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IMPLEMENTATION OF THE 2012 JOINT STRATEGY FOR SUPPLY CHAIN INTEGRATION IN MALAWI

Second Evaluation Report

December 2017

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DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development, the United States government, the Department for International Development, or the United Kingdom.
In late 2010, theft of health commodities funded by health partners was discovered at the former Malawi Central Medical Stores (CMS). This angered health partners and they consequently pulled out of the CMS and established secure parallel supply chains (PSCs). This incidence, together with the reform measures already started, accelerated the establishment of the Central Medical Stores Trust (CMST), which was incorporated as a trust in August 2011. A Board of Trustees was established to provide oversight on CMST performance. In late 2012, a Joint Strategy for Integration of PSCs in Malawi was inaugurated. The Strategy outlined 36 preconditions (benchmarks) in four phases that the CMST must achieve prior to health partners’ reconsidering integration of the PSCs in the country. CMST has been implementing the Joint Strategy benchmarks since 2013. In late 2015, CMST claimed to have achieved most of the benchmarks. This claim triggered the first independent assessment of the benchmarks conducted in February 2016. The assessment established that CMST had an overall achievement of 66 percent; classified as “work in progress.” In October 2017, a reassessment of the benchmarks was conducted. Cumulatively, CMST achieved an overall score of 85 percent; a score considered indicative of CMST readiness to take up supply chain tasks currently being undertaken by PSCs. Importantly, this would require support from stakeholders to work on and achieve the remaining benchmarks as well to sustain what has been gained in the last five years of implementation of the 2012 Joint Integration Strategy. Consequent to these results and considering that to some extent integration of PSCs had already started (see main report), the current assessment key recommendations include: (1) PSC stakeholders should consider (a) engaging the CMST to initiate the process for the preparation of a costed phased integration road map with realistic timelines; (b) long-term technical assistance to CMST, importantly, to support CMST to improve inventory management and stock accuracy; and (c) joint management and close oversight arrangement of CMST; and (2) CMST should review, prioritize, and implement recommendations of the two assessments by embedding them either in their corporate strategy or in integration road map/plans to be prepared jointly with stakeholders.
ACKNOWLEDGMENTS

As in previous assessment, the consultants would like to extend their sincere appreciation to Central Medical Stores Trust (CMST) staff for their openness during the conduct of this assignment, in particular their patience and tolerance to consultants’ demands for evidence to support implementation of the remaining 21 benchmarks that were not achieved in the 2016 assessment. We would also like to acknowledge stakeholders in the sector who, at short notice, were able to grant us the opportunity to meet and discuss the expectations of this assessment and their perceptions on the implementation of the CMST benchmarks as they relate to their activities, including their overall view on parallel supply chain (PSC) integration in Malawi. Special thanks go to the few district health officers and health facilities’ staff visited in and around Lilongwe for allocating time from their busy schedules to respond to our so often repetitive questions. Contributions from the stakeholders mentioned above, including the CMST Reform Task Force, made the conduct of this assessment a fruitful task. Finally, yet importantly, our sincere gratitude goes to officials from the Ministry of Health who assisted in managing consultant assessment schedules and oftentimes responding graciously to spontaneous schedule changes. We thank them for their tolerance and the perfect coordination they provided toward achieving the objectives of this assessment.
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ACRONYMS

3PL  Third-party logistics
ACCPAC  Accounting/Inventory Management Software/ERP
B#  Benchmark number
CEO  Chief Executive Officer
CML  Cargo Management Logistics (Malawi) Limited
CMS  Central Medical Stores
CMST  Central Medical Stores Trust
COC  Code of Conduct
COI  Conflict of Interest
CRMTF  CMST Reform Monitoring Task Force
DFID  Department for International Development
DHO  District Health Office
DN  Delivery Note
DMS-TWG  Drugs and Medical Supplies Technical Working Group
ERP  Enterprise Resource Planning
FP  Family planning
GF  Global Fund
GHSC-PSM  Global Health Supply Chain—Procurement & Supply Chain Management
GOM  Government of Malawi
GPS  Global Positioning System
GSP  Good storage practices
HEART  Health & Education, Advice & Resource Team
HF  Health facility
HR  Human resource
HTSS-P  Health Technical Services Support—Pharmaceuticals
IHS  Imperial Health Sciences
IIC  Institutional Integrity Committee
IPC  Internal Procurement Committee
KII  Key informant interview
KPMG  A global network of professional firms providing audit, advisory, and tax services
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMD</td>
<td>Last-mile delivery</td>
</tr>
<tr>
<td>MHL</td>
<td>Must-Have List (CMST medicines list)</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NLGFC</td>
<td>National Local Government Finance Committee</td>
</tr>
<tr>
<td>ODPP</td>
<td>Office of Director of Public Procurement</td>
</tr>
<tr>
<td>PE</td>
<td>Procurement Entity</td>
</tr>
<tr>
<td>PMPB</td>
<td>Pharmacy, Medicines &amp; Poison Board</td>
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<tr>
<td>POA</td>
<td>Procurement oversight agent</td>
</tr>
<tr>
<td>PSC</td>
<td>Parallel supply chain</td>
</tr>
<tr>
<td>QA</td>
<td>Quality assurance</td>
</tr>
<tr>
<td>QC</td>
<td>Quality control (testing)</td>
</tr>
<tr>
<td>RFQ</td>
<td>Request for Quote</td>
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<tr>
<td>RMS</td>
<td>Regional Medical Stores</td>
</tr>
<tr>
<td>SDP</td>
<td>Service delivery point</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard operating procedure</td>
</tr>
<tr>
<td>SOW</td>
<td>Scope of Work</td>
</tr>
<tr>
<td>TA</td>
<td>Technical assistance</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TB/NTP</td>
<td>Tuberculosis/National TB Program</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VFM</td>
<td>Value for money</td>
</tr>
<tr>
<td>WIP</td>
<td>Work in progress</td>
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EXECUTIVE SUMMARY

PURPOSE

The objective of this report is to present findings, conclusions, and recommendations of the second independent assessment of Central Medical Stores Trust’s (CMST) performance on supply chain integration benchmarks for Malawi, conducted in September 2017. Findings of this report concern the 15 benchmarks rated as “work in progress” (WIP) and the six benchmarks rated “little or no progress made” according to the findings of the 2016 assessment. Taken together, the findings of the two assessments aim to provide insights on the overall performance of CMST on meeting the needs and requirements of its core clients and its ability to ensure product availability at service delivery points (SDPs).

METHODOLOGY

In order to meet the assignment objective, the consultants employed a number of elicitation techniques and methods, which included document analysis, document review, and key informant interviews (KIIs) with relevant stakeholders. Field visits to District Health Offices (DHOs) and Health Centers near and around the Lilongwe area were conducted to further triangulate findings of this assessment. Semi-structured questionnaires were developed and administered to collect data and information required to inform the assessment. Information and data gathered from these tools were analyzed, and preliminary findings and recommendations shared with the CMST Reform Monitoring Task Force (CRMTF) and a wider stakeholder audience on September 25, 2017.

FINDINGS

- In 2016, there were 21 benchmarks rated either “work in progress” (15 benchmarks) or “little or no progress made” (six benchmarks).
- In the 2017 assessment, these converted to 12 greens/achieved, seven yellow/WIP, and two reds/little or no progress.

Combining the 2016 and 2017 results, the cumulative breakdown of the 36 benchmarks is as follows: 27 achieved/greens, seven WIP/yellows, and two little done/reds. This is equivalent to 85 percent rating (an overall green compared to 2016 results. See Figures 7 and 8 below).
Combined results (2016 + 2017)—performance (%)

Figure 8 below illustrates this outcome:

Overall performance (cumulative results, 2016 vs. 2017)

A much greener pattern, with a few yellows and reds, characterized the achievement in 2017 (cumulative results). This is in contrast to the 2016 pattern (on the left), which had more yellows and reds. This picture implies significant improvement in benchmark performance/achievement by the CMST, from an overall average increasing from 66 percent (in 2016) to 85 percent (in 2017). The specific achievements are summarized below (by supply chain area).

**Areas achieved**: Overall, CMST made significant improvement in the following areas:

- **Distribution**: distribution planning; route planning; transport management & security (B: 1, 21, 22, 23, and 31); **Financial Management**: business plan; transparency (B: 3, 4, 5 and 6);
- **Governance**: contract management; policy environment; transparency (B: 7–10); **Human resource**: HR needs (B11); **Inventory management**: good storage practices and security (B: 12, 13, 14, 16, 18, 19, 25, 26, 27, and 28); **Procurement**: transparency (B: 20); and **Quality**
**assurance:** procurement procedures that assure product quality (B35). These achievements by their respective benchmark numbers and descriptions are outlined in Annex 4 of this report. Enablers to this level of achievement are listed in the main report.

**Unachieved areas:** In spite of the above achievement, pockets of inadequate performance are captured in Figure 8 above. These include, among others: except for the Manobec warehouse, evidence of valid insurance policy cover for buildings, stocks, and other CMST assets was not provided for the period of July 2017 to December 2017, when a newly competitively acquired insurer will have been identified through competitive bidding (B2); standard operating procedures (SOPs) are in place, but staff have not been trained and there was no evidence to indicate the extent of their implementation by the relevant staff (B15); no data were provided for inventory accuracy (cycle counts) (B17); stock-out rates are > 10 percent (B24); analysis on future storage needs is lacking (B29); analysis/business case to inform distribution options has not been done (B30); more needs to be done with respect to procurement practices and value for money (VFM) (B32 & 33); and capacity QA/QC (quality assurance/quality control) is insufficient both at CMST and nationally (B36). Barriers to achievements are indicated in the main report.

**KEY RECOMMENDATIONS**

Considering the outcome of this review (85 percent overall achievement) and the fact that integration of parallel supply chain (PSC) in Malawi is already taking place, examples include: USAID/GHSC-PSM and CMST/DFID use the same third-party logistics (3PL) provider for last-mile distribution; CMST serves as a subcontractor to Bollore Logistics for the storage and inventory management of health commodities resourced by the Global Fund (GF); CMST undertakes the storage of cold-chain/diagnostics commodities for Bollore Logistics (for GF-resourced health commodities); donor supplies often transit at CMST warehouses prior to last-mile distribution by 3PL provider; DFID supports CMST (oversight and funding of 3PL); GF supports completion of the national warehouse and upgrade to new enterprise resource planning (ERP); CMST stores and distributes commodities for tuberculosis and some family planning (FP); and CMST stores and distributes UNICEF nutrition commodities; etc.

Consequent to the above, the review team, in addition to recommendations it provided in the first assessment, now wishes to recommend the following:

**PSC Stakeholders**

1. Consider engaging the CMST to initiate the process for the preparation of a costed phased integration plan/road map with realistic timelines based on demonstrated CMST practical capacity.

2. Consider long-term technical assistance (TA) to CMST to streamline operations. This should include support to achieve the outstanding benchmarks and sustain gains made in the past five years.

3. Consider joint management and close oversight arrangement of CMST.
CMST

1. CMST should review, prioritize, and implement recommendations of the two assessments, for example, by embedding them in corporate strategy and/or integration plan/roadmap to be prepared jointly with stakeholders. Importantly, CMST with the support of relevant stakeholders should improve on inventory management, in particular stock accuracy.

2. CMST should look beyond the 2012 benchmarks and consider achievement made as a “Fit Test” to CMST competitiveness, which should serve as a motivation to CMST management and staff to aspire for an efficient and effective CMST.

3. Given the changing nature of the needs and challenges of the supply chain clients, CMST should pursue an agenda of excellence, position its services, behave like a business entity, and offer reliable services to its clientele so as to improve its image. Other recommendations to CMST are provided in the main report.

Government of Malawi (GOM) and Stakeholders

1. The GOM, in close collaboration with the relevant stakeholders, should discuss and agree on a realistic and sustainable plan for funding health commodities to ensure the financial viability of CMST.

2. The GOM, through the National Local Government Finance Committee (NLGFC), should honor timely disbursement funding commitment to CMST.
I. INTRODUCTION

A. BACKGROUND

The 2012 Joint Strategy for Supply Chain Integration in Malawi specifies 36 benchmarks standards that, if achieved by the Central Medical Stores Trust (CMST), will give donors who are currently operating parallel supply chains (PSCs) the confidence to integrate fully, but gradually, into CMST, the national lifeline for the supply of essential health commodities to public health facilities in Malawi.

In March 2016, an independent evaluation of the 36 benchmarks was conducted. In this assessment, CMST scored an overall performance of 66 percent on these benchmarks (15/36 of the benchmarks were achieved, 15/36 were categorized as “work in progress” [WIP], and 6/36 as “not done or little done”).

Between March 2016 and August 2017, CMST reported at various stakeholders’ meetings as well as to the CMST Reform Monitoring Task Force (CRMTF) that it has achieved most of the benchmarks. These claims triggered the preparation of the Scope of Work (SOW) for the second independent assessment by the CRMTF.

With the appended SOW (Annex 1), a team of independent consultants funded by USAID and DFID arrived in the country on August 26, 2017, to undertake the second assessment.

The current report presents the assessment’s objectives; focus and uses of the assessment final results; assessment questions; methods used for data collection and analysis; evaluation framework and process flow; findings; and conclusions and recommendations of the assessment.

A stakeholders validation meeting was held on September 25, 2017. Inputs received from this meeting have been incorporated in this report.

B. PURPOSE

The purpose of this report is to present findings, conclusions, and recommendations of the second independent assessment of CMST’s performance on supply chain integration benchmarks for Malawi, conducted in September 2017.

The findings of this report focused on the 15 benchmarks that were rated unaccomplished but remained as “work in progress” and six benchmarks rated “little or no progress made” according to the findings of the 2016 assessment.

Findings on the assessment of these benchmarks, taken together with those achieved in the 2016 assessment, aim to provide insights on the overall performance of CMST to meet the needs and requirements of its core clients and the ability to ensure product availability at service delivery points (SDPs).

C. OBJECTIVES

The broad objective of this report is to support the decision-making process around the integration of PSCs in the Malawi public health sector.

The specific objectives of the report are:
1. To inform stakeholders’ plans on the integration of PSC functions into CMST.

2. To provide insights on the specific gaps and barriers to achieving integration of PSCs in Malawi’s public health sector, in particular nearly two years after the last assessment and five years of the implementation of the 2012 Joint Strategy for Supply Chain Integration in Malawi.

3. To help stakeholders explore other pathways to achieving integration of PSCs. This will be in addition to recommendations provided in the 2016 assessment.

D. ASSESSMENT QUESTIONS

1. To what extent has the CMST achieved the benchmarks that were rated “work in progress” or “little or no progress made” in the 2016 assessment?

2. Cumulatively considered (that is, 2016 reported achievements and the current assessment), to what extent would CMST be ready to take up and effectively execute additional tasks that are currently undertaken by the PSC in Malawi?

3. What additional recommendations should be made to CMST and the relevant stakeholders toward ensuring effective integration of tasks currently undertaken by the PSC in Malawi?
II. METHODOLOGY

The approach was primarily anchored on CMST’s achievement of the 21 benchmarks that were rated “yellow”—“work in progress” (15 benchmarks)—and those rated “red”—“little or no progress made.” As in the previous assessment, consultants followed the format in the integration strategy document, which spelled out the specific benchmarks and their indicators, targets, and basis for verification. In order to answer the assessment questions, consultants conducted:

- Documents analyses and reviews
- Observations
- Key informant interviews: CMST; Ministry of Health (MOH); health supply chain donors, including Global Fund (GF)—Geneva, the U.K. Department for International Development (DFID), U.S. Agency for International Development (USAID), and United Nations Children’s Fund (UNICEF); representatives from health facilities around Lilongwe; and PSC operators such as Chemonics, Cargo Management Logistics (Malawi) Limited (CML) and Bollore Logistics to further seek their perspectives on the foreseeable integration of PSC systems in Malawi as it relates to their supply chain activities. A list of institutions and officials met can be found in Annex 2.

A work plan that guided the execution of this assessment can be found in Annex 3. The process map below (Figure 1) illustrates the high-level activities conducted and delivered during the life of the assessment and clearly shows the logical process that was undertaken from entry to close out.

Figure 1. Process flow

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1 Because of competing schedules, appointments were missed with representatives from the HIV/AIDS program and the United Nations Population Fund (UNFPA) (who were out of Lilongwe).
III. EVALUATION FRAMEWORK

A. EVALUATION FRAMEWORK

Figure 2 provides an evaluation framework (defining boundaries, scope, and process) for the implementation of the 2012 Joint Strategy for Supply Chain Integration in Malawi.

Figure 2. Evaluation framework

The 21 benchmarks were followed and assessed in individual phases. The extent of implementation was gathered on the basis of the evidence provided by relevant staff at CMST. This was then combined with the previous assessment to ascertain overall performance of all the 36 benchmarks outlined in the 2012 Joint Strategy for Supply Chain Integration in Malawi.

B. DATA SOURCES AND CAPTURE

Data Sources

Data sources and evidence provided included reports, records, minutes of meetings, responses to key informant interviews, Internet/web search references, and others.

Data Capture/Evaluation Tool

Separate sheets were used to capture data that enabled the evaluation of the benchmarks. Semi-structured questionnaires with primary questions aimed at initiating dialogues were also used to capture information from the relevant stakeholders.

C. ANALYTICS/DATA EVALUATION AND LIMITATIONS

Data Evaluation

Evaluation of a benchmark, as in the previous assessment, was conducted by using discrete measurable elements arising from the relationships, interactions, and linkages of the benchmark standard, its indicator, and target and means of verification, as provided in the 2012 Strategy and further illustrated in Figure 3 below.
A set of discrete measurable elements described the range of activities or tasks within a benchmark, which CMST was requested to provide as evidence of its achievement. The evidence provided or not provided was rated on a scale of 0 to 1 (for each of the discrete elements and subtasks for each individual benchmark).

Consultants used traffic light colors (Figure 4, below) to capture the level of performance of a benchmark.

**Figure 4. Score using traffic light colors**

- **Red** = 30% or less  
  Little done and/or lack of written evidence
- **Yellow** = Above 30 – 79%  
  Work in progress
- **Green** = 80% or above  
  Complied

This analytical method and scoring scheme are illustrated in detail in Annex 4.

**Limitations**

As in the first assessment report, although each of the 21 benchmarks assessed in this review has its own importance (weight), the approach used did not take weight/importance of a benchmark into consideration. The same weight/importance was given to each benchmark. This method was elected in order to simplify the evaluation by enabling an easier process for distinguishing benchmark achievement (benchmarks that have been achieved against those that have not been achieved). However, after making this distinction, the approach looks at each benchmark and its importance with regard to the factors that allowed CMST to achieve it. Conversely, benchmarks that were not achieved, having been separated from the rest, were also reviewed in greater detail to identify and document barriers that hindered CMST from achieving them. Consequently, this approach of simply distinguishing achieved and not achieved benchmarks still serves the useful purpose of obtaining fairly accurate conclusions on the performance of each of the benchmarks. The clear measurement of level of achievement of each benchmark permitted the articulation of sound recommendations and ways to strengthen CMST toward achieving a reasonable level of readiness to take up PSC functions with the support of the relevant stakeholders.
IV. FINDINGS

A. STATUS OF 21 BENCHMARKS CONVERSION (FROM 2016 TO 2017 STATUS)

The figures and charts below illustrate the conversion of the 21 benchmarks, which were rated either “work in progress” (WIP) or “little done.” We note an overall increase in performance: from 15 yellow and six reds (in 2016) to 12 greens, seven yellows, and two reds (in 2017)—see Figure 5, below.

Figure 5. Status of benchmark achievement (2016 compared to 2017)

<table>
<thead>
<tr>
<th>2016 (Outstanding benchmarks only)</th>
<th>2017 (Progress made)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 15 yellow</td>
<td>• 12 greens</td>
</tr>
<tr>
<td>• 6 reds</td>
<td>• 7 yellows</td>
</tr>
<tr>
<td>29% (6/21)</td>
<td>10% (2/21)</td>
</tr>
<tr>
<td>71% (15/21)</td>
<td>57% (12/21)</td>
</tr>
</tbody>
</table>

Section B (below) captures the results of the current assessment (12 greens, seven yellows, and two reds) combined with the 15 benchmarks achieved in 2016 resulting in the final outcome of the 36 benchmarks (27 achieved/green, seven WIP/yellow; and two little or no progress made/red).

B. OVERALL PERFORMANCE STATUS (ALL PHASES, CUMULATIVE RESULTS, 2016 AND 2017)

Figure 6. Combined results (2016 + 2017)—benchmark counts

In percentage terms, the results shown in Figure 6 translate to Figure 7, below.
Figure 7. Combined results (2016 + 2017)—performance (%)

Figure 8 captures the overall performance status by all phases and benchmarks (indicating level of performance/pattern for 2016 against 2017 cumulative results). Significant color/pattern changes are noticed between 2016 and 2017.

Figure 8. Overall performance (cumulative results, 2016 vs. 2017)

The 2017 pattern is greener with fewer yellows and reds than the pattern in 2016, implying that there has been significant increase in benchmark performance/achievement by the Central Medical Stores Trust (CMST) from an overall average of 66 percent in 2016 to 85 percent in 2017 as per the current assessment. Areas achieved and not achieved (WIP) are summarized below.

Outstanding issues:
- Except for Manobe with house - inadequate insurance policy cover (B2)
- Staff training & SOPs implementation (B15)
- Inventory accuracy (cycle counts) (B17); Target >95%
- Stock out rates are > 10% (B24)
- Analysis on future storage needs (B29)
- Analysis/business case to inform distribution options (B30)
- Procurement practices and VFM (B32 & 33)
- Capacity QA/QC (36)
Areas achieved

Overall, on the basis of the benchmarks categorized by supply chain functions, CMST has done quite well in the following areas:

- **Distribution**: Distribution planning; route planning; transport management and security (B: 1, 21, 22, 23, and 31).
- **Financial management**: Business plan; transparency (B: 3, 4, 5 and 6).
- **Governance**: Contract management; policy environment; transparency (B: 7–10).
- **Human resource (HR)**: HR needs (B11).
- **Inventory management**: Good storage practices and security (B: 12, 13, 14, 16, 18, 19, 25, 26, 27, and 28).
- **Procurement**: Transparency (B20).
- **Quality assurance**: Procurement procedures that assure product quality (B35).

These achievements by their respective benchmark (description and number) and by supply chain functions are detailed in Annex 5.

The spectrum of enablers (across all benchmarks and phases) that helped CMST, to a varying extent, achieve these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key enabler sustainability strategy—are outlined in individual benchmark scorecards (Annex 6).

Unachieved areas

In spite of the above achievements, pockets of unsatisfactory performance are noted in the following benchmarks, which are still in yellow and red (see Figure 8 above):

- **Insurance policy cover**: Except for the Manobec warehouse, valid insurance policy cover for buildings, stocks, and so on were not provided\(^2\) to cover these assets, among others, for the period of July to December 2017, when a new competitively acquired insurer will have been identified through competitive bidding (B2).
- **Staff training and standard operating procedures (SOPs) implementation**: SOPs are in place, but staff have not been trained and no evidence indicates the extent of their implementation by the relevant staff (B15).
- **Inventory accuracy (cycle counts)**: No data provided for this indicator (B17).\(^3\) A majority of stakeholders complain of inaccurate stock status data provided by CMST.

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\(^2\) A policy cover was provided on the last day of the assessment (after being requested for more than three weeks during the assessment). A close review and examination of the insurance policy cover provided—at the next available opportunity—may clarify the authenticity of the documents.

\(^3\) Summarized data were provided in the last days of the assessment (after being requested for more than three weeks during the assessment). The fact that the data were summarized raised doubts about their authenticity—at the next available opportunity a review of recent stock take sheets by relevant stakeholders may clarify the matter.
• **Health commodities availability** is still problematic: stock-out rates (CMST/Must Have List [MHL]) and at the health facility level) are above 10 percent (B24).

• **Analysis on future storage needs** is lacking (B29).

• **Analysis/business case to inform distribution options** is not available. Cost-effectiveness of current last-mile delivery (LMD) has been informed by the HEART study4 (B30).

• **Procurement practices and value for money (VFM)**: More needs to be done on these benchmarks (B: 32 and 33).

• **Capacity quality control/quality assurance (QC/QA)** is insufficient both at CMCT and nationally (B36).

The range of barriers (across all benchmarks and phases) that hindered, to a varying extent, CMST from achieving these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key barrier mitigation strategy—are outlined in individual benchmark scorecards (Annex 6).

**C. PERFORMANCE BY PHASES (2016 VS. 2017)**

Figures 9 through 12, below, illustrate the overall performance status by individual phases (2016 against 2017 cumulative results).

**Figure 9. Phase I performance: CMST management of donated products (TB and FP)**

The pattern of results for Phase I in 2017 is much greener (with only two yellows and one red) than in 2016 (with eight yellows and two reds). This implies that there has been significant increase in benchmark performance/achievement by CMST (Phase I accomplished with an overall green score rating of 90 percent). Areas achieved and not achieved (WIP) are listed below.

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Areas achieved

- **Distribution**: Distribution planning; route planning; transport management & security (one benchmark out of five). Other benchmarks in this area are from other phases. These include B: 21, 22, and 23 (Phase II) and 31 (Phase III).

- **Financial Management**: Business plan; transparency (B: 3, 4, 5, and 6).

- **Governance**: Contract management; policy environment; transparency (B: 7–10).

- **Human resource**: HR needs (B11).

- **Inventory management**: Good storage practices and security (six of 10 benchmarks, B: 12, 13, 14, 16, 18, and 19 (Phase I) and 25, 26, 27, and 28 (Phase II).

- **Procurement**: Transparency (B20).

The spectrum of enablers (across all benchmarks and phases) that helped CMST, to a varying extent, to achieve these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key enabler sustainability strategy—are outlined in individual benchmark scorecards (Annex 6).

Unachieved areas

In spite of the indicated achievements, there are still unachieved benchmarks in this phase. These include the following:

- **Insurance policy cover**: Except for the Manobec warehouse, there was no evidence provided of adequate insurance policy cover for stocks, buildings, and other assets (B2).

- **SOPs**: SOPs are in place, but staff have not been trained and there was no evidence (spot checks and/or observations reports) to indicate the extent of SOP implementation by the relevant staff (B15).

- **Inventory accuracy (cycle counts)**: No data were provided for this benchmark (B17). A last-minute attempt to provide the data was denied for reasons indicated earlier.

The range of barriers (across all benchmarks and phases) that hindered, to a varying extent, CMST from achieving these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key barrier mitigation strategy—are outlined in individual benchmark scorecards (Annex 6).
Figure 10. Phase II performance: CMST successfully expands essential drugs supply chain to all SDPs

This Phase II, 2017, pattern is much greener (with only one yellow and no red) than the pattern in 2016 (with two yellows and two reds); implying that there has been a significant increase in benchmark performance/achievement by CMST (Phase II accomplished with an overall green score rating of 89 percent).

**Achieved areas**

- **Distribution**: Distribution planning; route planning; transport management and security—three benchmarks (B: 21, 22, and 23) from this phase out of five benchmarks; two others are from B1 (Phase I) and B31 (Phase III).

- **Inventory management**: Good storage practices and security—four out of 10 benchmarks (B: 25, 26, 27, and 28); the six others contributing to this function are from Phase 1 (B: 12, 13, 14, 16, 18, and 19).

- **Procurement**: Transparency (B20).

The spectrum of enablers (across all benchmarks and phases) that enabled CMST, to a varying extent, to achieve these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key enabler sustainability strategy—are outlined in individual benchmark scorecards (Annex 6).

**Unachieved areas**

The one yellow (that converted from red) is the only benchmark in this phase that was not performed satisfactorily. It relates to essential health commodities availability (B24). The ascribed target is < 10 percent stock-out level. This level of performance has not been attained (and therefore the benchmark remains as a work in progress).
The range of barriers (across all benchmarks and phases) that hindered, to a varying extent, CMST from achieving these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key barrier mitigation strategy—are outlined in individual benchmark scorecards (Annex 6).

**Figure 11. Phase III performance: Integration of additional PSC warehousing and distribution in phased manner on capacity**

Overall, Phase III continues to be a “work in progress,” with little achievement made in 2017.

**Achieved areas**

The only notable achievement in this phase is the efficient management and oversight procedures for the third-party logistics (3PL) providers currently serving the CMST.

The spectrum of enablers (across all benchmarks and phases) that helped CMST, to a varying extent, to achieve these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key enabler sustainability strategy—are outlined in individual benchmark scorecards (Annex 6).

**Unachieved areas**

Unachieved areas include one benchmark in the yellow category of “work in progress” and one in the red category of “little or no progress made.” Specifically, these are:

- An analysis on future storage needs (cost-effective warehousing) has not been done (B29).
- CMST’s own analysis/business case to inform cost-effective distribution options, among other important uses to validate the HEART study, has not been done (B30).

The range of barriers (across all benchmarks and phases) that hindered, to a varying extent, CMST from achieving these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key barrier mitigation strategy—are outlined in individual benchmark scorecards (Annex 6).
Overall, Phase IV, like Phase III, continues to be a “work in progress,” with little achievement made in 2017.

**Achieved areas**

CMST publicly advertises requests for bids and requests for quotes, and such bids are advertised with sufficient time to attract adequate competition; international good-tendering practices are adhered to (B: 34 and 35).

The spectrum of enablers (across all benchmarks and phases) that enabled CMST, to a varying extent, to achieve these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key enabler sustainability strategy—are outlined in individual benchmark scorecards (Annex 6).

**Unachieved areas**

Unachieved areas in this phase, which are all “WIP,” include:

- Procurement practices and value for money (VFM) (B32 &33).
- The capacity to assure product quality in procurement process and product quality remain inadequate (B36).

The range of barriers (across all benchmarks and phases) that hindered, to a varying extent, CMST from achieving these benchmarks—including their contextual explanation; their being internal or external, system (process), or structural factors; and the key barrier mitigation strategy—are outlined in individual benchmark scorecards (Annex 6). The scorecards in Annex 6 include detailed findings of the individual benchmarks (of the 21 benchmarks assessed).
V. CONCLUSIONS AND RECOMMENDATIONS

A. MAIN CONCLUSIONS

Given the above findings:

- In light of the current performance taken together with last year’s results, the Central Medical Store Trust (CMST) achieves an average performance rate of 85 percent (rated green/achieved) against 66 percent last year, which was rated as a work in progress.

- This cumulative performance rate is indicative of the extent of CMST readiness to take up and effectively execute additional tasks that are currently undertaken by parallel supply chains (PSCs).

- Importantly, this level of readiness will require support from stakeholders to work on and achieve the remaining benchmarks as well to sustain what has been gained in the last five years of implementation of the 2012 Joint Strategy for Supply Chain Integration in Malawi.

B. RECOMMENDATIONS

In addition to the outcome of this review, we must consider that, to some extent, integration of PSC in Malawi is already taking place. Examples of this include:

- USAID/GHSCM-PSM and CMST/DFID use the same third-party logistics (3PL) provider for last-mile delivery (LMD).

- CMST serves as a subcontractor to Bollore for the storage and inventory management of health commodities resourced by the Global Fund (GF).

- CMST is undertaking the storage of cold-chain/diagnostics commodities for Bollore (GF-resourced health commodities).

- Donor supplies often transit at CMST warehouses prior to LMD by 3PL providers.

- DFID supports CMST (oversight and funding 3PL).

- GF supports the completion of the national warehouse and upgrade to new enterprise resource planning (ERP).

- CMST stores and distributes TB and some family planning (FP) commodities.

- CMST stores and distributes UNICEF nutrition commodities.

Further, at this time and with the noted CMST achievement in the implementation of the Joint Strategy benchmarks, it is important that the PSCs initiate transition plans to avoid dangers associated with development partners (or other third parties) becoming locked indefinitely into external procurement and provision of medicines. Continued maintenance of the PSCs, as noted by Leni and Cammock,⁵ can undermine incentives for change, as well as the link between citizen and state, as people do not hold government responsible for service provision and leaders no longer feel responsible. As a result, exit

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plans/road maps need to be designed to move away from the use of parallel systems, even in incremental steps.

Furthermore, CMST’s achievement of the benchmarks may not be sufficient to overcome ineffectiveness and inefficiencies in CMST operations; there may be other starting points for donor support for CMST reform and operational strengthening to contribute to improved availability of medical supplies in the country. One such starting point is engagement of CMST by the relevant donors to further strengthen CMST operational areas, among others, that this assessment found to be underperforming.

Consequent to the above, the review team, in addition to recommendations given in the first assessment, now specifically recommends the following:

**PSC Stakeholders**

1. Consider engaging the CMST to initiate the process for the preparation of a costed phased integration plan/road map with realistic timelines based on demonstrated CMST practical capacity.

2. Consider long-term technical assistance (TA) to CMST to streamline operations. This should include support to achieve the outstanding benchmarks and sustaining gains made in the past five years.

3. Consider joint management and close oversight arrangement of CMST.

**CMST**

1. CMST should review, prioritize, and implement recommendations of the two assessments, for example, by embedding them in corporate strategy or integration plans/road maps to be prepared jointly with stakeholders. Importantly, CMST with the support of relevant stakeholders should improve on inventory management, in particular stock accuracy.

2. CMST should openly and boldly seek TA when such TA is needed.

3. CMST should look beyond the 2012 benchmarks and consider achievement made as a “Fit Test” to CMST competitiveness, which should serve as a motivation to CMST management and staff to aspire for an efficient and effective CMST.

4. Given the changing nature of the needs and challenges of the supply chain clients, CMST should pursue an agenda of excellence, position its services, behave like a business entity, and offer reliable services to its clientele so as to improve its image.

**C. OTHER RECOMMENDATIONS**

**Government of Malawi and Stakeholders**

1. The Government of Malawi (GOM), in close collaboration with the relevant stakeholders, should discuss and agree on a realistic and sustainable plan for funding health commodities.

2. The GOM, through the National Local Government Finance Committee (NLGFC), should honor timely disbursement funding commitment to CMST.
CMST
1. CMST should improve on implementation of risk management plan to enable CMST to timely identify, mitigate, and manage potential risks. The plan should be reviewed and reported regularly (for example, quarterly) to the CMST Management and Board.

2. CMST should expedite staff training on approved standard operating procedures (SOPs).

3. CMST should establish and implement mechanisms for ensuring it adheres to SOPs.

4. To minimize stock accuracy complaints from stakeholders, CMST should improve accuracy of stock figures through regular (monthly) cycle spot checks.

5. As part of the risk management plan (internal audit function) and to promote accountability, CMST should improve on sharing stock accuracy data with the management team.

6. CMST should improve filing and documentation of physical stock count data to ease retrieval during audits.

7. CMST should ensure that cargo to be delivered to the last mile is handed over in a timely manner to Cargo Management Logistics (Malawi) Limited (CML) through adherence to handover dates. This can effectively be implemented through streamlining accountability and responsibilities between warehousing and distribution functions.

8. To improve accountability and chain of custody, CMST should consider separating warehousing and distribution functions into two separate units that should remain under the supervision of the Director of Pharmaceutical Operations.

9. CMST should continue to explore ways to shorten procurement lead times.

10. CMST, with the support of relevant stakeholders, should conduct an analysis of options available for cost-effective warehousing. For each option, the analysis should indicate costs involved and possible sources of funds, timing (medium and long term), and sustainability for the storage of additional commodities currently managed by PSC.

11. CMST, with the support of relevant stakeholders, should validate the cost-effectiveness of the current distribution model.

12. If the current distribution model is not cost-effective, CMST should conduct an analysis of alternative options available for cost-effective distribution. For each option, the analysis should indicate costs involved and possible sources of funds, timing (medium and long term), and sustainability for the distribution of existing and additional commodities currently managed by PSC.

13. CMST should strive to minimize the frequency of exchanges between the procurement oversight agent (POA) and CMST with respect to POA comments or remedial actions.

14. CMST should also strive to adhere to approved and applicable standards and procurement templates (for example, bid evaluation template, among other official procurement templates). Learning from previous reviews, CMST should be able in future to submit error-free documents to the POA and the Office of Director of Public Procurement (ODPP).

15. CMST should expedite the recruitment of the new Director of Procurement and any other additional staff.

16. CMST should conduct and support an induction/training on international best practices for pharmaceutical procurement.
ANNEX 1. SCOPE OF WORK

Assignment #: 427 [assigned by GH Pro]

Global Health Program Cycle Improvement Project (GH Pro)
Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK
Date of Submission: 6/21/2017
Last update: 8/9/2017

I. TITLE: Malawi Central Medical Stores Trust (CMST) Assessment

II. Requester / Client

☐ USAID Country or Regional Mission
Mission/Division: Malawi / HPN

III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

☐ 3.1.1 HIV  ☐ 3.1.4 PIOET  ☐ 3.1.7 FP/RH
☐ 3.1.2 TB  ☐ 3.1.5 Other public health threats  ☐ 3.1.8 WSSH
☐ 3.1.3 Malaria  ☐ 3.1.6 MCH  ☐ 3.1.9 Nutrition
☐ 3.2.0 Other (specify):

IV. Cost Estimate: ________ (Note: GH Pro will provide a cost estimate based on this SOW)

V. Performance Period
Expected Start Date (on or about): August 22, 2017
Anticipated End Date (on or about): November 22, 2017

VI. Location(s) of Assignment: (Indicate where work will be performed)
Lilongwe, Malawi, and surrounding area

VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

EVALUATION:
☐ Performance Evaluation (Check timing of data collection)
☐ Midterm  ☐ Endline  ☐ Other (specify):

Performance assessments encompass a broad range of assessment methods. They often incorporate before–after comparisons but generally lack a rigorously defined counterfactual. Performance assessments may address descriptive, normative, and/or
cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making.

- **Impact Evaluation** (Check timing(s) of data collection)
  - Baseline
  - Midterm
  - Endline
  - Other (specify):

Impact assessments measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact assessments in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

**OTHER ANALYTIC ACTIVITIES**
- **Assessment**
  - Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

- **Costing and/or Economic Analysis**
  - Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or assessment, with or without a comparative intervention/program.

- **Other Analytic Activity (Specify)**

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**PEPFAR EVALUATIONS** *(PEPFAR Evaluation Standards of Practice 2014)*

**Note:** If PEPFAR funded, check the box for type of assessment.

- **Process Evaluation** (Check timing of data collection)
  - Midterm
  - Endline
  - Other (specify): 

  Process Evaluation focuses on program or intervention implementation, including but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process assessment might provide an understanding of cultural, sociopolitical, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? *(PEPFAR Evaluation Standards of Practice 2014)*

- **Outcome Evaluation**
  - Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the assessment of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? *(PEPFAR Evaluation Standards of Practice 2014)*

- **Impact Evaluation** (Check timing(s) of data collection)
  - Baseline
  - Midterm
  - Endline
  - Other (specify):

  Impact assessments measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

- **Economic Evaluation** *(PEPFAR)*
  - Economic Evaluations identify, measure, value, and compare the costs and outcomes of alternative interventions. Economic assessment is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes
(health, clinical, economic) of programs or interventions. Main types of economic assessment are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII. BACKGROUND

If an assessment, Project/Program being evaluated:

Project/Activity Title: Central Medical Stores Trust (CMST)
Award/Contract Number:
Award/Contract Dates:
Implementing Organization(s):
Project/Activity AOR/COR:

Background of project/program/intervention (Provide a brief background on the country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis.)

The objective of both the Government of Malawi (GOM) and health development partners is to work together to strengthen both CMST and the district-level supply chain such that essential medicines, including donor-procured malaria, family planning, tuberculosis (TB), and HIV commodities can be integrated into national supply chain systems and that appropriate accountability and visibility of donated products within national systems can be assured.

CMST was created in November 2010 and incorporated in August 2011. By virtue of its establishment as a trust, CMST has the financial and managerial autonomy to operate as a government-owned business entity; it is managed by Trustees who oversee and guide CMST’s role in the procurement, storage, and distribution of quality medicines and related medical supplies. CMST replaced former Central Medical Stores (CMS), which was an operational arm of the Ministry of Health (MOH). However, the Trust became fully operational only in April 2012 following the recruitment of the Chief Executive Officer. CMST’s core mandate is to procure, warehouse, and distribute medicines and medical supplies to public and other health facilities that have a working agreement with the GOM through the MOH.

Until 2010, Malaria commodities products funded by the U.S. Government (USG) and Global Fund (GF) were distributed through CMS, along with USG-procured family planning products. In late 2010, however, following the detection of theft and mismanagement, these commodities were withdrawn and transferred to a donor-funded parallel supply chain (PSC) warehouse. The USG and GF collaborated with the Malawi MOH to establish a secure PSC outside the CMST network.

In the past five years, CMST has embarked on reforms with the aim of increasing the effectiveness and efficiency of the organization; part of its reform goal is to manage all government- and donor-procured commodities in Malawi.

Currently, CMST warehouses and distributes all GOM, GF-funded TB, and United Nations Population Fund (UNFPA) procured health commodities to all health facilities based on orders from health facilities or national program distribution plan. CMST operates a network of seven warehouses at the central and regional levels including three rented warehouses in Lilongwe. It currently operates a two-tier distribution system: first, through an internal distribution system for distribution of health commodities from central warehouse to its regional warehouses and central hospitals; and, second, through a third-party distribution contract responsible for distribution health commodities from CMST’s warehouses to district hospitals, health centers, and CHAM health facilities. The U.K. Department for International Development (DFID) Malawi is funding part of CMST’s warehousing and distribution contract with
private sector providers through December 2017.

Several public health commodities are stored and distributed through donor-funded PSCs in Malawi. The principal recipient of the GFATM grant for the HIV/AIDS, TB, and malaria biomedical program in Malawi’s MOH operates a PSC for GF-procured HIV/AIDS and malaria commodities in partnership with Bollore Logistics, a private international logistics company. Similarly, the U.S. Agency for International Development (USAID), through its Global Health Supply Chain–Procurement and Supply Management project (GHSC-PSM), operates a PSC for all USG-procured malaria and family planning commodities with Imperial Health Science, which will transition to Bollore Logistics around September 2017.

In 2012, the GOM, CMST, and donors developed the “Joint Strategy for Supply Chain Integration in Malawi,” which serves as a road map for a phased integration of PSCs into the national system. The strategy identified key benchmarks to measure CMST’s capacity to manage donor-procured commodities, and outlined phases and triggers for decision making. The strategy also recommended the establishment of the CMST Reform Monitoring Task Force (CRMTF) and periodic assessment of CMST performance on the strategy benchmarks.

In line with the integration strategy recommendations, CMST developed an implementation plan for the integration strategy in 2013, as an annex of its 2013–18 business plan; the GOM on its part established the CRMTF in January 2015. The task force is responsible for monitoring implementation of the strategy and related assessments. The CRMTF will continue to provide strategic direction that will inform subsequent decisions that will enable Malawi to achieve its plan to consolidate parallel health supply chains into the national system.

In 2016, USAID and DFID Malawi, in collaboration with the CRMTF, funded a comprehensive independent assessment of CMST’s implementation of the integration strategy. The assessment objectives were threefold: first, to assess CMST’s performance on each of the 36 benchmarks outlined in the integration strategy; second, to assess the implementation of integration strategy recommendations; and, third, to recommend actions that will enhance the implementation of the strategy.

The 2016 assessment report revealed that CMST had conclusively achieved 14 of the 36 benchmarks across all phases of integration at the end of February 2016. Meanwhile, 17 of the 36 benchmarks were rated work in progress, and little or no progress was reported on the remaining five benchmarks. Overall, CMST performance in all phases was 66 percent, implying that benchmark implementation for all phases continues to be work in progress.

Since the completion of the 2016 assessment, CMST has reported progress in implementation of the strategy benchmarks at various coordination and technical meetings with partners. The CRMTF has decided to convene a rapid assessment of CMST’s implementation of this strategy in 2017 to track progress and propose actionable recommendations to stakeholders. The recommendations will enable MOH and partners to take concrete steps to strengthen Malawi’s health systems through an integrated and effective national supply chain system.

IX. SCOPE OF WORK
A. Purpose: Why is this assessment being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.
To conduct an independent assessment of CMST performance on supply chain integration benchmarks, focusing on the 17 benchmarks that were rated unaccomplished but remain “as work in progress,” including the five benchmarks rated “little or no progress made” according to the findings of the 2016 assessment.

B. **Audience**: Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

Health donors, Ministry of Health, and Central Medical Stores Trust

C. **Applications and use**: How will the findings be used? What future decisions will be made based on these findings?

1. Inform stakeholders’ plan to integrate PSC functions into CMST.
2. Provide insights on gaps and barriers to achieving integration of PSC in Malawi’s public health sector, in particular after nearly 1.5 years of the 2016 assessment report and implementation of the 2012 strategy.
3. Help stakeholders explore other pathways to achieving integration of PSCs, in addition to those recommended in the 2016 assessment.

D. **Evaluation/Analytic Questions & Matrix**:
   a) Questions should be: (i) aligned with the analytic purpose and the expected use of findings; (ii) clearly defined to produce needed evidence and results; and (iii) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.); these must be incorporated into the assessment/analytic questions. **USAID Evaluation Policy recommends 1 to 5 assessment questions.**
   b) List the recommended methods that will be used to collect data to be used to answer each question.
   c) State the application or use of the data elements towards answering the analytic (assessment) questions; for example, (i) ratings of quality of services, (ii) magnitude of a problem, (iii) number of events/occurrences, (iv) gender differentiation, etc.

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<tr>
<th>Assessment Question</th>
<th>Suggested methods for answering this question</th>
<th>Sampling Frame</th>
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| After discounting for achieved and redundant and/or outdated benchmarks, to what extent has the CMST achieved the benchmarks that were rated “work in progress” or “little or no progress made” in the 2016 assessment report? | • A listing of the 36 benchmarks, indicating achieved and underperformed (“work in progress” or “little or no progress made”) benchmarks, including those considered outdated/redundant  
• A detailed review/analysis of the individual underperformed benchmarks to gather the evidence of their level of performance (by expected | • 2016 assessment report and 2012 Strategy  
• CMST records and relevant staff  
• Relevant stakeholders, including the CRMTF  
• Selected CMST clients, as considered relevant |
2. Cumulatively considered (i.e., 2016 reported rated/achievements and current assessment rated/achievement), among other factors, to what extent is the CMST ready to take up and effectively execute the additional (PSC) tasks currently undertaken by the existing parallel system?

Key informant interviews (KII) with:
- CMST relevant staff
- Relevant stakeholders, including the CRMTF
- Selected CMST clients, as considered relevant

Output and/or target indicated in 2012 Strategy

3. What additional recommendations should be made to CMST and the relevant stakeholders toward ensuring the effective integration of (PSC) tasks currently undertaken by the existing parallel system? What are the barriers and/or enabling factors toward this transition to an integrated supply system in the country?

Based on findings of the current assessment as would be confirmed by:
- Relevant stakeholders, including the CRMTF
- Selected CMST clients, as considered relevant

Findings of the current report as further confirmed by the CRMTF

Other Questions [OPTIONAL]

E. **Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the assessment/analytic questions and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

- Review the 2012 Joint Strategy for Supply Chain Integration in Malawi.
- Review the 2016 assessment report on CMST’s implementation of the Joint Strategy for Integration
- Review CMST’s performance on each benchmark stipulated in the strategy, focusing on the 17 benchmarks that were rated unaccomplished but remain as “work in progress,” including the five benchmarks rated “little or no progress made” in the findings of the 2016 assessment. Scores will be based on verifiable evidence at CMST, records, minutes of technical working group and supply chain technical meetings, MOH annual review meeting reports, and other information from stakeholders.
- Identify enabling factors and barriers that continue to affect the transition to an integrated public supply system for health commodities in the country.

1. **Pre-trip:**

1.1. Prepare an inception report (in PowerPoint) providing, among other relevant information, detailed work plan for the assessment, with clear timeline, assessment framework, proposed analytics, assessment tools, draft template for the final report, and estimated budget for assessment (including travel and logistics cost for the assessment).

2. **In-Country:**
2.1. In-brief with/presentation of the inception report to CRMTF and other stakeholders to further discuss scope and itinerary for the assessment

2.2. Key informant interviews (in person, phone, or Skype) with stakeholders: CMST, GOM entities like MOH, National Local Government and Finance Committee (NLGFC), health supply chain donors, DFID, USAID, GFATM, UNFPA, UNICEF, and if possible health facility staff around Lilongwe.

2.3. Field visits to CMST corporate headquarters, receipt and central region warehouses in Lilongwe.

2.4. If deemed essential, field visits to selected facilities around Lilongwe or neighboring districts.

2.5. Meeting with CRMTF to share draft report.

2.6. Dissemination meeting with stakeholders to present preliminary findings.

3. Post-trip:

3.1. Draft final report.

3.2. Final technical report.

■ Document and Data Review (list of documents and data recommended for review)

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this CMST Assessment. Documents and data to be reviewed include: 2012 Joint Strategy for Supply Chain Integration in Malawi and 2016 assessment report on CMST’s implementation of the joint strategy for integration. As this is a follow-up assessment, the strategy document and initial assessment report are still relevant.

■ Key Informant Interviews (list categories of key informants, and purpose of inquiry)

CMST, GOM entities like MOH, NLGFC, health supply chain donors, DFID, USAID, GF, UNFPA, PMPB, and UNICEF, etc., partners, health facility staff, and PSC operators (Chemonics, and Bollore Logistics)

Purpose: As a follow-up to the 2016 assessment, to seek their perspectives on the implementation of the unaccomplished integration benchmarks as it relates to their activities.

■ Facility or Service Assessment/Survey (list type of facility or service of interest, and purpose of inquiry)

CMST office and warehouses: To review documents, reports, guidelines, and standard operating procedures

If impact assessment –

Is technical assistance needed to develop full protocol and/or IRB submission?

☐ Yes ☐ No

List or describe case and counterfactual

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<tr>
<th>Case</th>
<th>Counterfactual</th>
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X. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the assessment, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the assessment at any time without consequences. Only adults can consent as part of this assessment. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this assessment is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this assessment, if data are abstracted from
existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:
- Introduction of facilitator/note-taker
- Purpose of the assessment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey
- Request consent prior to initiating data collection (i.e., interview/discussion/survey)

XI. ANALYTIC PLAN
Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data are to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

All analyses will be geared to answer the assessment questions. Additionally, the assessment will review both qualitative and quantitative data related to the project/program’s achievements against its objectives and/or targets.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical tests of association (i.e., odds ratio) and correlations will be run as appropriate.

Thematic review of qualitative data will be performed, connecting the data to the assessment questions, seeking relationships, context, interpretation, nuances, and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., CSMT indicator data, CSMT performance assessment data (2016), LMIS, data, etc.) will allow the Team to triangulate findings to produce more robust assessment results.

The Assessment Report will describe analytic methods and statistical tests employed in this assessment.

XII. ACTIVITIES
List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this analytic activity. These include proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports (i.e., DHS and MICS). This desk review will provide background information for the Assessment Team, and will also be used as data input and evidence for the assessment.

Team Planning Meeting (TPM): A one-day TPM for the two consultants will be held at the initiation of this assignment and before the data collection begins. The TPM will:
- Review and clarify any questions on the assessment SOW.
- Clarify the two consultants’ roles and responsibilities.
• Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion.
• Review and finalize assessment questions.
• Review and finalize the assignment timeline.
• Agree on data collection methods, instruments, tools, and guidelines.
• Review and clarify any logistical and administrative procedures for the assignment.
• Develop a data collection plan.
• Assign drafting/writing responsibilities for the first draft and final report.

**Briefing and Debriefing Meetings:** Throughout the assessment the Team Lead (TL) will provide briefings to USAID. The In-Brief and Debrief are likely to include all the Assessment Team experts, but will be determined in consultation with the Mission. These briefings are:

• **Assessment launch/inception, a call/meeting among the USAID, GH Pro, and the TL to initiate the assessment activity and review expectations.** USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, review the initial schedule, and review other management issues.

• **In-brief with USAID and DFID, as part of the TPM.** At the beginning of the TPM, the Assessment Team will meet with USAID to discuss expectations and review assessment questions and intended plans. The Team will also raise questions that it may have about the project/program and SOW resulting from its background document review. The time and place for this in-brief will be determined between the TL and USAID prior to the TPM.

• **Workplan and methodology review briefing.** At the end of the TPM, the Assessment Team will meet with USAID to present an outline of the methods/protocols, timeline, and data collection tools. Also, the format and content of the assessment report(s) will be discussed.

• **In-brief with CMST** to review the assessment plans and timeline, and for the project to give an overview of the project to the Assessment Team.

• The TL will brief the USAID team **weekly** to discuss progress on the assessment. As preliminary findings arise, the TL will share these during the routine briefing and in an email.

• **A final debrief** between the Assessment Team and USAID will be held at the end of the assessment to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high-level findings and draft recommendations. For the debrief, the Assessment Team will prepare a PowerPoint Presentation of the key findings, issues, and recommendations. The Assessment Team shall incorporate comments received from USAID during the debrief in the assessment report. *(Note: preliminary findings are not final and as more data sources are developed and analyzed these finding may change.)*

• **CSMT and stakeholders’ debrief/workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission and will not include any information that may be procurement deemed sensitive or not suitable by USAID.

**Fieldwork, Site Visits and Data Collection:** If considered necessary, the Assessment Team/consultants will conduct site visits for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The assessment team will outline and schedule key meetings and site visits prior to departing to the field.

**Assessment Report:** The Assessment Team under the leadership of the TL will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

1. TL will submit draft assessment report to GH Pro for review and formatting.
2. GH Pro will submit the draft report to USAID.
3. USAID and DFID will review the draft report in a timely manner and send their comments and edits back to GH Pro.
4. GH Pro will share USAID and DFID’s comments and edits with the TL, who will then do final edits, as needed, and resubmit to GH Pro.
5. GH Pro will review and reformat the final Assessment Report, as needed, and resubmit to USAID for approval.
6. Once Assessment Report is approved, GH Pro will reformat it for 508 compliance and post it to the DEC.

The Assessment Report excludes any procurement-sensitive and other sensitive but unclassified (SBU) information. This information will be submitted in a memo to USAID separate from the Assessment Report.

**Data Submission:** All quantitative data will be submitted to GH Pro in a machine-readable format (CSV or XML). The data sets created as part of this assessment must be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the data sets are stripped of all identifying information, as the data will be public once posted on USAID Development Data Library (DDL).

Where feasible, qualitative data that do not contain identifying information should also be submitted to GH Pro.

**XIII. DELIVERABLES AND PRODUCTS**

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

<table>
<thead>
<tr>
<th>Deliverable / Product</th>
<th>Timelines &amp; Deadlines (estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch briefing/Inception meeting</td>
<td>August 28, 2017</td>
</tr>
<tr>
<td>Detailed work plan with clear timeline</td>
<td>August 30, 2017</td>
</tr>
<tr>
<td>Analytic protocol with data collection tools</td>
<td>August 31, 2017</td>
</tr>
<tr>
<td>In-brief with Mission or organizing business unit</td>
<td>September 5, 2017</td>
</tr>
<tr>
<td>In-brief with CRMTF and other stakeholders to discuss scope and itinerary for exercise</td>
<td>September 5, 2017</td>
</tr>
<tr>
<td>Routine briefings (CRMTF and other stakeholders)</td>
<td>Weekly</td>
</tr>
<tr>
<td>Out-brief with USAID with PowerPoint presentation</td>
<td>September 27, 2017</td>
</tr>
<tr>
<td>Findings review workshop with CMST/stakeholders with PowerPoint presentation outlining key findings and recommendations—to be presented at dissemination meeting with stakeholders</td>
<td>September 28, 2017</td>
</tr>
<tr>
<td>Draft report to include a detailed report of CMST’s performance on each of the integration benchmarks, including achievements, gaps, challenges, and recommendations</td>
<td>Submit to GH Pro: October 12, 2017</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: October 19, 2017</td>
</tr>
<tr>
<td>Final report</td>
<td>Submit to GH Pro: November 7, 2017</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: November 14, 2017</td>
</tr>
<tr>
<td>Raw data (cleaned data sets in CSV or XML with data dictionary)</td>
<td>October 11, 2017</td>
</tr>
</tbody>
</table>
XIV. TEAM COMPOSITION, SKILLS, AND LEVEL OF EFFORT (LOE)

**Evaluation/Analytic Team:** When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience, and management skills, etc.
- Team leader for assessments/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have assessment methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise.
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest (COI), or describing the COI if applicable.

**Team Qualifications:** Please list technical areas of expertise required for this activity:

- List desired qualifications for the team as a whole
- List the key staff needed for this analytic activity and their roles.
- Sample position descriptions are posted on USAID/GH Pro webpage
- Edit as needed GH Pro provided position descriptions

**Overall Team Requirements:**

**Lead Consultant:** This person will be selected from among the key staff, and will meet the requirements of both this and the other position. The TL should have significant experience conducting project assessments/analytics.

**Roles & Responsibilities:** The TL will be responsible for (1) providing team leadership, (2) managing the team’s activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between USAID and the assessment/analytic team, and (5) leading briefings and presentations.

**Qualifications:**

- Must have a pharmacy degree and master’s degree in public health, business administration, health economics, or supply chain management
- Minimum of 15 years of experience in supply chain management of public health commodities including essential medicines, medical supplies, HIV, malaria, TB, essential medicines, family planning, and maternal and child health commodities
- At least 3 years international experience managing laboratory, pharmaceutical, and public health supply chain—including designing, implementing, monitoring, and evaluating pharmaceutical and supply chain management programs
• Demonstrated ability in strategic thinking and decision making as well as technical analysis
• Demonstrated experience leading health sector project/program assessment/analytics, utilizing both quantitative and qualitative methods
• Excellent verbal and communication skills, including presentation skills
• Excellent skills in planning, facilitation, and consensus building
• Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
• Excellent skills in project management
• Excellent organizational skills and ability to keep to a timeline
• Good writing skills, with extensive report writing experience
• Experience working in the region, and experience in Malawi is desirable
• Familiarity with USAID
• Familiarity with USAID policies and practices
  – Evaluation policy
  – Results frameworks
  – Performance monitoring plans

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):
Consultant (2): DFID consultant who will work in partnership with the GH Pro consultant. GH Pro will not be responsible for recruiting or funding this consultant.

Will USAID participate as an active team member or designate other key stakeholders to act as active team members? This will require full-time commitment during the assessment activity.

☐ Yes – If yes, specify who:
☐ Significant Involvement anticipated – If yes, specify who:
☐ No

Staffing Level of Effort (LOE) Matrix:
This LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

a) For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
b) Immediately below each staff title enter the anticipated number of people for each titled position.
c) Enter Row labels for each activity, task, and deliverable needed to implement this analytic activity.
d) Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
e) At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in days for each Assessment Team member
(The following is an Illustrative LOE Chart. Please edit to meet the requirements of this activity.)

<table>
<thead>
<tr>
<th>Activity / Deliverable</th>
<th>Lead Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Launch briefing</td>
<td>0.5</td>
</tr>
<tr>
<td>2 Desk review</td>
<td>2</td>
</tr>
<tr>
<td>3 Preparation for Team convening in-country</td>
<td>1</td>
</tr>
<tr>
<td>Activity / Deliverable</td>
<td>Lead Consultant</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>4  Travel to country</td>
<td>1</td>
</tr>
<tr>
<td>5  In-brief with Mission</td>
<td>0.5</td>
</tr>
<tr>
<td>6  Team planning meeting</td>
<td>1</td>
</tr>
<tr>
<td>7  Data collection DQA workshop (protocol orientation/training for all data collectors)</td>
<td>1</td>
</tr>
<tr>
<td>8  Assessment planning deliverables: (1) work plan with timeline analytic protocol (methods, sampling, and analytic plan); (2) data collection tools</td>
<td>2</td>
</tr>
<tr>
<td>9  Work plan briefing with USAID</td>
<td>0.5</td>
</tr>
<tr>
<td>10 In-brief with MOH</td>
<td>0.5</td>
</tr>
<tr>
<td>10 Prep / Logistics for site visits</td>
<td>0.5</td>
</tr>
<tr>
<td>11 Data collection / Site visits (including travel to sites)</td>
<td>10</td>
</tr>
<tr>
<td>12 Data analysis</td>
<td>3</td>
</tr>
<tr>
<td>13 Debrief with Mission with prep</td>
<td>1</td>
</tr>
<tr>
<td>14 Dissemination meeting with CMST and stakeholders to present key findings and recommendations</td>
<td>1</td>
</tr>
<tr>
<td>15 Depart country</td>
<td>1</td>
</tr>
<tr>
<td>16 Draft report(s)</td>
<td>5</td>
</tr>
<tr>
<td>17 GH Pro report QC review and formatting</td>
<td></td>
</tr>
<tr>
<td>18 Submission of draft report(s) to Mission</td>
<td></td>
</tr>
<tr>
<td>19 USAID report review</td>
<td></td>
</tr>
<tr>
<td>20 USAID manages Stakeholder review (e.g., IP(s), government partners, etc.) and submits any Statement of Difference to GH Pro.</td>
<td></td>
</tr>
<tr>
<td>21 Revise report(s) per USAID comments</td>
<td>3</td>
</tr>
<tr>
<td>22 Finalize and submit report to USAID</td>
<td></td>
</tr>
<tr>
<td>23 USAID approves report</td>
<td></td>
</tr>
<tr>
<td>24 Final copy editing and formatting</td>
<td></td>
</tr>
<tr>
<td>25 508 Compliance editing</td>
<td></td>
</tr>
<tr>
<td>26 Assessment report(s) to the DEC</td>
<td></td>
</tr>
</tbody>
</table>

Total LOE per person 35

Total LOE 35

If overseas, is a 6-day workweek permitted?  ■ Yes  □ No

**Travel anticipated:** List international and local travel anticipated by what team members. Local travel around Lilongwe only.
XV. LOGISTICS

Visa Requirements
List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

[ ] No visa required.

List recommended/required type of Visa for entry into counties where consultant(s) will work

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>Tourist</td>
</tr>
<tr>
<td></td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td>No preference</td>
</tr>
<tr>
<td>Malawi</td>
<td>Tourist</td>
</tr>
<tr>
<td></td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td>No preference</td>
</tr>
<tr>
<td>Malawi</td>
<td>Tourist</td>
</tr>
<tr>
<td></td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td>No preference</td>
</tr>
<tr>
<td>Malawi</td>
<td>Tourist</td>
</tr>
<tr>
<td></td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td>No preference</td>
</tr>
</tbody>
</table>

Clearances & Other Requirements

**Note**: Most Assessment Teams arrange their own workspace, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH Pro can submit an application for it on the consultant’s behalf.

GH Pro can obtain Facility Access (FA) and transfer existing Secret Security Clearance for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4–6 months to be granted. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or green card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If Electronic Country Clearance (eCC) is required prior to the consultant’s travel, the consultant is also required to complete the High Threat Security Overseas Seminar (HTSOS). HTSOS is an interactive e-learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.]

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one week Foreign Affairs Counter Threat (FACT) course offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

[ ] USAID Facility Access (FA)

Specify who will require Facility Access: ________________________________

[ ] Electronic Country Clearance (ECC) (International travelers only)

[ ] High Threat Security Overseas Seminar (HTSOS) (required in most countries with ECC)
XVI. GH PRO ROLES AND RESPONSIBILITIES
GH Pro will coordinate and manage the assessment/analytic team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed.
- Provide technical assistance on methodology, as needed.
- Develop budget for analytic activity.
- Recruit and hire the assessment/analytic team, with USAID POC approval.
- Arrange international travel and lodging for international consultants.
- Request country clearance and/or facility access (if needed).
- Review methods, work plan, analytic instruments, reports, and other deliverables as part of the quality assurance oversight.
- Report production: If the report is public, then coordinate draft and finalize steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy edit/format for internal distribution.

XVII. USAID ROLES AND RESPONSIBILITIES
Below is the standard list of USAID’s roles and responsibilities. Add other roles and responsibilities as appropriate.

**USAID Roles and Responsibilities**

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

**Before Field Work**

- **SOW**
  - Develop SOW.
  - Peer review SOW.
  - Respond to queries about the SOW and/or the assignment at large.

- **Consultant Conflict of Interest (COI)**. To avoid COIs or the appearance of a COI, review previous employers listed on the CVs of proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.

- **Documents**. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.

- **Local Consultants**. Assist with identification of potential local consultants, including contact information.

- **Site Visit Preparations**. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line item costs.

- **Lodgings and Travel**. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

**During Field Work**
**Implementation of the 2012 Joint Strategy for Supply Chain Integration in Malawi**

- **Mission Point of Contact.** Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team’s work.
- **Meeting Space.** Provide guidance on the team’s selection of a meeting space for interviews and/or focus group discussions (i.e., USAID space if available, or other known office/hotel meeting space).
- **Meeting Arrangements.** Assist the team in arranging and coordinating meetings with stakeholders.
- **Facilitate Contact with Implementing Partners.** Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team’s arrival and/or anticipated meetings.

**After Field Work**
- **Timely Reviews.** Provide timely review of draft/final reports and approval of deliverables.

**XVIII. ANALYTIC REPORT**

Provide any desired guidance or specifications for Final Report. *(See How-To Note: Preparing Evaluation Reports)*

The **Assessment Final Report** must follow USAID’s Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the **USAID Evaluation Policy**).

- The report must not exceed 30–40 pages (excluding executive summary, table of contents, acronym list, and annexes).
- The structure of the report should follow the Assessment Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
- For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

**USAID Criteria to Ensure the Quality of the Assessment Report (USAID ADS 201):**

- Reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an assessment report should present a concise and accurate statement of the most critical elements of the report.
- Reports should adequately address all assessment questions included in the SOW, or the assessment questions subsequently revised and documented in consultation and agreement with USAID.
- Methodology should be explained in detail and sources of information properly identified.
- Limitations to the assessment should be adequately disclosed in the report, with particular attention to the limitations associated with the assessment methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people’s opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If assessment findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

**Reporting Guidelines:** The draft report should be a comprehensive analytical evidence-based
assessments report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. **The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.**

The findings from the assessment will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

− Abstract: briefly describing what was evaluated, assessment questions, methods, and key findings or conclusions (not more than 250 words)
− Executive Summary: summarizes key points, including the purpose, background, assessment questions, methods, limitations, findings, conclusions, and most salient recommendations (2–5 pages)
− Table of Contents (1 page)
− Acronyms
− Assessment Purpose and Assessment Questions: state purpose of, audience for, and anticipated use(s) of the assessment (1–2 pages)
− Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1–3 pages)
− Assessment Methods and Limitations: data collection, sampling, data analysis and limitations (1–3 pages)
− Findings (organized by Assessment Questions): substantiate findings with evidence/data
− Conclusions
− Recommendations
− Annexes
− Annex I: Assessment Statement of Work
− Annex II: Assessment Methods and Limitations (if not described in full in the main body of the assessment report)
− Annex III: Data Collection Instruments
− Annex IV: Sources of Information
  o List of Persons Interviews
  o Bibliography of Documents Reviewed
  o Databases
  o [etc.]
− Annex V: Statement of Differences (if applicable)
− Annex VI: Disclosure of Any Conflicts of Interest
− Annex VII: Summary information about assessment team members, including qualifications, experience, and role on the team.

The assessment methodology and report will be compliant with the [USAID Evaluation Policy](#) and [Checklist for Assessing USAID Evaluation Reports](#)

--------------------------------

The Assessment Report should **exclude** any potentially procurement-sensitive information. As needed, any procurement-sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USAID separate from the Assessment Report.

--------------------------------
All data instruments, data sets (if appropriate), presentations, meeting notes, and report for this assessment will be submitted electronically to the GH Pro Program Manager. All data sets developed as part of this assessment will be submitted to GH Pro in an unlocked machine-readable format (CSV or XML). The data sets must not include any identifying or confidential information. The data sets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses, and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XIX. USAID CONTACTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary Contact</th>
<th>Alternate Contact 1</th>
<th>Alternate Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>UGBEDE-OJO ABU</td>
<td>LUMBANI MAKWAKWA</td>
<td></td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td>SUPPLY CHAIN ADVISOR</td>
<td>SUPPLY CHAIN SPECIALIST</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:UABU@USAID.GOV">UABU@USAID.GOV</a></td>
<td><a href="mailto:LMAKWAKWA@USAID.GOV">LMAKWAKWA@USAID.GOV</a></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>+265-1-772 455</td>
<td>+265-1-772 455</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>+265-9999-84-021</td>
<td>+265-9949-62-307</td>
<td></td>
</tr>
</tbody>
</table>

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

<table>
<thead>
<tr>
<th>Name</th>
<th>Technical Support Contact 1</th>
<th>Technical Support Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
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<td>Telephone</td>
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<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

XX. OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment that are not listed above.

2012 JOINT STRATEGY FOR INTEGRATION OF SUPPLY CHAINS IN MALAWI

XXI. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW (To be completed after Assignment Implementation by GH Pro)
# ANNEX 2. KEY INFORMANT INTERVIEWS

## USAID


<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>LL:</th>
<th>M:</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

## DFID

British High Commission, 8 Convention Drive, P.O. Box 30042, Lilongwe, Malawi

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>LL:</th>
<th>M:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean-Marion Aitken</td>
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<td></td>
</tr>
</tbody>
</table>

## Options Consultancy Services Ltd

Malawi

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>LL:</th>
<th>M:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>M: +265 (0) 888 167 411</td>
<td></td>
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</table>

## MOH/Central

<table>
<thead>
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<th>Position and Contact</th>
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<th>LL:</th>
<th>M:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Kwuhi</td>
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<td>+265-999-382-447</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>
CMST
Central Medical Stores Trust, Mzimba Drive, Private Bag 55, Lilongwe, Malawi

http://www.cmst.mw

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Health Facility Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td></td>
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</tr>
<tr>
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Global Fund
Geneva

<table>
<thead>
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<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
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</table>

UNICEF
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<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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</table>

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<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Philip Kamutenga</td>
<td>Country Director</td>
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<td>M: 0992-172-129 Skype: phil.kamutenga</td>
</tr>
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</table>

Cargo Management & Logistics (CML, Malawi)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Edwards</td>
<td>Logistics Manager</td>
<td><a href="mailto:Michael@cmi-malawi.com">Michael@cmi-malawi.com</a></td>
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</table>

Bollore Transport & Logistics (Malawi) Ltd
Area28/223 Warehouse, Alimaunde| Kanengo, Lilongwe, Malawi

<table>
<thead>
<tr>
<th>Name</th>
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<th>Phone Numbers</th>
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Imperial Health Services
IHS office, Plot 259, Area 28, Lilongwe, Malawi

<table>
<thead>
<tr>
<th>Name</th>
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<th>Email</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Marcel Opperman</td>
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<td>LL: 017 11 713 M: 0995 235 095</td>
</tr>
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</table>
## ANNEX 3. ASSESSMENT WORK PLAN

<table>
<thead>
<tr>
<th>#</th>
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<th>Activity/Output</th>
<th># of days</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>August 28</td>
<td>Briefing (USAID, DFID)</td>
<td>½</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Team planning meeting/approach</td>
<td>½</td>
</tr>
<tr>
<td>3</td>
<td>August 29</td>
<td>Courtesy visits (MOH, CMST BOARD, and CMST CEO)</td>
<td>½</td>
</tr>
<tr>
<td>4</td>
<td>August 30</td>
<td>Inception Meeting (CRMTC)</td>
<td>½</td>
</tr>
<tr>
<td>5</td>
<td>August 30 – September 07</td>
<td>Data collection (CMST)</td>
<td>6½</td>
</tr>
<tr>
<td>6</td>
<td>September 08–14</td>
<td>KII (MOH, USAID, DFID, Global Fund, UNICEF, UNFPA, 3PL, HIV, TB, Malaria, FP, etc.)</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>September 15–19</td>
<td>Field visits (CMST stores, selected health facilities around Lilongwe)</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>September 20–24</td>
<td>Preparations of draft report and debrief presentation</td>
<td>5</td>
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<tr>
<td></td>
<td></td>
<td>Debriefing meetings: USAID, DFID, and CMST</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>September 25</td>
<td>Debriefing meeting: CRMTF and other stakeholders</td>
<td>½</td>
</tr>
<tr>
<td>10</td>
<td>September 26</td>
<td>Consultants departure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>October – December</td>
<td>Final draft report, stakeholders input, and final report</td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 4. BENCHMARK SCORING SCHEME

Each benchmark in the Strategy describes a particular professional activity to be completed. However, because benchmarks were considered to be too large to be practicably assessed, they were broken down into discrete elements. A set of elements describes in greater detail the range of activities or tasks within a benchmark, which CMST was tasked to provide as evidence of having achieved (or not achieved) that benchmark. These elements aim to integrate the knowledge, skills, attitudes, and other important attributes of professional performance by the CMST workforce. Therefore, to be measurable (or graded), elements are expressed in active form. This allowed benchmarks and targets outlined on page 14 of the Joint Strategy to serve as a measure of expected performance against which actual CMST performance can be assessed. The example below serves to demonstrate this evaluation approach:

Example of discrete measurable elements for assessing the extent of implementation of a benchmark

<table>
<thead>
<tr>
<th>Competency</th>
<th>Ability to deliver essential commodities to service delivery points (SDPs) nationwide on a monthly basis, using either 3PL provider or in-house fleet or a combination of both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>% of SDPs receiving monthly deliveries</td>
</tr>
<tr>
<td>Target</td>
<td>100%</td>
</tr>
<tr>
<td>Means of verification</td>
<td>External review &amp; self-reporting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discrete measurable elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of external review reports indicating CMST delivery reach to SDP</td>
</tr>
<tr>
<td>Availability of CMST internal reports indicating monthly (or annual) CMST delivery reach to SDP (coverage 2012–15)</td>
</tr>
<tr>
<td>Availability of distribution schedule indicating deliveries to SDP (for the period 2012–15)</td>
</tr>
<tr>
<td>Results: % of SDP receiving monthly deliveries from CMST (at 100%)</td>
</tr>
</tbody>
</table>

A score of “Yes” for all the discrete elements affirms that the benchmark has been acquired. A negative result (e.g., a “No” in any one of the above) suggests that the competency has not been fully acquired.

The two measures—acquiring the competency or not acquiring it—provide the opportunity to learn about enablers/factors that made it possible to acquire the competency and to provide recommendations to further strengthen the acquired competency. In the case that competency has not been acquired, it provides us the opportunity to learn about barriers/factors that hindered the attainment of the competency and also to recommend measures to overcome the identified barriers so as to eventually acquire the competency.

Detailed description of this framework as used to achieve the above is provided in the main report under Section C: Analytics/Data Evaluation and Limitations.
**Data Capture and Sources**

**Data sources**

Data sources and evidence provided included reports, records, meeting minutes, responses to key informant interviews, Internet/web search references, etc.

**Data capture/evaluation tools**

Separate sheets were used to capture data and/or information that enabled the evaluation of the benchmarks and the system-strengthening recommendations. Semistructured questionnaires with primary questions aimed at initiating dialogues were also used to capture information from the relevant stakeholders.

**Analytics/CMST benchmarks**

Results from a separately maintained benchmark scoring sheet/evaluation tool provided details on the overall impression of CMST performance for each phase. The performance of individual benchmarks as calculated from the referred scoring sheet is provided, identifying the specific achievements and gaps. The means of verification defined for each benchmark, after being broken down to measurable elements, were used to determine the extent of implementation and achievement on each benchmark. Each element of a benchmark was scored (on a scale of Y = 1; N = 0; work in progress [WIP] = (< 1 but not = 0). The sum of the scores of each element was then compared with the sum of the standard score. This enabled evaluators to determine the extent (in %) to which a benchmark had been achieved or implemented.

Example CMST benchmark 1

**Phase I: CMST recapitalization and reform and successful management of current products**

**Area:** Distribution

**Sub-area:** Distribution planning

1. **Benchmark:** CMST ability to execute distributions of donated commodities (TB and FP) on time
   **Indicator:** Distributions conducted according to predetermined timeline for all SDPs
   **Target:** 100%

   **Means of verification:** CMST quarterly reporting

   The evaluation inquired on and sought to establish (on the basis of Yes = 1; No = 0; WIP = (< 1 but not = 0) the extent of achievement in the implementation of this benchmark. The example below serves to illustrate the scoring.

**Example of benchmark scoring**

<table>
<thead>
<tr>
<th>Phase I: CMST recapitalization and reform and successful management of current products</th>
<th>Area: Distribution; Sub-area: Distribution planning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benchmark:</strong> CMST ability to execute distributions of donated commodities (TB and FP) on time</td>
<td><strong>Std Score</strong></td>
</tr>
</tbody>
</table>

| Availability of CMST quarterly delivery reports, 2012 | Y | I | Y | I |
| Availability of copies of distribution list (TB and FP commodities), 2012 | Y | I | Y | I |
| ?Delivery performance will be ascertained (is target = 100%)? | Y | I | Y | I |
| N = the total number of planned deliveries delivered on time | | | | |
| D = the total number of instructed/planned deliveries schedules for the period 2012–15 | | | | |
| Availability of delivery notes—as proof of delivery | Y | I | Y | I |
| Confirmation through field visits on delivery timeliness (through interview with receiving staff)—response? Y/N | Y | I | Y | I |
| Copies of receiving and inspection reports and/or signed DN at SDP—seen and evaluated as evidence? Y/N | Y | I | Y | I |
| Issues and challenges related to deliveries by CMST? | Narrative/description of the issues and challenges |
| Issues and challenges related to received deliveries by health facilities/SDPs? | Narrative/description of the issues/challenges |
| Total scores | Y | 13 | Y | 13 | 100% |

- This exemplifies how, matching standard and actual scores with the noted issues and challenges notwithstanding, CMST was able to execute the distribution of donated commodities (TB and FP) on a timely basis. Accordingly, enablers and barriers to this achievement are documented and recommendations of the review indicated.

- On the other hand, in case of variance between standard and actual score due to “No-scores,” we would rightly indicate that CMST does not yet have the ability and capacity to execute the distribution of donated commodities on time. Appropriately, barriers to this outcome would be indicated.

- Total scores (standard vs. actual) for a single phase and across the four phases have been determined in the same way.

- Each of the relevant elements above is scored Yes = 1 if in affirmation, No = 0 if in negation, WIP (a work in progress for ongoing activities), or N/A = not applicable if irrelevant.
• This procedure was repeated for each benchmark, and the results were captured in a separately developed and maintained score sheet/evaluation/analytics tool.

• The assessment team used traffic light coding (below) to illustrate the level of implementation performance for each benchmark (and the respective phases).

<table>
<thead>
<tr>
<th>Color</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>30% or less</td>
<td>Little done and/or lack of written evidence</td>
</tr>
<tr>
<td>Yellow</td>
<td>Above 30–79%</td>
<td>Work in progress</td>
</tr>
<tr>
<td>Green</td>
<td>80% or above</td>
<td>Complied</td>
</tr>
</tbody>
</table>
ANNEX 5. SUMMARY OF CMST ACHIEVEMENTS BY SUPPLY CHAIN FUNCTIONS

Distribution: Distribution planning, route planning, transport management, and security

1. Management of donated products (GF-procured TB products and UNFPA-procured FP products) (B1)
2. Ability to deliver essential commodities to SDPs nationwide on a monthly basis, using either 3PL provider or in-house fleet or a combination of both (B21, 2017)
3. SOPs including accountability measures (e.g., supervisor spot checks, documentation of vehicle use) available and implemented to ensure appropriate and proper use of transportation fleet (B22, 2017)
4. Adequate transport safety and security to ensure the security of commodities throughout distribution (B23)
5. Effective management and oversight procedures implemented for any 3PL providers (B31, 2017)

Financial management: Business plan and transparency

6. CMST approved costed business/corporate plans in place (B3)
7. Detailed information on CMST actual operating costs available (B4)
8. Annual financial audits completed in line with international accounting standards and results made available to stakeholders (B5)
9. Routine financial reporting covering all revenues, expenditures, debts, assets, and profit and loss accounts are available (B6)

Governance: contract management: policy environment and transparency

10. Effective management and oversight procedures for any third party logistics provider (B7, 2017)
11. Existence of a code of ethical conduct for the CMST Board of Trustees and all staff (B8, 2017)
12. Reporting of ethics violations and disciplinary measures taken (B9, 2017)
13. HR policies to support recruitment, retention, and performance (B10)

Human resource: HR needs

14. Key positions at CMST central and regional level filled according to organizational chart (B11)

Inventory management, good storage practices, and security

15. Tracking of commodity availability through use of key tracer/MHL products in CMST (B12)
16. Visibility of TB and FP products in real time within CMST facilities (B13, 2017)
17. National TB Program reporting requirements met (B14, 2017)
19. Adequate physical security at CMST-operated Area Extent Target warehouses managing donated commodities (B18, 2017)
20. Systems in place to quantify and report on TB, FP, and other donated products lost to expiry, theft, or damage (B19, 2017)
21. Visibility of inventory throughout CMST system to CMST clients and stakeholders (B25)
22. Adequate physical security at all CMST-operated warehouses to ensure protection of commodities (B26)
23. Systems in place to quantify lost products due to expiry, theft, or damage for all products (B27 – 2017)
24. Good storage practices (GSP) adhered to in all CMST-operated (owned and leased) warehouses to ensure quality and integrity of products (B28)

**Procurement: transparency**

25. Procurement audits conducted for CMST procurements (B20)
26. Publicly advertised requests for bids/requests for quotes solicited; bids advertised with sufficient time to attract adequate competition; international good-tendering practices adhered to (B31, 2017)

**Quality assurance: Procurement procedures and product quality**

27. Transparent prequalification process publicly available, and prequalified list of products and manufacturers that adhere to GMP (B35, 2017)
## ANNEX 6. BENCHMARK SCORECARDS

### PHASE 1: PERFORMANCE (10 benchmarks re-assessed): CMST recapitalization and reform and successful management of current donated products (GF-procured TB products and UNFPA-procured FP products)

#### Benchmark #2

Transparent, cost-effective insurance policy and claims process in place and functional to mitigate losses (due to theft or damage) of products covering both storage and distribution.

**Summary of findings**

- The insurance cover expired June 30, 2017. An extension has been sought through the same broker AON on behalf of the insurer, NICO.
- Except for Manobec warehouse, the extension policy cover (July 2017 – December 31, 2017) has not been provided.
- The intent of the extension is to allow for the acquisition of the insurance policy cover competitively.
- A tender to that effect was advertised on July 11, 2017, and it closed on August 7, 2017. The new coverage by the winning insurer will then begin in January 2018.
- Bids evaluation was ongoing at the time of this assessment.
- For the extension, a commitment form signed by both parties, indicating CMST willingness to pay for the policy cover at the end of October and acceptance by the insurer/NICO, was provided. No policy number indicated in documentation provided.
- A report of losses incurred and claims made and settled during the period of February 2016 – September 2017 was provided.

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sub-area</td>
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<td>2016</td>
</tr>
<tr>
<td></td>
<td>Financial/Fiscal Management</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Risk Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Barrier/Enabler</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Enablers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption of competitive bidding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Barriers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laxity in internal controls and risk management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of priority setting</td>
<td></td>
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</tr>
</tbody>
</table>

**Scale**

- 80% or above: Complied
- Above 30%-79%: Work in progress
- 30% or less: Little done and/or lack of written evidence

### Enabler/Barriers explanation

#### Enablers

- **Adoption of competitive bidding in acquiring insurance cover**

  A positive aspect that CMST has been able to institute competitive bidding in the procurement of insurance policy cover. The cover is expected to come into effect in January 2018.

  **Enabling factor type**

  - External or internal factor
  - System/Process or structural factor

  **Key enabling sustainability strategy**

  Practice should be maintained

```
### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laxity in internal controls &amp; risk management &amp; lack of priority setting</td>
<td>Failure by CMST to foresee and plan ahead for the renewal or extension of their insurance policy cover for assets once it expired in July 2017 amounts to laxity and failure of CMST risk management and mitigation plans. It also shows lack of capacity for priority setting.</td>
<td>Internal factor</td>
<td>More vigilant and robust risk management &amp; mitigation plans needed.</td>
</tr>
</tbody>
</table>

- **Recommendation**
  - CMST should improve on implementation of risk management plan, which should enable CMST to identify, mitigate, and/or manage potential risks. The plan should be reviewed and reported regularly (e.g., quarterly) to CMST Management and Board.
Benchmark #7
Effective management and oversight procedures for any third party logistics provider developed and implemented

Summary of findings

- CML (Cargo Management & Logistics) is the only 3PL provider for CMST undertaking LMD (last-mile distribution) under Contract #: CMST/DS/15/000411. The Contract was prepared with technical support from DFID. The Health Support Joint Fund (HSJ)F is funding the contract for two years (January 2017 – December 2018).
- A vendor management and performance-monitoring framework is in place. A copy of performance monitoring framework/procedures and reports for Q1 (JFM) and Q2 (AMJ) were examined.
- Reports are shared with stakeholders, in particular DFID and with the HSJF steering committee.
- Vendor performance reports are also presented at various meetings (e.g., to DMSTWG and CRMTF).

Note:

CML is a 3PL provider for CMST and PSC; CMST (essential medicines, TB, Malaria, FP, and as of late July 2017 nutrition commodities for UNICEF); USAID (Malaria, FP, and bed nets); Bollore Logistics (storage and distribution of GF commodities); and subcontract CMST for storage of GF products and cold-chain items.

<table>
<thead>
<tr>
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<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
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<td>2016</td>
</tr>
<tr>
<td>Financial Management</td>
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<td>60%</td>
</tr>
<tr>
<td>Transparency</td>
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</table>

Barrier/Enabler

**Enablers**
- TA support
- Competitive bidding
- Stakeholders oversight (steering committee)
- Technical committees (DMSTWG & CRMTF)

**Barriers**
- Managerial oversight of distribution function, separation of accountability/chain of custody

Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% or above</td>
<td>Complied</td>
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<tr>
<td>Above 30%–79%</td>
<td>Work in progress</td>
</tr>
<tr>
<td>30% or less</td>
<td>Little done and/or lack of written evidence</td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation
#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of TA support</td>
<td>CMST achievement in the effective management and oversight of a 3PL provider is attributed to external TA support provided by DFID. This included the ability of CMST to acquire a 3PL provider competitively; also ability to manage and monitor the performance of the 3PL through a stakeholders (oversight) steering committee. Presentation of 3PL monitoring &amp; performance reports to other committee is a positive and encouraging factor to achievement of the benchmark.</td>
<td>External factor</td>
<td>Practice should be maintained</td>
</tr>
<tr>
<td>Adoption of competitive bidding process</td>
<td></td>
<td>System/Process factor</td>
<td></td>
</tr>
<tr>
<td>Stakeholders oversight (steering committee)</td>
<td></td>
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</tr>
<tr>
<td>Other technical committees (DMSTWG &amp; CRMTF) oversight</td>
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</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial oversight of distribution function-separation of accountability/chain of custody</td>
<td>Overlap of managerial responsibility across warehousing and distribution function tended to affect operations of the 3PL provider; in particular it delayed handing over of goods to be distributed and therefore affected timely delivery. Also, accountability is at risk because of this overlap, as chain of custody is overlooked.</td>
<td>Internal factor</td>
<td>Separation of authority and responsibility between warehousing &amp; distribution functions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both structural and system/process factor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compromise accountability and chain-of-custody</td>
<td></td>
</tr>
</tbody>
</table>
Existence of a code of ethical conduct for CMST Board of Trustees and all staff

Summary of findings

- Code of conduct (COC) for employee is in place, and Board members and staff are also required to adhere to a “Fraud & Corruption Prevention Policy” (FCPP) of the GOM, which also requires suppliers of goods and services to government entities to abide to this policy.
- Normally staff at the time of engagement are provided with copies of the FCPP and COC together with terms and conditions of their employment. A process to ensure that all staff have read and signed the two documents is ongoing.
- Conflict of interest (COI) and confidentiality forms are available, but in practice these are filled and signed as and when needed on matters that attract COI and need confidentiality. Relevant CMST staff (e.g., Internal Procurement Committee [IPC] and Bid Evaluation Committee [BEC]) fill and sign these forms as and when considered appropriate.
- Recently, a new Board has been reconstituted. It was officially inaugurated on September 10 and 11. The opportunity was used to introduce to them to the COC and COI and confidentiality forms, among other forms, and for a baseline record of their status they signed these forms.

<table>
<thead>
<tr>
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<th>Target</th>
<th>Results</th>
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<tr>
<td>Sub-area</td>
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<td>2016</td>
</tr>
<tr>
<td>Governance</td>
<td></td>
<td>30%</td>
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</tbody>
</table>

Policy environment

Barrier/Enabler

**Enablers**

- Official reporting channels
- Relevant policy and forms
- New HR staff eager to push for compliance

**Barriers**

- Laxity in implementation of ethical standards

**Scale**

- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence

Note:

Declaration of assets, liabilities, and business interest form is available and managed by a different government entity. Normally this form is signed by all government officers except those in the lower cadres. Often it depends on the nature of staff position and functions. The relevant staffs at CMST have filled and signed the form. It is normally filled and signed annually.
## Enabler/Barriers explanation

### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official reporting channels</td>
<td>Official reporting channels are in place as well as relevant policies and forms to implement codes of ethics for both CMST Board and staff. A new HR staff is vigilantly overseeing implementation of all COCs</td>
<td>Internal factor</td>
<td>CMST management to be more vigilant in ensuring ethical behavior across all CMST staff and associates</td>
</tr>
<tr>
<td>Relevant policy and forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HR staff eager to push for compliance</td>
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</tbody>
</table>

### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laxity in implementation of ethical standards</td>
<td>Leniency to observation of ethical conduct might result in failure of this benchmark.</td>
<td>Internal factor</td>
<td>Vigilance should be practiced and maintained in the implementation of ethical standards. CMST management should continue to build a culture of intolerance to unethical practices.</td>
</tr>
</tbody>
</table>
**Benchmark #9**

**Transparent reporting of ethics violations and disciplinary measures taken**

**Summary of findings**

- During the reviewed period there were two incidences (e.g., two staff believed to be under the influence and another staff implicated in the theft of an old and out-of-repair kettle. The former have been warned in writing, and the case of the latter is pending.
- Alleged cases of misconduct/corrupt practices were reported in the media during the reviewed period. The government, using its various mechanisms, is investigating the matter.
- Normal internal procedures require that such cases are reported to the CMST Board.
- The mandate to share with donors and/or other stakeholders lies with the Board.
- Cases of theft, if discovered, are normally quantified both in terms of quantities stolen and their true value.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
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<td>Governance</td>
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<tr>
<td></td>
<td></td>
<td>40% 100%</td>
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</tbody>
</table>

**Barrier/Enabler**

**Enablers**

- Official reporting channels
- Whistle-blowing mechanism through a third party (Deloitte)
- Institutional integrity committee (IIC)

**Scale**

- 80% or above: Complied
- Above 30%-79%: Work in progress
- 30% or less: Little done and/or lack of written evidence

**Enabler explanation**

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official reporting channels</td>
<td>CMST adheres to transparent reporting of ethics violations and disciplinary measures. Official reporting channels are through its Board and MOH. A third-party whistle-blowing mechanism is in place, and an internal Integrity committee oversees disciplinary issues.</td>
<td>Internal factor</td>
<td>Vigilance in utilization of official reporting channels for ethics violations; whistle-blower mechanism should be made more transparent.</td>
</tr>
<tr>
<td>Whistle-blowing mechanism through a third party (Deloitte)</td>
<td></td>
<td>System/Process factors</td>
<td></td>
</tr>
<tr>
<td>Institutional Integrity Committee (IIC)</td>
<td></td>
<td>Structural factor</td>
<td></td>
</tr>
</tbody>
</table>
### Visibility of TB and FP products in real time within CMST facilities

#### Summary of findings
- Stock status reports for TB & FP are compiled on monthly basis and shared with the programs. Sent emails were provided as evidence of sharing the reports with the programs.
- The reports indicate stock value, a summary of items received (cumulatively to reporting date), items that require attention by the program (e.g., batches likely to expiry in the next few months), etc.
- Both TB and FP normally confirm receipt of the monthly stock status reports and would normally inquire from CMST if figures appear unreal/not to expectations.
- Availability during the most recent 3 months (May, June, and July 2017) was at an average of 100% for TB medicines & supplies as well as malaria medicines & diagnostics.
- Prolonged shortage of male condoms with spermicide was noted and general low availability trend for FP commodities (see figure below).

#### Area | Target | Results
---|---|---
Sub-area | N/A | 2016 2017
Inventory management & storage | | 50% 100%
Inventory management

#### Barrier/Enabler

**Enablers**
- ACCPAC ERP
- HTSS-P follow-up
- DMSTWG follow-up & other committees
- Web based stock status reports

#### Scale

<table>
<thead>
<tr>
<th></th>
<th>80% or above</th>
<th>Complied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Above 30%–79%</td>
<td>Work in progress</td>
</tr>
<tr>
<td></td>
<td>30% or less</td>
<td>Little done and/or lack of written evidence</td>
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</tbody>
</table>

![Availability Trend for TB and FP Commodities](image-url)
## Enabler explanation

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor Type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCPAC ERP</td>
<td>ACCPAC (ERP) as a stock management tool, demand for monthly stock status reports by HTSS-P and reporting at DMSTWG, including other committees and a web-based stock status report are contributing positively to TB and FP, among other health products, visibility in real-time basis within CMST and health facilities.</td>
<td>Internal and external factors</td>
<td>These factors should be maintained by CMST, HTSS, and DMSTWG for sustainable and consistent outcomes</td>
</tr>
<tr>
<td>HTSS-Pharmaceutical follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMSTWG follow-up &amp; other committees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Web-based stock status reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal or external factor</td>
<td>System/Process factors</td>
<td>A combination of internal and external factors/enablers contributes to visibility of health commodities within CMST and health facilities.</td>
</tr>
</tbody>
</table>
### Benchmark #14
National TB Program reporting requirements met

#### Summary of findings
- Same response as B13 and also similar to earlier findings that stock status reports, including special reports (e.g., on expiry date), are provided to NTP (example of such reports seen and are on file). We verified with the TB programs that reports and data reach the program.

#### Area Target Results

<table>
<thead>
<tr>
<th>Sub-area</th>
<th>Target</th>
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<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory management &amp; storage</td>
<td>N/A</td>
<td>60%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Enabler/Barriers explanation

**Enablers**
- ACCPAC ERP
- HTSS-P follow-up
- DMSTWG follow-up & other committees

**Scale**
- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence

**Enabler context/explanation**
- ACCPAC (ERP) as a stock management tool, demand for monthly stock status reports by HTSS-P and reporting at DMSTWG, including other committees and a web-based stock status report are contributing positively to TB and FP, among other health products, visibility in real-time basis within CMST and health facilities.

**Enabling factor type**
- Internal & external factors
- System/Process factors

**Key enablers sustainability strategy**
- These factors should be maintained by CMST, HTSS, and DMSTWG for sustainable and consistent outcomes
### Benchmark #15

Inventory management and control procedures for CMST warehouses brought in line with international standards

#### Summary of findings

- The SOPs have been finalized and approved.
- However, there is no evidence (report) indicating that staff have been trained.
- Also there are no audits or spot check reports indicating the extent of implementation or adherence to SOPs.
- Min/Max stock levels for CMST MHL have been articulated.
- All five CMST warehouses are PMPB provisionally licensed (Provisional Wholesale Licenses).

#### Area | Target | Results
--- | --- | ---
Sub-area | N/A | 2016 | 2017
Inventory management & storage | 50% | 60% |

#### Enablers

- Approved SOPs
- Min/Max stock level
- Warehouses PMPB approved
- New national central/receipt warehouse (built to standards)

#### Barriers

- Lack of staff training
- Lack of SOP implementation observation/spot check

#### Scale

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<thead>
<tr>
<th>Scale</th>
<th>Description</th>
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<tbody>
<tr>
<td>80% or above</td>
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<td>Work in progress</td>
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<tr>
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</table>
## Enabler/Barriers explanation

### Enablers

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<thead>
<tr>
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<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved SOPs</td>
<td>Approved SOPs, min/max stock level setting, and CMST warehouses being PMPB provisionally approved are, to some extent, contributing positively to CMST warehousing practices, inventory management, and control procedures slowly attaining international standards.</td>
<td>Internal &amp; external factors</td>
<td>Strengthening of SOPs implementation, effective utilization of min/max stock level, attainment of full approval by PMPB and/or ISO standards would sustain these gains</td>
</tr>
<tr>
<td>Min/Max stock level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warehouses PMPB approved (toward GSP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New national central/receipt warehouse (built to standards)</td>
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### Barriers

<table>
<thead>
<tr>
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<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of staff training</td>
<td>Lack of staff training on SOPs and their implementation is hindering CMST inventory management and control procedures and CMST warehouses attaining international standards.</td>
<td>Internal factors</td>
<td>Continuous staff training on SOPs; consistent implementation with appropriate mechanisms to ensure adherence (e.g., regular documented spot checks)</td>
</tr>
<tr>
<td>Lack of SOP implementation observation/spot check</td>
<td></td>
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</tbody>
</table>

### Recommendations

- CMST should expedite staff training on approved SOPs; and
- CMST should establish and implement mechanisms for ensuring adherence to SOPs.
Benchmark  
**# 16** Stock outs of TB products eliminated

**Summary of findings**
- TB program reports to have no stock outs at health facility level. Also see availability trend B13 (central-level availability).

<table>
<thead>
<tr>
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<th>Target</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
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<td></td>
</tr>
<tr>
<td>Inventory management &amp; storage</td>
<td>30%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Barrier/Enabler**

**Enablers**
- Improved reporting & follow-up
- Improved distribution
- Reliable donor funding

**Barriers**
- Government funding (inadequacy & unreliability)

**Scale**
- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved reporting &amp; follow-up</td>
<td>Improved reporting and follow up, improved distribution, and reliable donor funding have had positive influence in the elimination of TB products stock out.</td>
<td>Internal &amp; external factors</td>
<td>Uninterrupted product distribution as well as continuous product reporting and follow-up as well as lobby for steady flow of funding (from both donors and the government)</td>
</tr>
<tr>
<td>Improved distribution</td>
<td></td>
<td>System/Process factors</td>
<td></td>
</tr>
<tr>
<td>Reliable donor funding</td>
<td></td>
<td>Both internal and external factors/enablers, which have positive influence on system/processes, have seen elimination of TB products stock out.</td>
<td></td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
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<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
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<tbody>
<tr>
<td>Government funding</td>
<td>Government funding (inadequate and unreliable) is likely to affect availability of TB products in the absence of donor funding in the future.</td>
<td>External factor System factors</td>
<td>Lobbying for incremental increases in funding for TB products as well as other essential health products</td>
</tr>
<tr>
<td>(inadequacy &amp; unreliability)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Summary of findings

- No data provided
- No cycle counts or spot check (physical counts compared to bin cards or computer records) data or semiannual stock data (physical counts compared to bin cards or computer records) was provided to estimate the accuracy of inventory recordkeeping
- Big outcry from programs is unreliability of CMST stock figures. This has often led to programs sending teams to CMST and/or RMS and facilities to undertake physical stock counts.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
<td>&gt; 95%</td>
<td></td>
</tr>
<tr>
<td>Inventory management &amp; storage</td>
<td></td>
<td>59% 2016</td>
</tr>
<tr>
<td>Inventory management</td>
<td></td>
<td>30% 2017</td>
</tr>
</tbody>
</table>

### Barrier/Enabler

#### Enablers
- Semiannual stock take

#### Barriers
- Laxity of regular stock verification cycle counts
- Filing/documentation

### Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Complied</th>
<th>Work in progress</th>
<th>Little done and/or lack of written evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% or above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above 30%–79%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30% or less</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semiannual stock take</td>
<td>Semiannual stock take reports are a good source of data for determination of accuracy of inventory recordkeeping</td>
<td>External or internal factor</td>
<td>CMST to readily share with relevant stakeholders semiannual stock take figure to enable the determination of accuracy of inventory recordkeeping. CMST should move toward quarterly stock count spot checks</td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laxity of regular stock verification cycle counts</td>
<td>Accuracy of inventory recordkeeping</td>
<td>Internal factors</td>
<td>CMST should move toward shorter but regular stock verification spot checks. CMST should improve on filing and documentation to ease access to stock-take records, among other records.</td>
</tr>
<tr>
<td>Filing/documentation</td>
<td></td>
<td>System factors</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations**

- To minimize stock accuracy complaints from stakeholders, CMST should improve accuracy of stock figures through regular (monthly) cycle spot checks.
- As part of the risk management plan (internal audit), CMST should improve on sharing stock accuracy data with management team to promote accountability.
- CMST should improve filing/documentation of physical stock count data to ease retrieval during audits.
**Benchmark # 19**

**Systems in place to quantify and report on lost TB, FP, and other donated products due to expiry, theft, or damage**

**Summary of findings**

- Systems are in place to quantify and report on losses of TB, FP, and other donated products due to expiry, theft, or damage—for example, expiry (ACCPAC); damages (damages reports); and theft (theft and discrepancy/inventory accuracy records).
- Figure on next slide indicates the level of wastage due to expiry and damage. Figures for theft would be known only if theft is discovered.
- The extent of loss (1.08%) is close target (less than 1%).

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
<td>&lt; 1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory management &amp; storage</td>
<td>30%</td>
<td>88%</td>
<td></td>
</tr>
</tbody>
</table>

| Security |

<table>
<thead>
<tr>
<th>Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ACCPAC</td>
</tr>
<tr>
<td>- Donor for upgrading to a new ERP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Delayed write-off expired commodities</td>
</tr>
<tr>
<td>- ACCPAC does not have an automatic trigger to write off or restrict picking expired products</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% or above</td>
</tr>
<tr>
<td>Above 30%–79%</td>
</tr>
<tr>
<td>30% or less</td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enablers sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of: ACCPAC (ERP)</td>
<td>Availability of ACCPAC/ERP with capacity to track expiry and damaged products is contributing positively to CMST ability to track expiry and damaged products. Upgraded ACCPAC is foreseen to have more features (e.g., blocking picking expired or near-expired health commodities). Donor funding would be made available to support ACCPAC upgrading.</td>
<td>Internal &amp; external factor</td>
<td>Donors to expedite Funding for ACCPAC upgrade;</td>
</tr>
<tr>
<td>Donor for upgrading to a new ERP</td>
<td></td>
<td>System/Process factors</td>
<td></td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed write-off of expired commodities</td>
<td>Systems in place to quantify and report on lost TB, FP, and other donated products due to expiry, theft, or damage.</td>
<td>Internal factors</td>
<td>CMST to expedite the destruction of expired stocks</td>
</tr>
<tr>
<td>ACCPA does not have an automatic trigger to write off or restrict picking expired products</td>
<td></td>
<td>System/process factors</td>
<td>Donors to expedite funding for ACCPAC upgrade;</td>
</tr>
</tbody>
</table>
PHASE II: PERFORMANCE (4 benchmarks reassessed): CMST successfully expands essential drugs supply chain to all service delivery points

<table>
<thead>
<tr>
<th>Benchmark #21</th>
<th>Ability to deliver essential commodities to Service Delivery Points nationwide on a monthly basis, either using 3PL provider, in house fleet, or a combination of both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of findings</td>
<td>Delivery compliance to delivery schedules/plans was on average 87% (86% in 2016 and 89% in 2017, January to July). However, planned deliveries to SDPs, although late, were made to all the health facilities. (Source: CML 2nd Quarter Performance Report, September 31, 2017)</td>
</tr>
<tr>
<td>Area</td>
<td>Target</td>
</tr>
<tr>
<td>Sub-area</td>
<td>N/A</td>
</tr>
<tr>
<td>Distribution (Transport management)</td>
<td></td>
</tr>
<tr>
<td>Distribution planning</td>
<td></td>
</tr>
<tr>
<td>Barrier/Enabler</td>
<td>Enablers</td>
</tr>
<tr>
<td></td>
<td>• 3PL capability</td>
</tr>
<tr>
<td></td>
<td>• Joint CMST &amp; stakeholders oversight</td>
</tr>
<tr>
<td>Scale</td>
<td>80% or above</td>
</tr>
<tr>
<td></td>
<td>Above 30%–79%</td>
</tr>
<tr>
<td></td>
<td>30% or less</td>
</tr>
</tbody>
</table>
## Enabler/Barriers explanation

### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>3PL capability</td>
<td>3PL capacity, coupled with joint CMST oversight, has contributed significantly to CMST ability to effectively deliver essential commodities to SDPs nationwide on a monthly basis at higher level than in previous years (the performance is 87% compliant to delivery schedule timing but 100% reach to facilities that have placed orders in previous month)</td>
<td>Internal &amp; external factor</td>
<td>Preferred practice for the future if proved to be cost-effective</td>
</tr>
<tr>
<td>Joint CMST &amp; stakeholders oversight</td>
<td>Both internal and external factors (3PL capacity and joint oversight), which both are system/process factors, are supporting CMST to effectively deliver essential commodities to SDPs nationwide on a monthly basis</td>
<td>System/Process factors</td>
<td></td>
</tr>
</tbody>
</table>

### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handing over delays</td>
<td>Ability to deliver essential commodities to SDPs nationwide on a monthly basis, either using 3PL provider, in house fleet, or a combination of both</td>
<td>Internal &amp; external factors</td>
<td>Timely handling of cargo for distribution</td>
</tr>
<tr>
<td>Weather/Road condition</td>
<td>Adherence to delivery scheduled is hampered by both internal and external (beyond control) factors. Internal factor is more of a structural factor (two functions: warehousing and distribution under one leadership). Weather/road conditions are beyond control, especially during rainy seasons.</td>
<td>System/process factor</td>
<td></td>
</tr>
</tbody>
</table>

### Recommendations

CMST should ensure that cargo to be delivered to the last mile is timely handed over to CML through adherence to handover dates. This can effectively be implemented through streamlining accountability and responsibilities between warehousing and distribution functions.
**Benchmark # 22**

SOPs including accountability measures (e.g., supervisor spot checks, documentation of vehicle use) available and implemented to ensure appropriate and proper use of transportation fleet

**Summary of findings**

- SOPs for the distribution function (internal vehicles only) have been completed and await approval.
- However, the SOPs are being implemented—for example, automated GPS vehicle tracking system is operational on all distribution vehicles (14/32 operational vehicles).
- CML SOPs are being used to manage their vehicles. The SOPs were part of the criteria used in the selection of the 3PL provider.
- At any given time Senior Logistics Officer has clear visibility on fleet movement (for both CMST & CML)) and can conduct spot checks on vehicle position, fuel use, distance traveled, and speeding via a mobile device. *(A demonstration of the system on a mobile device was seen.)*
- At the end of each month, the GPS tracking report, vehicle locations, arrival times, and duration of stay are part of the proof required for processing the 3PL provider invoices *(a copy of the 3PL GPS tracking report was seen).*

**Area**

<table>
<thead>
<tr>
<th>Sub-area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution (transport management)</td>
<td>N/A</td>
<td>48%</td>
</tr>
</tbody>
</table>

**Barrier/Enabler**

**Enablers**

- Piloting automated GPS system in 2016
- Automated GPS vehicle tracking system
- Experience sharing with outsourced 3PL provider
- TA support

**Barriers**

- Managerial oversight of distribution function—separation of accountability/chain of custody

<table>
<thead>
<tr>
<th>Scale</th>
<th>80% or above</th>
<th>Above 30%-79%</th>
<th>30% or less</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complied</td>
<td>Work in progress</td>
<td>Little done and/or lack of written evidence</td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enablers sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot new automated GPS system in 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automated GPS vehicle tracking system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience sharing with outsourced 3PL provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TA support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Piloted vehicle GPS; currently installed GPS in all vehicles; experience sharing with outsourced 3PL and donor TA support have positively and significantly contributed to CMST fleet management capacity.
- Internal & external factors, which are all system/process factors, have contributed to CMST capacity in fleet management, including significant improvement in accountability tracking (e.g., supervisor spot checks, documentation of vehicle use, effective implementation of transport/fleet management).
- Continuous use and enforcement of system implementation

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial oversight of distribution function—separation of accountability/chain of custody</td>
<td>Lack of chain of custody between warehousing and distribution functions is hampering accountability and thus affecting CMST fleet management capacity (e.g., delays in handling over goods for distribution).</td>
<td>Internal factor</td>
<td>Separation of warehousing and distribution functions</td>
</tr>
</tbody>
</table>

#### Recommendations

CMST should consider separating warehousing & distribution functions into two separate units that should remain under the supervision of the Director of Pharmaceutical Operations.
Benchmark #24  Stock availability for essential drugs and medicines

Summary of findings

- Monthly stock status reports are available normally shared with MOH, HTSS, and all other relevant stakeholders.
- For increased visibility, stock status report is also available on CMST website: http://www.cmst.mw/local/extract/items_on_stock.php
- CMST does not have a set of tracer items. Traces in-house stock availability using the “Must Have List” (MHL), which is a list of medicines and supplies considered essential and that must always be available.
- The MHL has been reviewed and the items reduced from 732 to 450 for District Health Office (DHO) health facilities.
- Currently CMST is developing a specific MHL for central hospitals (specialist items).
- Availability trend of the MHL is indicated in the figure below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
<td>N/A</td>
<td>2016</td>
</tr>
<tr>
<td>Inventory management &amp; storage</td>
<td></td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>67%</td>
</tr>
</tbody>
</table>

Inventory management

Barrier/Enabler

- **Enablers**
  - Outsourced 3PL services for LMD
  - TA support to manage performance of 3PL

- **Barriers**
  - Inadequate GOM funding level for medicine procurement
  - Large CMST debt
  - Long procurement process
  - Late reporting and requisitioning by DHOs and health facilities

Scale

- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence

Availability of MHL at the CMST (2015–17)

- On the basis of its average monthly consumption, an item is considered to be available if quantities are available for more than one month and out of stock if less than one month.
- Using this definition, stock availability of the MHL items in recent years has been on the increase—meaning decreased stock-out rates, with an overall MHL items average availability of 58% or 42% stock out (translates to 73%, or 27% stock-out rates, for medicines; and 51%, or 49% stock-out rates, for medical
Consequently, stock-out rates for the MHL are far away from the target of < 10%.

An analysis of LMIS reports for the period January 2016 to June 2017, shows that on average 24% of health facilities had stock available to cover between 1 and 3 months (1 < Months of Stock (MOS) < 3) for the HSSP tracer items (23 products). The data indicate that performance of the supply chain system was far below the national target of 60%.

### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outsourced 3PL services for LMD</td>
<td>The efficiently outsourced 3PL for LMD coupled with TA support for the management of the 3PL is improving availability of essential health commodities at SDPs, distributing whatever is available under current funding constraints.</td>
<td>External factors</td>
<td>CMST should maintain practice</td>
</tr>
<tr>
<td>TA support to manage performance of 3PL</td>
<td></td>
<td>System/Process factors</td>
<td></td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate GOM funding level for medicine procurement</td>
<td>Stock availability for essential drugs and medicines continue to be hampered by inadequate GOM funding; large CMST debt; long procurement lead-times; and late reporting and ordering by DHOs and HF.</td>
<td>External factors</td>
<td>MOH and donors should lobby for:</td>
</tr>
<tr>
<td>Large CMST debt</td>
<td></td>
<td>System/Process factors</td>
<td>Increased GOM funding, allocated regularly</td>
</tr>
<tr>
<td>Long procurement process</td>
<td></td>
<td></td>
<td>GOM to settle CMST debt,</td>
</tr>
<tr>
<td>Late reporting and requisitioning by DHOs and health facilities</td>
<td></td>
<td></td>
<td>ODPP &amp; POA to work with CMST to cut down procurement lead times,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduction in reporting and ordering delays by DHOs and health facilities</td>
</tr>
</tbody>
</table>

#### Recommendations

- The GOM, in close collaboration with the relevant stakeholders, should discuss and agree on a realistic and sustainable plan for funding health commodities;
- The GOM, through the MOH & NLGFC, should honor its timely disbursement funding commitment to CMST; and
- CMST should continue to explore ways to shorten procurement lead times.
Benchmark

#27

**Systems in place to quantify lost products due to expiry, theft, or damage for all products**

### Summary of findings

- Systems are in place to quantify and report on losses of products due to expiry, theft, or damage—for example, expiry (ACCPAC); damages (damages reports); and theft (theft and discrepancy/inventory accuracy records).
- See figure on extent of wastage (B19), which is equal to 1.08%; close to target (< 1%).
- ACCPAC is capable of tracking product expiries and disaggregated by Branch.
- ACCPAC training was done to bridge a gap in understanding of how the system operates and what reports can be generated (a demonstration of ACCPAC showing products that have expired in a particular period and those expiring in near future was witnessed).
- A new ERP system (Navision) is in the process of being acquired with the support from Global Fund and will replace ACCPAC.
- CMST provided three boarding-off reports for products that were damaged or expired between October 2014 and November 2016. These were destroyed in February 2017 in accordance with the country’s boarding requirements.
- Loss reports were shared at stakeholder meetings (31st Aug HSJF meeting).

### Area | Target | Results
--- | --- | ---
**Sub-area** | < 1% | 2016 2017
Inventory management & storage | 30% | 80%

### Security

#### Barrier/Enabler

**Enablers**
- ACCPAC ERP
- Donor support to upgrade to a new ERP system

**Barriers**
- Delayed process for writing-off expired or damaged products
- ACCPAC does not have automatic triggers to write down or restrict picking expired product

### Scale

- **80% or above** Complied
- **Above 30%–79%** Work in progress
- **30% or less** Little done and/or lack of written evidence
## Enabler/Barriers explanation

### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of: ACCPAC (ERP)</td>
<td>Availability of ACCPAC/ERP with capacity to track expiry and damaged products is contributing positively to CMST ability to track expiry and damaged products. Upgraded ACCPAC is foreseen to have more features (e.g., blocking picking expired or near-expired health commodities). Donor funding would be made available to support ACCPAC upgrading.</td>
<td>Internal &amp; external factor</td>
<td>Expedite: Funding for ACCPAC upgrade</td>
</tr>
<tr>
<td>Donor for upgrading to a new ERP</td>
<td>Systems in place to quantify and report on lost TB, FP, and other donated products due to expiry, theft, or damage.</td>
<td>Internal factors</td>
<td>The destruction of expired stocks</td>
</tr>
</tbody>
</table>

### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed write-off of expired commodities</td>
<td>Systems in place to quantify and report on lost TB, FP, and other donated products due to expiry, theft, or damage.</td>
<td>Internal factors</td>
<td>Donors should expedite: Funding for ACCPAC upgrade; CMST should expedite the destruction of expired stocks.</td>
</tr>
</tbody>
</table>
PHASE III (3 benchmarks reassessed)

Integration of additional PSC warehousing and distribution functions in a phased manner based on capacity

**Benchmark #29**

Ability and capacity to cost-effectively warehouse additional commodities currently handled by PSC (either in-house or through a 3PL provider)

**Summary of findings**

- CMST currently has a storage capacity of 11,150 m³ of which nearly 50% is rented.

<table>
<thead>
<tr>
<th>Volume (m³)</th>
<th>%</th>
<th>&amp;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rented</td>
<td>5,500</td>
<td></td>
</tr>
<tr>
<td>Owned</td>
<td>5,650</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11,150</td>
<td>49%</td>
</tr>
<tr>
<td>Rented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned</td>
<td></td>
<td>51%</td>
</tr>
</tbody>
</table>

Manobec, Mantino, New Warehouse, Mzuzu, Lilongwe & Blantyre

- There is no evidence of CMST analysis (cost & sources of funds, timeliness, continuity issues, etc.) of future warehousing requirement for the storage of additional commodities currently managed by PSC.
- GF conducted a storage capacity mapping exercise in April/May 2017, which reviewed country storage space requirements and options analysis. The final report is yet to be finalized.
- Findings of this report may assist CMST in documenting the warehousing/storage gap to be filled in order to take up the storage of PSC commodities

**Area**

<table>
<thead>
<tr>
<th>Sub-area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory management &amp; storage</td>
<td>?</td>
<td>30%</td>
</tr>
<tr>
<td>Security</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Barrier/Enabler**

**Enablers**

- Development partners support

**Barriers**

- CMST’s limited capacity planning to take up additional PSC commodities

**Scale**

- 80% or above: Complied
- Above 30%-79%: Work in progress
- 30% or less: Little done and/or lack of written evidence
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development partners support</td>
<td>Development partners’ support would serve as an enabling factor to support CMST in assessing and documenting its capacity to cost-effectively warehouse additional health commodities currently handled by PSC.</td>
<td>External factor</td>
<td>Development partners support for assessment of CMST warehousing capacities (either in-house or through 3PL providers)</td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMST’s limited capacity planning to take up warehousing of additional PSC commodities</td>
<td>CMST has limited capacity to undertake its own assessment of its capacity to cost-effectively warehouse additional health commodities currently handled by PSC.</td>
<td>Internal factor</td>
<td>Development partners’ support is needed to assess CMST warehousing capacities to cost-effectively warehouse additional health commodities currently handled by PSC.</td>
</tr>
</tbody>
</table>

#### Recommendations

- CMST, with the support of relevant stakeholders, should conduct an analysis of options available for cost-effective warehousing. For each option, the analysis should indicate costs involved and possible sources of funds, timing (medium and long term), sustainability, and so on for the storage of additional commodities currently managed by PSC.
## Benchmark #30

**Ability to cost-effectively distribute additional commodities currently handled by PSC (either in-house or through a 3PL provider)**

### Summary of findings
- CMST has not conducted its own analysis to determine its capacity to take up cost-effectively the distribution of additional commodities from PSC for integration.
- CMST has adopted use of 3PL providers for last-mile distribution of health commodities, which was informed by the HEART study.
- CMST own analysis is important to validate cost-effectiveness of the HEART study and/or identify alternative options to integrate additional commodities from PSC (including costs, source of funds, sustainability, etc.).

### Area | Target | Results
---|---|---
**Sub-area** | N/A | **2016** | **2017**

### Distribution (transport management)

<table>
<thead>
<tr>
<th>Sub-area</th>
<th>N/A</th>
<th><strong>2016</strong></th>
<th><strong>2017</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution capacity</td>
<td></td>
<td><strong>50%</strong></td>
<td><strong>50%</strong></td>
</tr>
</tbody>
</table>

### Barrier/Enabler

**Enablers**
- 3PL contract accommodative of additional commodity volumes from 2018 onward
- Readily available support from development partners.

**Barriers**
- Limited forecasting capacity of additional volumes from PSC

### Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Percentage</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% or above</td>
<td>Complied</td>
<td></td>
</tr>
<tr>
<td>Above 30%–79%</td>
<td>Work in progress</td>
<td></td>
</tr>
<tr>
<td>30% or less</td>
<td>Little done and/or lack of written evidence</td>
<td></td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development partners support 3PL contract accommodative of additional commodity volumes from 2018 onwards</td>
<td>Development partners’ support would serve as an enabling factor to support CMST in assessing and documenting its ability to cost-effectively distribute additional commodities currently handled by PSC (either in-house or through a 3PL provider) Alternatively, current 3PL contract may serve as enabling factor to accommodate the distribution of additional volumes from 2018, when the current 3PL contract ends</td>
<td>External factor</td>
<td>Development partners to support assessment of CMST distribution capacities (either in-house or through 3PL providers)</td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMST’s limited forecasting/distribution capacity of additional volumes from PSC</td>
<td>CMST has limited capacity to undertake its own assessment of its capacity to cost-effectively distribute additional health commodities currently handled by PSC.</td>
<td>Internal factor</td>
<td>Development partners’ support is needed to assess CMST warehousing capacities to cost-effectively warehouse additional health commodities currently handled by PSC.</td>
</tr>
</tbody>
</table>

### Recommendations

- CMST, with the support of relevant stakeholders, should validate the cost-effectiveness of the current distribution model; and
- If the model is not cost-effective, CMST should conduct an analysis of alternative options available for cost-effective distribution. For each option, the analysis should indicate costs involved and possible sources of funds, timing (medium and long term), sustainability, and so on for the distribution of existing and additional commodities currently managed by PSC.
Summary of findings

- The 3PL provider selection process went through a competitive process overseen by DFID and contract has been in place since January 2017. Three competitors were evaluated.
- Daily reports, weekly reports, and monthly steering committee meetings are used as part of reporting and updates on distribution activities and performance management of the 3PLs.
- In addition, HERA conducts quarterly technical reviews as part of the 3PL performance management (daily reports were reviewed on laptop).
- Seemingly, CMST’s visibility status of distributions has improved.
- Contract (Contract #: CMST/DS/15/000411) is in place prepared by CMST with technical support from DFID. HSJF is funding the contract for a period of two years (January 2017 – December 2018).
- A vendor management and performance-monitoring framework is in place. A copy of performance monitoring framework/procedures and reports for Q1 (JFM) and Q2 (AMJ) were examined. Also monthly reports are produced, which are then consolidated to constitute quarterly reports, etc.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Distribution</td>
<td>2016</td>
<td>100%</td>
</tr>
<tr>
<td>Planning routes</td>
<td>46%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Barrier/Enabler

Enablers

- TA support
- Competitive bidding
- Stakeholders’ oversight (steering committee)

Barriers

- Managerial oversight of distribution function—separation of accountability/chain of custody

Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>80% or above</th>
<th>30% or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% or above</td>
<td>Complied</td>
<td>Little done and/or lack of written evidence</td>
</tr>
<tr>
<td>Above 30%–79%</td>
<td>Work in progress</td>
<td>30% or less</td>
</tr>
<tr>
<td>30% or less</td>
<td>80% or above</td>
<td>30% or less</td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enablers sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of TA support</td>
<td>CMST’s achievement in the effective management and oversight of a 3PL provider is attributed to external TA support provided by DFID. This included the ability of CMST to acquire a 3PL provider competitively and its ability to manage and monitor the performance of the 3PL through a stakeholders (oversight) steering committee. Presentation of 3PL monitoring &amp; performance reports to other committees is a positive and encouraging factor.</td>
<td>External factor</td>
<td>Practice should be maintained</td>
</tr>
<tr>
<td>Adoption of competitive bidding process</td>
<td></td>
<td>System/Process factor</td>
<td></td>
</tr>
<tr>
<td>Stakeholders’ oversight (steering committee)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial oversight of distribution function—separation of accountability/chain of custody</td>
<td>Lack of chain of custody between warehousing and distribution functions is hampering accountability and thus affecting CMST fleet management capacity (e.g., delays in handing over goods for distribution).</td>
<td>Internal factor</td>
<td>Separation of warehousing and distribution functions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Structural factor</td>
<td></td>
</tr>
</tbody>
</table>

External or internal factor | System or structural factor
PHASE IV (4 benchmarks reassessed)

Integration of procurement function

**Benchmark #32**

National procurement law and standards of practice adhered to by CMST

**Summary of findings**

- CMST is required to seek authorization from ODPP for procurement values above the MK100 million threshold.
- CMST has been compliant with this regulation and has sought the relevant approvals and waivers only for procurements exceeding the MK100m threshold.
- From January 2016 to date CMST made 10 submissions to POA and all of them were approved by POA.
- However, POA reviews have identified irregularities in bid documents and bid evaluation reports. These include: use of unapproved bid documents, not adhering to bid evaluation criteria often due to the use of unstandardized evaluation templates. Also POA notes that often product specifications are incomplete and BERs are characterized with deficiencies and/or omissions.
- POA normally provides remedial measures to all issues raised on all procurement to be approved by the POA office.
- POA is of the opinion that recent prequalification was not up to required standards as it may lead to fewer items being provided/quoted by bidder since the process was based on individual items rather than lots.
- Although there is plenty of room for improvement, overall POA indicates that there has been significant improvement in the quality of work by the PU during the past two years.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Procurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement management</td>
<td>50%</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Barrier/Enabler**

**Enablers**

- POA TA
- ODPP oversight
- Elevation of procurement unit to a directorate

**Barriers**

- Director of Procurement not recruited
- Inadequate procurement staff and expertise
- ODPP has no power to reprimand PEs

**Scale**

- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence
## Enabler/Barriers explanation

### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enablers sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>POA TA</td>
<td>Both POA TA and ODPP oversight and elevation of the procurement unit to a directorate (with the foreseen engagement of full-time experienced director) have had a positive influence on improving adherence to national procurement law and standards by CMST.</td>
<td>Internal &amp; external factors</td>
<td>Sustained POA TA and ODPP oversight essential for improving procurement processes</td>
</tr>
<tr>
<td>ODPP oversight</td>
<td></td>
<td>System/Process factors</td>
<td></td>
</tr>
<tr>
<td>Elevation of procurement unit to a directorate</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Procurement not recruited</td>
<td>Inadequate procurement staff with limited expertise, an ODPP without power to reprimand PEs, as well as delayed recruitment of Director of Procurement (by an external recruiting agency) have had negative impact on CMST’s adherence to national procurement law and standards of practice</td>
<td>Internal &amp; external factors</td>
<td>Expedite the recruitment of Director of Procurement</td>
</tr>
<tr>
<td>Inadequate procurement staff and expertise</td>
<td></td>
<td>System/Process factor</td>
<td>Staff training on good procurement practices</td>
</tr>
<tr>
<td>ODPP has no power to reprimand PEs</td>
<td></td>
<td></td>
<td>ODPP should have the mandate to reprimand PEs</td>
</tr>
</tbody>
</table>

### Recommendations

- CMST should strive to minimize the frequency of exchanges between POA and CMST with respect to POA comments/remedial actions; and
- CMST should also strive to adhere to approved and applicable standards and/or templates. Learning from previous reviews CMST should be able in future to submit error-free documents to POA and ODPP.
Benchmark #33

Procurement process ensures efficiency and value for money

Summary of findings

- Recent POA reports (quarterly and annual) indicate a number of procurement irregularities that have hindered ensuring efficiency and value for money (VFM).
- A recent functional review (September 2017) noted that procurement processes continued to face a number of challenges such as: (a) lack of strategic direction; (b) poor supplier management; (c) poor planning and coordination of procurement activities; and (d) increased workload among available manpower, leading to delays in efficiency and effectiveness.
- The review recommended upgrading the PU to a DOP, which has been approved, and the recruitment of Director is ongoing with KPMG technical support.
- In addition, the review identified that there is need for additional staff (one procurement officer, director, and assistant procurement officer), new job descriptions, and new organizational chart (JDs, organizational chart, and functional review report were reviewed).


<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Procurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Barrier/Enabler

**Enablers**
- POA TA

**Barriers**
- Director of Procurement not recruited
- Inadequate procurement governance structure, staff skills, and expertise

Scale

- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence

There was a 39% reduction in the usage of request for quotes (RFQs) as a method of procurement during FY 2016/17, in line with the 2016–17 Procurement Plan. A strategic shift from emergency procurement as these compromise VFM and therefore have proved to be expensive.
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>POA TA</td>
<td>POA TA, to some extent, has enabled CMST to improve efficiency and VFM procurement processes</td>
<td>External factor</td>
<td>CMST should continue to receive and value POA TA</td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Procurement not recruited</td>
<td>Delayed recruitment of DP, conversion of procurement unit to a fully fledged directorate and limited procurement staff skills and expertise are hampering CMST from improving the environment for conducting efficiency and VFM procurements</td>
<td>Internal &amp; external factors</td>
<td>Expedite recruitment of Director of Procurement to lead a fully fledged directorate of procurement</td>
</tr>
<tr>
<td>Governance structure</td>
<td></td>
<td>System/process and Structural factors</td>
<td></td>
</tr>
<tr>
<td>Inadequate procurement staff skills and expertise</td>
<td></td>
<td>Internal and external factors/barriers, which are both system/process and structural factors, are holding CMST from improving system/processes and structural environment for conducting efficiency and value for money procurement processes.</td>
<td>Staff training in good procurement practices</td>
</tr>
</tbody>
</table>

#### Recommendations

- CMST should expedite the recruitment of the new Director of Procurement and any other additional staff; and
- CMST should conduct and/or support an induction/training on international best practices for pharmaceutical procurement
**Benchmark #34**  
**Publicly advertised requests for bids/request for quotes solicited; bids advertised with sufficient time to attract adequate competition; international good-tendering practices adhered to**

### Summary of findings

- The procurement Act, regulations, and guidelines specify the legal requirements on execution of procurement. CMST has Desk Instructions/procurement manual, which provide sufficient guidance on the execution of public procurement.
- SOPs for the procurement function are in place. Also CMST has in place standard bidding documents and bid evaluation templates for both international and national competitive bidding.
- CMST publicly advertises its tenders in the local press and ODPP provide oversight.
- A review of bidding documents reflects improvement and this is confirmed by POA, which has indicated that positive progress has been made due to improved quality of staff but that there is plenty of room for improvement. Now that the procurement unit has been elevated to the status of directorate, this could see more effort toward attaining international good-tendering practices.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
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<td></td>
</tr>
<tr>
<td>Procurement</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>Transparency</td>
<td></td>
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</tr>
</tbody>
</table>

### Barrier/Enabler

**Enablers**  
- POA TA
- ODPP oversight

**Barriers**  
- Director of Procurement not recruited
- Staff skills and expertise
- Use of approved templates

### Scale

- 80% or above: Complied
- Above 30%–79%: Work in progress
- 30% or less: Little done and/or lack of written evidence
## Enabler/Barriers explanation

### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>POA TA and ODPP oversight</td>
<td>POA TA and ODPP oversight have played a positive role in CMST publicly advertising majority of its tenders with sufficient time to attract adequate competition; and adherence to international good-tendering practices.</td>
<td>External factors</td>
<td>POA TA and ODPP oversight should be maintained</td>
</tr>
</tbody>
</table>

### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
<th>Barrier factor type</th>
<th>Key barrier mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Procurement not recruited</td>
<td>Delayed engagement of the Director of Procurement, limited staff skills and experience in procurement, and ad hoc use of approved procurement templates are, to some extent, holding back CMST from publicly advertising its tenders with sufficient time to attract adequate competition; and adhering to international good-tendering practices.</td>
<td>Internal &amp; external factors</td>
<td>Increased use of approved procurement templates</td>
</tr>
<tr>
<td>Procurement staff skills and expertise</td>
<td></td>
<td>System/Process factors</td>
<td></td>
</tr>
<tr>
<td>Use of approved templates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Recommendations

CMST should improve on the use of the recommended procurement templates (e.g., bid evaluation template, among others)
### Benchmark #36: Procurement processes ensure quality products are procured

#### Summary of findings

- All products procured by CMST are registered and are independently assessed for quality (PMPB).
- A total of 1,321 product batches were tested and all batches were cleared and released for distribution (PMPB analysis reports -2016/17).
- System for handling customer QA complaints is in place (QA SOP 01). It details the nature of complaint, classification of complaint, corrective actions taken, and recommendations.
- CMST system SOPs cover a range of quality assurance processes that cut across warehousing (warehouse operational manual master file) and inventory management, distribution, suppliers’ documentation, etc.
- In spite of all this there are no records to testify that staff have been trained or that SOPs implementation spot checks are being done.
- CMST and national capacity for assuring pharmaceutical quality is still nascent.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-area</td>
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</tr>
<tr>
<td>Quality assurance</td>
<td>50%</td>
<td>75%</td>
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</tbody>
</table>

#### Barrier/Enabler

**Enablers**
- QAM system and oversight

**Barriers**
- Director of Procurement not in place
- Lack of training on SOPs
- Nascent national capacity to assure quality of pharmaceuticals in SC

#### Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>80% or above</th>
<th>30% or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Complied</td>
<td>Little done and/or lack of written evidence</td>
</tr>
<tr>
<td>Scale</td>
<td>Above 30%–79%</td>
<td>Work in progress</td>
</tr>
</tbody>
</table>
### Enabler/Barriers explanation

#### Enablers

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler context/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>QAM system and oversight</td>
<td>CMST QAM system with oversight from QA Manager has positively influenced CMST toward improving procurement processes that ensure the procurement of quality-assured products</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabler context/explanation</th>
<th>Enabling factor type</th>
<th>Key enabler sustainability strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>External or internal factor</td>
<td>System/Process or structural factor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Procurement not in place</td>
<td>These barriers, to some extent, are hampering CMST from procuring quality assured products</td>
</tr>
<tr>
<td>Lack of training on SOPs</td>
<td></td>
</tr>
<tr>
<td>Nascent national capacity to assure quality of pharmaceuticals in SC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>These barriers constitute internal and external factors, which are also system/process related factors are slowing down CMST effort to improve procurement processes that ensure the acquisition of quality-assured products</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QAM system &amp; oversight strengthening—continuous training, risk management, and monitoring</td>
</tr>
</tbody>
</table>

#### Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>These barriers, to some extent, are hampering CMST from procuring quality assured products</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Barrier context/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>These internal (enabling) factors, which are also system/process factors, have played a significant role in improving procurement processes that ensure the procurement of quality assured products</td>
</tr>
</tbody>
</table>
ANNEX 7. REFERENCES AND DOCUMENTS REVIEWED


   http://ghpro.dexisonline.com/resource/evaluation-report-implementation-2012-joint-strategy-supply-chain-integration-malawi; and


15. CMST. 2016. Products Losses Reports.


30. MOH. 2016. Monthly LMIS Inventory Reports.

31. MOH. 2017. Monthly LMIS Inventory Reports.


ANNEX 8. DISCLOSURE OF ANY CONFLICT OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement - Global Health Program Cycle Improvement Project

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.

2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.

3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.

4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.

5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.

6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.

7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to $5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).

8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to

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Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

**ACCEPTANCE**
The undersigned accepts the terms and conditions of this Agreement.

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<th>Signature</th>
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<td>MURO WILLIAM CLEMENT</td>
<td>PHARMACEUTICAL PUBLIC HEALTH CONSULTANT</td>
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ANNEX 9. SUMMARY BIOS OF EVALUATION TEAM MEMBERS

William Mfuko, Team Lead, holds a bachelor’s degree in public health and a Bachelor’s degree in pharmacy from the Universities of Massachusetts and Dar-es-Salaam, Tanzania, respectively. Mr. Mfuko, a renowned public health supply chain specialist has more than 38 years in the field. He has worked in Africa (Namibia, Tanzania, and Nigeria) and Asia (the Philippines, Cambodia, China, and Vietnam). Mr. Mfuko served as the Counterpart Director General to the Medical Stores Department in Tanzania; provided long-term technical assistance to Central Medical Stores, Windhoek, Namibia (under a European Union grant); worked with the World Health Organization (Western Pacific Region); and undertook consultancy assignments for Global Fund, USAID-funded projects, Swiss Development Corporation, and the World Bank, among others. Mr. Mfuko led both the first and second assessments of CMST implementation of the 2012 Joint Strategy for Supply Chain Integration in Malawi.

Stanley Chindove, Team Member, is an independent consultant on the second Central Medical Stores Trust Benchmark Assessment in Malawi. Mr. Chidove is a pharmacist and a holder of a master’s of science in purchasing and supply chain management from Robert Gordon University in Aberdeen, Scotland. He is a member of the Chartered Institute of Purchasing and Supply. Mr. Chindove has more than 15 years’ experience working in health supply chain management for public, private, and nongovernmental organizations in several developing countries for programs funded by international development partners, including USAID, the European Union, DFID, the World Bank, Australian Aid, and The Global Fund. His main areas of interest include health systems strengthening, human resources for health, and logistics management information systems. Mr. Chindove has published research papers and systematic reviews focusing on provision of antiretroviral therapy in developing countries, standardizing logistics data management, and task-shifting in health supply chain management, among others.
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