Commodity Security Programme
Technical Working Group workshop
Defining Somali Supply Chain Strategic Objective, Activities, Indicators and Risks

Topic	Where Are we now	Where do we want to go- Strategic Objectives for the next 5 years	What are the Activities and timeline for us to get there?	Strategic Indicators	Associated Risks and Draw Backs	Comment
Service Delivery	• health and nutrition and nutrition coverage not representative across Somali rural and metro population • Access to all medicine and nutrition supplies; in quality and quantity still a challenge • INGO, NGO, UN agencies, procure supplies and deliver • Weak national health and nutrition supply chain system • Standard treatment guidelines not yet institutionalized everywhere • Planning data from HMIS and other sources is limited • Essential Drug List is not updated	• **Reduce maternal, neonatal and child mortalities and improve access to essential health and nutrition services of acceptable quality, prevent and control communicable and non-communicable diseases, malnutrition and improve quality of life by ensuring access to quality supplies in a timely manner, adequate quantity and sustainably.**	• Desk review, develop and address access to supplies by improving planning, distribution, quantification and initiatives to reach everyone including: nomadic and hard to reach population • Develop National health and nutrition system for those without income(insurance)(within the finalisation of National Health and Nutrition Policy by 2020) • Institutionalise treatment guidelines by translating in to Somali language and training HSP • Streamline the supplies delivery to each district by partner and ensure there are no overlaps or duplications • Put systems in place that will reduce nutrition supplies being sold in the market • Carry-out a stock out survey as a baseline for essential medicine • Provide funds for procuring adequate supplies; reducing stock outs at facilities and raising consolidated proposals for funding gaps • Lobbing with Somali government to contribute supplies budget for Health and Nutrition	• Reduce maternal mortality ratio from 732 to less than 600/1000 lives by the 2021 • Reduce U5 mortality rate from 137 to 100 per lives by 2021 • Reduction of malnutrition to GAM acceptable levels by 2021 • Zero stock-out in essential life-saving health and nutrition supplies by the end of 2019 • Somali Treatment Guidelines reviewed translated, printed, distributed and trained on health and nutrition workers by end of 2019 • LMIS tools rolled- out by end of 2018 • % of timely supply availability • % of Health and nutrition facilities receiving life serving drugs on time compared to distribution plans • % of utilization/Consumption rate of the facility • Nutrition supplies are not sold in the market • Quarterly or monthly distribution plans are verified before dispatches to facilities	• Limited Gvt resources & budget allocation for supplies, • inconsistency in funds flow • donor dependency • Security and armed Conflict • Accessibility of health and nutrition service facilities • Drought/Outbreak/floods • Prolong lead time • Challenges of monitoring and evaluation of supplies at field level	
Human Resources	• there are Supply chain staff but challenged by instability, leadership and rapid staff turn-over at MoH level • Skills and knowledge building is being done but not collaborated and well documented • Supply chain structure is not clear • Regional and facility level doesn't have uniform supply representation and delivery capacity • Inadequate staff remuneration and unharmonized salary scale	• **Develop a workforce that addresses the priority of health and nutrition needs for Somali population, that is adequate in number, well trained, equitably distributed and motivated to provide essential health and nutrition services**	• Identify training needs and collate all other trainings that have been delivered • Develop a capacity building plan and coordinate budget and training dates • Have a harmonized training plan by 2018 • Have an organogram that shows critical positions in MoH SCM by end of 2018 • Streamline supply chain structures at central, regional and facility level (including the pharmacists' positions at facility level) • Provide funding for recruiting and retaining qualified supply chain personal to run the system core shared with the government or for a 2-3-year period with government committing to fund the post there after • Agree a structure, ToRs, funding and deliverables for staff that will be at MoH level	• Training needs assessment conducted by Dec 2018. • Capacity building plan developed by 1st Q in 2019. • Capacity building needs assessments is done by end of Q1 2019 • Harmonized Staffing and salary scale developed by Q2 of 2019 • The number of recruited and retained staff at every level • A funding model for SCM positions is developed by June 2019 • Number of supply and logistics experts in MoH • Number of staff trained jointly through the TWG • Number of SCM staff in place at each level (central, regional and facility level) and their capacity.	• Lack commitment by Agencies/donors to use pooled funds • Ability to transfer knowledge and skills to co-workers (cascading) • High staff turnover rate • Skills shortage • Financial implication and accountability	

Planning & Procurement	• UNICEF, UNFPA, WFP, WHO and INGOs are currently buying medicine, vaccines and other consumables; but there is some planning with MoH but not collaborated across health and nutrition projects multi-partner, annually and multi-year.	• **Ensure the availability of essential health and nutrition supplies that satisfy the priority needs of the population, in adequate amounts and of assured quality; an affordable price; procured from qualified supplies well ahead of time to ensure effective programme delivery and following funding source rules and regulations.**	• Review and endorse essential Medicine list to inform planning and STG • Collate the frequently needed Health and Nutrition supplies but not procured; frequently received but not used and considered in planning and EML development. • Explore a Board for Medical and nutrition supplies management (SOMSA) and ensure that agreements are in place • Conduct forecasting and quantification process for Health and Nutrition collaboratively (3rd quarter of every year) • TWG to agree schedule for planning and deliverables annually • Procure supplies at most a quarter in advance and address prolonged lead times • Ensure that the Sector approved suppliers list is shared with partners to guarantee quality of commodities. • Institutionalise the donor guidelines for procurement and build cost effectiveness • Develop a consolidated advocacy document for Health and Nutrition supply management	• Essential Medicine List is, revised, agreed, updated and ready for institutionalisation by end of 2018(global application to be done 2019) • SOMSA established by end of 2021(but development of the concept to start 2018) • Annual Supply plan developed • TWG should develop planning and schedule by 2018. • The medicine being procured match the diseases and Somali population; quality, quantity and is timely • Number of facilities with no stock out • Number days' supplies are in country ahead of distribution • • # of Health and nutrition supply commodity security strategic plans in place	• Limited Gvt resources & budget allocation. • Inconsistency in funds flow • Donor dependency • Financial implication • Government commitment • Week coordination system	

Warehouse and distribution	• MoH, WFP, UNICEF, WHO, currently operate warehouses that support distribution through MoH, INGOs, NGOs
	• There several channels of distribution
	• There is no proper fleet for distribution and security issues still disadvantage distribution by road
		• **Streamline strategic warehousing space, storage conditions, the distribution channels to allow easy reach; stop efficacy and systemic wastage (including expiry) and develop an efficient distribution channel that is sustainable**	• Review the storage capacity in Somali and determine the ideal size, conditions and distribution in relation to Health and nutrition and Nutrition projects
			• Review and streamline the distribution channels of health and nutrition supplies
			• Improve the management systems in each Medical warehouse (central, partner and facility)
			• Improve infrastructure in Somali both geographic distribution for cold chain and dry stores
			• Fund a fleet to support distribution of commodities in Somali through MoH
			• Develop minimum warehousing SoPs and guidelines across the country
			• MoH to be responsible for timely delivery of supplies to the Health and nutrition Facilities
				• At least 2 warehouses are either renovated, reconstructed in each Zone every year.
				• Warehouse Minimum SoPs and guiltiness in place by Q2 of 2019
				• Zero expiring commodities in central warehouse by 2018 end; facilities mid 2019
				• Timely delivery of supplies carried out
				• Number of warehouses storage conditions reviewed and improved and by 2019.
				• Development of cost effective supply chain by 2019
				• Implementation of Warehouse SOPs 2019
				  • % of warehouse supplies properly managed
				  • Reduce ZERO stock out and over stock
				  • inventory management system in place
				  • number of distribution plans developed ahead of distribution and met on time
					• Financial implication
					• Poor road infrastructure
					• Security/conflict
					• Poor storage condition	

Information management	• The LMIS system is paper based with spreadsheets usage in some areas, Part of the Health and nutrition projects are getting information from HMIS for planning and the information still has significant gaps for management use. • there is currently no reliable supply chain data that is available.	• **Establish effective health and nutrition management information system based on sound, accurate, reliable and timely information for evidence based planning and implementation, supported by effective monitoring and evaluation and by targeted research;**	• Distribution of LMIS tools countrywide • Identification of trainings that have been done already and Collating training budgets in to one budget plan • Training of Trainers on staff LMIS • On-the-job training for system institutionalisation during M&E and field support • Develop and strengthen systems for monitoring stock levels at facility level (and through-out the chain) and reporting in real time (tablet system) • Procurement of e-LMIS system and roll- out • Production of information and distribution to stakeholders	• LMIS tools distributed to all facilities by end of 2018 • Roll-out LMIS tools by end of 2018 • Number of warehouses regularly reporting • Availability of reporting tools (paper based/ELMIS) • Availability of management reports from each central warehouse that can be used month and quarterly for (receipts, dispatches supplies stock levels, Months of stock etc)	• Data validation and data quality • Irregular data Technology	

Financing	• Supplies are main bought by UN agencies, INGO, NGO, private sector • Funding is generally donor driven • little to no allocation from the government on supplies procurement and supply chain investment • no partnership with private sector despite them shouldering up to 60% of health and nutrition country load	• **Create sustainable health and nutrition financing system, which relies national financing and local resources, ensures universal health and nutrition coverage, allocates budget to priority accounts for spending accurately, and uses national and international funds more efficiently**	• Develop a Kenya Medical Supplies Authority or independent board model to self- finance in 3-7 years and receive an act of parliament to set up the board • Fundraise and commit financing for stable Health and nutrition staff, storage and distribution costs 2018-21 • Develop collaborated multi-year supply chain funding advocacy document for supplies, capacity, infrastructure and other running costs • Build partnership with private sector, multi-donors and consolidate planning for Health and nutrition SCM • Advocate for alternative ways funding from government to raise funding for Health and nutrition supplies through the MoH or the treasury department. • Support MoH to build accountability pillars and cost effectiveness in Supply Chain management	• % of national budget allocation • % of donor commitment	-No immediate potential for gvt to develop & finance the KEMSA Model • Luck of clear national budget allocation • Fluctuation in demand over stretch the budget • In adequate of donor commitment • Uncoordinated funding	
Policies and Systems	• Some policies exist but the institutionalisation has not happened across all states holistically	• **Policies and SOPs are in place to regulate the medicine coming into the country, support stable funding, effective usage, reduce systemic wastage and ensure communities receive supplies in a time manner, quality and quantity**	• Review available policies and determine additional policies required for supply chain within MoH • Review existing procedures and develop manuals and SOPs for supply chain management within MoH and other partners supporting health and Nutrition delivery • Develop the Somali Medicine Standards Board to regulate public sector (and later private sector) • Establishment of Pharmacy, Medicines and Poisons Board by end of 2019 and improve quality assurance • Advocate for parliamentary Acts and policies that will support sustainable funding of Health and Nutrition supplies and operating costs	• All SOPs and Policies are reviewed developed and to be endorsed and adopted by 2020 • Endorse the Somali Medicine Standards Board by 2019 • # of Health and nutrition and nutrition supply commodity security policy in place • Availability of drug policy • master plan of supply chain in place • essential medicine list in place and update • Number of guideline and protocols developed • Number of procurement policy in place • # of quantification and forecasting system stablished	• Lack of policy implementation	
Value for money, quality and efficiency	• There is Medical regulatory authority and some quality control is happening in the country but not holistic • Cost leadership is spread across several partners and difficult to measure	• **By 2021 Somali Health and nutrition system will have an efficient and effective health and nutrition and Nutrition supply chain system the will be cost effective and offering the best value for money and adhering to donor conditions**	• conduct a cost benefit analysis on multiple channels of distribution, review load of expired commodities, load of unwanted medicine and develop cost effective model • Address rationale usage of medicine and nutrition supplies at facility level • Develop a Supply chain in country Quality framework for Health and nutrition and Nutrition • Develop policies for cubing pilferage of humanitarian supplies (government driven) • Ensure that all the procurement of goods and services is done competitively, is vfm	• There is a cost-effective channel mapped for each class of commodities agreed by the TWG • Value of products damaged in the warehouse or lost in transit • Value of unusable stock expired • Value of unaccounted stock lost • Value of stock in warehouse more than 2.5 years	• Sub-standard supplies • Lack of capacity building around budgeting and financing activities	
Partnership	• Private public partner discussion has been done in other locations but there is no significant stance on how to take this forward despite 60% of the load being under private sector • Academia engagement is in its infancy	• **By 2021 the private sector and academia has strong partnership with health and nutrition working towards to same agenda of reducing maternal, neonatal and child mortalities and building sustainable health and nutrition structures.**	• Desk review the PPP research that was done 2016 & 2017 and take forward recommendations • Engage the private sector and academia in discussions; technical working group meetings and agree clear contributions they can offer • Recommend and propose National framework to regulate type of medicine available on the open market • Develop partnership with neighboring countries to build MoH capacity (e.g. Kenya Medical Supplies Authority)	• Number of PPP meetings done to agree • Number of Academic institutions participating in capacity building in Supply Management	• Fragmented private sector • Lack of academic institutions specialized in supply management	

Monitoring and Coordination	• Silo monitoring and lack of concrete data for decision making is still a challenge	• **A strategic robust monitoring, evaluation and learning system is in place, known and committed to by all stakeholders and delivers real time information to TWG, senior leadership, other stakeholders and in used to improve Health and nutrition and Nutrition supply chain**	• Develop systems for capturing data from facility level to central level • Strengthen and fund existing initiatives like the Tablet system for monitoring stock levels • Roll out e-LMIS • Conduct joint field visits to see how supplies are being management at health facilities. • Develop joint monitoring tools (review existing) • Commit to meet quarter and review the indicators; monitoring data and progress of activities as TWG	• Number of quarterly review meetings for TWG conducted • Number of supply quarterly reports done. • Number of Joint field visits done INGO, NGO, MOH, UN	• Inadequate coordination amongst MOH, UN and PPP • Unsustainable political challenges	
Leadership and Institution Capacity development	• Supply chain leadership is not strong now across all areas within Health and nutrition and Nutrition	• **Strengthen the governance, institutional and management capacity of the health and nutrition sector to deliver efficient and effective health and nutrition and nutrition programmes and services**	• Support MoH to be the leader of all supply chain initiatives through the Technical working group • Collaborate all trainings related to supply chain capacity development for MoH • Commitment and developed Supply chain Structure to lead from MoH by 2018 • Work with MoH to develop required policies and procedures • MoH to spearhead setting up of boards for supplies management • MoH to broker PPP • MoH to lead parliamentary advocacy for more funding of health supplies and supply chain overall	• Organizational structure in place and Moh has the commitment to sustain it with SCM strategic leadership • Number of TWG led by MOH • Number of papers to parliament/Minister advocating for more funding • Number of inter-government agreements develop by government	• Conflict • Lack of interest or commitment	