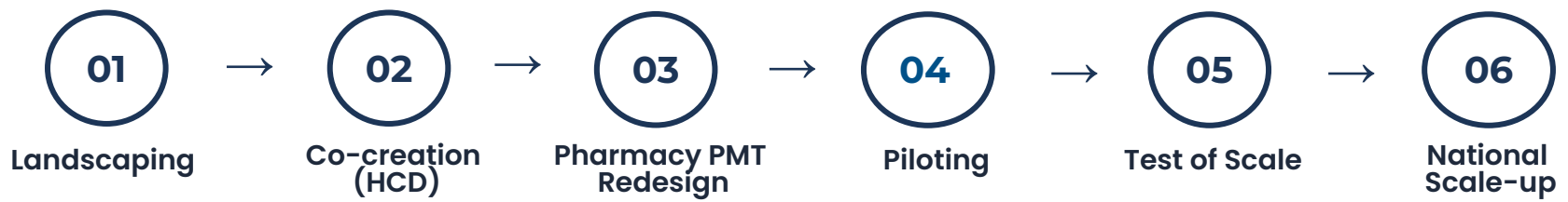
It integrates the **IMPACTT experience** from other geographies to redesign how performance monitoring functions for better supply chain data use practice.

*"The pharmacist participates in PMT meetings and contributes to the discussions however SC indicators are not explicitly discussed in these meetings. The pharmacy performance is not being monitored in comparison to other services."*



[Key Informant, Ethiopia, November 2023]

## Stepwise Redesign Process



Implementation Began: July 2024 Piloted: 23 Health Facilities (1 Woreda & 1 City Admin)

# **IMPACTT Results and Outcomes**

## **Across Three Implementing Countries**



# Ethiopia



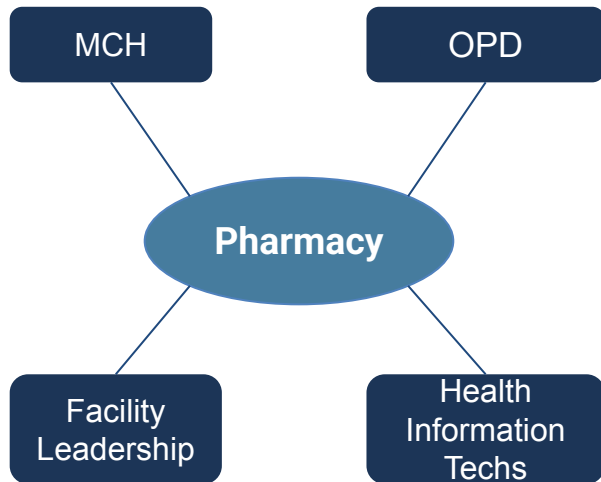
**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH

# Implementation Journey: From Pilot to Nationwide scale up



# Pharmacy PMT is systematically designed framework for continuous performance improvement

## PEOPLE: Multidisciplinary



The pharmacy team serve as a core, actively engaging relevant departments to ensure coordinated performance improvement

## METHODOLOGY: Systematic problem-solving

Utilizes a systematic process of **target setting, performance review, and gap prioritization, root cause analysis and intervention design** to continuously monitor performance and progress.



## CADENCE: Flexible and well-structured meeting



30 min



1 hr



2 hr

Meeting activities segregated into 3 phases:  
Pre-Meeting → During Meeting → Post Meeting

## CULTURE: Sustained institutionalization

### Role Rotation



Encourages skill transfer, reduces dependency on specific individuals, and strengthen ownership

### Recognition



Implement no- and low-cost recognition mechanisms to motivate teams and boost performance

# Improved visibility supports timely decision-making and corrective actions.

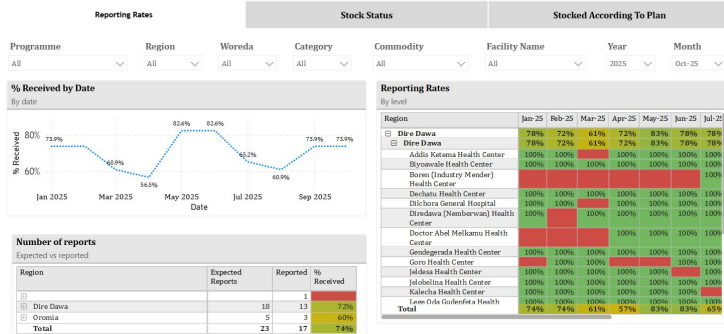


## Data Visibility

ITT dashboard visualizes the stock status of **35 tracer medicines**.

It enables health facilities and the Woreda Health Office to monitor and track stock availability in real-time.

### Ethiopia ITT Dashboard



## Documentation & Escalation

The Pharmacy PMT maintains a **logbook** to document activities, which also used to track team effectiveness.

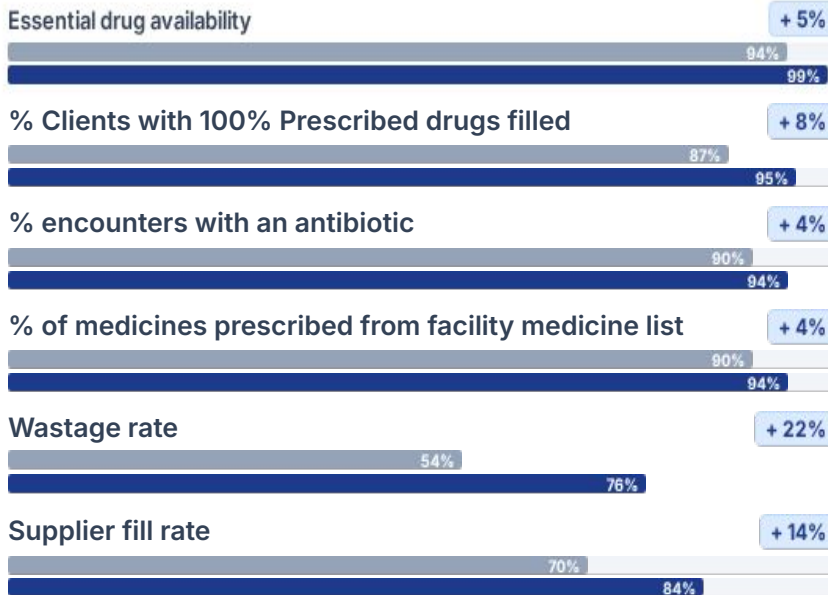
A **structured escalation mechanism** links the Pharmacy PMT with the organizational PMT.

The Pharmacy head, serving as chair of the Pharmacy PMT and a member of the Organizational PMT, **escalates critical issues** that require organizational attention and action.

# The Routine Reporting Trend of KPIs improved as a result of regular monthly review by the Pharmacy PMTs engaging Health Information Technicians.

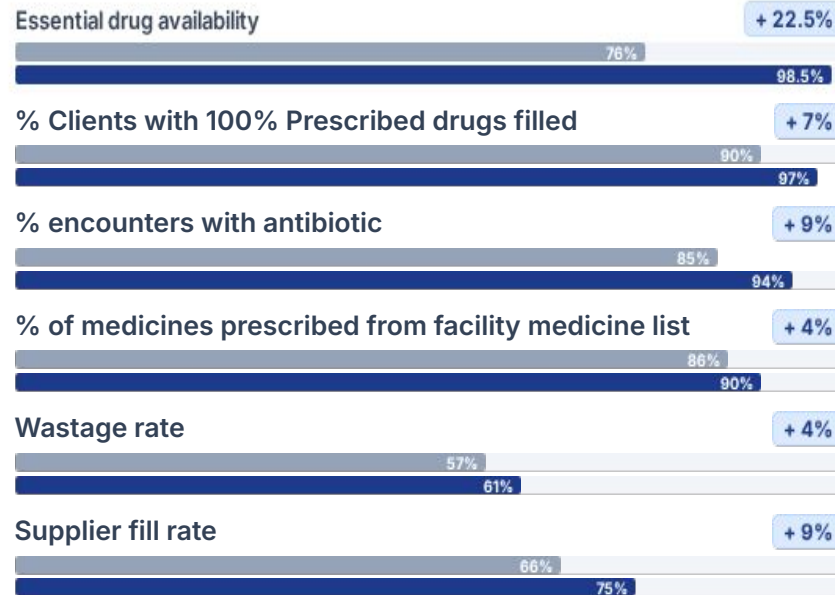
## Pilot 1: Dire Dawa & Jarso

N=23 Facilities



## Pilot 2: Ararso, Wondogenet & Lume

N=11 Facilities

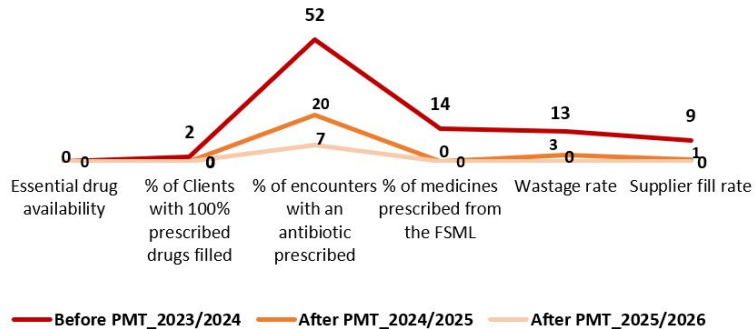


# Invalid Data Significantly Declined Through Routine LQAS-Based Data Quality Checks.

Regular Pharmacy PMT data reviews and pre-submission data quality checks significantly reduced invalid reporting, including invalid and inaccurate data such as 100% wastage rates and medicines prescription from facility medicine list exceeding 100%.

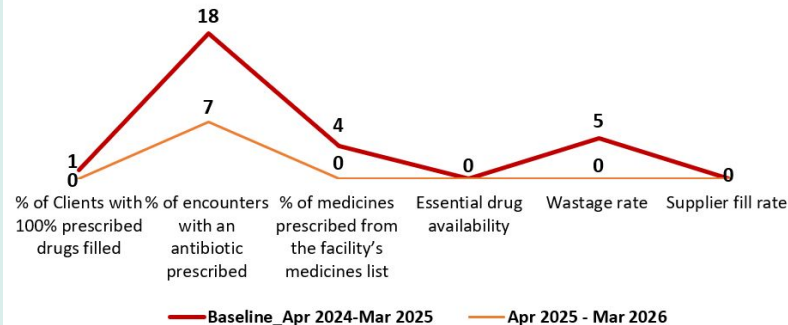
## Data Quality in Terms of Outliers - Pilot 1

Pilot 1: Dire Dawa & Jarso, N = 23



## Data Quality in Terms of Outliers - Pilot 2

Pilot 2: Lume, Wondogenet, & Ararso, N=11



Source: National DHIS2 (July 2023 - March 2026) | KPIs: Key Performance Indicators

Improved routine reporting rates in DHIS2 and fewer invalid reports reflect a stronger understanding of indicators and **effective use of LQAS**, fostering **greater data ownership at health facilities**.

# Good storage practices, Inventory accuracy, and accuracy of stock Reports and Requisitions from service delivery units are improved.

## Implementation Techniques



Prioritize and regular follow-up on internal and resupply reports.



Data quality checks using LQAS to improve inventory data quality.



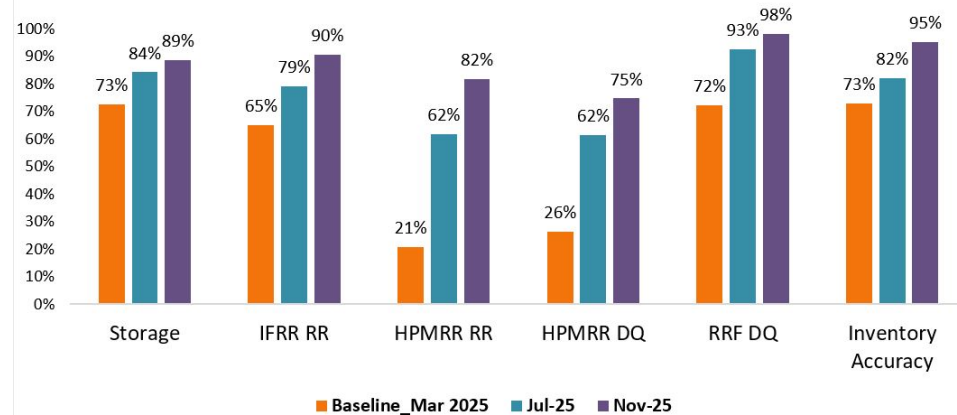
Proactive stock record checks ensure the quality of stock data.



Report verification enhances reporting, ordering, and replenishment accuracy.

### Supply Chain Performance

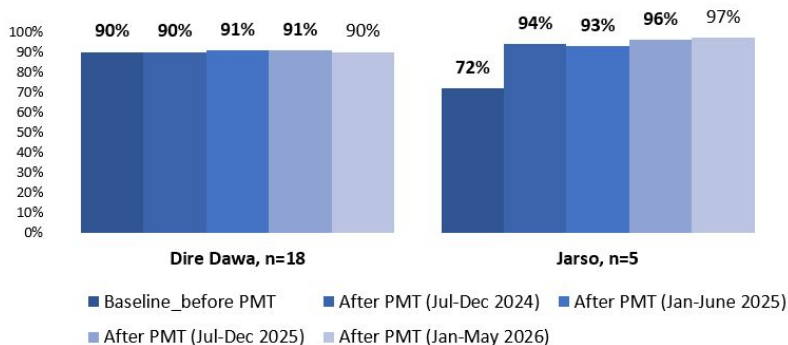
Pilot 2: Ararso, Lume, Wondogenet, N=11



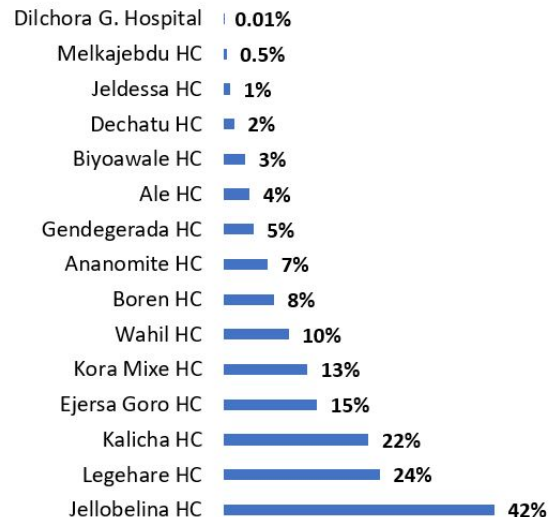
# PMT Implementation Drives Essential Medicine Availability

Impact on clients receiving 100% of prescribed drugs (Jul 2025 - May 2026)

### Percentage of Clients who received all prescribed medicines



### Improvement of proportion of clients who received all prescribed medicines (N=15 HFs)



## 15 HFs

Improved client prescription refill

# Pilot 1: Essential Medicines Stock-outs Significantly Reduced

Stock-outs decreased through regular stock reviews, pre-refill RRF analysis, and strategic stock transfers.

**93%**

**COMMODITY AVAILABILITY**

Up from 78%

**53%**

**100% AVAILABILITY RATE**

Up from 17%



**Regular Stock Reviews:** Constant monitoring of levels to prevent shortages.



**RRF Data Analysis:** Using pre-refill order data for accurate resupply



**Strategic Transfers:** Informed stock exchange between facilities to optimize distribution.

**Stock-out Rate, Pilot 1, N=23**

RMNCH commodities	Baseline (July 2024)	Jan_2025	June_2025	Oct_2025
Co-trimoxazole 240mg/5ml susp	38%	0%	18%	24%
Zinc - ORS Co-pack	38%	0%	0%	0%
TTC eye ointment	33%	25%	0%	6%
Measles Virus Vaccine	43%	6%	0%	0%
IUCD	25%	6%	6%	6%
Levonorgestrel + Ethinylestradiol + Ferrous Fumerate - (0.15mg + 0.03mg + 75mg) - (COC)	33%	6%	6%	6%
Medroxyprogesterone Acetate - 150mg/ml	25%	6%	6%	0%
Oxytocin	38%	0%	7%	18%
Iron Sulphate + Folic Acid - Tab	36%	12%	0%	6%

# Pilot 2: Improved Tracer Medicines Availability



## Stock Status Optimization

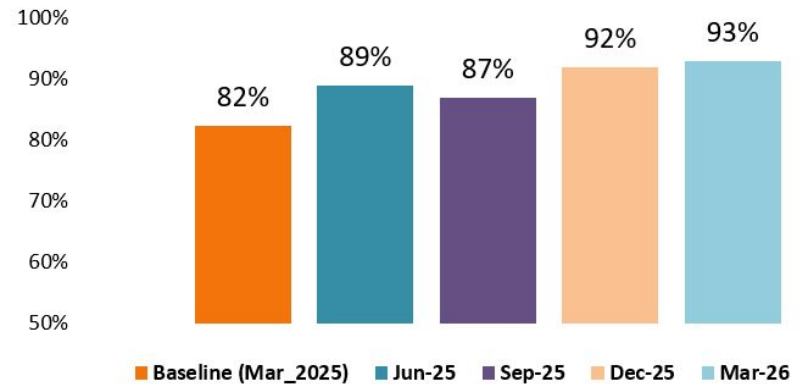
Regular reviews and analysis inform redistribution between facilities and emergency orders to proactively prevent stockouts and overstocks.

*Data driven stock exchange practices improves product availability – Exchange of 1.3 million ETB in value between July 2025 and March 2026*

## Enhanced Storage Management

Improved storage conditions empower facilities to properly manage their inventory levels.

**Tracer Medicine Availability**  
Pilot 2: Ararso, Lume, Wondogenet, N=11



## Impact on Product Availability

Facility-specific root cause analysis and problem-solving techniques directly improve the availability of critical tracer products.

# The Drastic Reduction in Erratic Antibiotic Prescriptions



## Priority Problem Solving

Erratic prescribing was identified as the top priority challenge. PMTs utilized root cause analysis to uncover underlying drivers of over-prescription.

## Active engagement of Prescribers

Prescribers were actively involved in problem-solving and intervention design, fostering a culture of accountability and evidence-based care.

**-47%**

## Percentage Point Drop

In Jarso district, prescribing plummeted from 84% baseline to 37% post-PMT implementation.

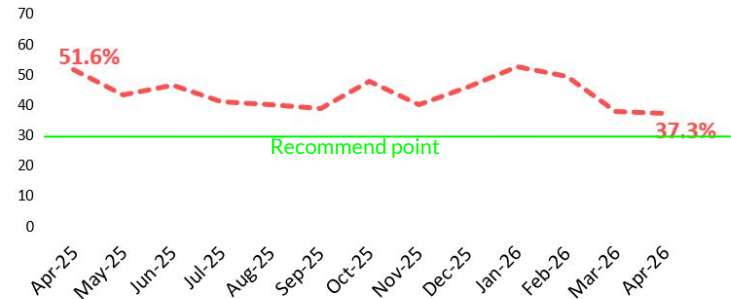
## Percentage of encounters with antibiotic

Pilot 1: Dire Dawa and Jarso, N=23



## Percentage of encounters with antibiotic

Pilot 2: Ararso, Lume, & Wondogenet, N=11



# Pharmacy PMTs Fuels the Antibiotic Stewardship

The successful decline in prescriptions was not accident; it was the direct result of replacing isolated decision-making with collaborative problem solving approach.

## Performance Improvement

Dispensers and prescribers agree on course of action

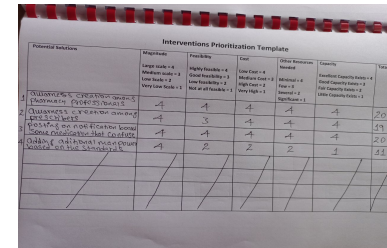
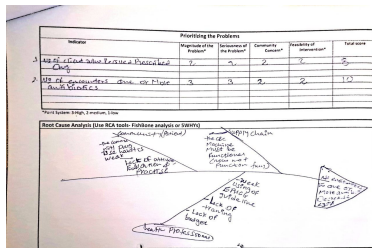


## Regular Data Review

The pPMT tracks the performance using the DHIS2 KPI. Prescribers and dispensers confronted with their own facility data compared against WHO and National target.

## Collaborative Root-Cause Analysis

Collectively identify why overuse is happening



The image shows a handwritten table titled "Interventions Prioritization Template". The table has columns for "Intervention", "Prevalence", "Incidence", "Severity", "Complexity", "Prevalence", and "Total score". The table contains several rows of data with numerical values in the cells.

# System-wide impact driven by high motivation, strong teamwork, and shared ownership

## Improved data for action

By using the pPMT approach, facilities like Melka Jebdu Health Center leveraged data to justify their needs and secured an additional ETB 1.5M mid-year, ensuring uninterrupted medicine supply.

## Improved Collaboration and Teamwork

Enhanced collaboration between pharmacy and other departments strengthens pharmacy services, supply chain management, and overall quality of care in health facilities.

## Cross-benchmarking from Pharmacy PMT

The Pharmacy PMT have inspired other departmental PMTs to revitalize their performance improvement efforts. In addition, Pharmacy PMT approaches have been adopted by few Organizational PMT, such as no- and low-cost staff recognition mechanisms.



*Kora Mite PHCU Team undertaking monthly meeting*



*Sabiyan General Hospital Team Inventory Accuracy assessment*

# The government's rapid adoption and strong ownership of the approach have laid a solid foundation for sustainability



## MOH Course Development

A CPD-accredited training course on Pharmaceutical and Medical Device Performance Monitoring, informed by the Pharmacy PMT, has been officially developed by the Ministry of Health.



## National Scaling & Cascading

The Ministry of Health has cascaded a trainer-of-trainers (ToT) to all Regional Health Bureaus to support the nationwide scale up.



## Digital Evolution

To maximize accessibility, the face-to-face training course is currently being converted into an e-learning format.



## Cross-Departmental Synergy

The success of the pharmacy PMT has actively inspired and strengthened other departmental and case team PMTs across the facilities.

## Critical Success Factor

Early and meaningful engagement of the government, starting from the co-designing phase, plays a crucial role in securing strong government uptake and ensuring seamless integration into the government system.

*"This amazed me and inspired me to put my hope on this approach for pharmacy supply and service improvements. I was excited by the recognition program, also. So, I request that inSupplyHealth, what is your next plan? If possible, let you discuss with the East Hararge Zone to scale up at least a few woredas that can make a change with a little support."*

[Regional coordinator, June 2025]



# Kenya



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH

# Routine Data Use Structures Embedded Across The County Systems driving consistent decision-making and accountability.

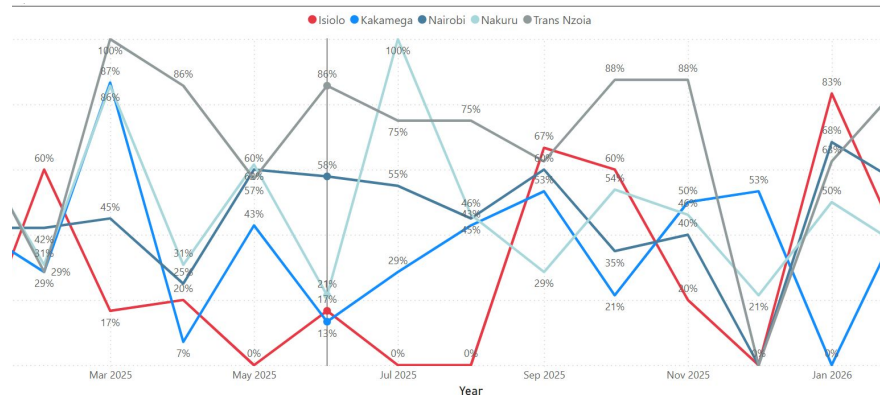
The IMPACTT approach has established routine multidisciplinary supply chain performance review structures across county, sub-county, and facility levels, strengthening accountability and data-driven decision-making.

**2 National Teams (DHPT & VBNTDU)**

**5 County HPTU Teams**

**48 Sub-county HMT IMPACTT**

**10 Facility level IMPACTT**



## What teams are doing

- Reviewing supply chain KPIs routinely
- Using decision support tools to guide decisions
- Conducting root cause analysis on bottlenecks
- Tracking implementation of action plans
- Escalating issues requiring county/national support

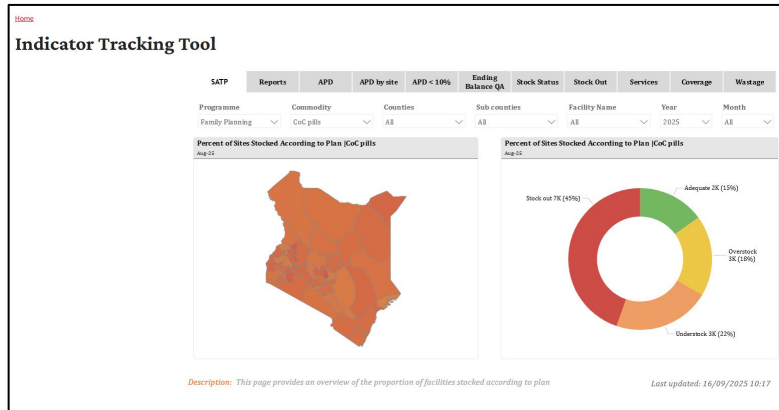
# Data Visibility & Use: Two dashboards developed to give teams monthly visibility of supply chain KPIs (Indicator Tracking Tool & HPT dashboard).



## Indicator Tracking Tool (ITT) Dashboard

ITT strengthens visibility and use of key supply chain performance indicators for programs such as **Family Planning, Immunization, Nutrition, and Malaria**. Teams use the tool to review performance, identify gaps, and take corrective action.

The tool is also used at National, County, Sub-County and Facility levels, and is integrated into IMPACTT meetings, enabling routine performance reviews, cross-team discussion, and stronger accountability for action



## MOH 647 Dashboard

The dashboard provides a consolidated view of **tracer commodity** performance, enabling real-time monitoring of supply chain indicators across counties and facilities.

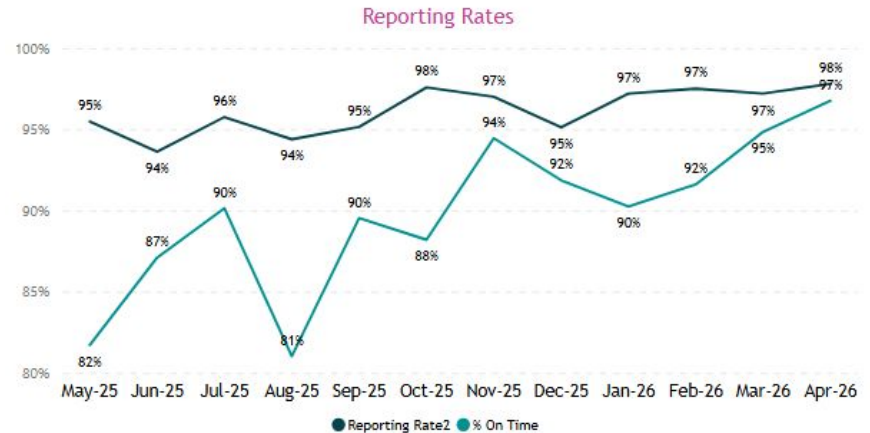
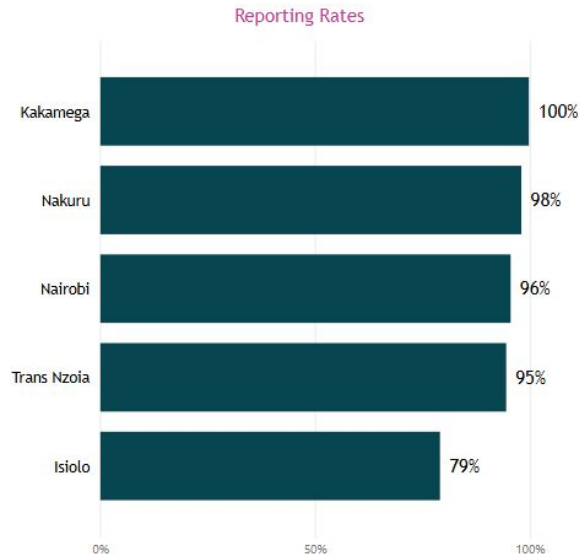
The tool is also used at National, County, Sub-County and Facility levels, and is integrated into routine review forums such as IMPACTT meetings, strengthening visibility, prioritization of critical commodities, and timely decision-making to improve availability



# Consistent data reviews using the IMPACTT approach are steadily driving reporting rates higher across implementing counties.

Teams enhance data availability as reporting rates continue to steadily improve over the months, with 4 out of the 5 implementing counties averaging over 95% reporting and overall reporting average moving from 95% to now 98% (+3%). Similar trends are observed for on-time reporting rates there has been a steady improvement over the past year from an average of 82% to now 97% (+15%). Complete, timely reporting is the foundation for everything downstream i.e. accurate quantification, procurement decisions, and reliable commodity availability.

MOH 647 Average reporting rate over the past year (May 2025 - May 2026)



# Routine IMPACTT meetings, active participation from program managers and active implementation of action points developed through root cause analysis can improve supply chain performance i.e. by reducing reporting discrepancies



Regular data reviews through the IMPACTT approach enabled facilities to identify and address gaps affecting FP commodity availability, including discrepancies between consumption and service data, delayed reporting, and stock imbalances.

★★ Likuyani Sub County, Kakamega County

Absolute percentage difference (APD) shows the difference between beginning and ending stock reported. During implementation, teams set a target of ensuring 100% of their facilities report a variance of less than 10% during reporting.

Most teams such as Likuyani, Endebess & Gilgil have consistently attained the target through follow-up on action plans, such as strengthening reporting accuracy, conducting redistributions, and improving stock monitoring.

These improvements demonstrate the contribution of the IMPACTT approach in strengthening commodity availability, data quality, and accountability systems across facilities.

Percentage of facilities within 10% APD

Product	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
☐ CoC pills	100%	100%	100%	100%								
☐ Cycle Beads	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ DMPA-1M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ DMPA-3C	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ EC Pills	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Female Condoms	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Hormonal IUCD	100%	100%			100%	100%	100%	100%	100%	100%	100%	100%
☐ Implant(2-Rod) 3yr	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Implant(2-Rod) 5yr	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Implants(1-Rod)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Male Condoms	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Non-Hormonal IUCD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Progesterin only pills	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Gilgil Sub County, Nakuru County

Percentage of facilities within 10% APD

Product	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
☐ CoC pills	100%	100%	95%	100%	94%	100%	100%	100%	95%	100%	100%	100%	100%
☐ Cycle Beads		100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ DMPA-1M	100%	100%	94%	97%	98%	100%	98%	98%	98%	100%	100%	100%	100%
☐ DMPA-3C	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%
☐ EC Pills	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Female Condoms	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Hormonal IUCD	100%									100%	100%		
☐ Implant(2-Rod) 3yr	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%
☐ Implant(2-Rod) 5yr	100%	100%	96%	96%	97%	100%	100%	100%	100%	100%	100%	100%	97%
☐ Implants(1-Rod)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Male Condoms	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%
☐ Non-Hormonal IUCD	95%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Progesterin only pills	100%	97%	93%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%

Endebess Sub County, Trans Nzoia County

Percentage of facilities within 10% APD

Product	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
☐ CoC pills	100%	100%	88%	100%	100%	100%	100%	100%	100%			
☐ Cycle Beads	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ DMPA-1M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ DMPA-3C	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ EC Pills	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Female Condoms	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Hormonal IUCD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Implant(2-Rod) 3yr	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%
☐ Implant(2-Rod) 5yr	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
☐ Implants(1-Rod)	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%	100%
☐ Male Condoms	100%	100%	86%	100%	100%	100%	100%	100%	100%			
☐ Non-Hormonal IUCD	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%
☐ Progesterin only pills	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%

# Regular data review and data-informed procurement is keeping MNCH tracer commodities consistently available across the counties.



Inadequate stock levels can be affected by factors outside of a facility's control, such as a national shortage. Nevertheless, regular data reviews enable teams to identify potential stock-outs of tracer commodities, leading to better planning and consistent availability.

For instance, comparing pre- and during IMPACTT implementation, there have **significant improvements in availability of select tracer commodities in Nairobi County**. This reflects data-informed procurement, influenced by regular review of stocks, thus reducing stock imbalances.

Pre-Implementation, June 2024

Category	all_sites_2	Reporting sites	MOS > 1 month	% MOS > 1
☐ Nutrition	87	55	7	13%
Iron and Folic acid supplementation (Tablet)	87	55	7	13%
☐ Medicines	115	104	67	64%
Amoxicillin Dispersible Tablets, 250mg (Tablet)	112	97	36	37%
Benzyl penicillin Injection 1 MU (Vial)	103	71	10	14%
Chlorhexidine gel, 7.1% (as digluconate) (20)	90	68	13	19%
Gentamicin Injection, 40mg/2ml (Ampoule)	100	75	16	21%
Magnesium Sulphate Injection, 500mg/mL (50%),	95	69	16	23%
ORS Co-Pack (4 sachets of low osmolarity ORS)	112	102	41	40%
Oxytocin Injection 10 I.U. (Ampoule)	94	67	19	28%
Tetracycline Eye Ointment,1%, 3.5g tube (Tube)	107	98	29	30%
<b>Total</b>	<b>115</b>	<b>104</b>	<b>65</b>	<b>63%</b>

During Implementation, April 2026

Category	all_sites_2	Reporting sites	MOS > 1 month	% MOS > 1
☐ Nutrition	87	70	27	39%
Iron and Folic acid supplementation (Tablet)	87	70	27	39%
☐ Medicines	115	115	85	74%
Amoxicillin Dispersible Tablets, 250mg (Tablet)	112	107	65	61%
Benzyl penicillin Injection 1 MU (Vial)	103	88	27	31%
Chlorhexidine gel, 7.1% (as digluconate) (20)	90	76	23	30%
Gentamicin Injection, 40mg/2ml (Ampoule)	100	87	31	36%
Magnesium Sulphate Injection, 500mg/mL (50%),	95	75	11	15%
ORS Co-Pack (4 sachets of low osmolarity ORS)	112	106	54	51%
Oxytocin Injection 10 I.U. (Ampoule)	94	78	28	36%
Tetracycline Eye Ointment,1%, 3.5g tube (Tube)	107	99	71	72%
<b>Total</b>	<b>115</b>	<b>115</b>	<b>85</b>	<b>74%</b>

## The routine data review meetings have driven drastic improvements in commodity availability through sharp drops in stockout rates.

**Stockout rates for 8 of 9 key tracer commodities** fell significantly (a 10% - 54%-point drop) between June 2024 (pre-implementation) and April 2026 (current), directly attributable to **consistent data interrogation at IMPACTT meetings and the use of FIF and the SMARt tool for informed evidence-based procurement**. The slight increase in magnesium sulphate stock out was most likely due to the recall notice issued by PPB in March 2026.

In an **arid and semi-arid (ASAL) county like Isiolo**, where **long lead times and distance** amplify the cost of a stockout, these **routine reviews have been especially valuable in protecting commodity availability**.

Tracer MNCH Commodities Stockout Rate (June 2024, Pre-Implementation)


Product	Stock out rate
Amoxicillin Dispersible Tablets, 250mg (Tablet)	53%
Benzyl penicillin Injection 1 MU (Vial)	63%
Chlorhexidine gel, 7.1% (as digluconate) (20)	57%
Gentamicin Injection, 40mg/2ml (Ampoule)	65%
Iron and Folic acid supplementation (Tablet)	100%
Magnesium Sulphate Injection, 500mg/mL (50%),	64%
ORS Co-Pack (4 sachets of low osmolarity ORS)	73%
Oxytocin Injection 10 I.U. (Ampoule)	63%
Tetracycline Eye Ointment, 1%, 3.5g tube (Tube)	54%
<b>Total</b>	<b>49%</b>


Tracer MNCH Commodities Stockout Rate (April 2026, Post-Implementation)


Product	Stock out rate
Amoxicillin Dispersible Tablets, 250mg (Tablet)	30%
Benzyl penicillin Injection 1 MU (Vial)	53%
Chlorhexidine gel, 7.1% (as digluconate) (20)	44%
Gentamicin Injection, 40mg/2ml (Ampoule)	24%
Iron and Folic acid supplementation (Tablet)	46%
Magnesium Sulphate Injection, 500mg/mL (50%),	88%
ORS Co-Pack (4 sachets of low osmolarity ORS)	28%
Oxytocin Injection 10 I.U. (Ampoule)	31%
Tetracycline Eye Ointment, 1%, 3.5g tube (Tube)	24%
<b>Total</b>	<b>15%</b>


# National-Level IMPACTT launched to strengthen data management and use for improved supply chain performance by DHPT & VBNTDU.



 Performance Systems Established: The national programs developed KPIs, PIP, and Recognition Plans to guide national-level performance. Focal persons and a data analytics team were appointed to support monitoring.

 Strengthening County Linkages & Institutionalizing IMPACTT: National-level IMPACTT will support county and sub-county teams, enabling timely follow-up key metrics i.e. reporting completeness and timeliness and data quality. The teams are institutionalizing the approach to drive delivery of key directorate mandates.

 Supply Chain Strengthening: VBNTDU invite KEMSA and other implementing partners to all IMPACTT meetings to support tracking of commodity availability and enhance coordination for timely national-level response.

 Structured Rollout & Support: There have been 3 national NTD IMPACTT meetings since the successful implementation of the approach in Feb 2026 and 3 DHPT IMPACTT meetings since the successful implementation of the approach in April 2025, adopting a hybrid format (virtual and physical meetings) to allow for broader participation and flexibility.

# Enablers & Bottlenecks of Implementation of the Approach

## CHALLENGE

## HOW TEAMS ADAPTED

01	Meetings were inconsistent after initial training	<ul style="list-style-type: none"><li>• Fixed meeting dates (i.e. last Thursday of the month)</li></ul>
02	Midday virtual meetings clashed with field duties	<ul style="list-style-type: none"><li>• Shifted reviews to early-morning or late-evening windows</li></ul>
03	Teams struggled to master root-cause analysis	<ul style="list-style-type: none"><li>• IMPACTT SOP, learning packages and ongoing mentoring from inSupply team</li></ul>
04	Action items stalled, so insights rarely became action	<ul style="list-style-type: none"><li>• Actioning what the teams are able to do that do not require heavy lifting but still have an impact</li></ul>
05	Frequent staff rotation eroded IMPACTT literacy	<ul style="list-style-type: none"><li>• Rotating roles and onboarding kits keep the model alive</li></ul>

# In Summary, Routine Reviews → Measurable Improvements



*Outcomes from routine, multidisciplinary IMPACTT data-review meetings*

**95% → 98%**

**Reporting completeness**

+3%; 4 of 5 counties >95%

**82% → 97%**

**On-time reporting**

+15% over the year

**63% → 74%**

**MNCH tracer availability**

Nairobi : 9 tracers

**49% → 15%**

**Tracer stockouts reduction**

Isiolo : 8 of 9 tracers down 10 % –54%

**<10% APD**

**Reporting-discrepancy target met**

Likuyani, Endebess & Gilgil sub-counties

**65 teams**

**IMPACTT structures, 4 levels**

2 national , 5 county , 48 sub-county , 10 facility

**Enabled by:** the ITT & MOH 647 dashboards and consistent action-tracking at every review.

# Practical lessons for teams adopting the IMPACTT Approach

## 1 Make data visible

Anchor every review to live dashboards (ITT & MOH 647) or any other reliable data sources so decisions start from real numbers.

## 2 Institute a fixed cadence

A standing monthly slot beats ad-hoc meetings. Consistency is what sustains data use.

## 3 End every review with action

Pair root-cause analysis with action planning and track them to completion.

## 4 Design for turnover

SOPs, learning packages and rotating roles keep the approach alive through staff changes.

## 5 Recognise & institutionalise

Low-cost recognition and directorate mandates embed IMPACTT into routine business.



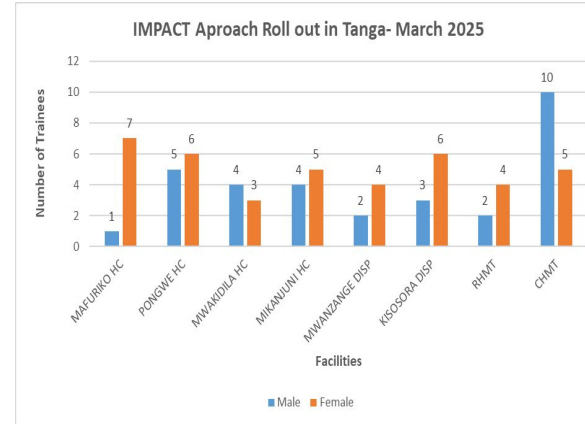
# Tanzania



**inSupplyHealth**  
CO-CREATING INNOVATIONS FOR HEALTH

# 71 HCWs received IMPACT Approach training including members of the R/CHMT as part of efforts to strengthen IMPACT Team oversight.

- **MOH** and **PMORALG**, in collaboration with inSupply Health, trained 71 HCWs from 10 HFs and 21 R/CHMTs in March 2025.
- This training was followed by bimonthly performance review & monitoring from May 2025 to the present. The monitoring methods included;
  - Observation of IMPACT Team meetings using a standardized checklist and provide feedback using standardized feedback template
  - Data Quality Assessments across multiple data sources (ledgers, R&R, bin cards, GoT-HoMIS)
  - Monitoring of four key Performance supply chain indicators(overstocked commodities, no demand items, overstocked but ordered items, and no demand but ordered items)

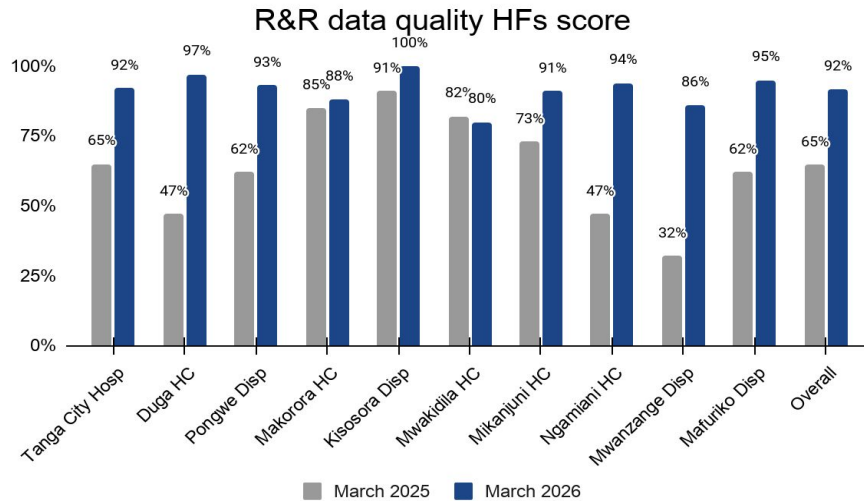


Training Session at Pongwe HC



A group Photo with the DMO after Training Officiation at Mikanjuni HC

# Enhanced data quality is driving smarter, data-driven supply chain actions, thereby boosting overall performance across health facilities.



## Actions Taken to Enhance Data Quality

- During the reporting period, health facility care takers oversaw physical counts in stores and amendment of inventory records.
- Established a R&R pre-submission review process whereby health facility care takers verify reports and requisition forms to improve data accuracy and reporting quality.
- Developed and implemented a data quality assessment (DQA) tool for health facilities, with a focus on commodity availability and inventory management.

## What has changed or improved

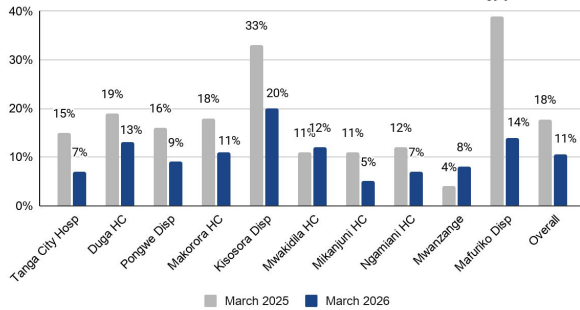
- **Impact on Supply Chain Decisions:** Improved data quality strengthens ordering and resupply planning, Bottom Up Quantification (BUQ) enabling more evidence-based and responsive supply chain management.
- **Strong Gains in Stock Tracking:** Quantity Received, Out-of-Stock Days, and Closing Balance improved significantly, indicating better inventory management and recordkeeping.



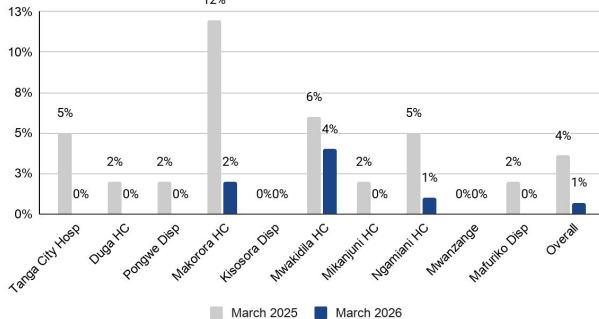
*The Kisosora Dispensary Pharmaceutical Technician, representing the Kisosora IMPACT team, was recognized for achieving outstanding performance during the DMOs feedback session.*

# Reducing Excess Orders of no demand & overstocked Items indicate better alignment between ordering and actual consumption needs.

Trend for % of zero demand items



% of overstocked but ordered Items



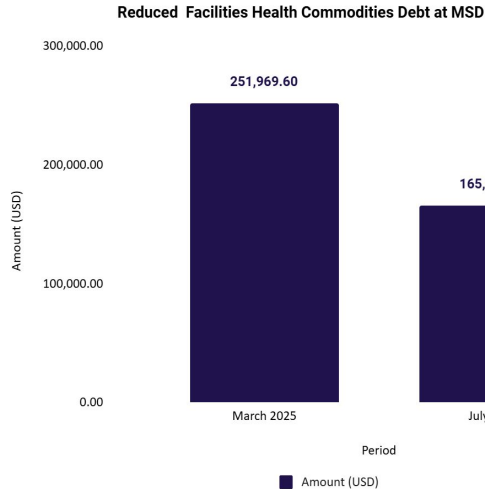
## Actions taken to reduce no demand and overstocked items

1. Ensured consistent monitoring visits and proactive leadership engagement to drive change at health facility level.
2. A root cause analysis technique was developed for identifying causes of no-demand and overstocked items. This empowers oversight team to identify inventory issues prior to mentorship visits.
3. Not ordering overstocked and no demand commodities.
4. Implemented strategies to utilize dormant stock such as laboratory equipment maintenance and sharing the list of no demand items with clinicians during clinical meetings.
5. Redistribution to other health facilities that are under or stocked out.

## What has improved?

1. Reduced wastage and expiry of commodities
2. Improved availability of storage space
3. Good use of limited financial resources to purchase high demand commodities, thereby supporting continuous service delivery and improving customer satisfaction.

# IMPACT Approach has enhanced Supply Chain efficiency by reducing Facility Debts at MSD through Smarter Ordering.



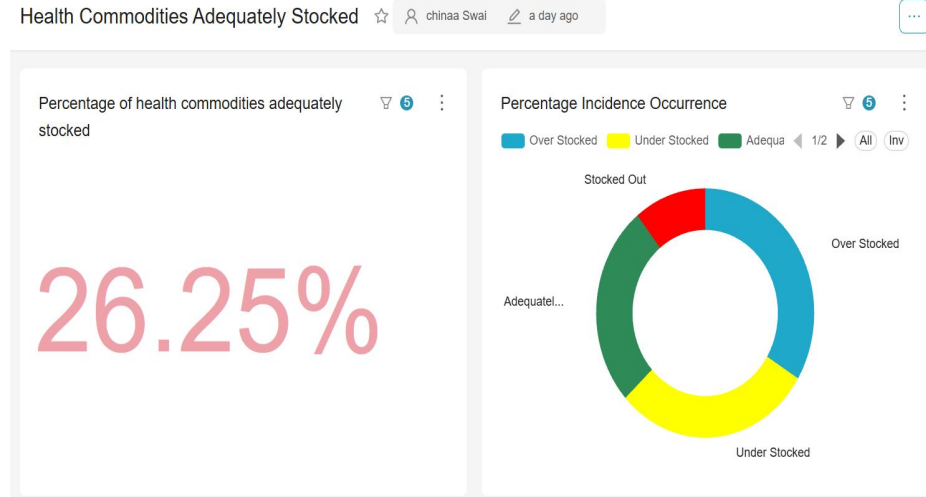
Financial data from Tanga CC reveals a reduction in medicine debt at MSD for health facilities utilizing the IMPACT approach. This decrease is primarily attributed to improved ordering practices, which minimize overstocking and dead stock, thereby enhancing financial efficiency throughout the supply chain.



*“IMPACT imetusaidia kupunguza madeni ya MSD kwa vituo vyetu kutoka 627m March 2025 - 396m July 2025” -  
Mganga Mkuu wa Halmashauri ya Jiji la Tanga*

# Improving Supply Chain Visibility: Development of SC KPIs e-LMIS Dashboard

- MOH & PMORALG in collaboration with inSupply Health and other IPs supported the development of Supply Chain Key Performance Indicator (SC-KPI) dashboard into the eLMIS system.
- The dashboard has been deployed and is expected to provide insights on **eight prioritized SC indicators**
- The dashboard is visible from Facility to MOH level across the country and will serve HCWs in over **8000 Facilities**.
- The Focus is to;
  - Improve real-time supply chain data visibility
  - Strengthen accountability and performance monitoring
  - Drive faster, data-driven decision-making across all levels
- The eLMIS system is integrated with the GoTHOMIS for improved supply chain and service data visibility.



***The Prioritized Indicators cover: Forecast Accuracy, Priority Commodity Availability, Wastage, Reporting timeliness, Report rejection, Adequately stocked, Overstocking and Emergency ordering***

# Facilities have embraced ownership of the IMPACT approach by allocating their own budgets and resources, signaling commitment and sustainability of the intervention.



BACK	ADMIN AREA(COUNCIL)	COST CENTRE	FINANCIAL YEAR	BUDGET TYPE	STATUS	DECISION LEVEL	FORWARD
←	TANGA CC	HEALTH CENTRES	2025/26	CURRENT	🔒	COUNCIL-COST CENTRE	→

Facility: Ngamiani  
 Fund Source: User Fee  
 Activity: [E01COM] To facilitate Bi-monthly Data Review Meeting by IMPACT Approach Team and QI Team at Ngamiani Health Centre by June 2026

Ceiling Balance: 0.00

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**Activity Inputs** Activity Total: 1,200,000.00 + Add Input

Gfs Code	Unit	Unit Price	Quantity	Frequency	Sub Total	
[21113103] Extra-Duty Allowance	Person days	60,000.00	10.00	2.00	1,200,000.00	✎ 🗑️

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BACK	ADMIN AREA(COUNCIL)	COST CENTRE	FINANCIAL YEAR	BUDGET TYPE	STATUS	DECISION LEVEL	FORWARD
←	TANGA CC	COUNCIL HOSPITAL SERVICES	2025/26	CURRENT	🔒	COUNCIL-COST CENTRE	→

Facility: Tanga City  
 Fund Source: Health Sector Basket Fund  
 Activity: [C78S04] To facilitate quarterly IMPACT team approach meeting at Tanga City Hospital by June 2026

Allocation Guideline

Ceiling Balance: 0.00

---

**Activity Inputs** Activity Total: 2,800,000.00 + Add Input

Gfs Code	Unit	Unit Price	Quantity	Frequency	Sub Total	
[21113114] Sitting Allowance	Days	2,800,000.00	1.00	1.00	2,800,000.00	✎ 🗑️

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**Screenshots From the PlanReP System- Indicating Budgets for IMPACT activities from user fee and Health sector basket fund from Ngamiani HC and Tanga City district hospital**

# The IMPACT Approach in Tanga Facilities (n=10) improved data and supply chains KPIs through affordable, onsite training and strong collaboration with Government making it fit for National scale-up.



## Cost- effective training model

- On site training approach avoided the need for costly workshops or centrally training sessions.
- Onsite training offered the flexibility of scheduling the trainings after clinic pick hours.
- Ability to train all IMPACT team members at once.

## Inclusive Monitoring and joint ownership.

- Multi-level monitoring teams, MOH, PMORALG, RHMT, CHMT & inSupply Health team
- This structure ensures shared responsibility and build mutual trust and therefore system strengthening.

## Alignment with the MOH priorities

- Supports national frameworks like the Health Sector Strategic Plan
- Contributes to key goals, including: Enhanced decentralized decision-making and Increased data use for health system strengthening
- Compliments other government efforts such as DQA (Data Quality Assessment) and supportive supervision strategies.

## Evidence of impact

- Monitoring results from supported Tanga facilities (29%) show clear improvements in Data quality and supply chain performance indicators eg. Overstock and No demand
- Facilities are actively using data to inform stock redistribution and ordering leading to improved efficiency in stock management, cost savings and future improvement in quantification (BUQ)
- Regular Facility IMPACT review meetings enabled rapid identification and resolution of supply chain bottlenecks.

## Roadmap to scale up

- Finalise monitoring in July 2026
- Co- develop a national scale up plan;
  - Integration of IMPACT Team tools and principles into MOH supervisory tools and digital platforms (e.g., Afya SS).
  - Phased scale-up, using Tanga as a demonstration model.
  - Establishing champions at Facility levels for peer-to-peer learning.

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# Thank you!



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